

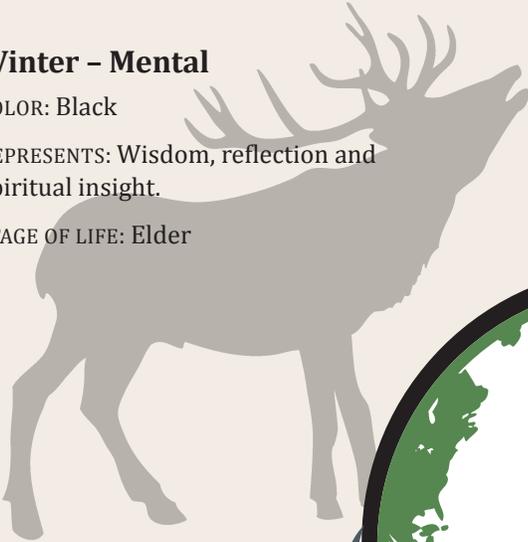
The Four Seasons

Winter - Mental

COLOR: Black

REPRESENTS: Wisdom, reflection and spiritual insight.

STAGE OF LIFE: Elder

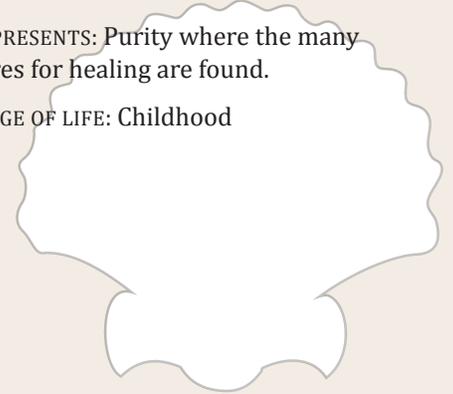


Spring - Emotional

COLOR: White

REPRESENTS: Purity where the many cures for healing are found.

STAGE OF LIFE: Childhood

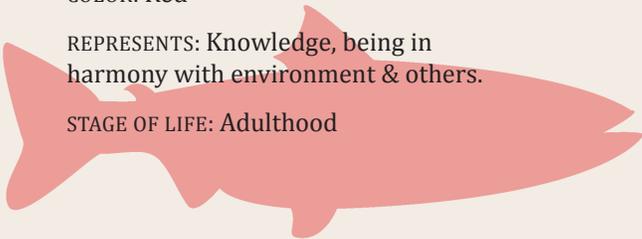


Fall - Spiritual

COLOR: Red

REPRESENTS: Knowledge, being in harmony with environment & others.

STAGE OF LIFE: Adulthood



Summer - Physical

COLOR: Yellow

REPRESENTS: Potential for learning new things and respecting everything around us.

STAGE OF LIFE: Adolescence



Chapter Topics

Each session of this curriculum will be addressing the four principles of holistic wellness.

So... what is the definition of holistic wellness?

Wellness is the condition of being in optimum health. It is a *holistic blend* of physical, mental, emotional and spiritual well-being — the result of consciously choosing to live a quality life. The path of natural health and wellness is a life-long journey that requires personal responsibility and commitment.

Physical (Do):

Learning to keep our bodies in physical balance in order to be able to control our destiny.

Mental (Think):

Learning who we are, where we would like to be and realizing what changes must be made to get there.

Emotional (Feel):

Learning how to be in balance emotionally in order to overcome life's obstacles.

Spiritual (Believe):

Learning to set our feet on the path to the spirit world, realizing that we are all connected in the Circle of Life.

Chapter 1

Four Seasons Canoe Journey as a Metaphor

Chapter 2

Who I Am: Beginning at the Center

Chapter 3

How Am I Perceived?

Media Awareness and Literacy

Chapter 4

Community Help and Support: Help on the Journey

Chapter 5

Moods and Coping with Negative Emotions

Chapter 6

Staying Safe: Suicide Prevention

Chapter 7

How Can I Help? Suicide Intervention

Chapter 8

Who will I Become? Goal Setting

Chapter 9

Overcoming Obstacles: Solving Problems

Chapter 10

Listening: Life Skill

Chapter 11

Effective Communication:

Expressing Thoughts and Feelings

Chapter 12

Safe Journey without Alcohol and Drugs

Chapter 11

Strengthening Our Community

Chapter 12

Honoring Ceremony

Physical Effects of Alcohol

Prolonged use of alcohol leads to permanent damage to brain cells. The effects of the damage include loss of sensation, paralysis of eye movements and mental deterioration.

Alcohol consumption increases the risk of developing certain forms of cancer, especially cancer of the esophagus, mouth, throat, voice box, colon and rectum.

As little as 3 drinks a day may increase risk of cirrhosis of the liver (scarring of the liver). Alcoholic cirrhosis can cause death.

Chronic consumption can lead to alcoholic hepatitis, or inflammation of the liver.

Its symptoms include fever, jaundice (abnormal yellowing of the skin, eyeballs, and urine), and abdominal pain. Alcoholic hepatitis can cause death.

Central nervous system effects include blackouts, sleep problems and hangover.

Use of alcohol can impair sexual functioning.

High doses cause damage to body organs such as the brain, heart, stomach, and intestines.

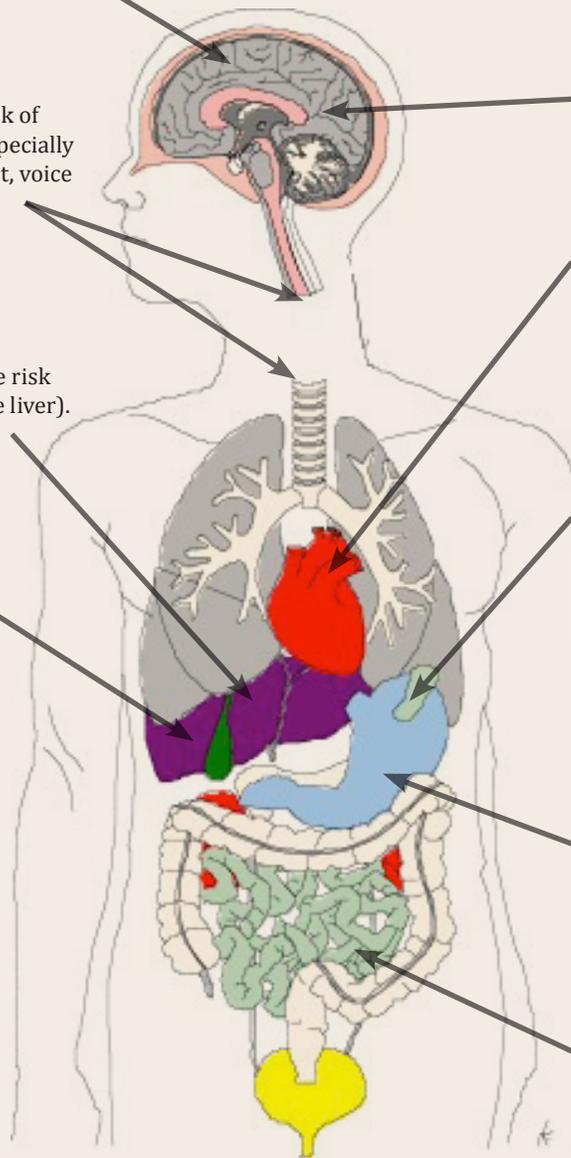
Higher doses lead to cognitive, perceptual, and behavioral impairments.

Chronic use increases risk of high blood pressure, strokes, and heart attacks. It also inhibits production of red & white blood cells, which may result in anemia and weakened resistance to infection.

Long-term use of alcohol can cause an inflammation of the pancreas. The pancreas helps to regulate the body's blood sugar levels by producing insulin and helps in digesting the food we eat. This condition is associated with severe abdominal pain and weight loss and can be fatal.

Chronic use increases the risk of peptic ulcers, gastric secretion, blood vessels dilate, diarrhea and impaired ability to absorb nutrients.

Most body systems are affected by alcohol. 70% to 80% of alcohol is absorbed in the small intestine.



Alcohol Use / Abuse

What is Alcohol Dependence? (Formally known as alcoholism)

Alcohol dependence has four symptoms:

- 1.** Craving a strong need, or urge to drink
- 2.** Loss of control, where the drinker can't stop drinking
- 3.** Physical dependence leads to withdrawal symptoms; nausea, sweating, shakiness, anxiety
- 4.** Tolerance is the need to drink greater amounts of alcohol to get "high."

What are the Danger Signs of Overdose?

"Alcohol poisoning" is a potentially fatal physical reaction to an alcohol overdose or binge drinking. Symptoms of alcohol poisoning include:

- vomiting,
- unconsciousness,
- cold, clammy, pale, or bluish skin,
- slow or irregular breathing (less than 8 breaths a minute or 10 or more seconds between breaths).

When excessive amounts of alcohol are consumed, the brain is deprived of oxygen. After struggling to deal with the overdose, the brain will eventually shut down the voluntary functions that regulate breathing and heart rate.

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

Defining Ourselves

Winter – Mental

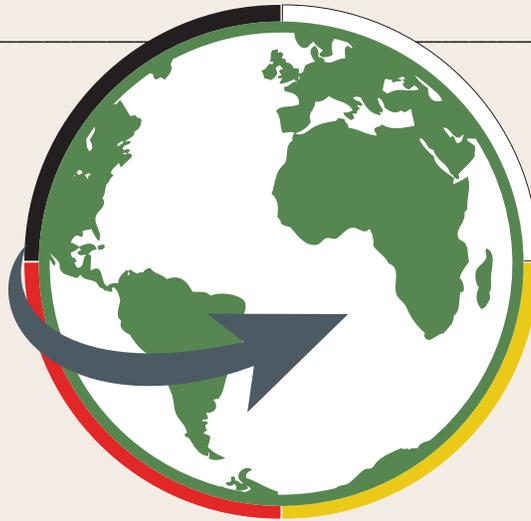
EXAMPLES:

- I like to analyze how things work.
- I think very carefully about my decisions.
- I know I am intelligent.

Spring – Emotional

EXAMPLES:

- I am usually happy.
- I am often sad.
- I like to hurt/help be with others.
- I am sensitive.



Fall – Spiritual

EXAMPLES:

- I value my friends, my family, etc.
- I believe in a Creator/Higher Power.
- I am usually truthful with myself.

Summer – Physical

EXAMPLES:

- I like to exercise.
- I like to play sports.
- Sometimes I bring harm to my body.
- I like to test my stamina.

Cultural Beliefs

- Importance of acknowledging and respecting our Elders.
- To honor all community members.
- Value women (Mothers, they bring life).
- Remember that you are a role model and a representative of your family and your Tribe.
- Importance of giving and generosity versus wealth acquisition.
- Teachings and listening — there is a time and place to ask questions.
- Listen with your heart; speak with your heart. Listen to your body.
- Words are powerful; think about what you say before you say it.
- Treat people with respect.
- Standing up for yourself is respecting yourself.
- Watch, listen and improve yourself. Do the best you can.
- Be grateful for nature and what it provides — honor, respect and nurture it always.
- Take what you need, re-use what you can. Conserve our natural resources.
- Thank the Creator. Open the floor with a prayer.
- Be courteous — don't be disruptive.
- Practice the gift of hospitality and always share food.
- Always look for ways to lend a hand to others.

My Character Strengths

There is a line between each of the following pair of characteristics. This line is meant to help you choose a place along the line that best fits who you are.

I am athletic.



I am not athletic.

I am independent.



I depend on others.

I show feelings.



I don't show feelings.

I go along with others.



I do my own thing.

I get excited easily.



I am calm.

I take part in activities.



I prefer to be alone.

**I want to win when I
with others.**



I don't care if I win. compete

I make sense.



**Sometimes I don't
make sense.**

I keep things to myself.



I am open with others.

I am culturally active.



I am not culturally active.

I have good work habits.



I do not like to work.

Marijuana

What is marijuana?

Marijuana is a greenish-gray mixture of the dried, shredded leaves, stems, seeds and flowers of *Cannabis sativa*, the hemp plant. Most users smoke marijuana in hand-rolled cigarettes called joints, some use water pipes called bong. The major active chemical in marijuana is delta-9-tetrahydrocannabinol (THC), which causes the mind-altering effects of marijuana intoxication.

Is marijuana addictive?

Long-term marijuana use can lead to addiction for some people. Many continue to use marijuana even though it often interferes with family, school and activities. When you use marijuana regularly, you begin to think that you can't feel normal unless you are high.

Slang terms for marijuana

Pot, Weed, Grass, Boom, Herb, Mary Jane, Reefer, nail, bud, kush, green, hash, wacky, tobaccky, ganja, the dank, good good, trees, sticky icky, paka lolo, maui wau, reefer.

Effects of initial use

rapid • loud talking • bursts of laughter • heightened feelings of well-being • cravings for sweets • increased appetite • increased heart rate • reddening of eyes • lowered body temperature • confusion • reality distortion

Effects of heavy use

drowsiness or a stuporous state • lack of concentration • loss of motor coordination • a distorted sense of time passage • tendency to overestimate time intervals • trouble with thinking and problem solving • problems with memory and learning • distorted perception (sights, sounds, time and touch) • depression or panic • hallucinations from large doses • increase in heart rate (up as much as 50 percent)

Adverse effects

- Marijuana contains 50 – 70% more cancer-causing chemicals than tobacco smoke.
- Tolerance and psychological dependence cause an increased need for more of the drug in order to experience the expected high.
- Overdose or long-term use can result in paranoia or hallucinations.
- Extended use of marijuana causes risks to lungs and the reproductive system.
- Smoking 1 marijuana cigarette is as harmful as smoking approximately 4-5 regular cigarettes.
- Long-term use can result in chronic lung disease and possible lung cancer.

Long-term effects of marijuana use

- Use can impair thinking, which can affect the ability to learn. Impairment can affect reading, comprehension, memory, verbal and mathematic skills.
- Use can have a permanent, harmful effect on attention span, judgment, and logical thought.
- Users typically inhale the smoke deeply and hold it in their lungs as long as possible to get the full effect of the drug. Because the smoke is in contact with lung tissues longer, it can damage the lungs.
- Withdrawal symptoms include irritability, difficulty sleeping, aggression and anxiety.
- For adolescents, use may affect both short- and long-term development. Symptoms include; increased apathy (lack of interest), loss of ambition, loss of effectiveness, reduced ability to carry out long-term plans, difficulty in concentrating, and a decline in school or work performance.
- Marijuana impairs driving skills for at least 4 to 6 hours after smoking a single marijuana cigarette.

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

Methamphetamine

What is methamphetamine?

Methamphetamine is a stimulant that affects the central nervous system. It is a white, odorless, bitter-tasting powder that can be smoked, snorted, injected or swallowed. It alters mood in different ways, depending on how it is taken. Immediately after smoking or injecting the drug, the user experiences an intense rush that lasts only a few minutes. Snorting or swallowing the drug produces euphoria — a high but not an intense rush. Methamphetamine can be made with inexpensive over-the-counter ingredients, so methamphetamine users and sellers are often able to create “meth labs” in their homes. The chemicals used to make methamphetamine are lethal and very toxic, and include battery acid, drain cleaner, lantern fuel and antifreeze.

Slang terms for methamphetamine

Speed, meth, chalk. The crystallized form of methamphetamine that is smoked is referred to as: **ice, crystal, crank** and **glass**.

Is methamphetamine addictive?

Methamphetamine is a highly addictive and very potent drug. Smoking methamphetamine leads to a very fast uptake of the drug in the brain, which in turn increases the chance of addiction and negative health consequences. Methamphetamine most often is used in a “binge and crash” pattern. Because the pleasurable effects of the drug disappear quickly, users try to maintain the high by taking more of the drug. In some cases, abusers binge so much they do not eat or sleep for several days.

Effects of initial use

increased wakefulness • decreased appetite • rapid heart rate • irregular heartbeat • increased blood pressure • hyperthermia (elevated body temperature) • convulsions and even death can occur with overdose

Effects of heavy use

addiction • anxiety • confusion • insomnia • mood disturbances • violent behavior • memory loss • weight loss • possible stroke • craving

Long-term effects of use

- Tolerance and psychological dependence cause an increased need for more of the drug in order to experience the expected high.
- Overdose or long-term use can result in paranoia, delusions and/or hallucinations.
- Changes in brain structure and function.
- Psychotic symptoms can sometimes last for months or years after methamphetamine use has ended.
- Changes in brain structure and function, causing emotional and cognitive problems.
- Severe dental problems and weight loss.
- Increased risk of stroke can lead to irreversible damage to the brain.
- Withdrawal symptoms include depression, anxiety, fatigue, intense craving.
- Studies show that methamphetamine use during pregnancy can cause increased rates of premature delivery, fetal growth retardation and heart and brain abnormalities. Methamphetamine users who inject the drug are also at higher risk of getting HIV/AIDS and hepatitis B and C.

What Did You Learn?

Winter - Mental

Spring - Emotional

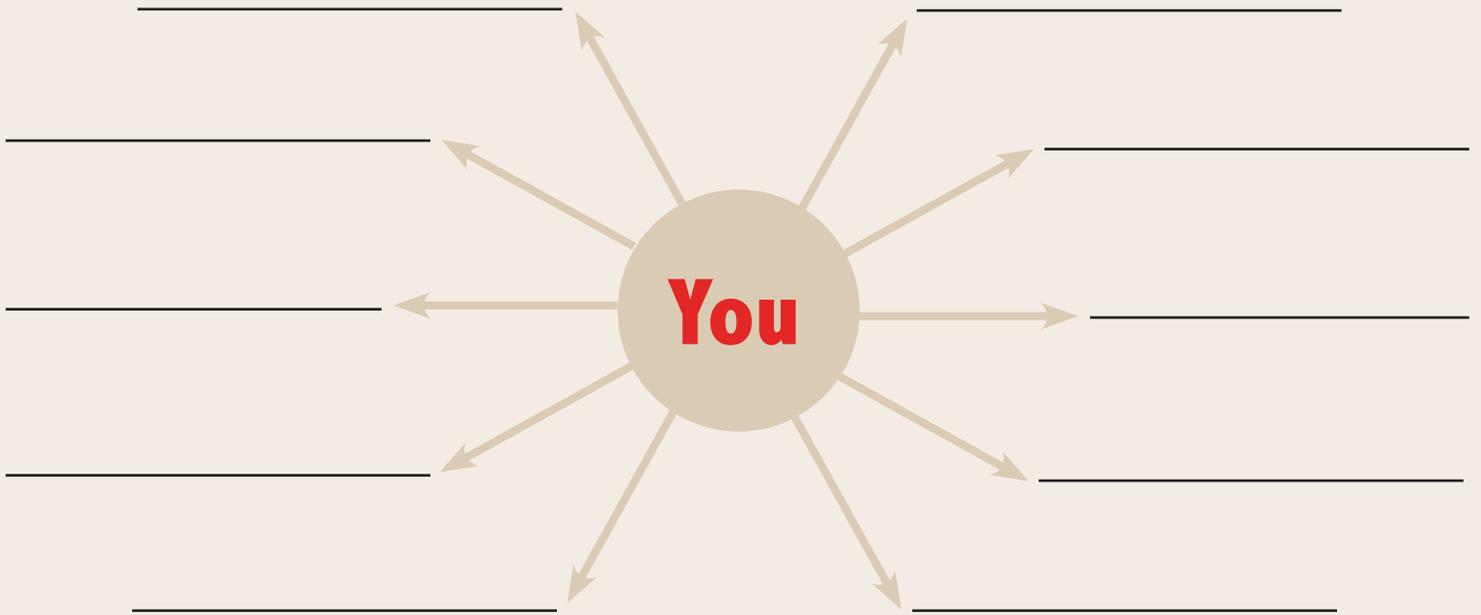


Fall - Spiritual

Summer - Physical

The Communities Around You

Can you think of some different communities you are a part of?



What are things you need to know or skills you need to have in order to do well in other communities?

Club Drugs

The term “club drugs” is a term used for illegal substances, that are usually found at nightclubs, bars, and raves (all night dance parties). These drugs can either be stimulants, depressives or hallucinogens and are either smoked, snorted, injected or swallowed.

The following list describes the most popular club drugs:

MDMA

MDMA (Ecstasy) creates a relaxed and euphoric (or giddy) state. The user feels stronger sensations, intense feelings of empathy, emotional warmth, and self-acceptance. It is both a stimulant and a hallucinogen. MDMA releases the brain chemical, serotonin, which lifts mood and increases blood pressure and heart rate. Use can lead to heart or kidney damage. Users may suffer from long-term brain injury in areas of the brain that are critical to thought and memory. Symptoms of MDMA overdose: faintness, panic attacks, going unconscious, seizures, high blood pressure.

SLANG TERMS for ECSTASY: E, X, XTC, Adam, Bean, M, Roll, molly

GHB

GHB is a CNS depressant linked with date rape. Initially, it creates a feeling similar to alcohol, euphoria, relaxation and calmness. **Adverse effects** include nausea, loss of consciousness, drowsiness, respiratory distress, dizziness and possible seizures. Effects can occur 15 minutes to an hour after ingestion. One very risky symptom is an inability to remember what happened during the hours after ingesting it. **Withdrawal symptoms** may include insomnia, muscular cramping, tremors and anxiety.

SLANG TERMS for GHB: Liquid Ecstasy, Liquid X, Soap, Cherry Meth, Nature’s Quaalude

Ketamine

Ketamine is a rapid-acting painkiller that is either injected, snorted or smoked. Ketamine produces a dissociative state and can elicit an out-of-body experience. **Adverse effects** include high blood pressure, amnesia, seizures, respiratory depression and can cause impaired motor function.

SLANG TERMS for KETAMINE: K, Special K, Ket, Vitamin K, Kit Kat, horse tranquilizer

Rohypnol

Rohypnol is a benzodiazepine (ingested orally) that is typically used as a sedative and is commonly called the “date rape” drug. The drug’s effect begins within 30 minutes. **Adverse effects** include decreased blood pressure, memory impairment, drowsiness, visual difficulties, dizziness, confusion and gastrointestinal pain. It can at times induce excitability or aggressiveness. **Withdrawal symptoms** include headache, muscle pain, anxiety, tension, restlessness, confusion and irritability. Numbness, tingling of the extremities, loss of identity, hallucinations, delirium, convulsions, shock and cardiovascular collapse also may occur.

SLANG TERMS for ROHYPNOL: Roofies, R-2, Circles, Mexican Valium, Roach-2, Roopies

One of the most insidious risks of “club drugs” is the uncertain chemical make-up of the drugs. Club drugs are illegal so they are often produced in unsanitary laboratories. This makes it impossible to know exactly what the user is taking.

Stimulants

Stimulants are chemicals that speed up activity in the brain and increase heart rate. At the same time, the drug is narrowing blood vessels that are trying to handle the additional flow of blood, thus reducing the flow of blood and oxygen to the heart. Common stimulants (amphetamines, methamphetamines, cocaine, crack) can be sniffed, smoked, injected or swallowed.

Crack

CRACK is one form of freebase cocaine that has been chemically altered so that it can be smoked. The term “crack” refers to the crackling sound made when the mixture is smoked (heated). Some users say they were addicted the moment they first put a pipe to their lips.

SLANG TERMS for CRACK: *Rock, Casper The Ghost, Chalk, Cookie, Biscuits, Boulder, Bump*

Methamphetamines

METHAMPHETAMINES are powerfully addictive stimulants that dramatically affect the central nervous system. There is an increased risk of heart problems, stroke and serious brain damage because of the lethal chemicals used to make the drug. These chemicals include battery acid, drain cleaner, lantern fuel and antifreeze. The crystallized form of methamphetamines that is smoked is referred to as Crystal, Ice, Crank and Glass.

SLANG TERMS for METHAMPHETAMINES: *Speed, Meth, Chalk*

Cocaine

COCAINE is an odorless, crystalline powder that reaches the brain within three to five minutes of snorting. If cocaine is injected into the blood stream, it reaches the brain in 15 to 30 seconds. When chemically modified into a “free base” form or converted into CRACK, the cocaine reaches the brain within seconds, resulting in a sudden and intense high. The euphoria quickly disappears, leaving the user with an enormous craving to freebase again and again.

SLANG TERMS for COCAINE: *Coke, Dust, Snow, Sneeze, Lines, Toot, Blow, Freeze, Base, Blizzard, Sleet, White Lady, Nose Candy, Soda, Snow Cone, Blanco, Cubes, Yayo, sugar booger, white girl*

EFFECTS OF LOW DOSES: increased alertness • increased energy • euphoric feeling • headache • decreased appetite • sleeplessness • confidence • blurred vision • anxiety • dizziness • dry mouth • elevated blood pressure • increased heart and respiratory rates

EFFECTS OF HIGH DOSES: rapid or irregular heart beat • blurred vision • dizziness • restlessness • delusions • loss of coordination

EFFECTS OF EXTREMELY HIGH DOSES: flushing or paleness • tremors/ seizures • heart attacks • strokes • loss of coordination • physical collapse • toxic psychosis (delusional thinking) • death • respiratory problems/ failure • liver, kidney and lung damage

LONG-TERM HEAVY USE EFFECTS: malnutrition/vitamin deficiencies • high blood pressure • ulcers • skin disorders • weight loss • anorexia • depression • anxiety • irregular heart beats • stroke • smoking stimulants cause serious respiratory problems • snorting stimulants cause permanent damage to nasal tissue • intense craving • depletion of dopamine (the neurotransmitter that helps regulate mood, attention and motivation)

SLANG TERMS FOR STIMULANTS: Dexies • Pep Pills • Cross Tops • White Crosses • 357 Magnums
(Note: cocaine and crack are also classified as opiates)

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

10 Rules of the Canoe

1. Every Stroke We Take is One Less We Have to Make

Keep going! Even against the most relentless wind or retrograde tide, somehow a canoe moves forward. This mystery can only be explained by the fact that each pull forward is a real movement and not a delusion.

2. There is to Be No Abuse of Self or Others

Respect and trust cannot exist in anger. It has to be thrown overboard, so the sea can cleanse it. It has to be washed off the hands and cast into the air, so the stars can take care of it. We always look back at the shallows we pulled through, amazed at how powerful we thought those dangers were.

3. Be Flexible

The adaptable animal survives. If you get tired, ship your paddle and rest. If you get hungry, put in on the beach and eat a few oysters. If you can't figure one way to make it, do something new. When the wind confronts you, sometimes you're supposed to go the other way.

4. The Gift of Each Enriches All

Every story is important. The bow, the stern, the skipper, the power puller in the middle – everyone is part of the movement. The elder sits in her cedar at the front, singing her paddle song, praying for us all. The weary paddler resting is still ballast. And there is always that time when the crew needs some joke, some remark, some silence to keep going, and the least likely person provides.

5. We All Pull and Support Each Other

Nothing occurs in isolation. When we aren't in the family of a canoe, we are not ready for whatever comes. The family can argue, mock, ignore each other at its worst, but that family will never let itself sink. A canoe that lets itself sink is certainly wiser never to leave the beach. When we know that we are not alone in our actions, we also know we are lifted up by everyone else.

6. A Hungry Person Has No Charity

Always nourish yourself. The bitter person, thinking that sacrifice means self-destruction, shares mostly anger. A paddler who doesn't eat at the feasts doesn't have enough strength to paddle in the morning. Take that sandwich they throw at you at 2.00 A.M.! The gift of who you are only enters the world when you are strong enough to own it.

7. Experiences are Not Enhanced Through Criticism

Who we are, how we are, what we do, why we continue, flourish with tolerance. The canoe fellows who are grim go one way. The men and women who find the lightest flow may sometimes go slow, but when they arrive they can still sing. And they have gone all over the sea, into the air with the seagulls, under the curve of the wave with the dolphin and down to the whispering shells, under the continental shelf. Withdrawing the blame acknowledges how wonderful a part it all every one of us really is.

8. The Journey is What We Enjoy

Although the start is exciting and the conclusion gratefully achieved, it is the long, steady process we remember. Being part of the journey requires great preparation; being done with a journey requires great awareness; being on the journey, we are much more than ourselves. We are part of the movement of life. We have a destination, and for once our will is pure, our goal is to go on.

9. A Good Teacher Allows the Student to Learn

We can berate each other, try to force each other to understand, or we can allow each paddler to gain awareness through the ongoing journey. Nothing sustains us like that sense of potential that we can deal with things. Each paddler learns to deal with the person in front, the person behind, the water, the air, the energy; the blessing of the eagle.

10. When Given Any Choice at All, Be a Worker Bee — Make Honey!

*P.S. Never, NEVER call the CANOE a "boat". Them's splashin' in words, friend.
You might get thrown in the water; or get to dance, to clear the score.*

Symptoms of Depression

An adolescent is considered depressed if **five or more of the following symptoms are present during the same two-week period and at least one of the symptoms is either **(1) depressed mood** or **(2) loss of interest or pleasure**:**

- Depressed mood most of the day, nearly every day, as indicated by feelings of sadness or emptiness, tearfulness
- Irritable mood or agitation
- Acting-out behavior (missing curfews, unusual defiance)
- Markedly diminished interest or pleasure in most activities
- Change in appetite, either loss or an increase in appetite
- Significant weight loss (when not dieting) or weight gain
- Insomnia or hypersomnia (sleeping more than is normal)
- Excessive daytime sleepiness
- Extreme restlessness or slowness of movement
- Low energy level, chronic fatigue
- Feelings of worthlessness or self-hatred
- Excessive or inappropriate guilt
- Frequent difficulties in concentration or decision-making
- Recurrent thoughts of death or suicide
- Plans to commit suicide

Suicide Danger Signs

The following are **danger signs to look for if you suspect a friend is suicidal.**

- Direct suicide threats and comments (“I wish I was dead”; “you’d be better off without me”)
- A previous suicide attempt, no matter how minor
- Preoccupation with death in music, art, and writing
- Loss of a family member, pet, or boy- or girlfriend (through death, abandonment, or breakup)
- Family disruptions (parental unemployment, serious illness, relocation, divorce)
- Problems with sleeping, eating and personal hygiene
- Problems with schoolwork; loss of interest in activities that had been important
- Dramatic changes in behavior patterns (such as a shy adolescent suddenly becoming extremely outgoing)
- Prevailing sense of gloom, hopelessness, and helplessness
- Withdrawal from family members and friends; alienation of important people
- Giving away prized possessions (electronic devices, sports equipment, pets, other significant or meaningful items)
- A series of “accidents,” increase in risk-taking, or loss of interest in personal safety
- Says that he/she wants to die
- Self injury (cutting, other forms of self-harm)
- Substance abuse (using alcohol, marijuana, illegal drugs, prescription medication)

If you see a friend showing any of these behaviors, seek help immediately.

Remember, suicide is a permanent solution to a temporary problem, and there are many things that can be done to solve the problems that are making the person feel hopeless.

Inhalants

What is Inhalant Use?

Inhalant use refers to the intentional breathing of gas or vapors with the purpose of getting high. Inhalants are legal, everyday products that have a useful purpose, but can be misused. Some common products inhaled include: spray paint, liquid correction fluid, hair spray, paint thinners, felt-tip markers, glues and adhesives, fabric protectors, acetone products, carburetor cleaner, gasoline, and propane gas. There are literally thousands of products that can be inhaled.

Slang Terms For Inhalants: *Glue, Kick, Bang, Sniff, Huff, Poppers, Whippets*

Long Term Adverse Effects

- Inhalants can damage the brain, heart, liver, kidneys, blood, bone marrow and other organs.
- Inhalant use may cause violent behavior, unconsciousness, and even death.
- Inhalants can product heart failure.
- Inhalants kill brain cells. Result: permanent personality changes, memory impairment, learning disabilities, loss of coordination, slurred speech, tremors and uncontrollable shaking.
- One in ten users will not survive the first time experience.
- Inhalants are physically and psychologically addictive and users suffer withdrawal symptoms.
- Repeated use of spray paint as an inhalant can cause lung damage.
- Inhalants can cause damage to nerves in the back and legs causing polyneuropathy (lack of feeling).

Effects of Using Inhalants

Symptoms of inhalant abuse include:

- red, runny nose, nose bleeding
- headaches, dilated pupils
- difficulty concentrating
- slowed body functions
- nausea and vomiting
- sudden memory loss
- chronic cough
- lack of coordination
- sores on mouth & nose
- high lasts from 15-45 minutes
- spaced-out behavior
- loss of consciousness

What Can I Do if Someone I Know is Huffing and is in Crisis?

If a person is at risk of dying from inhalant use, the best thing to do is remain calm and seek help. To help prevent death by asphyxia (suffocation), remove anything that is blocking the ability to breathe (e.g., plastic bags). In the case of a person passing out from inhalant use, move him/her into a position where he or she can easily breathe. Sometimes individuals will inhale their own vomit, which is usually fatal. Agitation may cause the huffer to become violent, experience hallucinations or suffer heart dysfunction. Make sure the room is well ventilated and call EMS. If the person is not breathing, administer CPR.

SSD happens when the inhalant replaces all the oxygen in the lungs and the nervous system. Basically the person suffocates!

Inhalants can also lead to death by disrupting the normal heart rhythm, which can lead to heart attacks.

Sudden Sniffing Death (SSD). This means the user can die the 1st, 10th or 100th time he or she uses inhalants.

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

Suicide Risk Factors

Individual Factors

- Depression
- Mental illness
- Age/gender
- Substance abuse
- Loss
- Previous suicide attempt
- Personality traits
- Incarceration
- Failure/academic problems
- Isolation
- Lack of interest, dissociative behavior



Societal Factors

- Rural/Remote
- Loss or conflict of cultural values and attitudes
- Stigma, racism
- Media influence
- Alcohol/drug misuse and abuse
- Social disintegration
- Economic instability



Other risk factors for suicide include:

- One or more prior suicide attempts
- Family history of mental disorder or substance abuse
- Family history of suicide
- Family violence
- Physical or sexual abuse
- Keeping firearms in the home
- Chronic physical illness, including chronic pain
- Incarceration
- Exposure to the suicidal behavior of others

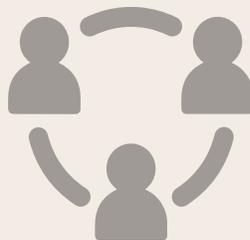
Peer/Family Factors

- History of interpersonal violence/abuse
- Bullying
- Exposure to suicide
- No-longer married
- Barriers to health care/mental health care



Community/Tribal Factors

- Isolation/social withdrawal
- Barriers to health care and mental health care
- Stigma
- Exposure to suicide
- Unemployment
- Poverty



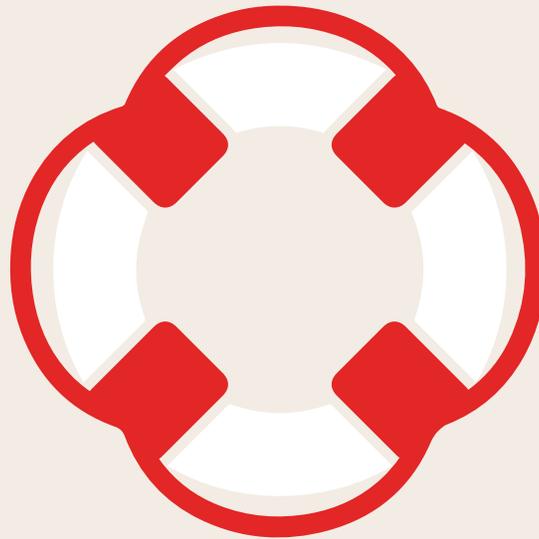
Suicide Protective Factors

Individual Factors

- Cultural/religious beliefs
- Coping/problem solving skills
- Ongoing health and mental health care
- Resiliency, self-esteem, direction, mission, determination, perseverance, optimism, empathy
- Intellectual competence, reasons for living

Peer Factors

- Family cohesion
- Sense of social support
- Interconnectedness
- Married/parent
- Access to comprehensive health care



Community/Tribal Factors

- Access to health care and mental health care
- Social support, close relationships, caring adults, participation and bond with school
- Respect for help-seeking behavior
- Skills to recognize and respond to signs of risk
- Traditional and cultural activities

Societal Factors

- Urban/Suburban
- Access to health care and mental health care
- Cultural values affirming life
- Media influence

Risk and Protective Factors in the Four Areas

Mind - Decisions

RISK FACTORS

PROTECTIVE FACTORS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Body - Actions

RISK FACTORS

PROTECTIVE FACTORS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Spirit - Values

RISK FACTORS

PROTECTIVE FACTORS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Emotions - Reactions

RISK FACTORS

PROTECTIVE FACTORS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cultural Activities Known to Contribute to Resilience

Research studies have found that positive identification with tribal culture acts as a protective factor against youth suicide.

Kinship/Family/Gender Roles

- Participating in extended family culture and traditions
- Learning about family structures and village concept
- Maintaining strong family ties
- Hearing or telling family stories (knowing their lineage and cultural history)
- Participating in traditional male and female roles, (comparative historic and new)
- Searching for a connection with relatives or Native ancestry
- Contributing as a nurturer or provider for family and community

Tribal Arts and Crafts

- Making cradleboards and dream catchers
- Making handheld or box drums, wooden or shell rattles, flutes, whistles
- Making tools of various means
- Weaving of wool, cedar bark and other natural materials
- Making shawls, sewing quilts
- Carving utility, ceremonial or decorative objects
- Weaving of baskets for all purposes
- Making jewelry, beading, shell work,
- Gathering of traditional materials needed for various arts
- Making natural dyes for patterns and design and paint
- Designing, drawing, painting of artwork

Tribal Clothing

- Making traditional regalia for potlatches, pow-wows and other ceremonies
- Making moccasins, tanning hides, working with animal skins
- Wool skirts, tunics, leggings, shawls and headbands
- Woven cedar bark hats, tunics, vests, headdress, body ornament
- Feather dance fans
- Shell necklaces, earrings and other jewelry

Subsistence/Food/Medicines

- Gathering, harvesting, planting, growing, preserving, or cooking traditional foods
- Hunting, fishing, exercising treaty rights
- Knowing or participating in hunting/gathering-related ceremony
- Knowing plants, bark, roots, herbs, medicines
- Learning and teaching about plants, animals, foods, and medicines
- Traditional knowledge of seasonal harvesting
- Propagate resource areas to preserve and maintain abundance

Music/Dance/Pow-wows

- Learning and teaching of traditional songs and dances
- Learning lyrics or specific dances and the history behind songs and dances
- Learning song etiquette: where and when a song can be sung
- Dancing, drumming, singing at canoe journeys, potlatches, ceremonies and community celebrations

Games/sports

- Playing culture-specific traditional games such as slahal and come forth laughing
- Playing indigenous sports such as lacrosse and canoe racing

Cultural Activities Known to Contribute to Resilience

Ceremony, Rituals, and Protocol

- Participating in traditions, knowing how to act, how to prepare, how to follow protocol
- Participating in fasting, smudging, meditation, visioning, prayer
- Paying attention to dreams
- Participating in a talking circle
- Practicing Native protocol for showing respect and honor
- Developing communication skills with elders
- Practicing spirituality
- Learning about Shaker Church, Smokehouse or other religions
- Knowing and practicing protocols for handling sacred or ceremonial items
- Showing respect for beliefs at ceremony
- Seeking traditional healers for help
- Learning rules for who can attend ceremonies
- Knowing passing away ceremonies,
- Knowing sacred animals
- Knowing sacred sites and why they are sacred
- Understanding people's interconnectedness with the natural world, themselves and others

History/Cultural Knowledge/Cultural Skills

- Knowing tribal history, laws, treaty rights, traditional territory, clans
- Knowing the meaning of sovereignty
- Learning Tribal names for places
- Speaking your Native Language
- Knowing sacred places—protecting them as cultural monuments
- Learning about traditional dwellings; houses/buildings/longhouses/villages
- Understanding the impact of colonialism—genocide, boarding schools, illegalization/banning of our cultural practices
- Understanding the history of activism, acts of protesting
- Understanding sport mascots, stereotypes and their negative impact

Traditional Forms of Living

- Learning to keep oral traditions alive by telling tribal stories and legends
- Understanding the modern day canoe journey and the impact upon our culture
- Understanding the cultural seasonal rounds, paying attention to nature's timetable
- Understanding the animals and what they do how they can symbolize a season
- Understanding our family ties with other tribal communities and how we share resources
- Taking care of Mother Earth, family, self and others

Interactions of Mind, Body, Spirit and Emotions

Mind – DECISIONS

Our decisions
lead to actions

Spirit – VALUES

Our values influence
our decisions



Body – ACTIONS

Our actions
influence our
emotions

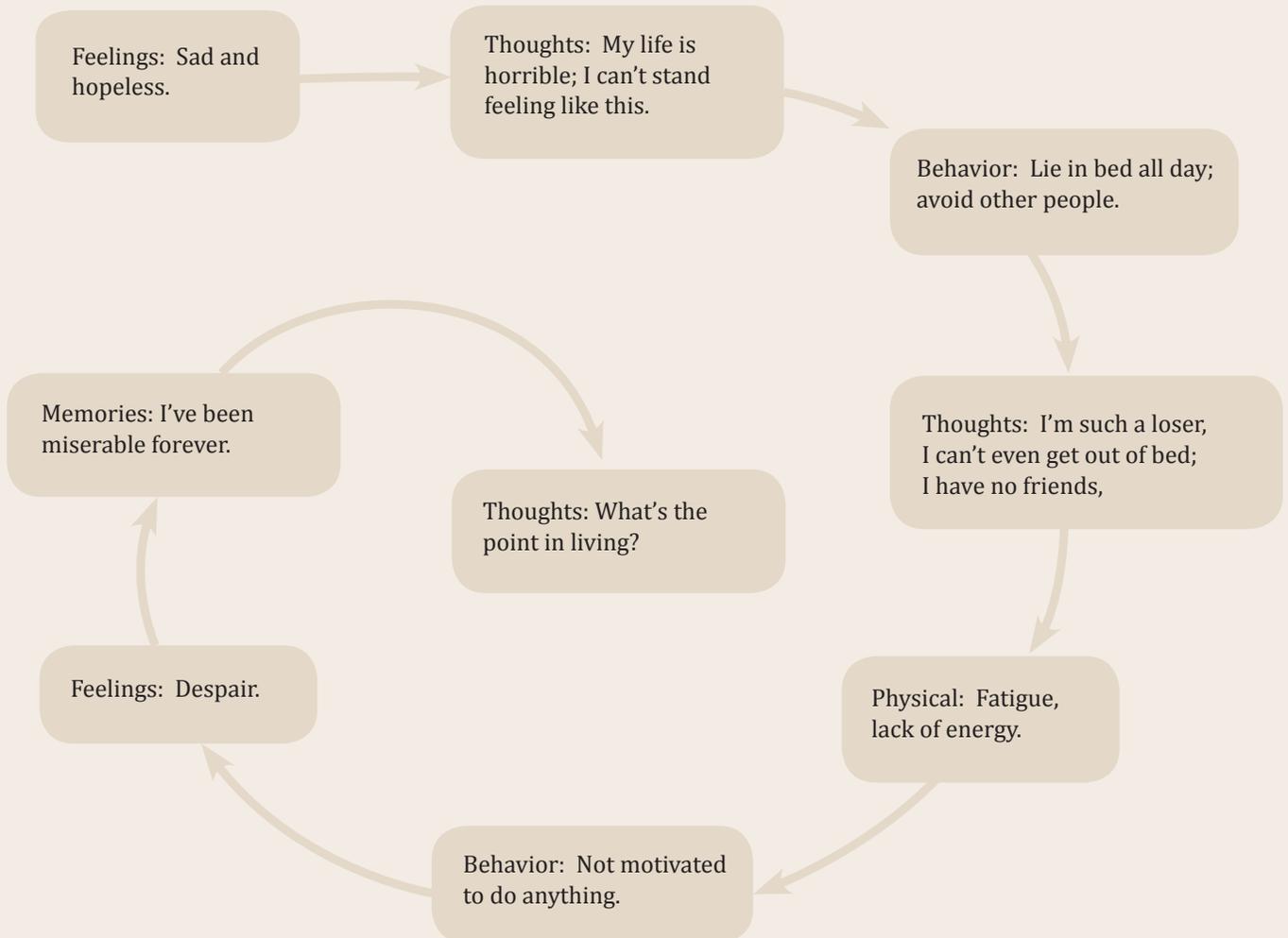
Emotions – REACTIONS

Our emotions influence
our values

www.robinafinowich.com/rezoning-nature/

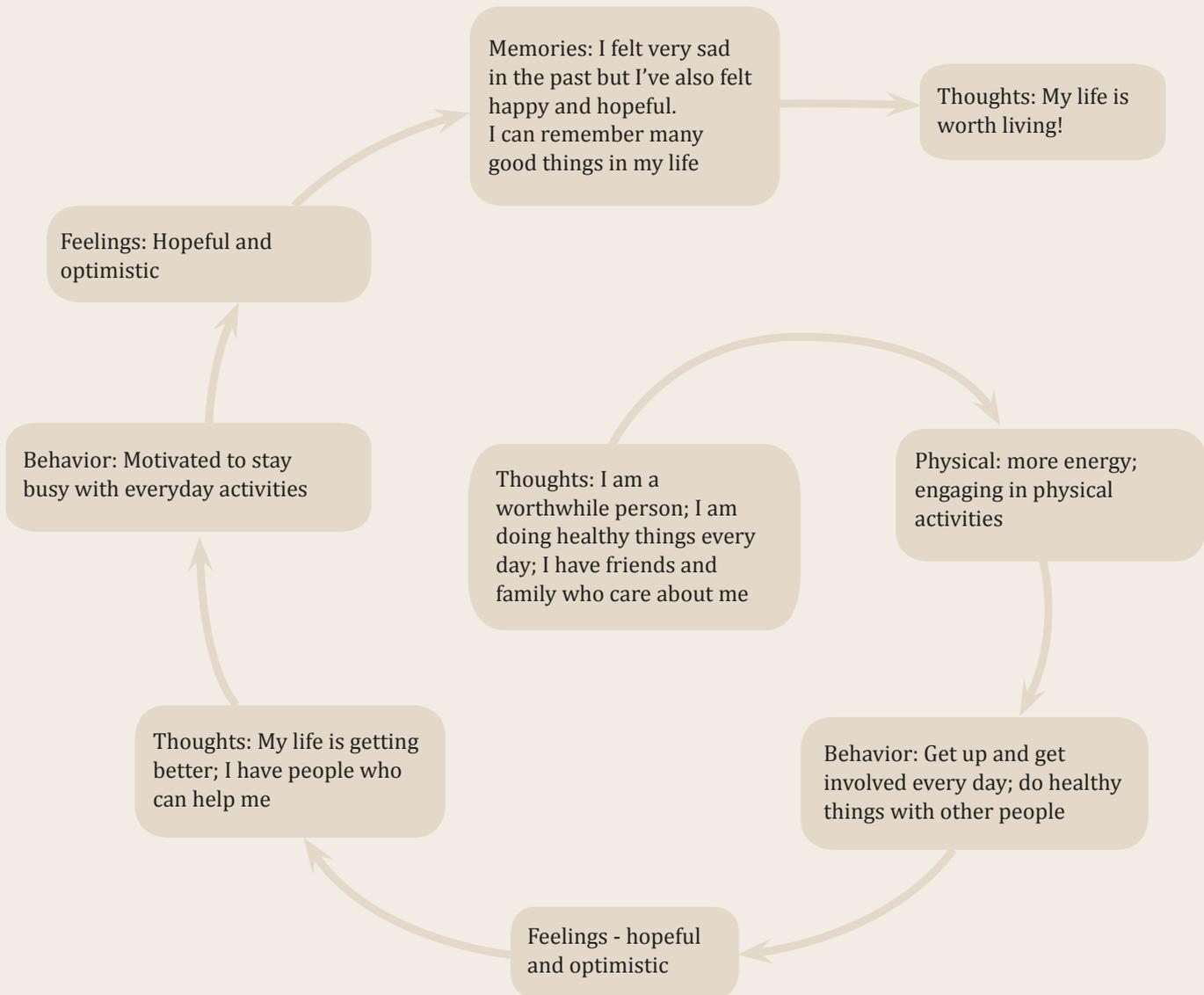
Interactions of Mind, Body, Spirit and Emotions

The Downward Spiral



Interactions of Mind, Body, Spirit and Emotions

The Upward Spiral



Interactions of Mind, Body, Spirit and Emotions

Reversing the Cycle of Depression

Thoughts

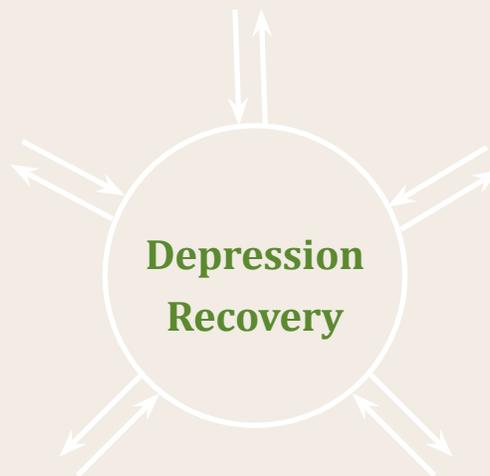
As we get more perspective over our thoughts, they become less negative, we begin to feel less depressed and as we become less depressed, our automatic negative thoughts give way to more balanced thinking.

Feelings

As we learn to deal with our feelings of sadness, despair and hopelessness, depression begins to lift, leading to the ability to experience positive and pleasurable emotions, which in turn reduces depression even more.

Behaviors

As we become more active and less isolated, we become less depressed and experience more energy & motivation to re-engage with our lives, which leads to further reductions in depression.



**Depression
Recovery**

Memories

By reducing rumination and dwelling on painful memories, we can reduce depression, allowing us to experience more pleasant memories and fewer regrets about the past.

Physical Symptoms

Changes in diet, exercise, sleep habits and self-care can help alleviate the distressing physical symptoms associated with depression and lead to more energy & motivation and decreased feelings of depression.

Finding Help for Yourself

Sometimes it's really hard to ask for help, especially if you're already feeling badly. The information on this page was created to try and make it a little easier for you to approach an adult for help.

Choose a safe person to approach – someone who likes and understands you and who is trustworthy. This might be a parent, teacher, coach, mentor, Elder, minister, favorite aunt, guidance counselor, school nurse, etc.

Take time to plan what you want to say to them – if you are prepared then you will be able to clearly tell them what you need and there will not be misinterpretations of what you are saying.

Think about what you would like to get out of the conversation – if you have ideas of what you think could help your situation, it will be important to share them. They want to help you feel better and giving them ideas on how to do that may make the process easier.

Make an appointment – ask for a time when there won't be interruptions or distractions. Especially if you're going to talk to your parent, ask for time in the evening when dinner is over, the little kids are in bed, and things are calmer.

Bring a friend for support – sometimes having someone with you makes the idea of getting help easier. Do what is best for you.

Fill out the Asking for Help Form – this form was created so that you could fill it out and give it to the person you've decided to talk to. Allow him/her time to look it over before you start talking.

Be honest – it can be hard to talk about difficult feelings and situations, but being honest and seeking help is one of the first steps to creating solutions.

Listen – to what your parent(s) or other trustworthy adult has to say in response to your concerns. Remember that they care about you and want you to feel better.

Congratulate yourself on doing something positive for yourself – it takes a lot of courage to ask for help.

Asking For Help

Dear _____:

Please read this over—it will make it easier for me to talk to you today.

Recently, I've been feeling:

- Sad
- Alone
- Depressed
- Hopeless
- Out of control
- Angry
- Scared
- Suicidal
- Overwhelmed
- Other _____

I've been having trouble:

- Sleeping
- Concentrating
- Eating
- Finding solutions to my problems
- Believing that things will get better
- Other _____

The biggest problem in my life right now is: _____

It's OK to ask me about the things on this sheet. Please listen and help me.

From: _____

Dear Trusted Adult,

You've been given this form because the teen who gave it to you trusts you and believes you are a safe person in their life. It is important that you listen to what they have to say in a non-judgmental manner and not dismiss their feelings as something a teen goes through. The following information should provide you with some guidance to help this teen. If you suspect that this teen may be suicidal, do not be afraid to ask them if they are thinking about suicide, talking about it will not encourage them to do it, in fact, it might help him or her feel better knowing that it's okay to talk to you about it.

Some possible signs of suicide:

- Planning, talking, or thinking about suicide by the teen.
- Persistent feelings of being overwhelmed, angry, depressed, or pessimistic.
- Drastic changes in appearance, mood, attitude, or behavior.
- Giving away prized possessions.
- Previous suicide attempts or self-harm, such as cutting or burning.
- A feeling of hopelessness or of being alone.

What you can do:

- Get professional help – call the 24-hour crisis hotline for support, 1-888-568-1112.
- Do not judge, mock, lecture, or put him or her down.
- Do not try to solve the problem yourself; know your limits in the situation.
- Be sympathetic towards the teen; really listen to what they are telling you.
- Read about suicide prevention at www.mainesuicideprevention.org, [SAVE.org](http://www.save.org) or [Suicide.org](http://www.suicide.org).

From: Maine Teen Suicide Prevention Program (<http://www.maine.gov/suicide/youth/index.htm>)

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

Suicide Danger Signs

The following are **danger signs to look for if you suspect a friend is suicidal.**

- Direct suicide threats and comments (“I wish I was dead”; “you’d be better off without me”)
- A previous suicide attempt, no matter how minor
- Preoccupation with death in music, art, and writing
- Loss of a family member, pet, or boy- or girlfriend (through death, abandonment, or breakup)
- Family disruptions (parental unemployment, serious illness, relocation, divorce)
- Problems with sleeping, eating and personal hygiene
- Problems with schoolwork; loss of interest in activities that had been important
- Dramatic changes in behavior patterns (such as a shy adolescent suddenly becoming extremely outgoing)
- Prevailing sense of gloom, hopelessness, and helplessness
- Withdrawal from family members and friends; alienation of important people
- Giving away prized possessions (electronic devices, sports equipment, pets, other significant or meaningful items)
- A series of “accidents,” increase in risk-taking, or loss of interest in personal safety
- Says that he/she wants to die
- Self injury (cutting, other forms of self-harm)
- Substance abuse (using alcohol, marijuana, illegal drugs, prescription medication)

If you see a friend showing any of these behaviors, seek help immediately.

Remember, suicide is a permanent solution to a temporary problem, and there are many things that can be done to solve the problems that are making the person feel hopeless.

Finding Help for a Friend

1. **Choose a safe person to approach** – someone who likes and understands youth and who is trustworthy. This might be a parent, teacher, coach, minister, favorite aunt, guidance counselor, school nurse, etc.
2. **Take time to plan what you want to say to them** – if you are prepared then you will be able to clearly tell them what you need to share about your friend and there will not be misinterpretations of what you are saying. Be sure to tell the adult everything you know about the situation including if your friend has a plan, what the plan is, and if your friend has access to a gun.
3. **Think about what you would like to get out of the conversation** – if you have ideas of what you think could help the situation, it will be important to share them. The adult wants to help your friend feel better and giving them ideas on how to do that may make the process easier.
4. **Make an appointment** – ask for a time where there won't be interruptions or distractions. Especially if you're going to talk to your parent, ask for time in the evening when dinner is over, the little kids are in bed, and things are calmer.
5. **Be a support to your friend** – being available for your friend to talk to is important. Listen to your friend without judgment. You can offer to go with your friend to seek help from an adult and if your friend won't go with you, then go by yourself. The most important thing is not to keep this a secret.
6. **Complete the Asking for Help Form** (this form was created so that anyone with concerns that are difficult to discuss could fill it out and give it to the trusted person they have identified. Encourage your friend to fill this out and share it with someone or you could do it based on the information that you have. Make sure to allow him/her time to look it over before they start talking. Offer to go to this person with your friend or go on their behalf.
7. **Be honest** – it can be hard to talk about difficult feelings and situations, but being honest with your friend, telling them you are worried about them and seeking help is one of the first steps to creating solutions.
8. **Listen** – to what your parent(s) or other trustworthy adult has to say in response to your concerns. Remember that they care about your friend and want them to feel better.
9. **Congratulate yourself on doing something positive for your friend** – it takes a lot of courage to ask for help.

When You Suspect Someone is Thinking About Suicide

Sometimes people may feel depressed or overwhelmed by their problems. Some may even think about killing themselves. A suicidal person may feel that he or she can't stop the pain, think clearly or see any other way out. They need help to cope with feelings of hopelessness and to gain control. Suicide is preventable, and anyone can help a suicidal person get the help they need.

What is helpful:

- Listening to what your friend has to say without judgment
- Repeating what you have heard in your own words so the person knows you understand them
- Asking the person if they have a plan and a way to carry out the plan
- Telling the person that you will help them to get help
- Involving other people who are trained to deal with people in crisis

What may be harmful:

- Ignoring or minimizing the issue
- Acting shocked or embarrassed
- Challenging, bargaining, or daring the person
- Giving harmful advice, such as drinking and drugging, to run away from the problem
- Promising to keep suicidal plans a secret

If you suspect that a friend is suicidal, the three steps below may save a life. We've given an example of how to express each step, but feel free to use your own words.

- 1. Show you care – listen carefully – be genuine.**
"I am concerned about you, about how you're feeling."
- 2. Ask about suicide – be direct but non - confrontational.**
"Are you thinking about suicide?"
- 3. Get help – do not leave the person alone.**
"You are not alone. Let me help you. Let's call the crisis line."

Never promise to keep information about suicide a secret. It isn't tattling to get help for a friend - it's caring enough to help them find options that they haven't been able to identify. And while your friend might be angry at first, you'll feel better knowing that your friend is receiving the help they need. Silence places you both at risk – your friend for suicide and you for the loss of a friend.

Adapted from: Maine Teen Suicide Prevention Program (<http://www.maine.gov/suicide/youth/friend/troubled.htm> and <http://www.maine.gov/suicide/youth/friend/suspect.htm>)

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

Goal Setting and Planning

- **Define and Plan the Goal** (ask the what, when, where, who, why and how)
- **Do The Plan**
- **Check Your Progress:** Are you on schedule? Do you have all the necessary resources? Do you need to change any part of your original plan?
- **Act on Your Revised Plan:** Make any necessary changes and continue with your plan. Or assess the situation to decide if you should change your course.

WHAT is the goal? _____

WHEN can you carry out this goal? _____

WHERE can you carry out this goal? _____

WHO is involved in carrying out the plan? _____

WHY is this goal important to you? _____

HOW will you carry out the plan to reach your goal? _____

WHAT are the obstacles that might hinder your progress toward meeting your goals? _____

WHAT are the strengths that you have that could help you meet goals? _____

HOW will I balance things in my life to meet this goal? _____

WHAT do I need to learn to accomplish this goal? _____

Hallucinogens

Hallucinogens are drugs that cause hallucinations — profound distortions in a person’s perceptions of reality. Under the influence of hallucinogens, people see images, hear sounds, and feel sensations that seem real but do not exist. Hallucinogens affect regions of the brain that are responsible for sight, hearing, coordination and thought processes. Some hallucinogens also produce rapid, intense emotional swings.

Hallucinogens (also known as “psychedelic” drugs) include LSD, mescaline, psilocybin (“magic mushrooms”) and ibogaine.

Effects of Hallucinogen Use

LSD along with other hallucinogens produce a wide range of changes in thought, perception and behavior in users. A “normal” LSD trip starts 30 to 90 minutes after ingestion and may last twelve hours. The initial physical effects of LSD include: nausea, dizziness, dilated pupils, muscle weakness and loss of appetite.

Slang Terms for Hallucinogens

Lysergic Acid Diethylamide: *LSD, Acid, Blotter, drip*

Psilocybin: *Mushrooms, Shrooms, Magics, salvia, spice, 1up*

Adverse Effects

- The most adverse effect is hallucinations. Many times the drug induces feelings of panic.
- The user may experience “flashbacks” which may occur at anytime.
- Hallucinations have caused users to behave in ways that endanger their lives and may even cause death to occur (e.g., users jumping out of buildings because they think they can fly).
- There is risk of having a “bad trip.” Each trip is determined by the strength and purity of the drug and on the user’s frame of mind.
- Other effects include: increased heart rate and blood pressure, irregular breathing, euphoria, loss of ability to separate fact and fantasy, distortion of sense, paranoia, violence, rapid mood swings and emotional shifts.
- Ecstasy puts holes in the brain
- Mushrooms make your brain bleed

Dissociative Drugs

PCP (PHENCYCLIDINE) and KETAMINE “horse tranquilizer” are dissociative drugs that have mind-altering effects. Dissociative drugs give the user a feeling of detachment from the environment and self. They produce distorted perceptions of sight, sound and initiate “out-of-body” experiences or “near-death” experiences. They act by altering distribution of the neurotransmitter glutamate throughout the brain. Glutamate is involved in perception of pain, responses to the environment and memory. Effects of dissociative drugs include numbness, loss of coordination, sense of invulnerability, muscle rigidity, aggressive and violent behavior, slurred or blocked speech, exaggerated sense of strength and a depression of the respiratory system.

Slang Terms for Dissociative Drugs

PCP: *Angel Dust, Loveboat, Boat, Ozone, Wack*

Ketamine: *K, Special K, Vitamin K, Kit Kat, Kelly’s Day, Blind Squid, Cat Valium, Super Acid*

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

Seven Steps to Problem Solving

- 1. Define the Problem**
- 2. Brainstorm Solutions**
- 3. Find Someone to Go to for Help**
- 4. Pick the Best Solution**
- 5. Make a Plan**
- 6. Act on the Plan**
- 7. Review and Revise Your Plan**

Nicotine

What is So Bad About Smoking?

Tobacco smoke contains over 4,000 chemical compounds including:

- carbon monoxide (exhaust fumes from our cars)
- formaldehyde (used to preserve dead bodies)
- ammonia (kitchen and bathroom cleaner)
- carbon dioxide (which contributes to global warming)

Tobacco smoke also contains 43 different cancer-causing substances. Harmful metals found in cigarettes include: aluminum, copper, lead, mercury and zinc.

Why is Nicotine So Addictive?

Nicotine causes the release of dopamine in the brain that causes the pleasure experienced by many smokers. Nicotine can act as a psychomotor stimulant, increases alertness, increases concentration, increases attention, and can make you feel less hungry. These symptoms are what draw users into repeated use but chronic use produces tolerance and dependence in as little as a week!

Effects of Smoking

1,000 Americans die every day by smoking-caused diseases and smoking causes 80% of lung cancer. The nicotine particles act on every cell in your body. Nicotine can increase stomach acid, causes diarrhea and increases heart rate and blood pressure.

What is Nicotine Abuse?

A destructive pattern of nicotine use leads to significant social, occupational, or medical impairment. Nicotine tolerance occurs where increasing amounts of nicotine are needed to achieve intoxication. Nicotine withdrawal occurs within several hours of your last fix and lasts about one week long. This is what stops many people from quitting.

What are Withdrawal Symptoms?

Two or more of the following symptoms will develop within several hours to a few days of reduction in heavy or prolonged nicotine use:

- intense cravings
- sweating or rapid pulse
- insomnia
- physical agitation
- nausea or vomiting
- irritability
- less concentration
- increased hand tremor
- anxiety

Smokeless Tobacco Danger Signs

Chewing tobacco causes cancer of the mouth, pharynx, larynx and esophagus and causes damage to gums causing tooth loss. If you have ever used smokeless tobacco, either now or in the past, you should look for some of these early signs of oral cancer: a sore in the mouth that does not heal, a lump or white patch, a prolonged sore throat, difficulty in chewing, restricted movement of the tongue or jaws.

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

Some Tips for Respectful Listening

- **Stop whatever you are doing.**
- **Look at the person.**
- **Keep a good distance between you and the speaker.**
- **Don't turn away from the speaker.**
- **Sit up straight.**
- **Nod your head and make statements such as "yes," "I understand," and "I see what you mean," to show the speaker you understand what he/she is saying.**
- **If you don't understand, let the person know that.**
- **Don't fake listening!**
- **Repeat back phrases to clarify what the person is saying.**
- **Ask questions to show that you are interested in what the person is saying.**
- **Don't interrupt the speaker.**

Prescription Drugs

What Is Prescription Drug Abuse?

Prescription drug abuse is taking prescription drugs that are prescribed for someone else or taking them in a manner or dose that is not prescribed by a doctor. One example would be someone who takes their brother's Ritalin when they don't have Attention Deficit Hyperactivity Disorder. Another example would be someone who was prescribed OxyContin for pain, but who takes it in large doses instead of following the doctor's instructions. Prescription drugs can help people when taken under the guidance of a doctor for a real health issue. Some people think it is OK to abuse these drugs because they usually come from a doctor and aren't illegal "Street Drugs." However, if prescription drugs are misused, they can cause serious harm or death.

Three kinds of prescription drugs are most commonly misused:

- Opioids (painkillers)
- Central Nervous System Depressants (tranquilizers)
- Stimulants

Opioids

OPIOIDS, also called prescription narcotics or painkillers, are most often used to treat pain. Common prescription painkillers are Saboxin, OxyContin, Vicodin, methadone, Percocet, Percodan, codeine, and dyphenoxylate (Lomotil). They affect the brain and central nervous system by blocking feelings of pain. They are often misused by being injected or snorted or smoked. Slang terms: 80s (oxy), 30s (perc), beans, pills, OC, zanny bars

Initial Effects

Euphoria • lack of pain • sleepiness • nausea • constipation • difficulty breathing, lose weight, hyper-active

Effects of Heavy Use

Heavy use of painkillers can lead to addiction. Withdrawal symptoms include restlessness, bone and muscle pain, sleep problems, diarrhea, vomiting, cold flashes and involuntary leg movements. A single overdose of painkillers can cause death by shutting down respiration (breathing). Combining the use of opioids with other prescription drugs can increase the risk of death.

Central Nervous System (CNS) Depressants

CENTRAL NERVOUS SYSTEM (CNS) DEPRESSANTS are sometimes called tranquilizers or sedatives because they slow down the brain. Two kinds of depressants are barbiturates and benzodiazepines. Barbiturates (i.e. Nembutal) are used to help people with anxiety and sleep problems. Benzodiazepines (i.e. Valium, Librium, Xanax) are used to help people with anxiety, panic attacks and sleep problems.

Initial Effects

Drowsiness or sleepiness • calming effect • feeling uncoordinated

Effects of Heavy Use

Heavy use of CNS depressants can lead to addiction. Withdrawal symptoms include increased brain activity which can lead to seizures. Combining CNS depressants with other drugs, especially alcohol, can slow down the heart and respiration and may lead to death.

Stimulants

STIMULANTS (i.e. Ritalin, Adderall) increase alertness, attention and energy. Stimulants used to be prescribed for many different reasons, but now they are used to mostly treat Attention Deficit Hyperactivity Disorder (ADHD), depression or narcolepsy (when people fall asleep suddenly).

Initial Effects

Increased alertness and energy • increased blood pressure, heart rate and breathing

Effects of Heavy Use

Heavy use of stimulants can lead to severe anger, paranoia, heart problems, seizures and even death. Heavy stimulant use can also lead to addiction. Withdrawal symptoms include depression, severe tiredness or fatigue, and problems sleeping. Overdose can lead to an irregular heart beat, heart failure or seizures. These risks increase if taken with other drugs or alcohol.

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

Three Ways to Express Feelings

Aggressively

- Loud voice, sometimes yelling
- Uses abusive, disrespectful language
- Dominates the conversation
- Does not let the other person talk, or interrupts
- Is confrontational and tries to be intimidating
- Can become physically threatening or abusive.

Ineffectively

- Bottles up feelings, does not express feelings at all
- Avoids conflict to the point of not being able to move forward or damaging relationships
- Is wishy-washy and takes no firm stand
- Routinely does not get his/her needs met

Effectively

- A calm voice
- No eye contact with elders (when appropriate)
- Speaks in a firm, respectful tone.
- Makes “I” statements.
- Stands up for him/herself
- Makes direct statements
- Makes good eye contact (when appropriate)
- Listens to what the other person is saying
- Watches for non-verbal cues
- Does not try to force another person to change
- States why he/she feels the way he/she does
- States how they would like the situation to be changed
- Matches personal needs with community needs

Expressing Feelings Respectfully

There are **three components** to expressing feelings respectfully:

- Your perspective of the situation, “**I think...**”
- Your feelings about the situation, “**I feel...**”
- Your wants regarding the situation, “**I want...**”

Example: Your best friend said that she would pick you up at 7:00 p.m. It is now 9:00 p.m. and she still has not picked you up.

- **I think...** “She said that she would pick me up at 7:00 and I am still waiting for her two hours later.”
- **I feel...** “I feel angry and hurt because I feel that she is inconsiderate and obviously doesn’t care about how I feel.”
- “When I see her I am going to tell her that **I want** her to consider my feelings and at least call me if she is going to be late.”

Steps to Resolve Conflict

- **Control emotions.** Use relaxation techniques. Take yourself out of the situation. Express your feelings assertively.
- **Identify the reason for the conflict.** Identify the reason for the conflict. If it is needed, take time away from the person to think about the conflict and plan a strategy to resolve.
- **Ask the person.** Does he/she have time to talk?
- **Tell the person how you are feeling** (e.g., “I am feeling upset right now”).
- **Tell the person why you are feeling like you are** (e.g., “You have not paid your share of the rent for the last two months”).
- **Listen. Listen. Listen.** Allow the person to respond.
- **Discuss alternatives.** Discuss with the person different alternatives for resolving the conflict.
- **Discuss calmly.** Continue to talk about the issue in a calm manner.
- **If the conflict can't be resolved.** If the conflict seems to escalate and you find that you are getting angry, tell the person that you need to leave and you would like to talk about it later.
- **Seek help.** If these steps aren't working or if you don't feel comfortable resolving a conflict, seek mediation — someone you trust to help you solve the problem.

Tips for Being Assertive

- **Eye contact:** Being direct involves some eye contact but do not stare at people 100 percent of the time. May be different when communicating with tribal elders.
- **Body posture:** Try to face the person. Stand or sit up tall.
- **Distance / physical contact:** If you smell or feel the other person's breath, you are probably too close. Keep a comfortable distance.
- **Gestures:** Use hand gestures to add to what you are saying.
- **Facial expressions:** Your face should match your emotion and what you are saying. A pleasant face is best when you are happy. A serious face is best when you are upset.
- **Voice tone, inflection and volume:** In order to be heard you have to pay attention to the tone of your voice (happy, whiny, upset), the inflection of your voice (emphasis on syllables), and volume of your voice (whisper to yell).
- **Fluency:** It is important to get out your words. If a person stammers or rambles on, the listener will get bored.
- **Timing:** Timing is important. If you have to express negative feelings or make a request of someone, do it as soon as there is a time for both parties to resolve their issues alone.
- **Listening:** If you are making statements that express your feelings, you need to give the other person a chance to respond.
- **Content:** What a person says is one of the most important parts of the assertive message.

Refusing Respectfully

Example: A friend asks you to spend the night on a school night.

Practice around the table and ask each participant a question and have them refuse the question respectfully.

- **Stop and think about what you want.**
(Think: "Do I really want to spend the night?")
 - **Make the decision that is best for you.**
(Think: "No, I don't think I want to spend the night tonight, it's a school night and I have homework.")
 - **Communicate your decision assertively by first stating your position.**
(State: "No, that is not a good idea for me.")
 - **Explain your reason.**
(Explain: "It's a school night and I have homework to do.")
 - **Express understanding.**
(Express: "I know how you are feeling, I get bored on school nights too.")
- OR
- **Offer alternatives.**
(Suggest: "I think I can make plans to spend the night over the weekend, how does that sound?")

Opiates

Opiates (often called narcotics) work by depressing the central nervous system. The drug induces pain relief and triggers a feeling of pleasure. Opiates that are commonly used in medical settings or that are prescribed by doctors are: Oxycodone, Codeine, Darvon, Morphine, Percodan, Talwin, Dilaudid, Demerol, and Methadone.

Any of these drugs can be highly addictive.

Slang Terms for Opiates

Little D for Dilaudid, Dollie for Methadone, M and Miss Emma for Morphine, Dover's Powder for Opium, School Boy of Codeine, Oxycodone: Oxys, OC, beans, 30s, 80s, candy.

Heroin

Heroin is an illegal, highly addictive opiate. It is the most abused and fastest acting opiate. Heroin triggers regions of the brain responsible for producing both the pleasurable sensation of reward and physical addiction. Addiction is marked by the need for continuous, repeated use of the drug (craving). If drug use is discontinued, significant and painful physical withdrawal symptoms occur. Heroin can be injected, smoked or snorted, eye drops.

Short-Term Effects

Shallow breathing • euphoria • reduced hunger • decreased sex drive • drowsiness • cramps • nausea/vomiting • lethargy • heaviness of limbs • constipation • raw, red nostrils from snorting • excessive itching and scratching • nod off

Long-Term Effects

Malnutrition due to extreme loss of appetite and weight • needle tracks or punctures, scars along veins, abscess • black and blue marks from "skin popping" • reduced vision • tremors • irritability • tolerance • psychological dependence • apathy • loss of ability to concentrate • loss of judgment and self-controls

Long-term use of opiates actually changes the way the brain works. The cells get so used to having heroin present they can't work without it! If dependent nerve cells are deprived of opiates they become overactive and cause withdrawal symptoms. Eventually they will work normally if opiates are not taken.

Withdrawal Symptoms

Watery eyes and runny nose • panic • chills • sweating • nausea • coma • muscle cramps • increased respiratory rate/blood pressure • convulsions • insomnia • respiratory arrest

Medical Risks

Infection of the heart valves • skin abscesses • congested lungs • liver disease • tetanus • serum hepatitis • anemia • pneumonia • inflammation of the veins • cardiac disease • IV drug users place themselves at greater risk of contracting the HIV/AIDS virus • The user never knows whether the next dose will be unusually potent, leading to overdose, coma, and possible death. Risk of cutting agents are dangerous.

Slang Terms for Heroin

Horse, Junk, Mexican Brown, Skag, Hard Stuff and Smack, Black Tar, "H," brown, anti-freeze, balloon, bomb, brown sugar, caca.

Oxycodone

Oxycodone is a prescribed pain medication sold under the trade names OxyContin, Percocet and Percodan that is rapidly becoming a problem. It has high abuse potential because it has heroin-like effects that last up to 12 hours. People who abuse oxycodone often chew the tablets or crush them into a powder that can be smoked, snorted or dissolved in water for injection. Taking chewed or crushed tablets can lead to the rapid release and absorption of a potentially toxic dose of oxycodone. Hundreds of people have died after overdosing in this way. (Note: Cocaine [Crack] is an opiate but is discussed in the Stimulant handout.)

What Did You Learn?

Winter - Mental

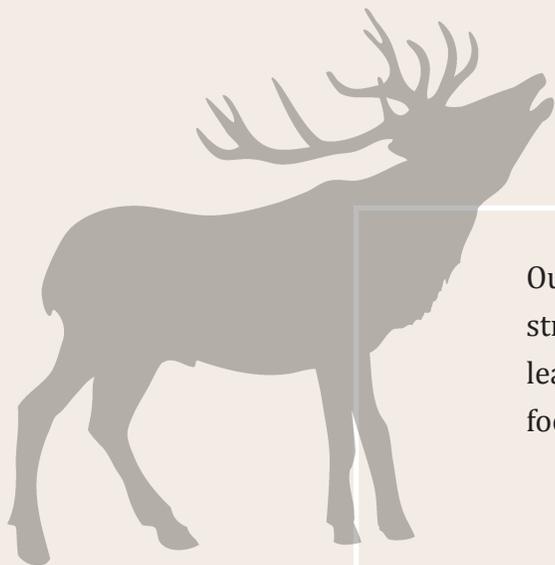
Spring - Emotional



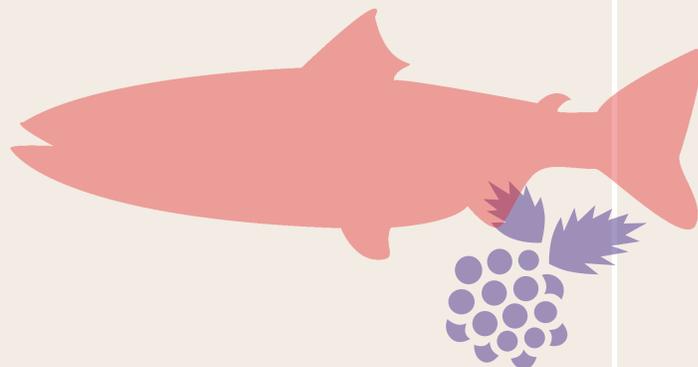
Fall - Spiritual

Summer - Physical

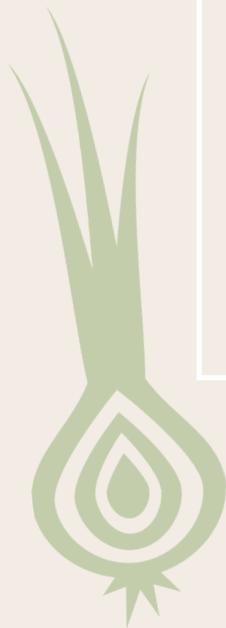
Food Habits of our Ancestors



Our ancestors were strong and healthy people. Their strength came from native foods. They feasted on lean meats, fish, grains, fruits and vegetables. The foods were low in fat and sugar.

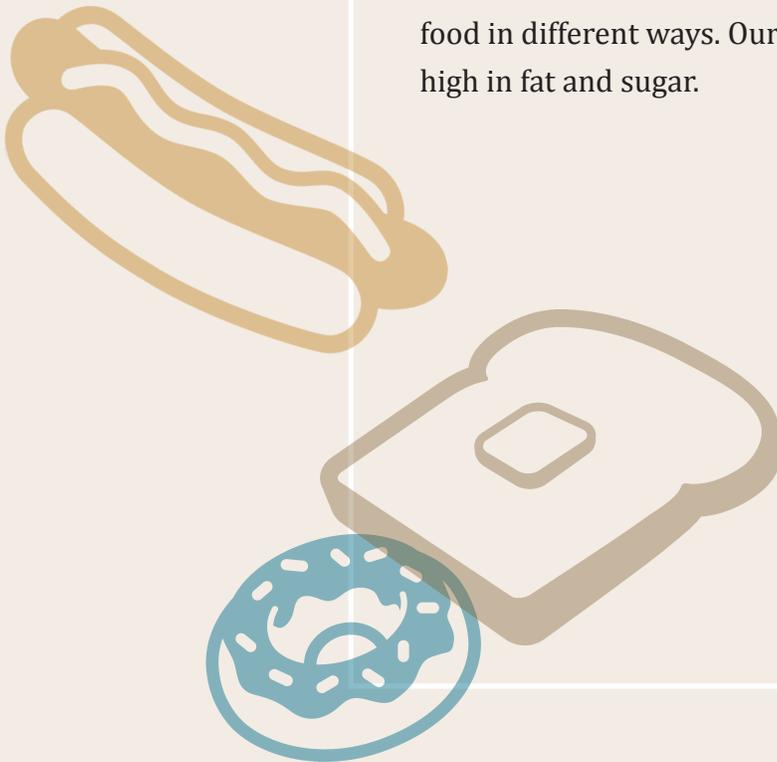


Our ancestors were active people, hunting and gathering to feed themselves. The food and exercise habits of our ancestors helped lower their chances of cancer, diabetes, heart disease and obesity.



Today's Food

Our food and exercise habits are not the same. Most of our food comes from the store or as commodities. We prepare food in different ways. Our family's food choices may be high in fat and sugar.



***You and your family can
be strong and healthy.
Choose good foods and
stay active!***



Steroids

What are Steroids?

Anabolic steroids are man-made derivatives of the male hormone testosterone and are used to build muscle, increase performance and improve appearance. The “muscle-building” effects help the body retain protein, a necessary building block for the growth of muscles, bones, and skin. When ingested, steroids go straight to the individual cells in organs and muscles. They enter the nucleus of the cell and alter the genetic material to stimulate the production of new proteins.

Slang Terms

Gym Candy, Pumpers, A's, Stackers, Anabolics, Arnolds, Bolins, Arnies, Anabols, Balls or Bulls, Weight Trainers, Dep-Testosterone, Rhoids, Methyltestosterone, Juice

How are Steroids Used?

Steroids are taken either in pill form or injected in the muscle. Under the false notion that more is better, users ingest various steroids in mega doses of hundreds of milligrams. If a doctor prescribes steroids, the dose is usually only 1 to 5 milligrams per day.

Effects of Steroids

Abuse of steroids leads to negative side effects. The physical and psychological risks of anabolic steroid use include:

- Rapid weight gain and muscle development
- Damage to growth areas at the end of bones that permanently stunts growth
- Weakened tendons, resulting in tearing or rupture
- Headaches related to hormonal imbalance
- High blood pressure, hardening of the arteries, heart palpitation, heart attack, stroke
- Mood swings, depressed moods, irritability, delusions and impaired judgment
- Uncontrolled aggression and combativeness, called “roid rage”
- Liver damage which can lead to cancer, jaundice, bleeding and hepatitis

- Impairment of the kidneys, which leads to kidney stones and kidney disease
- Risk of HIV infection through sharing needles to inject steroids
- Chronic steroid users have withdrawal symptoms that intensify psychological effects.

For women, masculinization occurs. The result is an increase in facial and body hair, a lower voice, irregular menstrual periods, thinning of the hair, skin problems in which the pores become enlarged and induces severe acne.

For men, feminization occurs. Excess testosterone changes into the female hormone, estrogen. The result is abnormal breast enlargement, testicular shrinkage, increased tendency toward fatty deposits, extremely soft muscles, balding and a lowered natural production of testosterone.

Keep in mind that high doses of steroids over a long period of time produce the adverse effects.

Depressants

What are Depressants?

These drugs are used medicinally to relieve anxiety, irritability and tension. They produce a state similar to alcohol intoxication. Tolerance to depressants builds quickly and produces physical and psychological dependence. Depressants are highly addictive.

Slang Terms For Depressants

Methequalone: Soapers, Quads, Ludes | *Barbituates: Downers, Goofballs, Blues, Barbs*

What are the Effects of Depressants?

Low doses:

- calmness and relaxed muscles
- a feeling of well-being
- slight dizziness
- impaired coordination
- mild impairment of thought

Moderate dose effects are more pronounced:

- mild intoxication
- clouded judgment
- slurred speech
- greater release of inhibition
- impaired perception
- confusion

High doses result in an even more intense and unpredictable intoxication:

- babbling, incoherent talking
 - staggering, stumbling
 - confusion
 - difficulty concentrating
 - slowed reaction
 - reduced sex drive
 - lack of coordination
 - distortion of reality
 - reduced awareness
 - weakened emotional control
 - hostility
 - depression
 - impaired thinking memory
 - paranoia
 - suicide
-

Adverse Effects of Depressants

Depressants slow the central nervous system. Symptoms include:

- intoxication
- depressed respiration
- lowered blood pressure
- clammy skin
- dilated pupils
- coma
- slowed heart rate
- overdose and death
- sleepiness

Withdrawal Symptoms of Depressants

Withdrawal and detoxification from depressants can be fatal. Symptoms include:

- chills
- cramps
- insomnia
- anxiety
- muscle tremors

Abrupt cessation or reduced high dose may cause convulsions, delirium, and even death. Dangerous withdrawal symptoms typically require medical attention.

What Did You Learn?

Winter - Mental

Spring - Emotional



Fall - Spiritual

Summer - Physical

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