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An alcohol and other drug prevention handbook for high school coaches

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AN ALCOHOL AND OTHER DRUG PREVENTION HANDBOOK FOR HIGH SCHOOL COACHES

MASTER'S PROJECT

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DEDICATION

To Belinda and Kendal. Thank you for being patient.

CHAPTER I

INTRODUCTION TO THE PROBLEM

Justification of the Problem

Alcohol and other drug (AOD) use among high school athletes is greater than or equal to AOD use among high school students who do not participate in athletics (Ringwalt, 1987) and (Carr, et. al., 1990). Chemicals are used to help an athlete relax, recover, and have fun. Male athletes tend to be at risk more than both their male, non-athlete and their female-athlete counterparts. However, females are also at risk for AOD use. Unfortunately, both athletes, as well as non-athletes, are adept at concealing their use of alcohol and other drugs. In addition to being susceptible to the harmful physical and mental side effects that alcohol and other drugs can cause, the athlete is breaking the code of conduct by lying and cheating, (most schools have a strict prohibition against AOD use). By doing so, the athlete defeats one of the major goals of high school athletics, which is to instill in the participants a sense of fair play in doing one's best with his or her natural abilities. AOD use endangers the student-athletes' lives, socialization skills, academic achievement, and athletic abilities.

High school coaches around the United States recognize that substance abuse occurs among athletes (Gallup, 1991). A large percentage of coaches and athletic directors described the drug problem among their athletes as being fairly or very big (Gallup, 1991). Unfortunately, the evidence has become clear that coaches oftentimes fail to inform their athletes about the dangers of harmful substances, nor do they offer strategies or activities which might aid the student-athlete in making the proper decisions about using substances that are

potentially harmful to their health (Milburn, 1992). Coaches have also developed reactions to their knowledge, or suspected knowledge, of their athletes' use of AOD. They might ignore this information, give vague warnings about how players are to conduct themselves regarding alcohol and other drugs, or simply refuse to enforce a training rule when they know of a violation of the team's or school's AOD policy. In effect, they side step the issue and allow the corruptive behavior to continue. Coaches may also set inappropriate standards by their own irresponsible use of alcohol in public, or their use of AOD in private. Coaches are therefore in need of a program which will allow them to inform their players of the negative side effects of alcohol and other drug use, confront those players in violation of policy, and provide avenues for their athletes to avoid substance use.

Coaching is a very difficult and trying profession. Not only does the coach have to worry about developing athletic skills and ability, he or she must often perform the duties of mother or father, psychologist, social worker, teacher, and friend, along with any number of other responsibilities. Certainly, the prevalent use of alcohol and other drugs among a percentage of athletes does not make the job of coaching any easier. Coaches may wish not to get themselves involved in this problem. Even those who do become involved, oftentimes find themselves wishing they had just ignored the AOD use, because addressing it can be very frustrating. First of all, detection is very difficult. Student-athletes are usually very adept at concealing their use. Second, if there is suspicion of use by the coach, proving it can be very difficult. Many times, other students are unwilling to divulge information about their friends' use, for fear of being labeled as

informants and losing their status as a friend. Even many parents are reluctant to get involved for any number of reasons. They, too, may not want to be seen as informants, or they may not wish to be the ones responsible for having a player of exceptional talent suspended from team play. Other parents may see nothing wrong with AOD use. Oftentimes the parents of the athlete in question refuse to recognize that their son or daughter may possibly be involved in the use of alcohol or other drugs.

In addition, other coaches on a school's athletic staff can be a detriment to a coach who wishes to intervene in an athlete's AOD use. Some coaches value winning over the personal development of their athletes, and will not address the problem for fear of "breaking up the team." Other coaches ignore AOD use because of the frustration level associated with it. They do not want to deal with the predicaments mentioned above. A final obstacle is the criticism a coach often receives for enforcing, or attempting to enforce, a non-use policy. The confrontation between a coach and an athlete can lead to the end of the relationship between that coach and athlete. If the athlete in question is a "star" player (one of extraordinary talent who contributes heavily to the team's winning), the team, school, parents and community may all express their dissatisfaction with the coach in a number of ways. All of these obstacles created by student-athletes, parents, and other coaches can drive a coach to feel that it is just not worth the effort to prevent AOD use on the team.

However, the serious nature of AOD use among student-athletes must be addressed. This handbook attempts to make a coach's job in this area more effective. A coach could use all or some of the suggestions

offered in this booklet. Both prevention and intervention techniques are provided. It is strongly suggested that the coach use some or all of these prevention techniques, or find another source to help in establishing a consistent response to AOD use by the team's student-athletes.

Many coaches might argue that their job is not that of a drug and alcohol rehabilitation specialist, and that the activities offered in this booklet will take valuable time away from their ability to actually coach athletes in their various sport specific skills. However, if a coach's athletes are using alcohol and other drugs, this activity is likely to take away much more than practice time. It can lead to the deterrence of physical, mental, and social capabilities that are necessary for the execution of a sport. It can also lead to the suspension or expulsion of players on a team. AOD use by some team members can create rifts between teammates who use and those who do not. This, too, can lead to a less effective team. Finally, AOD use can cause severe behavioral and physical problems. It can also cause death.

By implementing an AOD prevention and intervention program on the team, a coach can help to build team unity by getting more and more players to choose not to use AOD, and to do something about it when they know of a teammate who does use. The time taken to put such a program into place can help to create alcohol and drug free lives for student-athletes, as well as better team play. It will not be easy, nor, most likely, will attempts at prevention always be successful, but it is critical that a coach take the time to establish a program to deter alcohol and other drug use.

Problem Statement

The purpose of this study is to develop an alcohol and other drug use handbook for high school coaches to aid in informing athletes of the ills of AOD use both in- and out-of-season. It will also help the coach to realize behaviors of coaches which enable an athlete to continue using and/or abusing AOD. The handbook offers alternative strategies which will help the coach eliminate the enabling behavior and to confront the issue of AOD use, thereby starting the student-athlete on the road to recovery, and sending a message to the rest of the team saying alcohol and other drugs will not be tolerated. Background information on the effects of alcohol and other drugs is listed. The information includes a list of many of the drugs used by today's society, and what effects they have upon an individual. A plan of action will be provided for the time when a coach has learned that one or more athletes are involved with AOD. The handbook will give the coach warning signs which may indicate that AOD use is prevalent among one or more players. It will list the four stages of AOD use and dependency, and what to look for in those stages. The booklet will tell the coach why student-athletes may be using AOD, and the pressures inherent in sports that can lead to use. It will also show that some drugs, such as steroids, are taken for the sole purpose of enhancing athletic performance, and will offer suggestions about how to prevent steroid use. Special attention will be paid to the female athlete and the possible reasons for her AOD use. Various activities to be offered by the coach for the team will help to provide the athlete with alternatives to AOD. Suggestions are offered for establishing team captains as agents of positive peer pressure on the rest of the team. Coach-led, or player-led and coach-

monitored activities will allow the team to become better informed about the ill-effects of AOD . Also, the coach needs to inform players about how far they should go in counseling another who is involved with AOD before they see an adult about the problem. Again, this information is provided in the handbook. Strategies for pressure reducing skills and social skills that can be presented by the coach to student-athletes in order to help them stay AOD free are given. A guide for aiding recovering users is offered. Finally, to aid the coach in getting athletes' parents involved, an outline of a meeting with parents is presented along with a suggestion of a "contract" between the coach and the parents to help involve them in the struggle against AOD use.

Limitations

The statistical information about student-athlete *and* non-student athlete use of AOD is provided in this paper because a study of student-athlete use at the high school level has not been performed on a nationwide level, while one on the general population of high school students has. (Johnston, et. al., 1990) Smaller studies have been conducted on the usage of AOD by student-athletes, (Carr, et. al., 1990) and (Ringwalt, 1988), and they were used as a basis for reporting about the severity of the AOD problem among high school athletes nationwide. Had there been a more comprehensive study to take into account various geographical areas, as well as different types of high school settings, the statistical information about student-athlete AOD misuse would possibly be different.

In regard to the practical uses of this handbook, it is not intended to be a cure all for the use of alcohol and other drugs by student-athletes. Instead, it offers a variety of suggestions about how a coach

might use part of the team's practice time to put across the message that AOD use will not be tolerated by the coach, and, more importantly, that it can damage the life of an individual. Many of the suggestions have been put into use around the United States in various scholastic sports programs. However, there is very little empirical data as to whether these prevention programs are effective or the most efficient means of being effective. At present, these suggestions are simply the best ideas that concerned coaches, administrators, and parents have proposed to inform student-athletes about the dangers of AOD, and to offer them alternative activities to help keep them alcohol and drug free.

Definition of Terms

AOD: Alcohol and other drugs.

Alcohol: Considered a drug. A general depressant; slows down the brain and the central nervous system. Comes in such forms as wine, wine coolers, beer, whiskey, rum, and other distilled liquor. Alcohol is the most widely used drug by student-athletes today. (Wilmes, 1988)

Anabolic Androgenic Steroid: Derivatives of testosterone, a male sex hormone that causes nitrogen and protein to be retained in the body. Athletes take these drugs to increase muscle mass and physical strength. They come in pill form or are injected. An incomplete list of side effects includes sterility, alterations in sex drive, weight gain and enlargement of the prostate gland for males, and masculinization, excessive hair growth and disruption of normal growth patterns for females. (Bartimole, 1988)

Chemical: Synonymous with alcohol and other drugs.

Cocaine: A white powdery substance, which is usually snorted through the nose. Can also come in the form of crack, which is pasty and

hardened into "rocks." Crack is usually smoked in a pipe or bong. Stimulates the central nervous system, resulting in increased breathing, heart rate, and blood pressure. Low doses create feelings of power and energy, while high doses create insomnia, irritability, and anxiety. Heavy doses can result in coma and cardiac arrest. Cocaine is also highly addictive. Withdrawal often leads to deep depression, causing the user to go back to the drug. Suicidal tendencies are high among cocaine users. (Wilmes, 1988)

Drug: Any substance that enters the human body and can change either the function or structure of the human organism. (Carroll, 1989)

Drug Abuse: The deliberate or unintentional use of chemical substances (usually for reasons other than legitimate medical purposes) that results in any degree of physical, mental, emotional, or social impairment of the user. (Carroll, 1989)

Drug Misuse: The unintentional or inappropriate use of prescribed or non prescribed medicine resulting in the impaired physical, mental, emotional, or social well-being of the user. (Carroll, 1989)

Ergogenic Drugs: Drugs used not to treat an injury or a condition, but to enhance athletic ability. This includes anabolic steroids to increase size and strength, and amphetamines to increase aggressiveness and decrease fatigue. (Carroll, 1989)

Hallucinogens: A mood-altering chemical which can produce psychological dependence. Panic attacks (confusion and anxiety) often accompany even their infrequent use. Long term use can cause psychotic reactions (breaks from reality accompanied by hallucinations and anxiety). Comes in the forms of LSD, MDA, mescaline, psilocybin.

All are taken orally. They produce very strong distortions of reality. (Wilmes, 1988)

Inhalants: Come in the forms of solvents, glue, gasoline, whiteout, paint thinner, any type of aerosols, and lighter fluid. Depresses the central nervous system. Causes dizziness and nausea, along with hallucinations for some. Can cause brain, liver, marrow, and kidney damage. Short term effects can cause accidents due to impaired judgment. (Wilmes, 1988)

Marijuana: Depresses the central nervous system, and is a mild hallucinogen. Creates panic and anxiety in some. Comes in the form of marijuana cigarettes, hash and hash oil (both are stronger and more concentrated than marijuana). Can cause lung cancer, impaired memory and concentration, extreme lethargy, and reduction of hormone levels. (Wilmes, 1988)

Narcotics: Act on the central nervous system to slow down all body systems. They reduce feelings of pain and induce sleep. Low doses create feelings of euphoria, impaired concentration, drowsiness, and diminished desire for activity. High doses promote sleep and a strong sense of detachment. Very addictive, both mentally and physically. Overdose potential is high. Forms include codeine, morphine, heroin, Demerol, and others. They are taken orally or by injection. (Wilmes, 1988)

Other Drugs: Includes a broad range of virtually all drugs with the exception of alcohol. These include marijuana, inhalants, cocaine, hallucinogens, stimulants, tranquilizers, sedative-hypnotics, and narcotics.

Sedative-hypnotics: Creates an alcohol-like intoxication, impaired coordination, slurred speech, and lack of judgment. Comes in the forms of Nembutal, Seconal, Amytal, and others. They are powerful depressants to the central nervous system. Very high risk of physical and psychological addiction. The overdose risk is high with sedatives. (Wilmes, 1988)

Stimulants: Stimulate the central nervous system. Lower doses, create excitability and increase alertness, while heavy doses produce irritability, anxiety, and depression. They tend to reduce the appetite and the need for sleep, but are followed by long periods of sleep and exhaustion. Stimulants are very psychologically and physically addictive. They come in many forms, some of which are amphetamines, speed (illegally produced amphetamines), Methamphetamine, caffeine, diet pills, and over the counter pills like NODOZ. (Wilmes, 1988)

Student-athlete: Any secondary school age student who also participates on a school athletic team.

Tranquilizers: Come in the form of valium, librium, and others. They are mild nervous system depressants which create a relaxed feeling and reduced anxiety. Low doses produce relaxation, while high doses produce feelings of drowsiness, confusion, and incoherence. Tranquilizers are highly addictive, both mentally and physically. More overdoses, both accidental and intentional, occur with tranquilizers than any other drug. (Wilmes, 1988)

CHAPTER II

REVIEW OF RELATED LITERATURE

Earlier perceptions about alcohol and other drug use were that only certain types of people used AOD. For instance, persons at lower socio-economic levels were considered to be more likely to use AOD. Likewise, the perception about high school students using AOD followed along similar lines. Only students who fit into certain "categories", like those who come from lower socio-economic backgrounds, were thought to be likely candidates for drug misuse and abuse. The conventional wisdom was that athlete who become disciplined mentally and physically for the rigors of a sport, who know that teammates are counting on them, and who know that the entire student population and community are watching them compete, would not get themselves involved in AOD use. In addition, many people felt the student-athlete was too busy with academic and athletic tasks to get involved with AOD. All of these proved to be faulty assumptions. Unfortunately, AOD use is not bound to a student at a particular socio-economic level, and the evidence now suggests that all types of students, including student-athletes, are using alcohol and other drugs. (Bizzarro, 1992) In fact, studies are now showing that male student-athletes may use alcohol significantly more than their male, non-athlete counterparts. (Carr, et. al., 1990) and (Ringwalt, 1988) Female student-athletes may use AOD at about the same consistency as their female non-athlete counterparts. And the fact of the matter is that athletics may be one of the reasons that student-athletes are driven to use AOD. (U.S. Department of Justice, Drug Enforcement Administration, 1985)

Chemicals such as alcohol and other drugs are used to help an athlete relax, recover, and have fun. AOD gives the student-athlete the "high" feeling he or she gets in sports competition, and it seems to provide it all the time, which the coach or the sport itself cannot do. AOD helps the student-athlete cope with the high amount of stress involved in competition. That stress comes from the tremendous importance placed on athletics in the United States. Schools are often rated according to how well their sports teams perform. Pressure comes from all angles upon the student-athlete: mom and dad, teachers, coaches, and the student body. There is pressure to win and to perform well, and no matter how good, the athlete is bound to meet up with failure in competition at some time.

In addition, professional sports in our society is often connected with alcohol use. (Milgram and Griffin, 1986) Alcohol adds are constantly displayed during sporting events, and alcohol sold and consumed during sporting events. Many times alcohol is promoted by ex-athletes. Also, the experience athletes who are recovering from AOD use have when they attempt to rehabilitate themselves is oftentimes portrayed by the media in a way that shows that even if one does abuse alcohol or other drugs, one can still rehabilitate be rehabilitated rather easily. (Bizzarro, 1992)

Other problems specific to student-athletes include the fact that athletes are always under pressure to improve their skills. In addition, most high school athletes will end their playing careers once high school is completed. Facing this reality can be an additional pressure to some student-athletes. Time requirements of practice, meetings, and travel all help prevent the athlete from spending time with his or her

family. All of the aforementioned pressures help to put the student-athlete in a situation that may lead to his or her use of AOD. This is not to suggest that *all* student-athletes use AOD, but certainly there are student-athletes who do use alcohol and/or other drugs, and it is a problem. What is confounding to the coach is that student-athletes who do use AOD are difficult to detect as such.

> For some athletes, physical ability can mask health problems. Athletes who are gifted with extraordinary abilities can often develop health behavior problems without demonstrating serious symptoms.... Some athletes develop serious chemical use problems over a long period of time and still perform at an acceptable level. They protect that which is the primary focus in their life. (Milgram and Griffin, 1986).

In addition to taking alcohol and drugs for fun and relaxation, some athletes take ergogenic drugs enhance performance or to mask (not relieve) injury. Although this problem is greater at the professional and adult amateur levels (such as Olympic competition), it has reached down into the secondary level, too. Again, the pressures to perform help lead some student-athletes down this path. Athletes will take drugs to make themselves bigger, more powerful, more aggressive, or less anxious. One drug taken to improve size and strength is anabolic androgenic steroids. Taken from testosterone, a male sex hormone, anabolic androgenic steroids can be "ingested up to fifteen times the therapeutic dosage" (Bartimole, 1988) by the student-athlete. In addition to increasing the size and strength of an adolescent, anabolic

steroids cause many irreversible side effects. In females, anabolic steroids can cause masculinization, excessive hair growth, and disruption of normal growth patterns. For male adolescents, anabolic steroids can cause the bone growth plates to close prematurely, thus forcing the adolescent to be shorter than he normally would have without the use of this ergogenic agent. Many other side effects exist for both male and female adolescents, including liver damage, heart disease, depression, and paranoia.

Other ergogenic drugs include the use of amphetamines, which produce alertness and a decreased sense of fatigue. The student-athlete may feel more confident, have more initiative, be able to concentrate more clearly, and be able to perform skills more rapidly. The side effects of amphetamines include poor judgment of one's own performance (the athlete may think performance is better than it actually is). Amphetamines may affect timing and participation skills, along with the fact that those who take amphetamines may have to take a depressant in order to "come down". This can be very harmful and dangerous when the two drugs are combined.

Lastly, painkillers are used to treat injuries and help the student-athlete to compete. Painkillers are at times prescribed by doctors for student-athletes, and used to help reduce pain and swelling. When used unsupervised, or incorrectly, the student-athlete may return to competition too soon, and risk further injury. Painkillers, in effect, hide the pain, but not the injury. In performance, the student-athlete does not feel the pain, nor realize that the injury may be getting more serious.

Evidence *does* exist showing a difference between male use of AOD, and female use of AOD, and if there is a difference between the athlete and non-athlete, it is that the male athlete is consuming *more* than the male non-athlete. Substance abuse is greater among male high school athletes than male high school non-athletes. (Ringwalt, 1988) The study, completed by the North Carolina Department of Public Instruction, showed male athletes to be more likely to drink to the point of intoxication, more likely to drink more often in a thirty day period, and also more likely to use smokeless tobacco ("dip"), than their peers who do not participate in high school athletics. In addition, another study found that, by percentage, more male high school non-athletes abstain from AOD use than male high school athletes. (Carr, et. al., 1990) The same study found that male high school athletes are no more or less likely to become intoxicated (as defined by the individual), than their male non-athletic counterparts. Unfortunately, seventy-three percent of high school athletes became intoxicated at least once. Female high school athletes, too, were shown to drink as much as female high school non-athletes. Fifty-eight percent of the female athletes reported they drank to intoxication at least once. (Carr, et. al., 1990) Further evidence of AOD use by female athletes implies that there are similarities between female athletes and female alcoholics, both of which showed to have a sex-role conflict. One of the dangers for female athletes who drink alcohol is that they may be more likely to become alcoholics than non-athlete females who also consume alcohol. (Wetzig, 1987) This apparently results from the need of some women to express masculine traits. Both athletics and drinking are an outlet for those females who need to express masculinity. Athletics does not necessarily cause

alcoholism in females, but it is associated with alcoholism for some, and therefore should be a concern of the coach.

Coaches have perceived the problem of AOD usage by their student-athletes. A Gallup poll of more than a thousand high school coaches found that eighty percent of the coaches felt there was a "somewhat big," or "very big" problem with alcohol use among student-athletes, while seven out of ten coaches claim to be aware of student drug abuse. (Gallup, 1991) Unfortunately, many coaches act as enablers--they allow for the continuation of AOD use by not confronting their athletes about AOD, or even unknowingly encouraging AOD's use. For instance, the coach may hear of party plans by athletes, and pretend not to hear. The coach may smell alcohol, tobacco, or marijuana on athlete, but do nothing. Coaches may keep secrets about a team member's abuse of AOD from other coaches and the team. By not discussing past chemical abuse incidents, a coach is acting as an enabler. Coaches may display poor modeling in their own AOD usage through inappropriate use of alcohol at adult parties, victory celebrations, coaches' conventions, etc. (U.S. Department of Justice, Drug Enforcement Administration, 1985)

Because of certain misconceptions held by coaches, enabling can occur. Coaches may believe that team members cannot possibly be responsible for themselves in a time when tremendous pressures are being placed upon them to use AOD. They may believe that kids do not listen to adult leaders like coaches anymore, and that, therefore, a coach is ineffective. A coach may take the attitude that if everyone else is doing it (using chemicals), it must be all right for athletes to do it, too. Finally, a coach may believe that if he or she is to truly love and care

for student-athletes, trust must always be given to them. All of these enabling beliefs can lead to first time use, or extended AOD use by team members.

In contrast to playing the role of enablers, coaches can actually play a major role in preventing AOD use. By promoting healthy, drug-free lifestyles, coaches can become a force in drug prevention. (Milburn, 1992) School still plays a big role in influencing students. It is "second only to the family in values and cultural and group norms." (U.S. Department of Health and Human Services, 1986) Coaches are an integral part of the school and can have a good deal of influence on the young men and women they instruct. They have a captive audience with a degree of control for a period of time. They have direct contact with fifty percent or more of the school's population, and some of the student-athletes are loyal, committed, and dedicated to the coach and the team. Those same students may not show the same loyalty, commitment, and dedication in other facets of school. (U.S. Department of Justice, Drug Enforcement Administration, 1983) All of these factors help to show that coaches are in a leadership position, and can influence a large percentage of their athletes to not use AOD. This influence becomes even greater when coaches of different sports in the same school work together to create a consistency among the entire coaching staff. This staff consistency can then carry over to the various sports team members, who will understand that the entire coaching staff no longer tolerates the use of AOD.

In addressing AOD use, a coach should set clear and appropriate limits for student-athletes. The limits should be written down and discussed before, during, and after the season. Players should be

encouraged to talk about the AOD policy, and describe the policy in their own words. These limits should be posted where all can see. For alcohol and other drugs, no use by student-athletes should be allowed. The coach should expect the limits to be tested, and should enforce consequences upon players when the players do go beyond the limitations. In enforcing the rules, coaches have to be sure not to act as enablers. They should not try to protect one of their players who is being accused of AOD use out of fear and anger. They must not show self-doubt in applying the rules. An example of this would be to allow talk of AOD use on the team because the coach does not want to seem out of the mainstream for not allowing it. Finally, coaches must resist the pressure to "win at all costs." This places a great burden on a player who can be led to AOD use by this type of enabling behavior. (Wilmes, 1988)

Many opportunities exist for the coach to prevent AOD use. As stated previously, it is unlikely that the coach will be 100 percent effective, but can have an impact on one, or a great number, of athletes. In order to be effective, head coaches must not exhibit enabling behaviors, nor allow their assistants to do so either. Coaches must also set good examples for their student-athletes by not using AOD, nor discussing any former AOD use by the coach in a braggadocios manner. Coaches should, however, discuss openly the effects of AOD, and any problems the team has faced in the past with AOD use. The coach should work to provide alternative activities for the student-athlete outside of practice time, possibly in conjunction with the parents. Lesson plans, or activities, which teach student-athletes about the negative effects of AOD should be incorporated into practice. Coaches must be on the alert

for changes in behavior or appearance by their athletes. Finally, coaches must be willing to confront possible or actual drug use by their athletes. In doing so, they must realize they will run the risk of being ostracized by team members, parents, and others. As difficult as it may be, coaches must realize that preventing the use of alcohol and other drugs is more important than popularity for the coach.

CHAPTER III

PROCEDURE

Review of Journal Articles and Papers

The review of journal articles related to the subject was necessary to provide factual information about alcohol and other drugs as well as to help the author develop a philosophy regarding the subject. As a whole, the journal articles help to advance the need for a handbook to help in the prevention of alcohol and other drug use by student-athletes. The journal articles date back to 1987, and are as current as 1992.

(Milburn, 1992) provided a look at the practice of enabling by coaches, and offered suggestions about how a coach could stop enabling habits. (Green, 1987) showed a model program of how a school could use intervention strategies for adolescents. (Ringwalt, 1988) and (Carr, 1990) looked at the differences in AOD practices between high school athletes and non-athletes. Two articles addressed the differences between male and female alcohol use. (Carr, et. al., 1990) looked at the differences between male and female athletes, in addition to viewing the differences between athletes and non-athletes. (Wetzig, 1987) looked at the correlation between female athletes who are having sex role conflicts, and their use of alcohol.

Examination of AOD Prevention Models

Some schools have put programs into place that address the problem of AOD use among their student-athletes. Two schools were called upon to gain insight into their programs, and to borrow from their ideas about AOD prevention. They were asked about the specific content of their program, as well as what they felt was most and least

successful about it. The Athletic Director of London High School of the London City School District in London, Ohio, Terry Nance, provided information about the school's "Clique One" program. Clique One is the creation of Dr. Micheal Thomson. It attempts to use positive peer pressure to eliminate the use of AOD among athletes. Mr. Michael D. Hall, the Athletic Coordinator of Anderson High School of the Forest Hills School District near Cincinnati, Ohio, also gave an outline of his school's efforts to prevent AOD use by student-athletes by using peer pressure. This program has been adopted as a model by the U.S. Department of Justice's Drug Enforcement Administration.

AOD Prevention Conference

A one day conference held by Dr. Michael Thomson in Columbus, Ohio was attended by the author on January 23, 1993. The conference was specifically designed to give ideas to coaches, student-athletes, and parents of athletes about AOD prevention. The program was entitled "Clique 1", and, as mentioned above it is the program that London Schools have modeled.

Examination of Manuals which Provide School Prevention Programs

In addition to the above mentioned interviews, the author researched manuals that offered AOD prevention programs in schools. They include: (U.S. Department of Health and Human Services, National Institute on Drug Use, 1986), (Griffin, 1985), (Milgram and Griffin, 1986), and (Hawley, 1984). While (Wilmes, 1988) does not provide information addressed directly to a school prevention program, the information found proved to be helpful, and similar to school prevention program techniques.

Interview for Technical Information

Barbara Bizzarro, the Drug Counseling Coordinator for Fairborn City Schools as well as Greene County, Ohio schools was interviewed on January 20, 1992, to obtain technical information. The interview revealed the depth of the problem, as well as what Miss Bizzarro felt needed to be done in a high school in order to implement an AOD program.

Research Relating to the Use of AOD among High School Students

Research has been conducted to determine the extent of AOD use among high school students. This can be found in (Johnston, 1991). For information pertaining to both high school athletes, and high school students in general, refer to (U.S. Department of Justice, Drug Enforcement Administration, 1983).

Examination of Professional Texts

In order to learn about specific drugs and their effects, as well as warning signs for their usage, professional texts focusing on drugs and alcohol were consulted. For specific information about drugs and alcohol, see (Carroll, 1989), (Griffin and Svendson, 1990), and (Kinney and Leaton, 1983).

Polling of Coaches

(Milburn, 1992) cited a poll conducted by Gallup, which questioned coaches about their opinions on drug and alcohol use by their student-athletes. The poll results (Gallup, 1991) were then consulted.

Newsletter Service

In order to keep up with current thought on AOD prevention, the author contacted the University of Cincinnati, Ohio to obtain a free newsletter, entitled "The Chemical People Newsletter." The pamphlet was received and read bimonthly.

Organizing Information

After collecting the information, the next step was to organize it. The notes collected fell into five categories. One was the type and percentage of AOD use by high school students in general and high school athletes specifically. This then branched into the differences between male and female athletes usage of AOD. A second category was the pressures unique to high school athletes that might drive them to using AOD. A third category was the types of drugs available to high school athletes, their effects, and what sort of behaviors each drug could elicit. A fourth category included the behaviors and stages that a student-athletes might go through if they were using AOD. Finally, a fifth category of information offered suggestions to coaches about preventative measures that could be put into the coaches' particular sports programs, and enabling behaviors that coaches should avoid.

Outlining Handbook

An outline of the handbook was constructed that had as its major headings the five aforementioned categories. Notes were divided and organized into the five categories, and then placed in a logical sequence within each category to complete the outline.

Writing Handbook

Upon completion of the outline, the Prevention Handbook for Alcohol and other Drug Use was written. The handbook was organized in the same manner as the outline, with five major categories.

Referred to Coaches

Three high school coaches were asked to review the handbook, in order to gain their insight on the feasibility of implementing some or any of the suggestions in the handbook. Two of the coaches were male, and one was female. Of the two male coaches, Brent Ehresman coaches the Fairborn Weightlifting Club, and is a former head football coach, basketball coach, and swimming coach. Ed Swope is the varsity girls basketball coach at Fairborn High School. He has also coached boys baseball and golf. The female coach, Mechelle Lamb, coaches varsity cheerleaders at Fairborn High School. (See appendix for feedback).

CHAPTER IV
RESULTS

Introduction

Alcohol and other drug (AOD) use is a serious problem in American society. One of the American subcultures that is greatly affected by AOD is that of teenagers, and within this group, the high school athlete is at risk of using AOD. This handbook will suggest that high school athletes are as much at risk of using alcohol and other drugs, as any non-athlete in high school. It will make the coach aware of pressures unique to the athlete via the demands of the sport, and what the coach can do to help eliminate those pressures. The handbook contains information about alcohol and other drugs that will allow the high school coach to be more informed about AOD, and effective in recognizing its use by the student-athlete. It will also provide warning signs from the student-athlete that might be possible indicators to the coach or others concerned about alcohol and drug use. Next, a list of expectations are given to show what kinds of behavior by the coach are effective in stamping out AOD use, and what kinds of behavior enables the athlete to start and continue use. Finally, the coach will be given a set of activities which are intended to help an athlete make the choice not to use AOD. The activities include a pre-season meeting between parents and coaches, how to work with a player who has violated the AOD policy, and a set of lesson plans to be used throughout the season to inform the athlete about the dangers of AOD use, and what the athlete can do to help keep him or herself, as well as the team, AOD free.

Type and Percentage of Use by High School Students and Student-Athletes

To this author's knowledge, there has not been a nationwide study to determine the extent of AOD use by high school student-athletes. However, (Johnston, et. al., 1991) surveyed high school seniors nationwide about their use of alcohol and other drug use. The study was conducted over a fifteen year period, (1975-1990). The results of this study indicated that 48% of high school seniors reported illicit drug use at some time in their lives. Forty-one percent of 1990 high school seniors reported some use of marijuana in their lifetime, while 27% reported some use in the past year, and 14% in the last month. Ninety percent reported some use of alcohol in their lifetimes, while 57% admitted to being current users. The most widely used of other illicit drugs among high school seniors include stimulants and inhalants (18%), hallucinogens (10%), cocaine (9%), LSD (8.7%), opiates, other than heroin, and sedatives (8%), tranquilizers (7%), and heroin (1.3%) (Johnston, et. al., 1991).

While these numbers are disturbing, the good news from the 1990 results was a significant decrease in marijuana and alcohol usage by high school seniors. Daily usage of marijuana declined from 6% in 1975 to 2.2% in 1990, and daily alcohol consumption dropped 4.8% in 1975 to 3.7% in 1990. In addition, over thirty day periods in 1975, the seniors reported a 66% usage of alcohol. That percentage had lowered by 1990 to 57% (Johnston, et. al., 1991). Even with these reductions, however, the numbers are alarmingly high.

A significant difference in AOD use by males and females was also recorded. Thirty-nine percent of males reported that they had five or

more drinks at one sitting within a two week period prior to their answering the survey questions. Twenty-four percent of females, by contrast, reported drinking five or more drinks at one sitting. However, this difference was seen over the fifteen year period of Johnston's study in regard to beer consumption. There was less of a difference in the number of times males consumed five or more drinks of hard liquor versus females, 21% to 13% respectively. Even less of a discrepancy existed when the drink was wine, (6% for males and 4% for females) (Johnston, et. al., 1991).

Another disturbing trend for females is the narrowing of the gap between male and female use of alcohol. In 1975, the difference between male and female use over the thirty day periods was 12.8%, but in 1990 the difference reduced to 9%. Over the fifteen year survey, males reported a 9.9% drop in the percentage of males consuming five or more drinks in a two week period. In the same time, females reported only a 2% decline (Johnston, 1991). Males usually consume other drugs beside alcohol at a greater percentage than do females, with the exception of stimulants, due to the use of over-the-counter diet pills by some females. For many of these other illicit drugs, females are narrowing the usage gap between themselves and males (Johnston, 1991).

According to studies performed in local school districts, the above statistics can be applied to student-athletes at the high school level. High school athletes are using alcohol in similar proportions as the high school non-athlete. In a study conducted in a large (2,000 students), midwestern suburban high school, one-half of the male athletes reported regular use (once a week, or more) of alcohol. This

study helps to dispel the myths that athletes do not have the time to consume AOD, and that, because they are in training, athletes would not take any risks of damaging their sports career with AOD use. To the contrary, some athletes can hide their AOD abuse with superior play on the athletic field. "Some athletes develop serious chemical use problems over a long period of time and still perform at an acceptable level. They protect that which is the primary focus in their life." (Milgram, et. al., 1986) Only 41.3% of the male, non-athletes reported that they regularly consumed alcohol. Of the male athletes, 42.4% reported using alcohol once a month or less, while 47.9% of the non-athletes reported the same kind of use. Seventy-three percent of the male athlete population said they had been intoxicated at least once. This percentage was very near the percentage given by the non-athletes (Carr, et. al., 1990).

Female athletes, in the same study reported that they were consuming alcohol at the same rate as the female non-athletes, but less than males who were either athletes or non athletes. Having been asked, "Have you ever been drunk?", 58% of the female athletes answered they had (Carr, et. al., 1990). As with the male athletes and their non-athlete counterparts, this number was very similar to the percentage of female non-athletes who answered yes to the same question (Carr, et. al., 1990).

One study suggests that some female athletes, experiencing a sex-role conflict, turn to athletics and/or alcohol for the same reason--to satisfy needs for feminine socialization, expression of power, and competition (Wetzig, 1990). The study asserts that the greater the difference in the female athlete's real and ideal sexual self-image, the greater the chance that she will be an alcoholic (Wetzig, 1990). The

study was performed on college athletes, and no similar study, to this author's knowledge has been conducted at the high school level. However, one might assume that the disparity in ideal and real sexual self-image exists in an eighteen year high school senior if it exists in an eighteen or nineteen year old college freshman.

Pressures Unique High School Athletes

As noted above, high school athletes are consuming AOD in relative proportions to their non-athlete counterparts. A number of factors exist, solely in athletics, that places a great deal of pressure on the athlete. This pressure can help lead to, but may not be the singular cause of, an athlete's use of AOD. Athletics have a tremendous importance in American society, including high school athletics. In many towns across America, the local high school team is the focus of the community. The community takes pride in its athletic teams' accomplishments, and in turn, places pressure on the teams to reach certain levels of success. The school itself, can often be rated according to how well its sports teams perform. In addition to feeling the pressure from the community in general, the athlete may also feel pressure from his or her parents, fellow teammates, classmates, and teachers to perform up to their expectations. The main pressure placed upon the athlete by others is for the athlete and team to win in competition. The athlete can gain a high self-esteem through athletics, but may lose the self-esteem when the aforementioned expectations are not met (Milgram, et. al., 1986). Criticism can be hailed upon the athlete by the same adoring fans from earlier, winning times.

In addition, the athletes are expected by the fans to meet certain expectations in their social life. They may be expected by some to lead a

faultless life. By others, they may be expected to consume AOD. In reality, they are taken away from their family for extended periods of time due to practice, team meetings, and competitions. The family is, therefore, not as able to act as a support group which constantly reinforces the ideas that the student-athlete should stay away from alcohol and other drugs. At the same time, there may be peer pressure placed on the athlete at school or around the practice area. Without the reinforcement against AOD at home, some athletes may "give in," and use AOD.

Another pressure includes the ever present need to improve skills. Athletes may use ergogenic drugs, or drugs used to enhance their ability to compete in a sport. Some athletes may feel that their competition is using ergogenic drugs, such as steroids, and that, therefore, they have to use the ergogenic drug to be able to compete on an even basis. Or, it may be that the student-athlete wishes to gain an unfair advantage against the competition, and so turns to ergogenic drugs.

Another way that that athletes may cope with the pressure of skill improvement is to use other types of AOD than ergogenic drugs, which allows them to temporarily relieve the stress involved in competition. At some point, all athletes realize that their athletic careers will end, and this can be very disturbing. Even those going on to play at higher levels of competition, (along with those who don't), have to face up to the reality that an injury could end their career prematurely (Milgram, et. al., 1986). To deal with these pressures, some athletes may turn to AOD use. Alcohol and other drugs provide athletes with the "high" feeling they get in sports and AOD seems to give it all

the time, which a parent, coach, or teacher cannot do. (U.S. Department of Justice, Drug Enforcement Administration, 1983).

Society's handling of sports and AOD can also help put pressure on a high school athlete to use AOD. For instance, the connection between sports and alcohol at the professional level can lead one to think that the two go hand in hand. Beer is sold at professional sports competitions. Alcohol commercials can be found in all major sports magazines. Ex-athletes can be found advertising for alcoholic beverages. Athletes who abuse AOD are made out to be heroes, and their trek back into a non-AOD life is made to look glamorous. All of these factors send confusing signals to the high school athlete. This confusion can lead to pressure to use AOD. For this reason, the coach must get actively involved in the fight to prevent AOD use amongst his athletes.

Alcohol and Other Drugs, and their Effects

In order for coaches to be effective in dealing with AOD use, they must be aware of the drugs that the student-athlete may be using, along with the effects of those drugs. (See appendix for a list of alcohol and other drugs, along with their effects. This list will also double as a fact sheet for one of the lesson plans provided later in the handbook).

Warning Signs of a Student-Athlete's AOD Use

An alert coach can sometimes pick up on AOD use by his team members. By watching for certain patterns of behavior which are oftentimes exemplified in AOD users, the coach can take quick action by following a plan which has been prepared for dealing with this type of situation. In general, the coach should always be on the lookout for changing behaviors in athletes. These changes could mean that a

student-athlete has been using AOD. Warning signs include a dramatic drop in grades and school performance. The coach should check with the student-athlete's teachers to see if the athlete's behavior has changed in the classroom. Likewise, absenteeism, skipping class, and frequent lateness could singly, or collectively, indicate AOD use by the student-athlete. Chronic, short term illnesses, excused absences, schedule changes, and outside appointments could also mean the student-athlete has chosen to use AOD. Physical signs include a loss of coordination, dazed lapses in speech and movement, bloodshot, glassy eyes (or the wearing of dark glasses), and poor hygiene, along with not caring about how one appears. Other behaviors include possession of drug related paraphernalia, possession of drugs, smelling like alcohol, drugs, or incense, possession of large amounts of money, chronic team rules violations, discomfort or anger expressed in discussions about drugs, or a constant preoccupation with the discussion about drugs. Chronic dishonesty, inappropriate anger, vulgarity, and, trouble with peers or a change in friends, and hostility toward coaches, could all be indicators of AOD use, too. (Hawley, 1984) and (Griffin, 1985) Of course, it is unreasonable to believe that all of the aforementioned indicators will be present in any one individual, but if one, or a combination, do appear, the coach should take note and confront the student-athlete.

In the sports arena, the athlete may show signs of use of AOD, too. Results of such misuse could be declining performance, poor relationships with coaches and teammates, physical deterioration or the increased risk of injury, family problems, legal problems, financial difficulties, or dropping grades. Attitude changes due to the use of chemicals could show up in the way of a lack of interest in how the team

and the individual in question perform athletically. This lack of interest could, in turn, lead to a rift between team members who are using AOD and those who are not. This could effect team play and the end result of competition. Arguments or fights between users and non-users could ensue, as a basic lack of trust between the two sides develops. Users may see the non-users as being self-righteous and "narks" (someone who tells the authorities about another's use), while the non-users may see the users as not caring about the team's efforts and goals. (Milgram and Griffin, 1986)

How Student-Athletes are likely to get Involved in AOD

Four stages are used to describe the typical use of a student-athlete. In stage one, the student-athlete experiments with alcohol. This may be sometime during the junior high years, seventh through ninth grade. The athlete learns at this time that every time he or she drinks, good feelings and a good time ensue. In stage one, the student-athlete is drinking because it is fun, because of curiosity, and because taking risks is enjoyable.

In stage two, the student-athlete drinks to excess and gets sick from the experience. He or she may swear off drinking for a while due to the unpleasantness of getting ill. At some point, however, the tempation to take the risk of drinking will come again, possibly by teammates. The memories of the good times come back, while the sick feeling is forgotten. As a result the athlete feels that somethng is missing in life if alcohol is not consumed. Therefore, the student-athlete decides to give into the temptation and drink. From this point, the student-athlete may begin to hang out with a new group of friends,

possibly an older crowd of ninth and tenth graders who drink more and more often than friends the same age. Experimentation with marijuana has already begun, and the student-atlete is now doing a better job of keeping the use hidden from adults (parents, teachers, and coaches). The student-athlete is now using AOD because friends use it, it is fun, and it really does not cause any problems. He or she may still be trying to lead a life of drinking and doing drugs, coupled with athletics. Problems may be arising because the student-athlete is late to practice, obstinate with coaches and teammates, and failing to perform as well as in the past. The team's performance may suffer as a result of this one athlete's use of AOD.

In the third stage of AOD use, the student-athlete begins to lose control of the AOD, and it, in turn, begins to take control . The need to drink every weekend is felt, and if unable to drink on a particular weekend, the student-athlete gets very nervous and jumpy. Possibly a sophomore by now, the athlete's grades are slipping on average of at least one letter grade. Interest in sports may have declined to the point that he or she has quit the team, or has been kicked off for rules violations. If not yet caught drinking or doing drugs, the athlete may have incurred other infractions such as unexcused absences due to the AOD use. (It is, however, conceivable that an athlete could still perform competently in sports, and be at this stage of AOD use). People are kept at a distance and the athlete refuses to discuss any problems. If pressed to talk about any problems, the student-athlete is likely to become angry and refuse to talk.

Tolerance for alcohol has grown to the point that the athlete can drink at least four to eight beers at one sitting, and now has a taste for

hard liquor. While still smoking marijuana, the athlete has also tried amphetimines, but alcohol is the number one choice in drugs. The athlete lies frequently to parents, teachers and coaches to cover up any use. He or she is still hanging out with older kids (19 to 20 years old now), has seen them do cocaine, and has even tried it once. By now, the athlete's girlfriend or boyfriend has lelft, along with parents having become very concerned. However, they feel very frustrated because nothing they do seems to change this behavior.

The number one priority now is getting high. The former athlete may have been caught using by now, and referred to a drug and alcohol rehabilitation center, but does not feel a problem exists, because he or she is in denial. Good relationships with family, boyfriend or girlfriend, and involvement in athletics have all been lost. The only thing that makes the former athlete feel good is getting high. Getting high allows the former athlete to escape, avoid responsibilities, and avoid problems.

In the fourth and final stage, the former student-athlete must drink and use drugs in order to feel normal again. By now, physical addiction may have occurred, along with an overdose, and attempted suicide. The former athlete cannot function without AOD, otherwise he or she will suffer from shakiness, nausea and vomiting, paranoia, agitation, or weakness. (Wilmes, 1988)

Of course, not all student-athletes experience all four stages of AOD use, nor do they all experiment with AOD. Many will maintain a usage level in stage one or two, so that they may have the best of both worlds. They will be able to experience AOD use, but continue to play for their high school team. This is nonetheless dangerous, as the student-

athlete runs the risk of falling into stages three and four at any time, along with the fact that stages one and two can lead to accidental deaths caused by alcohol, along with unprotected sex in an age of Anti-Immunodeficiency Syndrome (AIDS).

Steroids and their Side-effects

Another area of concern for coaches is the use of anabolic-androgenic steroids by their athletes. Anabolic-androgenic steroids are the most common type of ergogenic drugs, drugs which are used to enhance performance, taken by high school athletes. By taking anabolic-androgenic steroids, the athlete hopes to gain muscle mass and strength to aid in performance. Sports which require these two factors, such as football and swimming, are likely to have the largest percentage of anabolic-androgenic steroid users. In exchange for the enhanced performance, the student-athlete runs great risks of both short and long term side effects to mind and body.

Anabolic-androgenic steroids are chemicals produced from cholesterol by the human brain. They are essentially synthetic male sex hormones. They can be taken by both males and females, but males outnumber the females in use five percent to one-half percent at the high school level. (Griffin, et. al., 1990) While the athlete appears to gain muscle mass, it may largely be due to increased water retention. Strength gains are usually only realized if the athlete combines his use with high intensity training and a proper diet. Other side effects include mood swings, aggressive behavior, facial acne, testicular atrophy, and breast and prostate gland enlargement among males. Masculinization in females like irreversible, excessive hair growth on the body, irreversible male pattern baldness and decreased breast size,

is prevalent. Stunted growth can occur in either of the sexes, if they have not yet fully matured. For some, a "high" feeling may be a part of their altered mood. In addition, the athlete may suffer problems with the liver, heart and blood vessels over an extended time period. (Milgram, G. G. & Griffin, T., 1986) Another long term effect is that anabolic-androgenic steroids can cause sterility in men, and women's menstrual cycles may be altered. In recent studies, researchers found that some individuals are affected by anabolic-androgenic steroids in some of the same ways that they might be affected by other drugs or alcohol. The user may become addicted to the anabolic-androgenic steroids, and suffer withdrawal symptoms if he or she ever tries to stop using.

Although various types of steroids are prescribed by doctors, it is unlawful for anabolic-androgenic steroids to be used as an ergogenic agent for sports. At higher levels of competition, such as in some college athletic programs and the Olympics, random drug testing is used to try to eliminate the use of ergogenics. However, the cost of testing is extremely high, and it is unlikely that the vast majority of American high schools would have the money or resources to conduct such tests. In addition, there is the question of whether drug testing violates the fourth amendment's protection of right to privacy. As a result, the use of steroids is difficult to prevent at the high school level. A coach may suspect use after seeing some of the outward side effects, but unless the athlete admits to it, use will be difficult to prove. Because the athlete is buying illegal anabolic-androgenic steroids, a risk is run of buying something other than the intended drug. The substitute could be a placebo, but it could also be a drug with worse side effects than the

steroid. Another danger is that along with being taken orally, steroids can be injected. If the athlete injects with a "dirty" needle, the risk becomes greater of receiving hepatitis or worse, Human Immunodeficiency Virus (HIV), which can lead to Anti-Immunodeficiency Syndrome (AIDS).

When taking anabolic-androgenic steroids the athlete may "stack" or "cycle" his use. This means that the athlete is taking different steroids at different times to get the desired effects of each particular steroid, such as mass or definition of muscle.

The Coach's Code of Behavior for AOD Prevention

In attempting to prevent AOD use by student-athletes, the coach has a responsibility to expect his players not to use, and to take action when he suspects or knows of AOD use among either students, or student-athletes. Most importantly, the coach must acknowledge that there is a drug problem nationwide among high school athletes. The coach must then make it known to players that they have to play a major role in preventing the use of AOD. As will be discussed later, the role of peers is a key factor in developing an AOD prevention program. Involving parents in this process is a key step, and the coach should plan to meet with players' parents, discuss the expectations and rules about AOD, and ask for the parents' cooperation in achieving this.

The coach does not have to be an expert in the field of AOD prevention, but should be able to recognize some of the warning signs of AOD use. If the coach knows of, or suspects AOD use, he or she should know where to turn for help in dealing with the problem. Possible resource persons are the school counselor, a drug abuse coordinator in

the school, a "core team" (a group of coaches and/or teachers who are committed to intervening with students who use AOD) in school, and local agencies which deal with AOD prevention. If there is an actual problem with AOD usage, the coach is not expected to be the one who counsels the student-athlete through the rehabilitation process. Instead, a qualified person in either the school or community would be expected to handle this situation.

As suggested previously, coaches often refrain from addressing the problem of AOD use directly with the player and parents. Instead, the coach often acts as an enabler by behaving in certain ways that inform the players of the coach's lack of action to stop known alcohol and drug use on the team. Enabling behavior includes keeping secrets about AOD use from other coaches, the team, or the administration, giving in to an athlete to avoid conflict, and shielding athletes from the consequences of their use of AOD. More specifically, the coach may overhear plans about a party and pretend not to hear them, or smell alcohol or marijuana and not say anything about it. Players can pick up on a coach's self-doubt, realizing that the issue is not being confronted, possibly because the coach does not want to appear to be out of date with today's attitudes about AOD. Failing to talk about past chemical abuse by former players, as if it never happened, is another mistake.

Oftentimes, a coach's beliefs contribute to the enabling behavior. For instance, a coach may think that players cannot be held responsible for their actions in an age when there are so many pressures, including AOD use, on teenagers. Coaches may also attempt to protect their players who are being accused by others of wrongdoing. Coaches can place too much pressure on themselves to look perfect in front of the fans. In

turn, these coaches can have unrealistic expectations of the team (which the coaches see as a reflection of themselves). These unrealistic expectations can lead to problems when a player breaches training rules, and, in the coach's eyes, makes the coach look bad. By ignoring the problem, the enabler, therefore, eliminates any image problems that might have resulted had the player who broke the rules been confronted. In actuality, the problems of AOD use still exists, and may get worse. Another false belief held by some coaches is that kids do not listen to coaches anymore. As a result, the enabling coach will say nothing about AOD use because, according to the coach's beliefs, nothing that is said by the coach will have an impact on the student-athletes. Still another myth is that everybody is using AOD, so it must be all right for the coach's players to use it too. The coach who believes this theory must be reminded that not everyone uses AOD, and athletes are expected not to use AOD no matter how many others are using. Lastly, the coach may believe that in order to earn the respect of the team, trust must always be placed in the players. This is untrue. The coach may find that not all of players will respect him or her for making tough decisions about an athlete who has committed a rules infraction. However, the coach may find that there are likely to be a number of athletes who will. In addition, if a coach does blindly trust all of players in order to earn their respect, a loss of respect may occur instead. Student-athletes are usually smart enough to know when a coach is turning away from a problem, and will judge and respect accordingly.

Coaches should expect players not to use AOD, no matter how many students and student-athletes are suspected of using them, and no

matter how much society appears to be using them. One way of letting players know that they are expected to abstain from AOD use is to set clear expectations at the beginning of the season. These expectations should be discussed and agreed to by the team, written down, and posted in an area or areas where all can see. The coach should be aware that these expectations will be tested by some student-athletes to see if the coach really means what was agreed to. Therefore, it is important that the coach follow through with the consequences, (also agreed upon and posted), of other, more minor, infractions. For example, if a player is late to practice and this violates an expectation, it is important that the player receive the already agreed upon consequences. Therefore, players are more likely to realize that the coach will administer the consequences for more serious infractions such as AOD use. It is just as important, therefore, that the coach enforce the consequences for AOD use, even if it means losing the team's best player, or even if it means losing a vast majority of the team, to name but two possible results of enforcement. If the coach does not come through in this circumstance, it is unlikely that others who are tempted to use AOD, will resist, since they know that the coach is not serious about enforcing the expectations.

Coaches must also prioritize their reasons for coaching. Even though a great amount of pressure is placed on a coach by a high school and its community to win ball games, that pressure, or winning itself, should not be the number one reason for a coach to practice the profession. Instead, the number one goal should be to see to it that players achieve self-esteem and self-confidence, and are better equipped to function in life after high school. Attempting to win ball

games, admittedly, plays a major role in allowing an athlete to improve self-esteem and self-confidence, but if winning is allowed to be the number one goal, then looking the other way when rules are broken counters all efforts at achieving self-confidence and self-esteem. In the end, a coach must be willing to sacrifice winning in exchange for aiding those players who are known AOD users. The suspension or expulsion, along with counseling from play of a student-athlete who uses AOD, is admittedly a difficult penalty for many coaches to administer, and even more difficult for most violators to accept. However, this is the only way to first, aid the AOD user, and, second, convey to the team that there is more to the sport than winning and losing games.

Preseason Meeting for Players and Parents

To convey the rules and expectations prior to the start of practice for a new sports season, the coach should call a mandatory meeting for all players and parents. In this meeting, the coach should allow the parents and players to talk about what they think are reasonable expectations for the team in regard to, among other things, AOD use. If at all possible, it is best to allow the team and parents in on the decision making process. This prevents the players and parents from feeling as if the rules were forced upon them, and players may be more likely to follow their own rules, rather than the coach's. However, in allowing the team and parents in on the decision making process, the coach should make it clear from the beginning that no alcohol and drug use can be tolerated on the team, and anyone who does use them will be suspended from play, unless that player comes to the coach and asks for help prior to the coach finding out about the rules violation in some

other fashion. If a player does ask for help, then he will be allowed to remain on the team only if he seeks professional help for his use, either inside the school or out, and does not use anymore. These items are non-negotiable with players and parents. However, the coach should be prepared to discuss with the team or parents why these expectations are to be followed and are not allowed to be changed.

What is it, then, that the players and parents can participate in? The coach should guide them toward making decisions about how they can help a team member who uses AOD. For instance, a contract can be designed so that the players and their parents can agree to report to the coach any AOD infraction for which they become aware. Or, a process, similar to the one mentioned earlier, can be established which allows the student-athletes and their parents to first, confront the team member who is using AOD. Second, ask the captains to confront the team mate in question, and third, report to the coach if the violations continue, or if there is any suspicion of violations. Parents can also participate in a discussion on what they can do to offer alternatives to AOD use for team members. Things like dances and picnics after games can be excellent activities that parents can sponsor, which offer different options beside AOD use. Parents (and coaches) can also agree to their own code of conduct when it comes to AOD use. A pact could be made that parents and coaches will not consume alcohol during the playing season, and never to use illegal drugs. Parents and coaches should also agree to drink as responsible adults, and never to the point of drunkenness. (As a minimum standard, it is highly recommended that coaches agree to drink only out of season, and to drink responsibly when they do drink). Players can also agree to place positive peer

pressure on one another not use AOD, and to agree to be receptive to anyone who does the same to them. They can come up with ideas about things they can do as a team which allows them to avoid parties which have AOD. Of course, these are only suggestions, and the guidelines that parents and players lay down will more than likely be somewhat different for each team. However, the coach should remember not to agree to anything which violates those rules declared to be non-negotiable. They include the fact that AOD use will not be tolerated, and anyone who is caught using AOD will be removed from the team immediately. (See appendix for an outline of a parents meeting).

What to do when an Athlete is Caught Using AOD

When a student-athlete is in violation of the school's AOD code, a coach has a responsibility to follow up on that athlete's progress after his or her removal from the team. First, the coach should call in the offender and his or her parents, to inform them of the rules violation, and its consequences--removal from the team. It is suggested that an administrator, such as the athletic director, be in the meeting to help explain the school's AOD policy for student-athletes. It is possible that the parents and their son or daughter will react defensively about the expulsion, even though they have already been informed about the policy prior to the start of the season. The administrator's presence will help the coach in explaining his position in the matter. During the meeting, the school's AOD rehabilitation program should be explained and offered to the student-athlete and his parents. It should also be mentioned that professional AOD rehabilitation centers are available, if indeed that is the case.

After the meeting, the coach should make a point to follow up on the progress of the student-athlete by talking to him, his parents, teachers, counselors, etc. This sounds simple enough, but there are at least two difficulties that arise when this is tried. First, if parents and their son or daughter are resentful of the coach removing the student in question from the team, then they may not be willing to discuss the matter with the coach. This leaves only teachers and counselors to talk with, which can be helpful in providing information about the student-athlete, but the information is of little use if the parents and player are not receptive to the coach. Certainly, not all parents and players react in this manner, and therefore, by keeping up with the former player's progress, the coach demonstrates a concern for the player outside the playing field, and the goal of helping kids to succeed beyond high school becomes attainable for the coach, even though the player is on longer a member of the team.

A second problem that arises for the coach in following the progress of those removed from the team is that this process will take time out of an already hectic schedule. Many coaches may feel they do not "owe" a former player who has let down the team and coaches by using AOD the consideration of what amounts to a check on that former player's progress, especially when there are team members who are abiding by the rules and are requiring the coach's time also. However, because of the seriousness of the violation, that former player needs a coach's help and direction as much as, if not more than, anyone still on the team. It is strongly urged, therefore, that a coach track the progress of those who have been in violation of the AOD code, and are no longer part of the team.

Lesson Plans for AOD Prevention

to be used throughout the Season

The following lesson plans are suggested as aids in the fight against AOD use. They are intended to inform the student-athletes of the dangers and effects of AOD use, including anabolic-androgenic steroids. Most of all, they are intended to change the behavior of those who are using AOD, or to keep those who do not use AOD from ever doing so. Some of the lessons attempt to improve the life skills of the student-athletes, so as to relieve the pressures caused by the sport itself. In addition, the lesson plans will hopefully act as a stimulus for athletes to see themselves as agents of positive peer pressure, which will lead them to attempt to convince those teammates who are using AOD, not to use them anymore. It is possible that these lesson plans, coupled with the coach's efforts, will be 100% successful. It is likely that they will not be 100% successful. However, these lesson plans may convince only one AOD teammate to quit, or it may only reinforce those who already have chosen not to use AOD, to continue along this path. If this is the case, the plans have been a partial success, and therefore, worth the effort.

The lesson plans are designed to be administered approximately once per week for a ten week period. A typical high school sports season lasts ten to twelve weeks. Some of the lesson plans relate to the previous week's lesson, and try to tie in that material with the current lesson. This serves as a good review, as well as a lead in to the new material. The individual lessons can be accomplished in approximately a fifteen to twenty minute period. Most of them can be completed outside for those teams who practice likewise. The lesson plan that requires the viewing of a videotape is best suited for indoors. For those

teams that practice outside, it is suggested that they conduct this type of lesson in a classroom immediately before or after practice. All of the lessons can be carried out with minimum effort and time, so as not to disrupt the regular practice and game schedule.

Lesson Plan Number One

Introduction: This lesson will apply only to captains. After being invited to this special meeting, have the captains discuss what they think their roles are to be in regard to the team.

I. To teach

II. That

A. Captains are very important in influencing teammates not to use AOD. They must be willing to confront the AOD users on the team, along with telling the coach about the AOD use if it continues.

III. By having captains

A. Discuss what they can do to aid in the prevention of AOD use on the team

B. Agree to a standard of conduct that prevent them from using AOD both in season and out.

IV. So captains will be able to

A. Approach team members who are using AOD about their use. They should agree to

1. Meetings with the team, without the coach's presence, to discuss their expectations of the team's behavior. In the meeting, the captains should express that, as captains, they have agreed to confront anyone who uses AOD, no matter what the talent level, or popularity. They should also let the team know that they will warn players once about their use, and do everything they can to get the player to stop

using, including telling the coach. Players should be told that captains will report to the coach if they see AOD use a second time.

B. Exemplify a standard of conduct that the team, school, and community can follow. This standard will include no use of AOD in or out of season.

Closure: Captains and coaches should role play some situations that the captains may come across, with the coaches acting as the team members and the captains acting as themselves.

Lesson Plan Number Two

Introduction: Have the team discuss what they would do if they knew another teammate was using AOD. Attempt to play "devil's advocate" by questioning them about the effects of their decisions either to act or do nothing. For instance, if the athlete replied that they would do nothing, question them about whether they would feel guilty if the AOD user was killed in an accident due to AOD use. If the athletes replied they would tell the coach about another's AOD use, question them about whether they would feel bad for telling on their teammate and friend.

I. To teach

II. That

A. In order to have a team that is AOD free, the athletes must take an active role in helping to prevent the use of AOD by other team members.

III. By having players

A. Suggest ways (possibly listed during the introduction) that they could play a role in preventing AOD use by other teammates, or even classmates and friends.

1. The coach should suggest the following if they are not mentioned by the team.

a. approaching teammates about their use and telling them how it is hurting the team, and how it can hurt the users.

b. approaching the captains of the team and asking them to talk to the users.

c. approaching the coach, possibly after attempting to talk to the users and the captains about their AOD use.

B. List the effects, both positive and negative, if they decide to approach the player who uses, the captains, or the coach about AOD use on the team.

1. Again, the coach should help to list the effects, if the players do not mention them. A partial list might include

a. Positive effects

1. Saving a life
2. Preventing AOD dependency
3. Better team play

b. Negative effects

1. Being labeled a "nark" (informant)
2. Creating team dissension
3. Losing friends--becoming isolated

IV. So players will be able to

A. Take an active role in preventing AOD use by their teammates.

Closure: Have players formulate a contract stating that they will not drink or do drugs, and that they will confront a teammate who is using AOD. They should also agree to talk to a captain about a player who is using AOD if talking to the teammate has little or no effect on him.

Finally, the contract should state that the non users will approach the coach, or they will ask the captains to do so, if a teammate persists in his use. (If the team has already signed the contract in the preseason meeting with parents, have them review that contract as a closure exercise for this lesson.)

Lesson Plan Number Three

Introduction: Review last week's portion of the lesson that dealt with players listing the negative side effects of reporting a teammate's use of AOD.

I. To teach

II. That

A. By confronting a teammate about his use of AOD, a player can suffer a number of negative side effects (see previous lesson).

B. Players can help to overcome some of these side effects by banding together as a unit that does not use AOD, and therefore placing the pressure on the user instead of the "whistle blower."

C. There will be negative side effects if a player chooses not to report someone's AOD use (see previous lesson).

III. By having players

A. List ways of overcoming the negative side effects. These might include

1. getting enough team members to commit to not using AOD, and to confronting others who do, that the player who uses is the one who becomes isolated.

2. Forming a club for students in general and/or athletes in particular that choose not to use AOD.

3. Realizing that losing a friend or friends as a result of this conflict may help to save a life due to the non-user's actions.

IV. So players will be able to

A. Take an active role in preventing AOD use by their teammates.

B. Weigh the personal effects of reporting someone's use of AOD, and take action to overcome those effects.

Closure: Players should evaluate the items they listed which are intended to overcome the negative side effects of reporting or confronting a teammate who uses AOD. They should do so by ranking them in the order of most effective to least effective.

Lesson Plan Number Four

Introduction: Ask players to list the kinds of alcohol and drugs that are being used by students and athletes their own age.

I. To teach

II. That

A. Many types of alcohol and other drugs have various side effects.

III. By having players

A. Talk about how people behave when using alcohol and, or drugs (if they have observed this behavior), and about any long term effects they know of.

B. Take home and read a fact sheet about various types of alcohol and other drugs. (See appendix.) Have them share this information with their parents, preferably by discussing what they learned from the fact sheet.

IV. So players will be able to

A. Make a conscious decision, based partly or wholly on the facts about alcohol and other drugs, not to use AOD.

Closure: In the following practice, the players should answer question verbally about what they learned from the fact sheet.

Lesson Plan Number Five

Introduction: Assign players to watch television commercials, or look for magazine ads about alcohol. They should discuss what they learned the next practice.

I. To teach

II. That

A. Alcohol producers attempt to sell their products by associating them with good times and sex, but without showing any of the negative side effects.

III. By having players

A. Speculate as to why the advertisements do not mention the negative side effects.

B. Speculate as to whether alcohol and sex necessarily go together.

1. (This may be a good time to bring into the discussion the greater likelihood that a person will have unprotected sex if drunk or high, thus leaving him or her susceptible to HIV, AIDS, and/or pregnancy).

C. Discuss the actual effects of alcohol and other drugs (brought up in the previous lesson).

IV. So players will be able to

A. Disseminate between reality and fantasy when considering whether to use alcohol.

Closure: Players should list the qualities the alcohol producers would have them believe that alcohol brings to them. They should then list those effects caused by alcohol.

Lesson Plan Number Six

Introduction: Players should discuss what they know about steroids.

I. To teach

II. That

A. Anabolic androgenic steroids can have serious side effects, which can negatively affect the student-athlete's mind and body.

III. By having players

A. View video tape on anabolic androgenic steroids. (See appendix.)

B. List positive and negative side effects of anabolic androgenic steroids.

C. Discuss whether they would use anabolic androgenic steroids based upon what they have seen and heard in the video tape. Discuss their reasons for their decisions.

IV. So players will be able to

A. Make the decision not to use anabolic androgenic steroids based upon facts about the ergogenic drug.

Closure: Have players verbally answer questions regarding video. Allow time for any players to ask questions.

Lesson Plan Number Seven

Introduction: Have four to five teammates role play a situation in which they attend a party where alcohol is present and is being consumed by other students from their school. One or two of the teammates want to stay and socialize, two want to leave, and one wants to stay and drink. Give players some time to prepare their conversations individually, but not collectively. To save time, it might be wise to assign the roles at the end of practice, and have players ready to present their skit at the beginning of the next day's practice.

I. To teach

II. That

A. Student-athletes' attendance at parties where AOD is being consumed, can be dangerous, even to persons who do not drink.

III. By having players

A. List those things that could negatively affect the athlete at an AOD party, even if he chooses not use AOD.

1. Athletes should list things like a greater likelihood of fights that could break out because AOD users are not as in control; reports by others at the party that athletes attended an AOD party (and that these reports often become exaggerated to the point that rumors of AOD use by an athlete can get started, leading to mistrust on the team between players and coaches and/or players who attend such parties, and those who do not); and, the likelihood that peer pressure could lead to actual use by a student-athlete who had fully intended not to use.

IV. So players will be able to

A. List the negative results of attending an AOD party, even if athletes do not use AOD at the party.

B. Make the decision not to attend AOD parties, and instead find other activities, which do not include AOD, to attend. (See appendix.)

Lesson Plan Number Eight

Introduction: Players should discuss the things about sports that cause them to become "stressed."

I. To teach

II. That

A. Players may turn to AOD because of the stress created by their athletic involvement.

B. Coping skills can be developed to help relieve some of the stress of practice and competition.

III. By having players

A. Lie down on the floor or field. Next, they should relax their bodies and minds by letting their muscles go slack and thinking of something that calms them, such as the ocean's sound, a peaceful sunrise, etc. After becoming totally relaxed, players should switch their train of thought to the playing field, and imagine themselves in competition. They should still try to remain calm, with muscles relaxed, as they mentally put themselves in stressful situations in sport. Examples of such situations could be attempting to kick a winning field goal, or shoot the winning free throw with one second remaining in the game.

B. After "imaging" their performance for one to two minutes, players should discuss their bodies' and minds' reactions as they placed

themselves in the stressful situations. A discussion of what would happen to them if they missed that crucial shot or field goal should ensue, with the goal being to show them that their world will not end if they did miss. Another discussion of what would happen if they made the shot or field goal should lead them to believe that they should be proud of their accomplishment, but that this does not make them any different than they were before the shot.

IV. So players will be able to

A. Relieve some of the pressure they feel as a result of competition, therefore eliminating the need to find an escape through alcohol and other drugs.

Closure: Players should be reminded to practice these techniques often, attempting to imagine themselves in competition for longer periods of time. They should recognize that one attempt at imaging will not yield the desired results, but that it must be practiced like any other part of their game. (The coach would do well to allow for imaging sessions during some or all practice sessions.)

Lesson Plan Number Nine

Introduction: Players should answer the question, "If you had the choice between drinking a Pepsi and a glass of orange juice, which would you choose?" For Pepsi and orange juice, substitute other alternatives that teenagers face today such as sex and abstinence, drugs and no drugs, alcohol and no alcohol, friends who use drugs or alcohol and those who don't, watching television or jogging, etc. Discuss why they answered the way they did. (It may be best for players to answer some of the questions about alcohol, drugs and sex in their minds only, so as to promote truthful answers.)

I. To teach

II. That

A. By analyzing certain situations, and making proper decisions as a result of their analysis, athletes can make choices about their lives that will help them be fulfilled and productive, without the use of alcohol and other drugs.

III. By having players

A. Discuss what they think about when they make decisions about the kinds of choices presented to them in the introduction.

B. Answer the questions a second time based upon what they feel is in their best interest. Discuss whether their answers were different from the first time they answered their questions.

IV. So players will be able to

A. Recognize that they have the ability to improve their decision making skills by properly analyzing their choices and what is best for them.

B. For those who need it, improve their decision making skills in areas of AOD use, as well as diet, recreation, sexual conduct, and others.

Closure: Players should evaluate at least three decisions they make in the next 24 hours, and discuss them at the beginning or end of the next practice.

Lesson Plan Ten

Introduction: Without the coaches' presence, players should discuss their sports season, including within this discussion, what they thought about the attempts by the coach to prevent AOD use, and whether they were successful. They should also discuss whether they will use AOD out of season.

I. To teach

II. That

A. AOD use can be as deadly and dangerous out of season as in season.

III. By having players

A. (with the presence of the coaching staff this time) discuss the advantages of continuing not to use AOD out of season.

B. Discuss whether they would agree to another contract that states they would not use AOD out of season.

IV. So that players would be able

A. Continue to live an AOD free life.

Closure: Have players agreeing to the contract's statement of non-use of AOD out of season, sign the agreement. Within the agreement, student-athletes would agree to the same stipulations as in season, only they would obviously not be eliminated from the squad (not even the next year's squad for those returning). The coach, however, would be notified if a former athlete was using AOD, and he or she would investigate, counsel, and refer, just as would be done during the season.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

Summary

Alcohol and other drug use is a serious problem among high school student-athletes. At best, high school student athletes are using AOD at the same rate as the rest of the general population at their school. At worst, their use of AOD may be even greater than the general population, especially in the areas of alcohol use among male athletes and steroids among both male and female athletes. A difference does exist between male and female athletes' use, with the male's use being greater, but a definite danger exists among female athletes who are prone to use alcohol.

Coaches, according to a Gallup poll (Gallup 1991), have known that these problems exist among their athletes. However, many coaches also have either knowingly or unknowingly allowed these problems to continue on their teams without addressing the issue of an athlete's AOD use. Through enabling behavior, many coaches find it easier to ignore the problem than to confront it.

This handbook offers suggestions about how a coach can address the problem of AOD use without taking away valuable team practice time. The handbook will not make the job of confronting AOD use any easier, other than to allow the coach to recognize what kinds of enabling behaviors there are, and what can be done to change the enabling practice to one of addressing and handling the problem.

Recommendations for Coaches

In order for the coach to be successful in preventing AOD use, he or she must be willing to discuss the problem openly and honestly. The coach must also be willing to use captains as agents of change, and to work with them on a continual basis, to make sure that they are using their status as captains to positively influence the team. The coach must also be willing to include the rest of the team in much the same manner. For these reasons, the handbook offered ten lesson plans that can be used throughout the season on a once a week basis. The lesson plans offered ways of including captains and teammates in on the fight against AOD use.

This handbook will hopefully be used as a springboard by any coach who wishes to prevent AOD use among high school athletes. The lesson plans certainly do not cover every aspect of the AOD issue. Coaches should use their imagination to think of other lessons that can add to, or enhance the lessons in this book. If nothing else, regular and open discussions can be held with the team about AOD use. The handbook can also be used to get more parental involvement, and to create better communications between parents, athletes, and coaches. Lastly, this handbook may also help to improve the play and performance of an athletic team. If the coach can "sell" the team on the idea that they should all act as a unit for positive change, the unity created on the team could very well carry over to the playing field, and the results could show up in wins on the field.

With the proper approach, the coach can provide the basis for his players to make wise decisions about AOD use for not only their high school careers, but for their entire lives. As in sports, there are no

guarantees that these efforts will be entirely, or even a little, successful. The effort put forth by the coach may seem at times to far outweigh the net gains, but that coach knows that if a team ever gives up in the competition of an event, all is lost. The same could be said for the competition against AOD use. If the coach gives up, the battle is sure to be lost in the fight against alcohol and other drugs.

APPENDICES

Preseason Meeting with Players and Parents

An Outline

I. Welcome

II. Purpose of Meeting

III. Nature and Extent of Steroid Use

IV. Nature and Extent of Alcohol and other Drug Use

V. Rules, Expectations, and Ethics

VI. Role of Parents

VII. Role of Players

VIII. Recap

Alcohol and Drug Fact Sheet

Alcohol: Considered a drug. A general depressant; slows down the brain and the central nervous system. Comes in such forms as wine, wine coolers, beer, whiskey, rum, and other distilled liquor. Alcohol is the most widely used drug by student-athletes today. (Wilmes, 1988)

Anabolic Steroid: Derivatives of testosterone, a male sex hormone that causes nitrogen and protein to be retained in the body. Athletes take these drugs to increase muscle mass and physical strength. They come in pill form or are injected. An incomplete list of side effects includes sterility, alterations in sex drive, weight gain and enlargement of the prostate gland for males, and masculinization, excessive hair growth and disruption of normal growth patterns for females. (Bartimole, 1988)

Chemical: Synonymous with alcohol and other drugs.

Cocaine: A white powdery substance, which is usually snorted through the nose. Can also come in the form of crack, which is pasty and hardened into "rocks." Crack is usually smoked in a pipe or bong. Stimulates the central nervous system, resulting in increased breathing, heart rate, and blood pressure. Low doses create feelings of power and energy, while high doses create insomnia, irritability, and anxiety. Heavy doses can result in coma and cardiac arrest. Cocaine is also highly addictive. Withdrawal often leads to deep depression, causing the user to go back to the drug. Suicidal tendencies are high among cocaine users. (Wilmes, 1988)

Drug: Any substance that enters the human body and can change either the function or structure of the human organism. (Carroll, 1989)

Ergogenic Drugs: Drugs used not to treat an injury or a condition, but to enhance athletic ability. This includes anabolic steroids to increase size and strength, amphetamines to increase aggressiveness and decrease fatigue. (Carroll, 1989)

Hallucinogens: A mood-altering chemical which can produce psychological dependence. Panic attacks (confusion and anxiety) often accompany even their infrequent use. Long term use can cause psychotic reactions (breaks from reality accompanied by hallucinations and anxiety). Comes in the forms of LSD, MDA, mescaline, psilocybin. All are taken orally. They produce very strong distortions of reality. (Wilmes, 1988)

Inhalants: Comes in the forms of solvents, glue, gasoline, whiteout, paint thinner, any type of aerosols, and lighter fluid. Depresses the central nervous system. Causes dizziness and nausea, along with hallucinations for some. Can cause brain, liver, marrow, and kidney

damage. Short term effects can cause accidents due to impaired judgment. (Wilmes, 1988)

Marijuana: Depresses the central nervous system, and is a mild hallucinogen. Creates panic and anxiety in some. Comes in the form of marijuana cigarettes, hash and hash oil (both are stronger and more concentrated than marijuana). Can cause lung cancer, impaired memory and concentration, extreme lethargy, and reduction of hormone levels. (Wilmes, 1988)

Narcotics: Act on the central nervous system to slow down all body systems. They reduce feelings of pain and induce sleep. Low doses create feelings of euphoria, impaired concentration, drowsiness, and diminished desire for activity. High doses promote sleep and a strong sense of detachment. Very addictive, both mentally and physically. Overdose potential is high. Forms include codeine, morphine, heroin, Demerol, and others. They are taken orally or by injection. (Wilmes, 1988)

Other Drugs: Includes a broad range of virtually all drugs with the exception of alcohol. These include marijuana, inhalants, cocaine, hallucinogens, stimulants, tranquilizers, sedative-hypnotics, and narcotics.

Sedative-hypnotics: Creates an alcohol-like intoxication, impaired coordination, slurred speech, and lack of judgment. Comes in the forms of Nembutal, Seconal, Amytal, and others. They are powerful depressants to the central nervous system. Very high risk of physical and psychological addiction. The overdose risk is high with sedatives. (Wilmes, 1988)

Stimulants: Stimulate the central nervous system. Lower doses, create excitability and increase alertness, while heavy doses produce irritability, anxiety, and depression. They tend to reduce the appetite and the need for sleep, but are followed by long periods of sleep and exhaustion. Stimulants are very psychologically and physically addictive. They come in many forms, some of which are amphetamines, speed (illegally produced amphetamines), Methamphetamine, caffeine, diet pills, and over the counter pills like NODOZ. (Wilmes, 1988)

Tranquilizers: Come in the form of valium, librium, and others. They are mild nervous system depressants which create a relaxed feeling and reduced anxiety. Low doses produce relaxation, while high doses produce feelings of drowsiness, confusion, and incoherence. Tranquilizers are highly addictive, both mentally and physically. More overdoses, both accidental and intentional, occur with tranquilizers than any other drug. (Wilmes, 1988)

Available Resources on AOD

A Partial Listing

The National Federation Target Program offers a variety of resources designed specifically for the coach who wishes to eliminate the use of AOD among his players. Resources are available concerning such things as pre-season meetings, prevention, sports issuers, steroids, and others. The National Federation Target Program offers four videotapes on steroids, including *Are Steroids Really Dangerous?, Testing for Steroids--Should we?, Young People use Steroids--Why?,* and *How can we Curtail Steroid Use?* All four are available for $139.95, or each can be obtained individually for $39.95. The National Federation

Target Program can be reached at 1-800-366-6667, or National Federation Target Program, 11724 N.W. Plaza Circle, Kansas City, Missouri 64195-0626.

If the resources are not available to the coach or school to purchase such videotapes, the coach may check his local library or any AOD prevention centers to see if they might have video tapes on loan.

An Incomplete List of

Alternative Activities for High School

Student-Athletes

1. Go to the movies.
2. Have an AOD free party after an athletic event. Everyone is admitted free of charge as long as they stay until midnight. Supervision should be by parents and coaches.
3. Go out for pizza.
4. Have an AOD free club that meets regularly and thinks of things to do that don't involve AOD.
5. Go bowling.
6. Play a game of basketball, baseball, etc.
7. Practice your sport.
8. Go to the mall.
9. Call up a friend and talk on the phone.
10. Hang out with those who don't use AOD.
11. Have more extra-curricular activities with your teammates, like pool parties, camping, picnicking, etc.

Other AOD Prevention Programs

Anderson High School, near Cincinnati, Ohio, implemented an AOD prevention program in 1983. Michael D. Hall, the Coordinator of Athletics, feels the program is a tremendous success. By having coaches in all sports administer one lesson plan per week during the sports season, and using captains to network three or four of their closest teammates, who in turn network three or four more close friends to use positive peer pressure, Mr. Hall claims that a 95% reduction of in-season use of AOD by seniors has occurred from 1983 to 1993. In addition, eighth graders have reduced their use over the same period of time by 90%.

Mr. Hall reported that the number one problem with this program is getting people to believe that it really works. He claims that the proof of its success lies in a season end questionnaire that asked student-athletes about their use. The questionnaire does not ask the student-athlete to place his name on it. Therefore, the anonymity of the questionnaire leads the student-athlete to be honest about his answers.

At London High School in the London, Ohio the school district has implemented a similar program. Athletic Director Terry Nance feels that the program is a great success, but requires extra work and time for coaches. Another problem is that Mr. Nance has created a number of enemies among student-athletes who have been accused of using AOD, and their parents. However, he says that it has been worth the effort, and the support he has gained from those who do not wish to use AOD has more than made up for those persons who have antagonized him and his program. Having a coaching staff who does not drink alcohol, as Mr. Nance does, is a big help according to Mr. Nance.

Coaches' Feedback

Ed Swope

Ed Swope is the current girls varsity basketball coach at Fairborn High School, and is a former boys baseball and golf coach. His comments are as follows.

The section on the pressures of high school athletes is a very useful and practical section. I am particularly aware of the pressures placed on my female athletes. The pressure and stresses that come from parents and family seems to be especially strong on female athletes. I am sure that male athletes feel the same stress from significant others. This is a very real issue that your program addresses, both generally and specifically with AOD.

The *Coach's Code of Behavior* is well stated and well taken. I think all coaches should refer to this section and evaluate their own attitudes and beliefs in regard to AOD and other issues which arise within a team during a sport season. A little introspection periodically is certainly healthy and educational in evaluating individual performance. The paragraph on prioritizing our reasons for coaching should be a part of every coaching handbook.

Last year we held our first meeting similar to the parents and players meeting outlined in the handbook. We did not go far enough with the material covered, however. Recommended topics would include: explanation of practice and game schedules and procedures, expectations of players and parents by coaches, team rules and guidelines, proper communications channels, etc. Allowing for parents questions and comments would certainly be appropriate. I believe that, as coaches, we sometimes fail to communicate appropriately and

effectively with both players and parents. Your section on preseason player/parent meeting dealing with AOD would fit nicely into a larger topic of overall expectations of the coaching staff (team rules, etc.).

Lesson Plan Number One is critical and should cover AOD and other pertinent subjects regarding captains and team leadership. This one session can easily make or break your season. Las season, (the Fairborn varsity basketball coach) had tri-captains and two of them quit the team before the end of the season. that has to be a devastating blow to any team, regardless of its success or lack thereof. I have not formally held such a meeting in the past, but believe me, I *will* hold such a meeting next fall.

Lesson Plan Number Two is for trouble-shooting team situations (which always arise) during the season. I see AOD as a major topic, but the same format can be utilized to deal with other problems as well. *Lesson Plan Number Three* continues where *Number Two* This type of discussion, of course, applies to most of life's problems, which we all must confront.

All of the lesson plans have value in dealing with AOD and other team situations. The following is my summary/recommendations that come to me from reading and considering your paper.

1. this program stands by itself as a valuable tool for coaches interested in maximizing their positive effects on their players.

2. This program could be easily expanded to deal with other individual and team situations.

3. This hand book could be the base for creating a "How To" coaches handbook. By expanding upon many of the ideas you have

expressed in this paper, a useful resource for all coaches could be developed.

4. As coaches, we all need to stop and consider what we do and see how it compares to what we should be doing. Your paper has caused me to reflect and formulate plans for next season. Please consider making this handbook available to all coaches in our system.

Brent Ehresman

Brent Ehresman is an assistant principal at Fairborn High School. He also coaches the Fairborn High School Weightlifting Club, and was a head varsity football coach, swimming coach, and basketball coach. His comments are as follows.

I think that this booklet dealing with AOD prevention is very good. For a coach to implement many of these ideas would be tremendous. I agree that a coach must be involved with AOD and must keep current with issues concerning AOD and his/her athletes. It will take a lot of time and effort to implement many of these things, but it will be well worth it. A coach has probably the "most" influence of anyone on an athlete's life and thus must take his/her responsibility very seriously.

The involvement of players and parents in much of the decision making is very important and I like the way this booklet gets them both involved throughout all aspects in this booklet and throughout the whole process.

I strongly agree in setting high expectations concerning AOD and then in the process of carrying them out. It is tough, but very important.

The follow-up of a student athlete that has been expelled from a team for AOD is something that I had never considered (getting teachers involved, etc.). These were very good ideas.

I also liked the ideas about using your captains as positive influences on other athletes and training them to help deal with many of the AOD problems. Peers dealing with peers can be very important. I also like the idea about contracts.

The lesson plans concerning and dealing with AOD issues are tremendous! They would take some time and effort to carry out but would be well worth it.

There are many great ideas brought out in this booklet. I believe that more coaches should be concerned with these issues and get more involved in the personal lives of their athletes. After all, there is much more to coaching "X's and 0's."

Mechelle Lamb

Mechelle Lamb is the varsity football cheer leading advisor at Fairborn High School. Her comments are as follows.

I found the information presented overwhelming in the sense that so many students are users. I really had no idea that uses among high school students was so high. The handbook was very informative. I learned a great deal about AOD and its use among young people.

The lesson plans were easy to follow and I believe they would be really easy to apply during the season. However, I think that the entire Athletic Department would have to implement the program for it to be successful. I think it would be really hard for a single team to run the program effectively due to peer pressure from other teams.

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