A Programming Manual for Rebound Choices: Modifying Prescription Drug Information in a Youth Skill Building Program

by

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The procedures in this staff training manual workshop are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Abstract

Youth substance use is a growing societal concern (Johnston, O'Malley, Bachman, and Schulenburg, 2008). With substances, specifically prescription drugs, becoming increasingly accessible to youth and increasing in risk due to strengthened potency levels, it is imperative to determine an effective preventative measure to assure the neurological and behavioural development of youth are not compromised (Compton & Volkow, 2006). The Rebound Choices program is a current, empirically supported preventative approach toward youth substance use (Smythe, 2013). This program includes a variety of interactive, knowledge-based activities for youth to engage in with their peers, which helps them to retain positive social and life skills. In relation to this thesis, the staff within the agency identified a need for the Rebound Choices program to be updated and more interesting for the youth. The present study focused on redesigning the prescription drug lesson, content and delivery approach, to be presented in a more informative, interactive manner while presenting the most current content available. In addition to the redesigned lesson, the content and delivery of the lesson was evaluated by the youth participants and the facilitators through the completion of a feedback questionnaire which consisted of Likert-scale rating questions and short answer written questions. It was hypothesized that using this manual to deliver the prescription drug lesson would allow the session facilitators of Rebound Choices to provide a more engaging and informative lesson to the youth while allowing the facilitators to feel more confident in the information that they are presenting. The findings gathered from the youth participant and the facilitator feedback questionnaires support the hypothesis in that the information and activities in the redesigned lesson were reported to be up-to-date, engaging, useful and age-appropriate for the youth. In conclusion, the hypothesis was proven true in that using the new lesson material rather than the programs original material to deliver the prescription drug lesson would allow the session facilitators of Rebound Choices to provide a more engaging and informative lesson to the youth participants. Overall, the prescription drug lesson was successfully delivered and will continue to be implemented in the Rebound Choices program.
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Chapter I- Introduction

Although records show a reduction in youth illicit drug use in the previous decade, Johnston, O'Malley, Bachman, and Schulenburg (2008) reported a consistent increase in youth prescription drug abuse, with a 300% increase in use of youth who were actively receiving treatment for this abuse (Treatment Episode Data Set [TEDS], 2007). Abusing prescription drugs can present multiple risks for youth, particularly impacting their development (Compton & Volkow, 2006), which could be accompanied by a variety of persisting challenges including: addiction, mood instability, reduced sex drive, hallucination and convulsions, troubles with respiration and sleeping, financial and social difficulties as well as troubles problem-solving and concentrating, and ultimately death (Coordinator Handbook, 2014). Additionally, youth who begin to abuse prescription drugs before the age of 16 are more likely to engage in increased drug abuse throughout their lives (SAMHSA, 2005).

Prescription drugs are legal in Canada and can provide an abundance of health benefits when used for their intended purposes. Some youth believe that prescription drugs are safer to use because they are legal, however when misused, prescription drugs can be just as dangerous as illicit drugs (Provide Information, n.d.). When prescription drugs are not taken as prescribed by a medical professional, the outcomes could be very serious and dangerous, potentially resulting in a drug overdose. A prescription drug overdose could consist of being put in a coma, having the heart stop beating, and ultimately death (Provide Information, n.d.). The results of abusing prescription drugs can be devastating to a youth’s future life goals. As youth are easily influenced by their peer’s behaviours, it is important to educate them on how to safely use prescription medication and create awareness regarding prescription drug abuse (Provide Information, n.d.). Because of dangers associated with prescription drug misuse and youth’s perceptions of these dangers, more in-depth and current information related to prescription drug use needs to be presented to youth in an interesting and interactive way.

Public Safety Canada (2009) found that successful drug prevention programs implemented in schools were goal-oriented, empirically supported, age-appropriate, interactive and appealing. Robertson, David and Rao (2003) found one approach to preventing prescription drug use could be in the family and consist of open communication between the parent and the youth regarding prescription drug use, the parent observing for changes in the youths behaviours, and taking an interest in the youth’s friends and their problems. Parents can also lock up and monitor their prescribed medications to assure they are not being abused by anyone in the household whom they are not prescribed for or being consumed at times when they are not prescribed. In addition to in the home, prevention programs can be implemented in schools, with a focus on improving the academic and social skills of the youth to help strengthen healthy social relationships, develop refusal skills, build self-control and adapt coping skills (Robertson et al., 2003).

One prevention/early intervention program that is designed and implemented with at-risk youth is called Rebound Choices (Smythe, 2013). Rebound Choices focuses on the prominent social and psychological variables that result in adolescent substance use and other dangerous behaviours (Smythe, 2013). This program is delivered over 10 sessions, with each session focusing on a different behaviour, skill or topic, including: communication, decision making, goal-setting, alcohol, marijuana, relationships, prescription drugs and coping skills, self-respect, and risk taking and social media. Each session incorporates a variety of individual and group activities, videos, guest speakers and behavioural rehearsals to help youth learn the skills and to deliver information based on the topics (Smythe, 2013).
Throughout the current study, the Rebound Choices program will be referred to in comparison with the Rebound program. These are two separate programs delivered through the same organization and at similar agencies. The Rebound Choices program consists of 10 sessions related to making positive decisions about substance use and building life skills, while the Rebound program consists of eight very similar sessions, however with a direct focus on building life skills.

Concerns have been verbally identified by current program facilitators with the current implementation of the Rebound Choices prescription drug lesson. It is believed it could be more current, relevant, and engaging for the youth to allow them to retain optimal information and practice a variety of skills related to reducing the risk of abusing prescription drug.

**Rationale**

The purpose of this study was to develop a manual which includes informative and interactive activities and discussions to be delivered to youth ages 12-19 that are enrolled in the Rebound Choices program. The manual will be created based on current research for the program facilitator to implement during the prescription drug lesson in the seventh session of the program. More current and interesting session content was requested for this manual by the program facilitator due to the current information being out dated and the lesson being one of the least engaging for the youth. It is hypothesized that using this manual to deliver the prescription drug lesson will allow the session facilitators of Rebound Choices to provide a more engaging and informative lesson to the youth while allowing the facilitators to feel more confident in the information that they are presenting. Although not the focus of the current study, the delivery of the content in this manual is hoped to aid in preventing and reducing prescription drug abuse by youth and will assist youth in making healthy choices when consuming prescribed medications.

There are two major components that are presented in the current thesis, the first being the development of a facilitator’s manual for the prescription drug lesson, and second to assess the experiences and attitudes of the facilitators and participants who engaged in the prescription drug lesson through a self-report questionnaire. All of the resources required for the prescription drug lesson will be included in the manual to ensure a standardized implementation of the lesson in the future with differing program facilitators. The prescription drug lesson questionnaire for both the youth and the facilitators will also be included within the manual. The questionnaire was developed to assess the youths and facilitators experiences and attitudes towards the prescription drug lesson content as well as to gain feedback on the specific activities so that suggested documented changes can be made where they are found appropriate.

**Thesis Overview**

The remainder of the current study will include a literature review in Chapter II which analyzes previous approaches to reducing and preventing prescription drug abuse amongst youth. The content highlighted in this review includes: the frequency of prescription drug abuse among youth, risk factors for youth abusing prescription drugs, effective prevention strategies and an overview of the Rebound Choices program. In addition, the literature review will address empirical evidence in support of teaching youth content related to: side effects of commonly abused prescription drugs, signs of a prescription drug overdose, refusal techniques for using prescription drugs, and the difference between the safe, medical use and the unsafe, recreational use of prescription drugs. In Chapter III the method section of the thesis is presented and includes the participants, selection procedures, materials, measures and methodology of the study. The method section also includes the agenda of the prescription drug lesson and the resources required for the included activities and discussions. The results section of the study
can be found in Chapter IV where the feedback from the youth and facilitator questionnaires is summarized and incorporated into the study. Followed by Chapter V, the conclusion and discussion section of the study, which highlights the strengths and limitations of the present study, accompanied by a summary of the study and any recommendation made by the author for future potential research.
Chapter II: Literature Review

Prescription Drug Abuse

In a longitudinal study conducted by Johnston, O’Malley, Bachman, and Schulenberg (2008), abuse of illegal drugs were found to decrease, yet youth were increasingly abusing prescription drugs, more frequently than drugs such as cocaine, methamphetamine, and heroin use as a collective. The three most commonly abused prescription drugs include: stimulants; which are primarily prescribed to help treat Attention-Deficit/Hyperactivity Disorder (ADHD), opioids; which are prescribed to help treat acute and severe pain, and depressants; which are commonly prescribed to treat anxiety and insomnia (Prescription for Danger, 2008). A particularly dangerous, more novel opioid currently gaining popularity among youth is fentanyl. Fentanyl is 100 times as potent as morphine and when in a powder form, only requires as little as two grains of salt to result in death (Health Information Sheet: Bootleg Fentanyl, 2016). Moreover, fentanyl has been found in other types of drugs without being identified, often having an immediate, fatal impact (Health Information Sheet: Bootleg Fentanyl, 2016).

Consistent with previous research, prescription drug abuse will be defined as an individual engaging in the use of a prescribed medication that is not prescribed to them, or an individual consuming a medication that is prescribed to them in a way other than prescribed, whether being the dosage, frequency, in combination with other substances, or for effects which the medication is not prescribed for (Drazdowski, 2016; Tucker et al., 2015; and Silvestri et al., 2016). According to Wormer and Davis (2013), an addiction includes loss of control over a particular behaviour or substance.

Effects of Prescription Drug Abuse

Abusing prescription drugs can result in a variety of short term and long term negative effects. Individuals often self-diagnose their medical concerns and self-medicate these concerns, however when prescription drugs are the self-medicated solution, unknown side effects could be present that could worsen the medical concerns rather than improving them (Drazdowski, 2016). Compton, Boyle, and Wargo (2015) found increasing evidence to support that opioid use can worsen chronic pain rather than treat it, while it improves acute pain. Prescription drug abuse has been linked with many life-long outcomes including: mental illness, death resulting from unintentional overdose, drug interactions resulting from using additional substances with prescription drugs, increased emergency room visits (Drazdowski, 2016), interpersonal and academic struggles, engagement in criminal behaviour to gain access to substances, and greater use of additional substances (Kilmer, Geisner, Gasser, & Lindgren, 2015).

About Percs, Oxys, and other Pain Pills (2012) explains in great detail a variety of short term, long term, and permanent effects of abusing opioid prescription drugs. The short term effects include: troubles concentrating, staying awake, breathing slowly with potential for breathing to stop, excessive sweating, pinpoint pupils, nausea, vomiting, lack of appetite, and constipation. Long term effects of opioid prescription drugs include: developing an addiction, unstable emotional state, difficulties concentrating and problem solving, impaired night vision, continued constipation, lowered sex drive, and differing menstrual cycles. All of these effects can result in permanent damage to personal, social, family or financial variables in an individual’s life. The most permanent effect of abusing prescription drugs includes death by suicide or overdose (About Percs, Oxys, and other Pain Pills, 2012). According to the Health Information Sheet: Bootleg Fentanyl (2016), signs of a fentanyl overdose include an individual being unresponsive, having bluish skin, lips and fingernails, the skin is cold and clammy, minimal to no breathing, a limp body, and snoring, gargling, or throwing up. An enhanced
prescription drug lesson presented in the Rebound Choices program is needed to present these short and long term side effects to youth in hope of reducing future prescription drug use and hope that ultimately less youth will experience these effects which include death.

**Prescription Drug Use during Adolescent Development**

The frequency at which today’s youth are consuming prescription drugs is of serious social concern. SAMHSA (2007a) state that every single day 2,500 youth between the ages of 12 and 17 abuse a prescription medication for their first time. Prescription drugs are the preferred (NSDUH, 2007) and most frequently abused (Jones et al., 2012) drug by 12 and 13 year olds. Alternatively, McCabe, Schulenberg, O’Malley, Patrick and Kloska (2014) found that 16 year olds were most at risk for initiating use of prescription drugs when they were not prescribed to them. Of youth who have used prescription drugs, 18% reported using them weekly within the past year (Wu, Pilowsky, and Patkar, 2007). Youth who initiated using prescription drugs before the age of 18 more frequently developed a dependence and abused the drug rather than youth who began using after the age of 18 years old (McCabe et al., 2014). Overall, the younger an adolescent begins to engage in any type of drug use, the more frequently they will continue to use drugs (Public Safety Canada, 2009).

A review of research completed by Drazdowski (2016) titled ‘A Systematic Review of the Motivations for the Non-Medical Use of Prescription Drugs in Young Adults’ focused on reviewing hundreds of articles from relevant databases regarding young adult’s motivations to use prescription drugs without a prescription. The review of the articles found that young adult’s decision making skills are different than an adolescents due to the development of the brain, results in varying motivations at varying ages. This study displays the differences in adolescent’s and young adult’s decision making skills to use substances and highlights the importance of how the adolescent brain is much more sensitive at this developmental period and how effects of substance use could be long-lasting during this period.

Jones et al., (2012) identified a developmental path that youth travel from adolescence to adulthood which influences their substance use. According to Jones et al., (2012), early adolescence is typically when youth have their first interaction with drug use. During high school, youth encounter greater accessibility and availability of drugs, people using and selling these drugs, and social acceptance of drugs. In combination with the social, psychological, and educational stress factors already associated with adolescence, these students are at increased risk of abusing substances (Jones et al., 2012). Additionally, social influences begin to gain importance during adolescence, ultimately influencing engagement in substance use (Botvin & Griffin, 2007). Substance use peaks during mid-adolescence due to developmental changes and new freedoms occurring (Botvin et al., 2007). In later adolescence when a young adult resides on their own for the first time, with increased freedom and reduced supervision, they may face difficulties related to making decisions to engage in or abstain from using substances (Jones et al., 2012). However, substance use has also been stated to gradually reduce during this time period due to gaining more roles and responsibilities (Botvin et al., 2007). This developmental pathway of substance use displays the changes adolescence experience and how these changes could be relevant to the delivery approach of prevention or intervention programs for this substance exposure and use.

Because adolescence can be a developmental phase of increased substance use, it is essential that a prevention program be implemented during this phase to reduce prescription drug use and avoid abuse. If use continues throughout adolescence, there becomes greater
opportunity for the individual to engage in substance abuse in adulthood, as well as exploration of a greater variety of substances (Public Safety Canada, 2009).

Prescription for Danger (2008) outlines that youth who may otherwise never use substances may use prescription drugs due to them being so readily available in today’s environment and because they believe them to be not as dangerous as street drugs. Youth who use prescription drugs get them primarily from friends and family members, often without them knowing, easily and for free (Prescription for Danger, 2008). McCabe et al., (2014) found during later adolescence youth begin to take on the responsibility of managing their own medications, which could be a contributing factor to the increased use of prescription drugs during this development period. Besides easily accessing medications in the home, Haydon, Rehm, Fischer, Monga, and Adlaf (2005) found various ways in which prescription drugs may be making their way into illicit drug markets, including: physicians, regular and irregular drug dealers and manufacturers, theft, and acquaintances. Prescription drugs are often misused and abused because they are so easily and commonly accessible through reliable sources with little to no negative social consequences for consuming them.

**Risk and Protective Factors for Substance Abuse**

Protective factors are those which reduce the likelihood that an individual will engage in substance use and risk factors are those which increase the likelihood of use (Public Safety Canada, 2009). The greater the risk factors present in a youths life, the greater risk the youth is at for abusing substances. Current prevention programs in the family, school, and community setting are primarily targeted at reducing risk factors present in youth’s lives and increasing protective factors (Jones, et al., 2012).

Tucker et al., (2015) completed a study to determine if prescription drug use was a risk factor associated with further challenges in other areas of functioning such as academics, social and mental. Tucker and associates (2015) identified differences between adolescents who initiated using prescription drugs for non-medical use in middle school compared to those who did not use. The differences noticed by the adolescents who used prescription drugs included being at higher risk of: lower social functioning in high school, increased physical fighting during school and suspensions and reduction in likelihood to report stealing, property damage, and illegal drug use, however no identified difference in mental health or academic functioning.

Youth are at greater risk of using prescription drugs if exposed to: a lack of attachment and nurturing from their parents or guardians, inconsistent parenting, a hectic home environment, lack of a meaningful relationship with an adult, a care provider who engages in substance use, criminal behaviour, or has a mental illness (Jones, et al., 2012), laws and norm perceptions in favor of drug use, availability of drugs, lack of academic interest or success, aggressive behaviour within family, and poverty (Public Safety Canada, 2009). Receiving offers to use substances as well as overestimating peers substance use are also risk factors for substance use (Tucker et al., 2015). An individual’s genetics, particular life circumstances, and other substance use could increase an individual’s risk to engage in prescription drug abuse; while gender is not a risk factor, as males and females abuse prescription drugs at equal rates (About Percs, Oxys, and other Pain Pills, 2012).

Alternatively, a family could act as a protective factor when there is: a strong connection between the members, active parents in the youth’s life, clear and consistent rules and punishment, specifically regarding using drugs (Public Safety Canada, 2009), and supportive parents who provide to meet all of the youths basic needs (Jones, et al., 2012). Further protective factors included: a cohesive community, community norms that do not support drug
use, participation in school activities, academic competence, school relationships, having a group of peers who do not use drugs, policies against drug use, and impulse control (Public Safety Canada, 2009).

The risk and protective factors are important component to working with youth who are at risk for using substances. These factors can help a youth worker gain a sense of the supports, or lack of, in the youths life and can help the Rebound Choices program coordinator to target the risk factors in need of reduction and the protective factors that could be enhanced.

**Perceptions Regarding Substance Use**

Parental figures play a larger role than they are aware of in a youth’s decision to misuse a prescription drug, based on their attitudes, beliefs, and behaviours. NSDUH (2007) described that youth of parents who expressed strong disapproval of substance use are at lower risk for using substances. Although parental disapproval is proven to reduce substance use, parents are still failing to discuss the negative aspects of prescription drug use with their youth.

Additionally, many youth are accessing prescription drugs from their family medicine cabinet, which with awareness, parents have the authority to monitor and lock (Prescription for Danger, 2008). According to Community Anti-drug Coalition of America (2008), parents do not perceive prescription drugs as dangerous as illegal drugs, and may not perceive the use of prescription drugs to be a concern, being a potential reason why they aren’t engaging in these easy prevention techniques. It is important for parents to be more aware of the role they play in their youth’s misusage of prescription drugs in hopes of putting practices in place to reduce their youth’s misusage.

Prescription drugs are perceived as acceptable in today’s society due to a variety of factors despite the known risks and effects associated with use of these drugs. Parents (27%) and youth (56%) believe prescription drugs are safer than “street” drugs, and therefore more acceptable (Community Anti-drug Coalitions of America, 2008). Youth (33%) believe there is “nothing wrong” with using medications not prescribed to them on occasion (PATS, 2009).

Approximately 30% of teens reported abusing prescription drugs because they perceived there to be less side effects than with illegal drugs and believed them not to be addictive (PATS 2006). These perceptions are inaccurate and dangerous for the well-being of the youth who are experimenting, often socially, with medications that they perceive to have positive benefits.

Prescription drugs are legal and promoted in Canada to treat medical conditions, making them easily available (McCabe, Boyd, Teter 2006) with 60% of youth reported being able to access prescription drugs through their own or someone else’s prescription. SAMHSA (2008) stated that 51% of youth who engaged in prescription drug use did so because the drugs were legal, and 21% didn’t believe their parents would care as much if they got caught using these drugs. In a small city in Ontario, physicians in the highest ranking percentile of writing prescriptions were responsible for writing the final opioid prescription for almost 63% of the opioid related deaths that were reported in that city (Compton, Boyle, and Wargo, 2015). Prescription drugs being legal could result in them being more easily accessible and acceptable to youth, encouraging youth to consume them.

The Food and Drug Administration (FDA) enforced guidelines allowing pharmaceutical companies to advertise medications on television (Center for Drug Evaluation and Research, 2009) resulting in average television watchers viewing more than 30 hours of advertising related to prescription drugs on their TV within a year (Brownfield, Bernhardt, Phan, Williams, & Parker, 2004). This abundance of prescription drug advertisements viewed on television could have negatively influence individuals to use prescription drugs due to them being presented
positively followed by experiencing negative side effects of the medications, sometimes being addiction or death. Positive prescription drug messages and advertisements portrayed through various forms of media have attributed to societies accepting attitude towards prescription drug use and viewing it as normal and not dangerous (Twombly, Holtz, & Agew, n.d.).

Silvestri and Correia (2016) conducted a study to determine motivations of students to engage in prescription drug use for non-medical purposes. They hypothesized that the students would overestimate the frequency of prescription drug use for non-medical purposes among their peers, which would positively influence the self-reported use of that individual. This hypothesis was supported and the authors found that individuals who engaged in more risky behaviours such as prescription drug abuse often perceive their peers to also engage in similar behaviours, often using their perception as a means to justify their own risky behaviours (Berkowitz, 2005). This misperception among risk taking individuals about their peers could be of interesting focus during discussions in prevention programs.

To design an intervention for a behaviour, the motivating variables driving that behaviour must be identified. Although (PATS, 2009.) found self-medicating to be a stronger motivation for prescription drug abuse than recreational, Drazdowski (2016) completed a systematic review of empirical articles which found differing data. According to the systematic review, the most frequently identified motivations to engage in the abuse of prescribed stimulant medication includes: academic performance, recreational purposes, increased sexual performance, enhanced athletic performance, feeling more confident and social, weight loss, experimentation, to stay awake, and being perceived as safer than street drugs. Motivations to abuse opioid medications include: self-treatment to reduce pain, increase relaxation and sleep, decrease anxiety, as well as recreational, experimental, and for the effects. The reported motivations to engage in abuse of depressant medications include: the feeling it produces, curiosity, increased academic performance, recreational, relaxation, and to counteract the effects of other drugs. With knowledge of the motivations youth typically have to engage in prescription drug abuse, an intervention program could be more personally designed to target a youths motivations or a more positive and healthy approach could be develop to fulfill the goals that are motivating the drug use.

**Components of an Effective Intervention**

An effective substance use prevention program includes: a framework that incorporates reducing risk and enhancing protective factors; information that is relevant to the youths age and phases that they are going through in their lives; provides information related to recognizing and resisting peer pressures to engage in substance use; includes personal and social skills training to build resistance and assist through development; provides accurate information regarding rates of drug use to provide the most accurate representation of risks; address all present forms of drug abuse; are delivered in an interactive manner to ensure engagement and acquisition of skills; are culturally sensitive and age appropriate; delivered frequently enough to reinforce retained information; and to provide thorough training to the implementers of the program (Botvin et al., 2007; Prevention Strategies, n.d.; Jones et al., 2012). All of these variables are important to consider when developing a substance use prevention program, and all of these variables were considered when the prescription drug lesson was redesigned for the Rebound Choices program.

It is also beneficial to implement the program in a variety of settings and to maintain the original structure, content and delivery style if the program is being adapted for any reason (Jones et al., 2012). Jones et al., (2012) also suggested that elementary school interventions focus on self-control, emotional control, communication and social skills, while a high school
program should focus on academic assistance, communication, positive peer interactions, self-efficacy and assertiveness, drug refusal skills, and reinforcing attitudes and commitments that are anti-drug. Of this study, the principles that are most valued throughout the Rebound Choices program include tailoring the risks to the current population and incorporating an abundance of role plays and group discussions into the lessons.

Prevention Strategies (n.d.) highlighted the need for a prescription drug abuse intervention to identify proper, safe use of medications and the improper, unsafe use of it. Jones et al., (2012) found presenting information to youth about substances independently is not effective in reducing substance use; instead the information is increasingly effective when paired with skills, methods, and available services. Tucker et al., (2015) emphasizes the need for interventions to focus on the youth’s peers, in relation to preventing the sharing of medications among their peer group and to provide an accurate representation of the frequency of peer drug use.

Twombly et al., (n.d.) completed a study to determine which elements of messages presented in a substance use intervention resided with the youth and what elements of the messages encouraged the youth to make more positive decisions regarding substance use. Current research suggests that effective intervention messages include those related to positive alternatives to using drugs, correcting normative perceptions of the drug, and teaching refusal skills (Hecht & Krieger, 2006). The authors hypothesized that since these results are found with illegal drugs, the resonating messages may vary for prescription drugs. The authors found that when it came to prescription drug use, the message that was most effective at resonating with the youth included scare tactics, while refusal skills and positive alternatives were not reported as effective methods for delivering meaningful messages to youth. Contrary to this studies evidence, the Rebound Choices program presents information related to positive alternatives to using drugs, correcting normative perceptions of the drug, and teaching refusal skills within the prescription drug lesson.

Twombly et al., (n.d.) identified nine common categories that the messages presented in substance use prevention programs could belong to. These categories included: increasing self-esteem to help resist illegal drug use, prescription drug abuse information, dangers of abusing drugs, positive alternatives to abusing drugs, refusal skills, scare tactics, science education highlighting the impact drugs have on the body and brain, society norms related to drugs, and social skills to help avoid drug use. The author found the most effective approach to reducing prescription drug use includes delivering multiple messages to the youth. This multi-message approach has been adapted by the Rebound Choices program as it focuses on delivering most of the previously stated messages except for scare tactics. The prescription drug lesson of the Rebound Choices program heavily focuses on highlighting the dangers of prescription drugs, explaining societal norms and perceptions regarding prescription drugs and refusal skills.

As the current literature in relation to prescription drug abuse prevention programs for youth is very strong at identifying components of effective interventions, there are also identified deficits. As identified by Twombly et al., (n.d.), messages delivered in a prevention program resonated significantly different with seventh grade students in comparison to eighth grade students. This highlights a need for future prevention programs to include effective intervention components and content for varying ages of youth. In addition, preventative interventions could be implemented that focus on teaching youth behavioural skills to engage in as alternatives to prescription medications for their medical concerns. These skills could help treat needs such as
pain, anxiety, depression, or sleeping difficulties. Baldwin, Compton, and Jones (2016) also emphasized a need for future literature to focus on interventions such as Naloxone.

Living in a law abiding society, abusing prescription drugs can have devastating effects on an individual’s legal status. Haydon, Rehm, Fischer, Monga, and Adlaf (2005) found that when an addiction to a prescription drug was present and a tolerance to that drug was developed, an individual may be more likely to make decisions to engage in illegal behaviours as a way of supporting their addiction. Prescription drug abuse is a risk factor for delinquent behaviour and/or getting arrested (Silvestri and Correia, 2016; Tucker, Ewing, Miles, Shih, Pederson, and D’Amico, 2015).

**Rebound Choices Program**

Early intervention programs have been shown to be effective to reduce delinquent behaviour and prescription drug use, particularly during adolescence. Smythe (2013) highlights how the Rebound Choices program targets psychological and social aspects of a youth’s life that direct them to use substances as well as engage in risky behaviours. An evaluation of the Rebound program found a reduction in delinquent behaviour in youth after completing the program, which Rebound Choices is modeled after and many lessons replicate (Program Details, Youth Diversion Program Kingston, n.d.). Public Safety Canada (2009) found the schooling environment to be an effective and important setting to implement programs targeted at preventing early substance use and delinquent behaviours in youth.

Rebound Choices is an intervention program designed to target youth at risk of abusing substances as indicated by behaviours such as academic difficulties, criminal involvement, and aggression (Smythe, 2013). The desired outcomes of the program for the youth include: goal setting, behaviour management, decision making, problem solving, and social skills. Throughout the program, current and supported information is delivered to the youth regarding varying forms of substance use, the effects of substance use, and things that influence substance use. Youth who participated in this program found that they had increased their knowledge related to varying substances, and learned ways to avoid using these substances (Smythe, 2013). Participants of the program and their parents both found that the youth had gained positive life skills through completing it. Particularly, the youth reported they had gained deeper knowledge regarding drugs and alcohol use and more importantly, learned techniques to refuse these substances (Smythe, 2013).

An evaluation completed of the Rebound Program, a program of which Rebound Choices was derived from, found a reduction in depression and anxiety, aggression, problems focusing attention, and withdrawn behaviours, in addition to the previously stated delinquency, according to the Child Behavior Checklist (CBCL) (Achenbach, 1991) which measures moods and behaviours in children, including deviancy and opposition (Program Details, Youth Diversion Program Kingston, n.d.). Improvements in the youths’ self-control, responsibility, and assertiveness as measured by the Social Skills Rating System (SSRS) (Gresham & Elliott, 1990) were also found. Overall, this evaluation found parents, youth, and staff were satisfied with the implementation of the Rebound program. With the Rebound and Rebound Choices programs consisting of similar session structure and content, the positive outcomes seen in youth’s lives after completing the Rebound program may also be seen in youth’s who complete the Rebound Choices program.

Alternative effective programs currently being implemented with youth who are struggling with substance use, particularly prescription drugs, consist of a variety of approaches. A more common approach to reducing substance use includes additional skill building programs
such as the Strengthening Families Program (Strengthening Families Program, n.d.) and Life Skills Training (Jones, Fullwood & Hawthorn, 2012). An additional approach includes parental behaviour management through locking up medications and monitoring youth’s usage to assure they are being consumed as directed (Prescription for Danger, 2008). From a medical approach, Naxolone has been supported as an effective intervention to counteract the effects of opioids on the body during the time of an overdose (Health Information Sheet: Bootleg Fentanyl, 2016).
Chapter III: Method

The format of the following thesis project will take that of a training manual. The Rebound Choices program is delivered by a trained facilitator through a text-based programming manual. As the prescription drug lesson of the Rebound Choices program was identified as in need of reconstruction, the newly presented prescription drug lesson will follow the format of all of the other lessons present in the programming manual. The Lesson #7 Prescription Drug Training Manual will not require an introduction or table of contents as it will be a part of the Rebound Choices programming manual. The training manual will include an agenda for the Week #7: Prescription Drug lesson, a checklist of required materials for the lesson, a breakdown of each activity including time frames, and alternative activities list for time fillers. The manual will also include handouts required for the prescription drug lesson. Two feedback evaluation forms, one for the participant and one for the facilitator, will also be included within the manual to help evaluate the alterations made to the prescription drug lesson. The independent variable being manipulated in this project includes the content of the prescription drug lesson of the Rebound Choices program and the dependent variables being assessed include the youth’s engagement levels in, and the usefulness of, the new content in the prescription drug lesson.

Participants

The Rebound Choices program is designed to be implemented with youth between the ages of 12-19 years old of all genders. The Rebound Choices program is a community based program and is often implemented in school settings, followed by community agencies. This manual is designed to be used by the trained program facilitator/s of the Rebound Choices program. The program is offered specifically to youth who have engaged in, or are at risk of engaging in substance use, as well as made poor decisions related to negative peer pressures and experimentation.

Selection Procedure

Referrals for Rebound Choices are commonly received through the public or catholic school board as a proactive measure to prevent substance use. Referrals can also be received through the police, youth justice services, probation officers or the courts, and can be made by the youth, their parents, family members, or community agencies. Upon receiving a referral, the program facilitator schedules an intake interview with the youth before the first session of the program.

During this interview, confidentiality is explained and the youth and they have the opportunity to ask any questions they might have. If the facilitator needs to release personal information to any other members within the youth’s circle of care, an agency consent form will be signed with the youth.

Due to modifying the prescription drug lesson content, implementing the new content with the youth, and asking the youth to evaluate it, a college consent form is required to be signed to conduct this research. If the youth is over the age of 16, they are capable of providing consent for themselves to take part in and evaluate the program through signing an Informed Consent Form (Over 16) (Appendix A). If the youth is under the age of 16, a parent or guardian would be required to sign an Informed Consent Form (Under 16) (Appendix B) in order for their youth to take part in this research thesis, as well as an Assent Script (Appendix C) will be delivered to the youth. These age requirements are for programs administered outside of the school setting; if the program were to be administered within a school setting, consent would be required for all participants under the age of 18. These consent forms must be signed before the
The prescription drug lesson occurs during the seventh week of the program. If a youth has not provided or been provided consent, they are able to partake in the prescription drug lesson however they are unable to provide feedback based on the lesson content.

**Materials**

As previously mentioned, the Lesson #7 Prescription Drug Training Manual (Appendix A) will include all of the content required for the discussions and activities presented in the lesson. The handouts required for this lesson include: Side Effect Word Searches for each category of prescription drug, Prescription Drug Information Sheets, a group activity titled ‘What Would You Do?’, Prescription Drug Quizzes, Refusal Skills Handouts. The Prescription Drug Lesson Questionnaire: Participant Feedback Form (Appendix J) and Facilitator Feedback Form (Appendix K) will also be required for the lesson.

General materials required for every Rebound Choices program lesson include: pens, papers, poster paper, markers, play-do, fidget toys, the wall of fame, goal setting sheets, journals, the talk jar, and juice boxes and granola bars for each youth during break time. Materials required specifically for the prescription drug lesson include smaller individual candy, and full sized bars and bags of candy for the refusal skills activity, poster paper and markers for the healthy/unhealthy activity, a laptop or TV with access to the internet to watch YouTube videos on, and sticky notes for the warm-up activity. A guest speaker with specific experience related to prescription drugs is also beneficial however not required for the week 7 lesson for approximately one hour. A guest speaker with professional experience related to helping individuals with substance use issues is an option for an alternative activity, being beneficial however not required for the week 7 lesson for approximately 30 minutes to one hour. If a guest speaker is available, they could facilitate their presentation in place of the poster making activity and the media advertisement videos activity.

The original Rebound Choices prescription drug lesson consisted of watching one of two suggested educational videos about prescription drugs, followed by a group discussion about the dangers of prescription drugs and how present they are within the youth’s community. The prescription drug information sheet was used to help guide this conversation. The final component of this lesson included a word search filled with refusal skills for the youth to complete.

The new lesson incorporated some of the aspects of the original lesson into it, such as developing word searches about side effects of prescription drugs rather than refusal skills, and using the prescription drug information sheet to develop the answers for the newly designed prescription drug quiz. The prescription drug information sheet can be used to facilitate a more in-depth conversation with the youth regarding up-to-date, accurate information in relation to using prescription drugs. Novel additions made to the prescription drug lesson include: showing a prescription drug advertisement video followed by a group discussion, the quiz, the discussion about how prescription drugs fit into different categories and produce differing effects, the healthy and unhealthy use of prescription drugs activity, and the interactive refusal skills candy activity along with the informational posters. Also the recap of the lesson, ‘What would you do’ was redesigned to provide more realistic, age appropriate scenarios for the youth to consider.

**Design**

The Rebound Choices program is designed to be implemented over 10 lessons, with one lesson lasting for two hours and occurring once a week. The lessons occur at the same time each week and the youth are instructed to attend every lesson. The program is intended to be implemented in a classroom setting, either in a school or a community agency. The Choice
program can be delivered by a trained facilitator anywhere within the counties of Lanark, Leeds or Grenville, in a positive and non-distracting environment. The youth were assigned to a seat at a circle table, if available, made up of typically four youth and two community volunteers, who were titled ‘Table Coaches’ for the program. The ideal number of youth in a group was 12, however this number is flexible depending on the availability of volunteers, with the goal ratio of one table coach to every two youth.

The prescription drug lesson and feedback questionnaire was delivered to two separate groups in hopes of gaining maximum possible feedback. The first group that the prescription drug lesson was delivered to consists of nine youth between the ages of 12 and 19 and this lesson was presented on November 21st, 2016. The second group of youth that the prescription drug lesson was delivered to was made up of 13 youth between the ages of 12 and 13 and this lesson was presented on December 8th, 2016.

The feedback gained through the participant questionnaire was reviewed and discussed with the program facilitator. The questionnaire was reviewed to determine if the information was interesting, up to date, age-appropriate, and useful for the youth. If the youth provided feedback highlighting that the information was not interesting, up to date, age appropriate, or useful, the content could be modified by the program facilitator accordingly. This feedback also allowed the youth to highlight any activities they really enjoyed, making it more likely that those specific activities would continue to be implemented in future programs. This was also possible with activities that the youth did not enjoy, potentially resulting in the activities being implemented less often in the future.

The feedback gained through the facilitator feedback form was used to determine how engaged the youth appeared to be in each individual activity, how the information was delivered, and any changes the facilitator could make. This feedback was considered and incorporated into the lesson content as needed to assure the prescription drug lesson was as engaging and useful for the youth as possible.

The prescription drug lesson occurred during the seventh week of the program and was two hours in length, with a ten minute break halfway through. The lesson topics of Rebound Choices include: communication, decision making, goal setting, team work, alcohol, marijuana and coping skills, relationships, prescription drugs, self-respect, and social media and risk taking. Each week of the program a new topic was of focus, which influenced the discussions and activities presented in the lesson.

Every lesson began with reviewing the goal, followed by a warm-up activity, which in this lesson was a game titled ‘Name Scrabble’, positives and thankfuls, talks/presentations, wall of fame, goal setting, and a recap from the previous lesson. Activities and discussions restructured for the purpose of this thesis project include the prescription drug advertisements (YouTube videos), the prescription drug categories discussion, healthy versus unhealthy use of prescription drug chart paper discussion, refusal skills role play with candy, and the group posters stating reasons not to use prescription drugs. The manual incorporates delivering content to the youth in a variety of ways such as: videos, group discussions, games, written activities, hands on practice through acting, and visually through creating posters. Each activity presented in the lesson lasts for approximately 10-20 minutes to help keep the youth engaged and interested in the content being delivered. A break was taken halfway through the session, which was when the youth had a chance to socialize with the other youth and adults, get a snack, use the restroom, and use their cell phones.
Measures

Two Prescription Drug Lesson Questionnaires were designed to be implemented, one with the participants and one with the facilitator. These questionnaires were designed to gain feedback on how interesting, up to date, useful, and age appropriate the restructured prescription drug content was and any recommendations for future change. The questionnaires are made up of rating scale statements and short answer questions. These questionnaires were delivered to the youth and to the program facilitator in week seven of the Rebound Choices program at the end of the prescription drug lesson.
Chapter IV: Results

Part One: Training Manual

Lesson #7: Prescription Drug Training Manual can be found in Appendix D. This training manual will be a component of the Rebound Choices Programming Manual and is available to program facilitators as an alternative delivery approach to the prescription drug lesson. The manual intends to provide youth who are at high-risk of using substances with interesting, engaging, and educational information about the dangers of prescription drug use and skills to refuse using them. The manual includes: an overall agenda of the lesson, a list of required materials, an activity schedule of content including alternative activities, and the various handouts required for the prescription drug lesson.

Part Two: Feedback Questionnaires

The participant feedback questionnaire was designed to evaluate the youth’s engagement and interest levels in the content of the lesson, to determine how useful it will be to the youth in the future, and to collect any additional feedback on the lesson. Of the seven youth who were present for the prescription drug lesson, six youth were able to provide feedback based on having received consent for those youth. The participant feedback questionnaire rating component consisted of seven statements with participants selecting one of three options on a Likert-type scale, including “unsure,” “agree,” or “strongly agree” as the rating options. The feedback questionnaire also included five open-ended questions as a means to gain written feedback. Table 1 presents a condensed form of the raw data regarding the youth’s responses to the rating portion of the feedback questionnaire.
### Table 1. 
*Participant Feedback Questionnaire Summary*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Participant’s Total Agreement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was interested in what we learned today.</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td></td>
<td>33.33%</td>
</tr>
<tr>
<td>The information taught was up-to-date.</td>
<td>16.67%</td>
</tr>
<tr>
<td>I will use this information in other parts of my life.</td>
<td>33.33%</td>
</tr>
<tr>
<td>I understood the topic being taught.</td>
<td>16.67%</td>
</tr>
<tr>
<td>I know the difference between using prescription drugs and abusing them.</td>
<td>33.33%</td>
</tr>
<tr>
<td>I learned ways to say no to prescription drug use when it is not needed.</td>
<td>16.67%</td>
</tr>
<tr>
<td>There are more things I should have learned about prescription drugs.</td>
<td>16.67%</td>
</tr>
</tbody>
</table>

Overall, all youth participants either agreed or strongly agreed that they understood the information being taught in the prescription drug lesson, they reported to know the difference between using and abusing prescription drugs, and they learned ways to say no to prescription drugs when they are not taken as prescribed. Some youth (33%) reported being unsure if they were interested in the prescription drug lesson and if they will use the information being taught in other parts of their lives, while the remaining youth (66%) either agreed or strongly agreed to both of these evaluated statements. In addition, 17% of the youth disagreed, while the remaining
84% of the youth either agreed or strongly agreed that the information taught in the prescription drug lesson was up-to-date. The feedback displays scattered results regarding the inclusion of all relevant materials, with 67% of the youth strongly agreeing that there were more things that they should have learned about prescription drugs, 17% disagreeing and 17% reporting that they were unsure.

During the written feedback aspect of the participant questionnaire, the youth were asked the aspects of the prescription drug lesson the liked the most. Their written responses described activities including: “making the drug abstinence posters,” “practicing the refusal skills with the candy,” “learning ways to say no and other things to do,” “learning the different effects of prescription drugs,” and one youth reported liking that they “now know that it is not right.” When asked to provide feedback on the part of the lesson the youth liked the least, three youth reported nothing, one youth reported liking everything, one youth reported not liking the message not to do drugs, and one youth reported the drug part was the part they liked the least.

Two youth reported finding everything useful in the lesson, while the others reported finding the healthy versus unhealthy use activity useful, the refusal skills activity, and one youth found it useful learning about what could happen to you after using any type of drug. Alternatively, one youth when asked what part of the lesson found to be most useful, they responded that they didn’t learn anything they didn’t already know. When asked the least useful aspect of the lesson, one youth reported the entire lesson, one youth highlighted the medical marijuana use information, and one youth reported the posters with the remaining youth lacking to identify an aspect of the lesson.

When the youth were offered an opportunity to make any changes to the lesson, one youth suggested “updating everything,” one youth suggested “more candy,” and the remaining youth did not provide any suggestions. The additional comments reflect one youth’s desire for the information to be updated, with the remaining youth reporting have enjoyed the prescription drug lesson presented.

The facilitator feedback form was completed by two individuals, the program facilitator, and the youth addictions counsellor, both of whom present and engaged during all ten lessons of the program. The facilitator feedback questionnaire consisted of three evaluations aspects, two sets of Likert-type rating scale questions and one set of open-ended questions. The first rating set of questions was designed to evaluation the youth’s engagement levels in each activity presented during the lesson, with the scale being “not engaged at all,” “fairly engaged,” and “fully engaged.” A summary of the raw feedback data regarding the youth’s engagement levels in each individual activity implemented is presented in Table 2.
Table 2.
Facilitator Feedback Summary: Activity Engagement Level

<table>
<thead>
<tr>
<th>Activity</th>
<th>Engagement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Engaged At All</td>
</tr>
<tr>
<td>Media Advertisement: Drug Commercial</td>
<td>50%</td>
</tr>
<tr>
<td>Quiz/Information Delivery</td>
<td>50%</td>
</tr>
<tr>
<td>Healthy Versus Unhealthy Use</td>
<td></td>
</tr>
<tr>
<td>Refusal Skills</td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td>50%</td>
</tr>
</tbody>
</table>

Of the activities implemented during the prescription drug lesson, there were no activities identified by the facilitators that the youth display zero engagement levels in. Alternatively, both facilitators identified the youth to be fully engaged during the healthy and unhealthy use activity, and the refusal skills activity, which both facilitators reported a rating higher beyond that of fully engaged. The facilitators reported the youth’s engagement levels to range from fairly engaged to fully engaged during the media advertisement video, prescription drug quiz and information discussion, as well as the poster making activity.

The second Likert-scale component of the feedback evaluation form asks the facilitator to evaluate seven varying learning outcomes of the prescription drug lesson on a scale ranging from “strongly agree” to “strongly disagree.” A summary of the raw feedback data regarding the learning outcomes of the prescription drug lesson is presented in Table 3.
Table 3.
Facilitator Feedback Summary: Learning Outcomes

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agreement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and decision making skills were implemented into the lesson.</td>
<td>50% 50%</td>
</tr>
<tr>
<td>The youth can generalize the information to other situations in their lives.</td>
<td>50% 50%</td>
</tr>
<tr>
<td>The information was appropriate for this group of youth.</td>
<td>100%</td>
</tr>
<tr>
<td>The timing of the activities flowed together well.</td>
<td>100%</td>
</tr>
<tr>
<td>The information was straight forward and easy to understand.</td>
<td>100%</td>
</tr>
<tr>
<td>Appropriate refusal skills were taught to the youth.</td>
<td>50% 50%</td>
</tr>
<tr>
<td>There were topics related to prescription drugs that were not addressed.</td>
<td>100%</td>
</tr>
</tbody>
</table>

Overall, both facilitators reported that all seven of the learning outcomes were achieved successfully. While both facilitators agreed that the information was straight forward and easy to understand, they did not strongly agree upon this component, highlighting room for
improvement. Both facilitators strongly agreed that the information was appropriate for the target age group and that the timing of the activities flowed well together. The third component of the facilitator feedback questionnaire included three open-ended questions related to the usefulness of the material presented and any recommended alterations to be made to the lesson content. When the facilitator’s were asked to highlight which aspect of the lesson appeared to be most useful to youth, they both responded with the refusal skills activity, stating that “it let the youth experience pressure and practice saying no in different ways in a supportive environment.” When asked what part of the lesson appeared to be the least useful to the youth, one facilitators reply consisted of “none,” while the other facilitator reply consisted of “I think the entire lesson plan was beneficial to the youth.” When asked to recommend changes to be made to the lesson, one facilitator suggested to change the order of the quiz and the drug categories, as well as cut down on some of the information presented in the answer component of the quiz for younger group.

Almost all of the ratings and comments recorded on the feedback questionnaires were positive. The rating’s stated that the content was interesting and useful to the target youth in their everyday lives, as well as informational, with the exception of one youth. All of the youth reported learning ways to refuse prescription drugs, however most of the youth highlighted that there is additional information that should have been presented related to prescription drugs. One future recommendation includes alternating the order of the prescription drug quiz and the categories, to allow for easier comprehension of the information for younger populations. Overall, the feedback received from the participant and facilitator questionnaire’s represented a positive review of the Prescription Drug lesson manual.
Chapter V: Discussion

Overview

Substance use amongst today’s youth is a growing societal concern. As youth, substances are often consumed for experimental or recreational purposes and are easily accessed due to being legal accompanying a prescription. This is a concern due to the negative impact of prescription drugs resulting in impairing behavioural and neurological development throughout adolescence (Compton & Volkow, 2006), respiratory failure resulting in a coma, and sometimes death or suicide (Coordinator Handbook, 2014). Due to the high risk dangers associated with substance use, the developmental phase youth are in, and the availability of substances, particularly prescription drugs, it is essential youth are educated regarding their dangers and are taught life skills to avoid misusing them. The purpose of the current project was to redesign the skills and activities delivered in the prescription drug lesson of the Rebound Choices program to be delivered in a more interesting, engaging, and up-to-date manner. According to the participant feedback questionnaire, the majority of the youth found the lesson successful when delivering up-to-date content. In addition, all of the youth reported to have learned ways to say no to using prescription drugs recreationally, with one youth highlighting this as their favourite part of the lesson, and all youth reported to be interested in the lesson content, with one youth stating they most enjoyed learning the different effects that different medications have on the body. In support of the youth enjoying the lesson, the facilitators reported the youth to be engaged in all of the activities that were delivered.

Based on the results of the feedback questionnaires, the prescription drug lesson provides the Rebound Choices program with new and interesting ways of delivering content to youth to help them develop knowledge regarding the dangers of prescription drugs and skills to avoid abusing them. The youth reported to have learned the difference between prescribed and non-prescribed use of medication. The Rebound Choices program continues to serve as a preventative measure in an attempt to reduce youth substance use in local communities. By strengthening the content and delivery style of the prescription drug lesson, youth can continue to be educated in a positive and engaging environment to build the life skills required to make healthy, informed choices regarding substance use. It was hypothesized that using this manual to deliver the prescription drug lesson would allow for the delivery of a more engaging and informative lesson to the youth participants while allowing the facilitators to feel more confident in the information that they are presenting. Based on the feedback gathered through the youth and facilitator questionnaires, the hypothesis of the current study was proven to be true.

Strengths

A strength of this study included the youth reported to have learned ways to avoid abusing prescription drugs and that they would use these skills in other parts of their lives. This finding within the current project of focus was previously supported by Smythe (2013) who found that youth whom participated in the Rebound Choices program reported that they increased their knowledge related to varying substances, and learned ways to avoid using these substances. When referring to the literature, effective components of a youth substance use prevention program include: incorporating risk and protective factors, content being relevant to youth’s present developmental stage, recognizing and dealing with peer pressures to use substances, personal and social skills training, accurate information regarding current rates of substance use and the current dangers associated with use, being interactive, being culturally and age sensitive, the content is reinforced frequently, the facilitators being thoroughly trained, and identifying
safe, proper use of prescribed medications and unsafe use (Botvin & Griffin, 2007; Hecht & Krieger, 2006; Prevention Strategies, n.d.). The redesigned Prescription Drug lesson of the Rebound Choices Programming Manual addresses and incorporates all of these effective components into the content and the delivery approach of this content, making this a major strength of the present study. The feedback gained from the questionnaires highlights that these evaluation measures were effective as measuring what they were designed to measure, displaying strong reliability. This manual is strengthened through its consistency with the delivery approach of the currently supported Rebound Choices program which is empirically supported and widely delivered throughout the province. The structure of lesson is reflective of the format of the ten lessons delivered through the ten week program. This format includes delivering activities in a variety of forms, including: group discussion, role-plays, behavioural rehearsals, written work, handout activities, arts/creative activities, and videos. Delivering the content through different approaches allows youth with different learning styles multiple opportunities to retain the information being presented.

A major strength of this manual includes having the option to alter the activities and schedule of the lesson to be more appropriate for the population, taking into consideration the youth’s age range and maturity levels. The information delivered was amongst some of the most current concerns regarding local prescription drugs, being very beneficial for youth to be aware of the dangers they could potentially encounter in their everyday lives. As supported within the literature, making the programming age and developmentally appropriate is an essential component of creating an effective substance use prevention program (Botvin et al., 2007; Hecht & Krieger, 2006; Prevention Strategies, n.d.). This was demonstrated within this study as the activities were selected specifically based on the needs and maturity levels of the youth in that specific group. The six youth who completed the evaluation forms were of varying ages within the target age population; however the activity material was easily adapted to suit all youth needs and generalized to situations in all of the youth’s lives, which is a major strength and benefit for facilitators.

**Limitations**

The facilitator feedback form regarding the youth engagement levels in the activities only had three Likert-scale options to choose from: 1 representing “not engaged,” 2 representing “fairly engaged,” and 3 representing “fully engaged”. When asked to evaluate the refusal skills activity, both facilitators reported wanting to rate this activity higher than a 3 but this was not an option according to the rating scale. To allow for more representative evaluation of the engagement levels in each activity, the scale should have consisted of 5 rating scale options instead of 3. In addition, the sample size for the facilitator feedback questionnaire consisted of two facilitators, highlighting a limitation within the project. In addition, one of the six youth had completed this program three times prior to the current program being implemented. This may have impacted the self-report data collected through the youth evaluation form, when one youth reported that the information needed to be updated.

Due to there being a lack of a control group or a pre-post evaluation, it is difficult to determine or comment on the extent of learning that occurred in the new lesson compared to the original lesson delivered in Rebound Choices. Ethical issues to be mindful of when creating this manual include being aware of religious values due to the program being implemented within a Catholic school board. Due to the environment, and the content being delivered within the environment, it was important to alter any materials that did not align with the values of the school such as material promoting same-sex relationships.
Multilevel Challenges
When providing any kind of service to individuals, there are going to be challenges that arise. Throughout the implementation of this current study, a variety of challenges were encountered, including those faced at the client, program, agency, and societal level. Client level challenges include youth being under the influence of marijuana while attending the substance use program; youth being motivated to attend the program to receive the reward of a $50.00 gift card, however lacked motivation and participation throughout the session; and parents being resistant to allow their child to partake in a program that not every student is selected for. A major challenge at the program level includes Rebound Choices often being implemented in a school setting and having to find committed volunteers available for a 10-week time period for two-three hours throughout the school/work day to help deliver the program to the best of its ability. A challenge identified at the agency level included a youth being serviced by the youth counsellor of the Rebound Choices program, as well as a counsellor at the neighbouring youth agency. This resulted in the youth choosing services at one agency over the other and both youth counsellors engaging in a conversation regarding how to service youth in the future. A major challenge and barrier to program delivery presented at the societal level includes resistance from many school boards, except the Catholic school board, to implement Rebound Choices in schools during class time as a preventative measure to youth substance use.

Implications for the Behavioural Psychology field
Rebound Choices is currently being implemented more and more frequently within classrooms of the Catholic School Board of Eastern Ontario. It would be beneficial to all students to be required to receive the information regarding life skills and substances delivered through the Rebound Choices program as a preventative measure to substance abuse. Sarnia-Lambton Rebound is the organization that oversees the implementation of all Rebound and Rebound Choices Program’s that are delivered throughout Ontario. Sarnia- Lambton Rebound is responsible for providing all facilitator’s of the program with the facilitator’s handbook, which consists of all content delivered in each session. The organization is interested in reviewing the manual created and results collected for the present study to determine if the novel activities will be included in the official manual and implemented with future programs.

Recommendations for Future Research
To strengthen the current study, future evaluation could be conducted to determine the youth’s engagement levels in substance use and their attitudes/beliefs related to substance use. A pre-test evaluation of these variables would be beneficial to determine any recorded changes before the youth engaged in the program and after the program was completed. Alternatively a control group could have been incorporated into the studies design to help compare the results of the program. Implementing the current study with a larger sample size could allow for greater amount of data to be gathered, enhancing further statistical analysis. This would provide greater support towards the implementation of Rebound Choices program as a preventative measure to youth substance use. In the future, it could add depth to the study to incorporate a review of the youth’s results on the prescription drug quiz that they complete in session to determine their knowledge acquisition of the topic. In addition to the content currently provided, it would be beneficial for youth, especially at-risk youth, to understand the use of medications in relation to mental illness, the side effects of the medications, and the risks of not taking a prescribed medication for a mental health need. The content currently provided in the Prescription Drug Lesson is informative for youth; however the inclusion of this additional information can only strengthen the lesson and deepen the youths understanding of the safe and dangerous uses of
prescription drugs, as well as remove the stigma associated with medicating for mental illnesses. Future research could look further into behavioural solutions for common medical concerns such as pain and insomnia, and incorporate these into the presentation for the youth. Another component that could be added to the Rebound Choices program could be a parenting informational session component which could teach parents about the current risks within youth substance use, how to monitor your youth’s usage of prescription medication and to how to safely store it in the home. This session could also focus on skills building for the parents to use when communicating with the youth regarding potential or current use of prescription drugs.
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Burlington, VT: University of Vermont, Dept. of Psychiatry.


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Health Information Sheet: Bootleg Fentanyl (2016) KFL&A Public Health


Appendix A
CONSENT FORM (over 16)

Project title: A Programming Manual for Rebound Choice: Modifying Prescription Drug Lesson Content in a Youth Skill Building Program

Principal Investigator (Student): Brittany Smith
Supervisor: Sarah McCue
Institution: St. Lawrence College
Agency: RNJ Youth Services

Invitation

You are being invited to take part in a research study. I am a student in my fourth year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at RNJ Youth Services. As a part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want to take part.

Why is this research study being done?

The current Rebound Choices program content includes a prescription drug lesson during week 7 with content that is out of date and not very engaging or useful for youth ages 12-19. The content during the week 7 prescription drugs lesson is being updated to reflect current research and information. This research is being completed to determine if this updated content is useful, applicable, and interesting to youth.

What will you need to do if you take part?

If you choose to take part in this study, you will be asked to engage in the new discussions and activities that will be presented during the two hour lesson in week seven. After taking part in the lesson, you will be asked to complete a 5 minute questionnaire to evaluate the content of the lesson based on a variety of factors, some including how much you enjoyed it, how useful the content was, if it was age appropriate content, etc.

What are the potential benefits to you if you take part?

A potential benefit of taking part in this research study includes having the opportunity to gain more knowledge related to prescription drug abuse as well as learning skills to make informed choices about engaging in drug use, as well as understanding the risks of abusing prescription drugs. You may also benefit by feeling good about contributing to the development and delivery of a novel program.
What are the potential benefits of this research study to others?

A benefit of this research for others could be the opportunity to influence future programming through completing the evaluation, allowing additional youth to benefit from a more modern, interesting, and useful delivery of prescription drug awareness content.

What are the potential disadvantages or risks to myself if I take part?

The risks to participating in this research are minimal, however you may experience slight discomfort with the content of the questions that are to be answered after the delivery of the lesson.

What happens if something goes wrong?

If you have any negative concerns or experiences related to the prescription drug lesson content or its delivery style, please feel free to inform your table coach or the program facilitator so that they can accommodate your needs in any way possible. If you do not feel comfortable addressing these concerns with either the table coach or facilitator, the youth addictions counsellor would be happy to meet with you at any point during the Rebound Choices program or after it is completed.

Will the information you collect from me in this project be kept private?

The information of all youth gathered by the placement student will remain confidential unless it is required to be shared by law. The name of the youth will not be present on any information gathered or recorded and any identifying information will be altered or removed. The name of the agency will also not be presented within the research, just the type of agency will be described. The youth’s name will not be required to be recorded when they complete the questionnaire after the prescription drug lesson, just their age will be. A policy of the program involves not contacting the youth outside of the program, allowing the youth their privacy and confidentiality when present in the community. The computer files that contain data related to the youth will be kept in a password protected file on a secure, password protected computer. Data collected related to the research will be kept securely for 7 years at St. Lawrence College, and then will be destroyed. Also consent forms will be kept at St. Lawrence College for 10 years past the 18th birthday of the participant. The youth’s name or other identifiers will not be used on any reports, publications, or presentations resulting from this project.

Do I have to take part?

As you are currently enrolled in the Choices program, you have the option to take part in the evaluation of the prescription drug lesson. Your participation in the evaluation is not mandatory, and if you provide consent to evaluate the lesson, you have the option to withdraw your consent at any point in time throughout the program without giving a reason and without experiencing any penalty or negative effects. If you choose to revoke your consent to evaluate the lesson content, it is asked that you inform the
facilitator. If you decide not to take part in the evaluation of the prescription drug lesson, your access to the Rebound Choices program and its typical delivery style will not be impacted.

**Contact for further information**

This research project has received ethical clearance from the Research Ethics Committee for Behavioural Psychology (REC-P) under the authority of the St. Lawrence College Research Ethics Board (SLC-REB). The project was developed under the supervision of Dr. Leah Todd, my supervisor from St. Lawrence College. I appreciate your cooperation and if you have any additional questions, feel free to ask me, bsmith02@student.sl.on.ca. You can also contact my College Supervisor, leahmtodd@gmail.com. If you have concerns about the way this research is being conducted or about your rights as a participant you may contact the SLC-REB Chair at reb@sl.on.ca.

**Consent**

If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. We will keep an additional copy of your consent at St Lawrence College.

By signing this form, I agree that

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions I have about the study.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent for myself, __________________________________________, to take part.

_________________________  __________________________  ___________
Participant Printed Name    Signature of Participant        Date
Appendix B

CONSENT FORM (under 16)

Project title: A Programming Manual for Rebound Choice: Modifying Prescription Drug Lesson Content in a Youth Skill Building Program

Principal Investigator (Student): Brittany Smith

Supervisor: Sarah McCue

Institution: St. Lawrence College

Agency: RNJ Youth Services

Invitation

Your child is being invited to take part in a research study. I am a student in my fourth year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at RNJ Youth Services. As a part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your child’s help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want your child to take part.

Why is this research study being done?

The current Rebound Choices program content includes a prescription drug lesson during week 7 with content that is out of date and not very engaging or useful for youth ages 12-19. The content during the week 7 prescription drugs lesson is being updated to reflect current research and information. This research is being completed to determine if this updated content is useful, applicable, and interesting to youth.

What will your child need to do if s/he takes part?

If you choose to allow your child to take part in this study, s/he will be asked to engage in the new discussions and activities that will be presented during the two hour lesson in week seven. After taking part in the lesson, s/he will be asked to complete a 5 minute questionnaire to evaluate the content of the lesson based on a variety of factors, some including how much s/he enjoyed it, how useful the content was, if it was age appropriate content, etc.

What are the potential benefits to your child if they take part?

A potential benefit of taking part in this research study includes your child having the opportunity to gain more knowledge related to prescription drug abuse as well as learning skills to make informed choices about engaging in drug use, as well as understanding the risks of abusing prescription drugs. Your child may also benefit by feeling good about contributing to the development and delivery of a novel program.
**What are the potential benefits of this research study to others?**

A potential benefit of this research for others could be the opportunity to influence future programming through completing the evaluation, allowing additional youth to benefit from a more modern, interesting, and useful delivery of prescription drug awareness content.

**What are the potential disadvantages or risks to my child if s/he takes part?**

The risks to participating in this research are minimal, however your child may experience slight discomfort with the content of the questions that are to be answered after the delivery of the lesson.

**What happens if something goes wrong?**

If your child has any negative concerns or experiences related to the prescription drug lesson content, or its delivery style, please feel free to inform the program facilitator so that they can accommodate your child’s needs in the best way possible. If your child does not feel comfortable addressing these concerns with the facilitator, the youth addictions counsellor would be happy to meet with him/her at any point during the Choices program or after it has been completed.

**Will the information you collect from my child in this project be kept private?**

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**Does my child have to take part?**

As your child is currently enrolled in the Choices program, s/he has the option to take part in the evaluation of the prescription drug lesson. Your child’s participation in the evaluation is not mandatory, and if you provide consent for them to evaluate the lesson, you have the option to withdraw your consent at any point in time throughout the program without giving a reason and without experiencing any penalty or negative
effects. If you choose to revoke your consent for your child to evaluate the lesson content, it is asked that you inform the facilitator. If your child decides not to take part in the evaluation of the prescription drug lesson, their access to the Rebound Choices program and its typical delivery style will not be impacted.

Contact for further information

This research project has received ethical clearance from the Research Ethics Committee for Behavioural Psychology (REC-P) under the authority of the St. Lawrence College Research Ethics Board (SLC-REB). The project was developed under the supervision of Dr. Leah Todd, my supervisor from St. Lawrence College. I appreciate your cooperation and if you have any additional questions, feel free to ask me, bsmith02@student.sl.on.ca. You can also contact my College Supervisor, leahmtodd@gmail.com. If you have concerns about the way this research is being conducted or about your rights as a participant you may contact the SLC-REB Chair at reb@sl.on.ca.

Consent

If you agree to allow your child take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. We will keep an additional copy of your consent at St Lawrence College.

By signing this form, I agree that

✓ The study has been explained to me.
✓ All my questions were answered.
✓ Possible harm and discomforts and possible benefits of this study have been explained to me.
✓ I understand that I have the right not to participate and the right to stop at any time.
✓ I am free now, and in the future, to ask any questions I have about the study.
✓ I have been told that my personal information will be kept confidential.
✓ I understand that no information that would identify me will be released or printed without asking me first.
✓ I understand that I will receive a signed copy of this consent form.
I hereby consent for my child, ________________________________, to take part.

______________________________________________________________________

Parent/Guardian Name  Signature of Parent/Guardian  Date

______________________________________________________________________

Participant Printed Name  Signature of Participant  Date
Appendix C

CHILD ASSENT SCRIPT

Hi. My name is Brittany, and I am a student at St. Lawrence College. I am doing a research project and I would like your help. If you take part in my project, you will help me evaluate the newly designed prescription drug lesson that is a part of the Rebound Choices program. I hope that by gaining feedback from yourself, other youth, and the facilitator, I can make any changes needed to the lesson to assure it is more interesting and engaging for the future youth who take the program. If you ever have any problems and need to talk, you can contact myself or your facilitator, Sarah McCue. You are free to take part or not. If you would like to stop at any time, just let myself or Sarah know.

Do you have any questions?

______________________________________________________________________

Would you like to start?

______________________________________________________________________
Lesson #7 – Prescription Drugs

AGENDA
Welcome, Agenda, Goal
Warm-Up
Positive/Thankfuls
Talks/Presentations
Wall of Fame
Goal Setting
Recap
Group Discussion
Drug Advertisement
Intro to Prescription Drugs: Quiz
Prescription Drug Categories
Break
Healthy vs Unhealthy Use
Refusal Skills
Posters
Journals
Evaluation/Reminders/Closing

CHECKLIST
☐ Candy for refusal skills
☐ Sticky notes for warm-up
☐ Info sheets on prescription drugs
☐ Poster paper
☐ Handouts
☐ Videos
☐ Journals
Lesson #7 – PRESCRIPTION DRUGS

4:00 Welcome, Agenda, Goal

**Goal:** To introduce the dangers of prescription drugs.

4:05 Warm-Up: Name Scrabble

Have everyone write out their names on sticky notes, writing 1 letter/paper. The group must then connect their names as if they were playing scrabble, making as many connections as possible.

4:15 Positives/Thankfuls

Go around the room and have each participant give one positive/thankful from the past week.

4:20 Talks/Presentations

4:25 Wall of Fame

Present participants with their nominations and ask them to place it on the Wall of Fame.

4:25 Goal Setting

Have participants mark down if they achieved the goal they set last week and have them set another goal for this coming week.

4:30 Recap: What would you do?

Have the youth discuss 3-4 scenario as a group and have them record some solutions. Discuss these solutions as a larger group with all tables.

4:35 Drug Advertisement

https://www.youtube.com/watch?v=ffZUHWG66EA

Have the youth watch the YouTube video about prescription drug advertisements and then discuss it as a large group. Ask the youth questions such as:

- What kinds of prescription drugs have you seen in commercials before?
- How was this commercial similar/different than ones you typically see?
- Highlight how prescription drug commercials all seem to present the medicine in a positive way and reduce the focus on the negative side effects.
- This leaves us needing to learn the dangers about prescription drugs on our own.

4:45 Prescription Drug Quiz

Have each youth complete the quiz individually, followed by taking up the answers as a group. Refer to the quiz answer sheet as needed.
5:00 Prescription Drug Categories

As a group, discuss and record on poster paper the 3 types of prescription drugs, what they are used for, and common examples of each type.

- **Stimulants**: Makes your bodies functioning speed up
  Examples = Caffeine, Nicotine, Cocaine, Energy Drinks, Ritalin, etc.
- **Depressants**: Makes your bodies functioning slow down
  Examples = Alcohol, Sleeping pills, seizure medication, Xanax, etc.
- **Opioids**: Tricks your body into not feeling pain
  Examples = Oxycodone, Morphine, Fentanyl, etc.

5:05 BREAK

5:15 Healthy vs. Unhealthy

Have two pieces of chart paper titled “Healthy” and “Unhealthy” hanging around the room. As a group, discuss and record ways in which prescription drugs can be consumed in a healthy manner versus an unhealthy manner. After completing the chart papers, emphasize that when used as prescribed, prescription drugs use can be effective and healthy however when used in ways other than prescribed, prescription drugs use can be unhealthy, dangerous, and addicting.

5:20 Refusal Skills

Have the youth review the refusal skills handout in the table binders as a reference. The program coordinator will call up youth who volunteer one at a time and will offer them the smaller candy persistently in a variety of ways for at least one minute. If the youth can come up with a variety of ways to refuse the smaller candy throughout that minutes time, they successfully refused the drug and as a reward get to select a larger candy bar or bag of candy. If they cave and say yes to the “pill” candy, they do not actually get any candy and you move onto the next volunteer. Highlight that by resisting the smaller reward, it resulting in gaining bigger and more rewarding things.

5:25 Posters

Assign each table one of the three categories of drugs and have each youth individually design a visually creative poster including reasons to not use prescription drugs. After creating them, allow each table to present what information they put on their poster and why they put it on there.

5:50 Journals

5:55 Evaluation/Reminders/Closing

- Ask if anyone has any questions about anything discussed this evening.
- Did we meet our goal for the evening? What was the point of the evening?
- Talks/presentations reminder. Ask for volunteers to do their talk/presentation next week. You can bring in a written presentation or you can pick a topic out of the jar.
- Congratulate group on participation and cooperation.
- Remove nametags.
- See you next week!
Activity Alternatives

**Choices Video** (5 minutes) [https://www.youtube.com/watch?v=md-vI1zrYc8](https://www.youtube.com/watch?v=md-vI1zrYc8)

Emphasize how each decision that we make, we are responsible for, and how in the long run our choices will define our lives. Remember to make smart choices and to consider the people who mean the most to you when making important choices.

**Relaxation Exercise** (5 minutes)

Have the Youth Counsellor lead an exercise out of the relaxation hand book.

**Side Effects Word Search** (10-15 minutes)

**Guest Speaker** (30-60 minutes)

**Commercial** (10 mins)

[https://www.youtube.com/watch?v=3Hnldf3z4bY](https://www.youtube.com/watch?v=3Hnldf3z4bY)

Play this commercial for the youth but have them only listen to it the first time.

- Ask them what they noticed in the commercial from just listening.

Then, play the commercial again for the youth but have them watch and listen to the commercial this time.

- Ask them if they noticed anything different after seeing the video.

Highlight how listening to the video puts more of an emphasis on the side effects and appears more negative and boring but watching the video you have a better understanding because you see a situation you can relate to and it is more interesting to watch. This shows how the story being told in a commercial can distract you from the dangerous side effects being presented.
Appendix E

Side Effect Word Searches

Depressant Side Effects

Find the following words in the puzzle. Words are hidden ← → ↑ ↓ and ↙ ↘.

CONFUSION  FEVER  RELAXED MUSCLES
DEPRESSION  IMPAIRED JUDGEMENT  SLURRED SPEECH
DILATED PUPILS  INTOXICATION  WEEKER BREATHING
DIZZINESS  IRRITABILITY  
DROWSINESS  LOW BLOOD PRESSURE  
FATIGUE  LOW MOTIVATION  

LIZNOISSERPEDALHEREWWMOC
UVVPLMMMTOVJNOSUSFNOCN
SFXNOITAVITOMWOLJUDAKLU
LGEUGITAFQIRMCHRZYSLJSDG
IXHCRLLOWBLOODBLOODPRESSUREP
PDNVQSBBSLURREDSPEECHDI
UGNIGHTAERBREKAEWPAAGBW
PXRUNUGGWETRDROWSINESSS
DYNTBTIRRITABILITYOJGJA
ENOITACIXOTNIRHSGSOFDVE
TZIDLJSJIMVHWGAKXJVBJVIY
AJOBHFEVERZIPFRULHWKCEQ
LTDLYXNHSSGQDVMIORWJIT
IPTNEMEGDUDERIAPMIOTWQ
DDIZZINESSHVBMTAIPPLXJKF
PRELAXEDMUSCLESOMBYBJK
SOLUTION

Depressant Side Effects

......NOISERPED......
......NOISUFNOC......
S......NOITAVITOMWOL......
L......EUGITAF......
I......LOWBLOODPRESSUER......
P......SLURREDSPEECH......
UGNIHTAERBREKAEW......
P......DROWSINESS......
D......IRRITABILITY......
ENOITACIXOTNI......
T......
A......FEVER......
L......
I......TNEMEGDUDJDERIAPI......
DIZZINESS......
RELAXEDMUSCLES......

Word directions and start points are formatted: (Direction, X, Y)

CONFUSION [W,22,2] FEVER (E,6,12) RELAXEDMUSCLES (E,2,16)
DEPRESSION (W,13,1) IMPAIREDJUDGEMENT SLURREDSPEECH (E,9,6)
DILATEDPUPILS [N,1,15] (W,19,14) WEAKERSPEAKING (W,16,7)
DIZZINESS (E,2,15) INTOXICATION [W,13,10]
DROWSINESS (E,13,6) IRRITABILITY (E,7,9)
FATIGUE (W,9,4) LOWBLOODPRESSUER (E,7,5)
LOWMOTIVATION [W,16,9]
Opioid Side Effects

Find the following words in the puzzle. Words are hidden ↑ ↓ → ← and ↓ ↓.

CLAM/MYSKIN
CONFUSION
CONSTIPATION
CONVULSIONS

DIZZINESS
DROWSINESS
NAUSEA
PINPOINT PUPILS

SLOWED BREATHING
VOMITING
SOLUTION

Opioid Side Effects

Word directions and start points are formatted: (Direction, X, Y)

CONFUSION [W,18,5] DROWSINESS [E,12,3] VOMITING [SE,2,2]
CONSTIPATION [W,16,16] NAUSEA [N,16,14]
CONVULSIONS [SE,7,5] PINPOINTPUPILS [E,7,4]
Stimulant Side Effects

Find the following words in the puzzle.
Words are hidden ↑ ↓ → ← and ↘ ↙ .

ABDOMINALCRAMPS
AGGRESSION
ANXIETY
CHESTPAINS
DELIUSIONS
DILATEDPUPILS
DISTURBEDSLEEP
DIZZINESS

FLUSHEDSKIN
HALLUCINATIONS
HEADACHE
HEARTPALPITATIONS
IRRITABILITY
LOWERAPPETITE
PARANOIA
POORCONCENTRATION

PSYCHOSIS
RESTLESSNESS
SUICIDALTHOUGHTS
SWEATING
TREMORS
VOMITING
Stimulant Side Effects

ABDOMINAL CRAMPS (X:22, Y:16)
AGGRESSION (X:5, Y:15)
ANXIETY (X:1, Y:10)
CHEST PAINS (X:11, Y:2)
DELUSIONS (X:10, Y:2)
DILATED PUPILS (X:1, Y:3)
DISTURBED SLEEP (X:15, Y:16)
DIZZINESS (X:19, Y:1)

FLUSHED SKIN (X:9, Y:11)
HALLUCINATIONS (X:15, Y:4)
HEADACHE (X:15, Y:10)
HEART PALPITATIONS (X:12, Y:7)
IRRITABILITY (X:4, Y:6)
LOWER APPETITE (X:3, Y:13)
PARANOIA (X:13, Y:7)
POOR CONCENTRATION (X:21, Y:9)
PSYCHOSIS (X:1, Y:8)
RESTLESSNESS (X:4, Y:14)
SUICIDAL THOUGHTS (X:17, Y:5)
SWEATING (X:21, Y:8)
TREMORS (X:10, Y:7)
VOMITING (X:23, Y:3)
Appendix F
Prescription Drug Information Fact Sheet

What are prescription drugs? (Coordinator Handbook, 2014)
- A medicine that needs to be licensed and can only be obtained at a pharmacy through a written prescription from a registered medical practitioner.
- Over-the-counter drugs are also available at pharmacies however do not require a written prescription to be obtained.

What do they look like? (Coordinator Handbook, 2014)
Most prescription drugs come in the form of a tablet, suppositories, or capsule or liquid form.

How are they used? (Coordinator Handbook, 2014)
Through swallowing, injecting, crushing, or snorting them.

Drug Types: Stimulants, Depressants, and Opioids (Coordinator Handbook, 2014)

**Stimulants:** Makes your body's functioning speed up, increasing alertness, attention, and energy. Prescribed for narcolepsy, attention-deficit hyperactivity disorder (ADHD), and depression that has not been successfully treated by other methods.

**Depressants:** Makes your body's functioning slow down, such as breathing and heart rate. Prescribed to treat anxiety, sleeping disorders, and depression.

**Opioids:** Tricks your body into not feeling pain. Prescribed to relieve pain, often after a surgery.
Which drugs are commonly abused? (Coordinator Handbook, 2014)

Opioids
- Vicodin
- OxyContin
- Darvon
- Dilauidid
- Demerol
- Lomotil

Depressants
- Alcohol
- Nembutal
- Valium
- Xanax
- Amytal
- Seconal
- Phenobarbital

Stimulants
- Dexedrine
- Biphetamine
- Ritalin
- Concerta
- Adderall
- Coffee
- Energy Drinks

Opioids

How do Opioids make you feel? (Coordinator Handbook, 2014)
- Reduces feelings and emotions related to pain
- Euphoric effects
- Tired
- Relaxed
- Hard to concentrate
- Constricted pupils
- Slowed breathing
- Nausea
- Vomiting
- Constipated
- Decreased appetite
- Perspiration

**The way Opioids affect you depend on**: (Coordinator Handbook, 2014)

- The amount that is taken
- The frequency and length of use
- How they are taken
- Environmental factors and perceived expectations
- Development
- Previous medical or mental health conditions
- Combined use with other substances.

**Are Opioids dangerous?** (Coordinator Handbook, 2014)

- Yes
- When used without medical supervision because they decrease the areas of the brain responsible for breathing, making overdosing possible.

**Are Opioids addictive?** (Coordinator Handbook, 2014)

- When opioids are consumed as directed as a doctor, addiction is less likely to occur.

**Local Opioid Concern: Fentanyl** (Health Information Sheet: Bootleg Fentanyl, 2016)

- Fentanyl is an opioid and is 100x more potent than morphine
- When in power form, as little as 2 grains of salt of Fentanyl can have fatal effects.
- Is made on the street so there is little to no quality control.
- This year, there have been hundreds of deaths related to Fentanyl in Alberta and British Columbia, and multiple deaths noted in Ontario as well.
- You may not be aware you are consuming Fentanyl as it is commonly hidden in other forms of drugs such as cocaine, heroin, percocets, or oxycontin.
- A solution includes the naxolone kit which is used to prevent overdoses from opioids by counteracting their effects on the body, giving the individual time to get to the hospital to seek further medical attention.
Stimulants

Stimulant effects: (Coordinator Handbook, 2014)

- Increased alertness
- Increased confidence
- Increased energy levels
- More talkative
- Restless
- More excitable
- Sense of power and superiority
- Increased tension
- Nervous
- Hostility
- Aggression

How long do the effects of Stimulants occur? (Coordinator Handbook, 2014)

- The immediate effect after using lasts only a minute.
- However, the effects of some amphetamines can persist up to 12 hours.

Are Stimulants dangerous? (Coordinator Handbook, 2014)

- Yes
- If blood vessels burst in the brain, heart failure occurs, or a very high fever occurs, there is risk of overdose occurring seen through seizures, coma, and death.
- Use increases connection to dangerous behaviours, including sexually transmitted diseases, paranoia, and hallucinations.

Short Term Effects (Coordinator Handbook, 2014)

- Drowsiness
- Sweating
- Pinpoint pupils
- Trouble paying attention
- Reduced Vision
- Decreased breathing
- Nausea
- Vomiting
- Lowered appetite
- Increase anxiety
• Low energy
• Constipated
• Depression & manic feelings
• Reduced sex drive
• Death
• Miscarriage

Long Term Effects (Coordinator Handbook, 2014)

• Addiction
• Increased moodiness
• Constricted pupils (impaired night vision)
• Constipation
• Reduces sex drive
• Irregular menstrual cycles
• Problems with concentration and problem solving
• Socially, financially and emotionally damaging effects

Depressants

How do depressants make you feel? (Coordinator Handbook, 2014)

• Calms your nerves and relaxes your muscles by depressing your nervous system.

Are depressants dangerous? (Coordinator Handbook, 2014)

• Yes
• High doses can result in impaired memory, judgment and coordination, irritability, paranoia, and suicidal thoughts.
• High doses can also result in a coma or death due to overdose.
• Unlike most drugs, withdrawal can be deadly.
• Use also increases risk of high blood sugar, diabetes, and weight gain.
• Using with alcohol and other drugs can slow heart rate and breathing and result in death.
Short Term Effects (Coordinator Handbook, 2014)

- Slowed brain processing
- Slowed heart rate and respiration
- Decreased blood pressure
- Difficulties concentrating
- Confusion
- Exhaustion
- Dizziness
- Slurred speech
- Fever
- Sluggishness
- Visual disturbances
- Dilated pupils
- Impaired coordination
- Depression
- Troubles/inability to urinate
- Addiction

Long Term Effects (Coordinator Handbook, 2014)

- Depression
- Exhaustion
- Troubles with respiration
- Sexual difficulties
- Difficulties sleeping
- Irritability
- Heightened body temperatures
- Hallucinations
- Convulsions

Risks of developing a tolerance (Coordinator Handbook, 2014)

- When someone uses a substance to get “high”, the substance impacts their body and brain in a certain way. When a person continues to use a substance, it takes more and more of the substance to get the same high effects that the person once felt, because their body has adjusted to the effects of the substance. This is called developing a tolerance, which is dangerous because people end up using more and more amounts of a substance in hopes of accessing that same “high” feeling, often taking too much and overdosing.
What are withdrawal symptoms? (Coordinator Handbook, 2014)

- A physically dependent person will experience withdrawal -about six to 12 hours after last consuming a short-acting opioid, symptoms are present quickly and are more intense.
- one to three days after last consuming a long-acting opioid, symptoms are more gradual and less intense.

Symptoms of withdrawal include: (Coordinator Handbook, 2014)

- Being on edge
- Restless
- Teary eyed
- Diarrhea
- Stomach cramps
- Goose bumps
- Runny nose
- Persistent anxiety, insomnia and drug cravings

Tips to preventing an overdose (About Percs, Oxys, and other Pain Pills, 2012)

- Never use alone
- Use where help is easily available
- Never mix drugs, especially pain medication with alcohol or anti-anxiety medications
- Always take a small dose at first as a test to see how you react to the drug and its effects

Signs of an overdose (About Percs, Oxys, and other Pain Pills, 2012)

- Slower or no breathing
- Bluish skin, lips, fingernails
- Cold and clammy skin
- Body is limp
- Individual will not wake up and appears to be in a coma
- Throwing up
Steps to take if there is a possible overdose (About Percs, Oxys, and other Pain Pills, 2012)

- Look, listen and feel to assure the individual’s breathing.
- Contact 911 immediately, notify them that the situation involves an overdose to assure they have access to a Naloxone kit.
- Wait until the emergency services show up before leaving the person at risk unattended. If you have to leave the individual alone at any point, put the individual on their side in the recovery position to avoid the possibility of them choking on their vomit.
- Continue to try to wake the person and keep them awake, remind them to take frequent deep breathes if they are feeling drowsy.

Prescription Drugs and the Law

Penalties if charged with possession of a schedule 2 controlled substance as a youth: (Possession of Controlled Drugs and Substances, n.d.)

- Drug Counseling: engage in individual counseling and rehabilitation.
- Probation: complying with specific terms and report to an officer.
- Diversion: Comply with a plan designed specifically by the court.
- Detention: Could include home confinement, foster care, residential home, detention center.

Penalties if charged with possession of a schedule 2 controlled substance as an adult: (Theoharis, n.d.)

- Maximum charge if a summary penalty: a fine of $1,000 and/or 6 months in custody with a fine of $2,000 and/or 1 year in jail for reoccurring penalties.
- Maximum charge if an indictment penalty: 5 years in custody.


Call Drug Rehab Services at 1-877-254-3348 for access to a counsellor for OxyContin addiction anywhere in Canada.

Local Resources

Lanark, Leeds and Grenville Addictions and Mental Health (613-342-2262)
Leeds, Grenville Lanark District Health (613-345-5685)
Susan Yeo, RNJ Youth Services (613-342-4238)
Appendix G

What Would You Do?

Pick a few scenarios and explain what you would do in each of them.

1. You are driving all of your friends to a concert and along the way one friend starts opening beers and passing them around to everyone. What would you do?

2. You are having a slumber party with your closest friends at your house. Your parents are gone away for the night and your friends brought alcohol with them and suggested having a few drinks throughout the sleepover. What would you do?

3. You attended a party with a few friends and you have all had a few drinks. Your one friend is very against smoking marijuana, however you look across the party and see him standing in a circle of people smoking a joint and you know in the morning he would regret smoking it. What would you do?

4. You and your friends go camping and as you are sitting around the bonfire a friend pulls out a joint, lights it up and starts passing it around. What would you do?

5. You have spent a lot of time with your new boyfriend and your friends keep talking about how they rarely see you anymore. Your friends planned a special night with your favourite activities and foods to show how much they miss you. As you are getting ready to go to your friends get-together, your boyfriend says he really needs you and that you can’t leave him alone when he needs you. What would you do?
6. During your first week of high school you were invited to a big party. Your parents do not allow you to go to parties where there is alcohol so you lie to them and say that you and your friends are just going to the movies. You attend the party, have a few drinks, and have a good time. At the end of the night when you are ready to leave you realize all of your friends who you came with have already left and now need a ride home. What would you do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Your girlfriend is working for the evening and a friend texts you about going to see a movie with a large group of friends, both male and female. You text your girlfriend to let her know your plans for the night and she replies with “If other girls are going you better not be going”. What would you do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. You have a big presentation to give in class with a friend and you are both feeling nervous before it. As you are preparing and running through your parts, your friend offers you a shot of alcohol to take the edge off. What would you do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. You have been dating your partner for almost two years and just don’t feel the same way about them as you did in the beginning. You want to break up with them but they have told you before that you are the only thing they have worth living for. You are scared that if you break up with them, they will hurt themselves. What would you do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix H

Prescription Drug Quiz

Prescription Drug Quiz
1. Anyone can buy prescription drugs legally.  T or F

2. All types of prescription drugs have the same effect on the body.  T or F

3. Prescription drugs effect everyone differently.  T or F

4. Prescription drugs must be safe because they are prescribed by a doctor.  T or F

5. When a prescription runs out, it is sometimes hard to stop using the medication.  T or F

6. It is okay for me to use prescription drugs because they are legal.  T or F

7. It is possible to help someone who is experiencing an overdose.  T or F

8. There are places in my community that offer support with prescription drug abuse.  T or F

9. People who use drugs as prescribed by their doctor are less likely to become addicted.  T or F

10. Prescription drugs are commonly used by youth in Canada.  T or F
Prescription Drug Quiz: Answer Sheet

1. **Anyone can buy prescription drugs legally. F**

   (Coordinator Handbook, 2014)

   - A medicine that needs to be licensed and can only be obtained at a pharmacy through a written prescription from a registered medical practitioner.
   - Over-the-counter drugs are also available at pharmacies however do not require a written prescription to be obtained.

2. **All types of prescription drugs have the same effect on the body. F**

   (Coordinator Handbook, 2014)

   **Stimulants:** Makes your bodies functioning speed up, increasing alertness, attention, and energy. Prescribed for narcolepsy, attention-deficit hyperactivity disorder (ADHD), and depression that has not been successfully treated by other methods.

   **Depressants:** Makes your bodies functioning slow down, such as breathing and heart rate. Prescribed to treat anxiety, sleeping disorders, and depression.

   **Opioids:** Tricks your body into not feeling pain. Prescribed to relieve pain, often after a surgery.

3. **Prescription drugs effect everyone differently. T**

   (Coordinator Handbook, 2014)

   The way Opioids affect you depend on:

   - The amount that is taken
   - The frequency and length of use
   - How they are taken
   - Environmental factors and perceived expectations
   - Development
   - Previous medical or mental health conditions
   - Combined use with other substances
4. **Prescription drugs are safe because they are prescribed by a doctor. F**

    (Coordinator Handbook, 2014)

**Opioids are dangerous because:**

- When used without medical supervision because they decrease the areas of the brain responsible for breathing, making overdosing possible.

**Stimulants are dangerous because:**

- If blood vessels burst in the brain, heart failure occurs, or a very high fever occurs, there is risk of overdose occurring seen through seizures, coma and death.
- Use increases connection to dangerous behaviours, including sexually transmitted diseases, paranoia, and hallucinations.

**Depressants are dangerous because:**

- High doses can result in impaired memory, judgment and coordination, irritability, paranoia, and suicidal thoughts.
- High doses can also result in a coma or death due to overdose.
- Unlike most drugs, withdrawal can be deadly.
- Use also increases risk of high blood sugar, diabetes, and weight gain.
- Using with alcohol and other drugs can slow heart rate and breathing and result in death.

5. **When a prescription runs out, it is sometimes hard to stop using the medication. T**

    (Coordinator Handbook, 2014)

**Risks of developing a tolerance**

- When someone uses a substance to get “high”, the substance impacts their body and brain in a certain way. When a person continues to use a substance, it takes more and more of the substance to get the same high effects that the person once felt, because their body has adjusted to the effects of the substance. This is called developing a tolerance, which is dangerous because people end up using more and more amounts of a substance in hopes of accessing that same “high” feeling, often taking too much and overdosing.

**What are withdrawal symptoms?**

- A physically dependent person will experience withdrawal
  -about six to 12 hours after last consuming a short-acting opioid, symptoms are present quickly and are more intense.
  -one to three days after last consuming a long-acting opioid, symptoms are more gradual and less intense.
Symptoms of withdrawal include:

- Being on edge
- Restless
- Teary eyed
- Diarrhea
- Stomach cramps
- Goose bumps
- Runny nose
- Persistent anxiety, insomnia and drug cravings

6. It is okay for me to use prescription drugs because they are legal.  F

It is only legal to possess pharmaceuticals, including amounts, that you have a prescription for and that prescription has been obtained through a registered medical professional. If caught with the possession of a controlled substance without a proper prescription, legal consequences would occur.

Penalties if charged with possession of a schedule 2 controlled substance as a youth:

(Possession of Controlled Drugs and Substances, n.d.)

- Drug Counselling: engage in individual counselling and rehabilitation.
- Probation: complying with specific terms and report to an officer.
- Diversion: Comply with a plan designed specifically by the court.
- Detention: Could include home confinement, foster care, residential home, detention center.

Penalties if charged with possession of a schedule 2 controlled substance as an adult:

(Theoharis, n.d.)

- Maximum charge if a summary penalty: a fine of $1,000 and/or 6 months in custody with a fine of $2,000 and/or 1 year in jail for reoccurring penalties.
- Maximum charge if an indictment penalty: 5 years in custody.
7. It is possible to help someone who is experiencing an overdose. 

(About Percs, Oxys, and other Pain Pills, 2012)

Signs of an overdose

- Slower or no breathing
- Bluish skin, lips, fingernails
- Cold and clammy skin
- Body is limp
- Individual will not wake up and appears to be in a coma
- Throwing up

Steps to take if there is a possible overdose

- Look, listen and feel to assure the individual’s breathing.
- Contact 911 immediately, notify them that the situation involves an overdose to assure they have access to a Naloxone kit.
- Wait until the emergency services show up before leaving the person at risk unattended. If you have to leave the individual alone at any point, put the individual on their side in the recovery position to avoid the possibility of them choking on their vomit.
- Continue to try to wake the person and keep them awake, remind them to take frequent deep breathes if they are feeling drowsy.

Tips to preventing an overdose

- Never use alone
- Use where help is easily available
- Never mix drugs, especially pain medication with alcohol or anti-anxiety medications
- Always take a small dose at first as a test to see how you react to the drug and its effects

8. There are places in my community that offer support with prescription drug abuse.

(Coordinator Handbook, 2014)

Call Drug Rehab Services at 1-877-254-3348 for access to a counsellor for OxyContin addiction anywhere in Canada.

Local Resources

Lanark, Leeds and Grenville Addictions and Mental Health (613-342-2262)
Leeds, Grenville Lanark District Health (613-345-5685)
Susan Yeo, RNJ Youth Services (613-342-4238)
9. People who use drugs as prescribed by their doctor are less likely to become addicted. T

(Coordinator Handbook, 2014)

When pharmaceuticals are consumed as directed by a medical professional, there is lowered risk for addiction to develop.

10. Prescription drugs are commonly used by youth in Canada. T

(Coordinator Handbook, 2014)

22% of Canadians age 15 and older use pharmaceutical drugs, with 2% of that population having reported abusing pharmaceutical drugs.
Appendix I

Refusal Skills Handout

- Make no the first thing you say
- Be clear, confident, and firm with your decision
- Suggest something better to do
- Change the subject
- Use humour
- Give a compliment that will make them think twice about their choices (you are so smart, who would you want to damage your brain?)
- Use commitments to remain drug free (I’m on the basketball team, I work in a few hours, or I have a test tomorrow)
- Tell the offering person to not offer you the substance in the future instead of answering “not now” or “I have to get home” as they will offer you drugs again.
- Provide an alternative that does not allow for using (spending time with your family or doing something work related)
Appendix J

Prescription Drug Lesson Questionnaire: Participant Feedback Form

Rate how much you agree or disagree with each of the following statements in regards to today’s prescription drug lesson on a scale of 1-5, with 1 representing ‘Strongly Disagree’, 2 representing ‘Disagree’, 3 representing ‘Unsure’, 4 representing ‘Agree’ and 5 representing ‘Strongly Agree’.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agreement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was interested in what we learned today.</td>
<td>1 Strongly Disagree</td>
</tr>
<tr>
<td>The information taught was up-to-date.</td>
<td></td>
</tr>
<tr>
<td>I will use this information in other parts of my life.</td>
<td></td>
</tr>
<tr>
<td>I understood the topic being taught.</td>
<td></td>
</tr>
<tr>
<td>I know the difference between using prescription drugs and abusing them.</td>
<td></td>
</tr>
<tr>
<td>I learned ways to say no to prescription drugs use when it is not needed.</td>
<td></td>
</tr>
<tr>
<td>There are more things I should have learned about prescription drugs.</td>
<td></td>
</tr>
</tbody>
</table>
Prescription Drug Lesson Questionnaire: Participant Feedback Form

The part that I liked the most about the Prescription Drug lesson was:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The part that I liked the least about the Prescription Drug lesson was:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The part of the Prescription Drug lesson that I found most useful was:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The part of the Prescription Drug lesson that I found least useful was:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If I could change one thing about the Prescription Drug lesson, it would be:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Additional Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
## Appendix K

### Prescription Drug Lesson Questionnaire: Facilitator Feedback Form

Rate how engaged the youth appeared to be in each individual activity presented in today’s lesson on a scale of 1-3 with 1 representing ‘Not Engaged At All’, 2 representing ‘Fairly Engaged’, and 3 representing ‘Fully Engaged’.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Engagement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not Engaged At All</td>
</tr>
<tr>
<td>Drug Advertisement</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Quiz</td>
<td></td>
</tr>
<tr>
<td>Information Delivery/Discussion</td>
<td></td>
</tr>
<tr>
<td>Healthy and Unhealthy Use</td>
<td></td>
</tr>
<tr>
<td>Refusal Skills</td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td></td>
</tr>
<tr>
<td>Side Effects Word Search</td>
<td></td>
</tr>
<tr>
<td>Choices Video</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td></td>
</tr>
</tbody>
</table>
Prescription Drug Lesson Questionnaire: Facilitator Feedback Form

Rate how much you agree or disagree with each of the following statements in regards to today’s prescription drug lesson on a scale of 1-5, with 1 representing ‘Strongly Disagree’, 2 representing ‘Disagree’, 3 representing ‘Unsure’, 4 representing ‘Agree’ and 5 representing ‘Strongly Agree’.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agreement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and decision making skills were implemented into the lesson.</td>
<td>1 Strongly Disagree</td>
</tr>
<tr>
<td>The youth can generalize the information to other situations in their lives.</td>
<td></td>
</tr>
<tr>
<td>The information was appropriate for this group of youth.</td>
<td></td>
</tr>
<tr>
<td>The timing of the activities flowed together well.</td>
<td></td>
</tr>
<tr>
<td>The information was straight forward and easy to understand.</td>
<td></td>
</tr>
<tr>
<td>Appropriate refusal skills were taught to the youth.</td>
<td></td>
</tr>
<tr>
<td>There were topics related to prescription drugs that were not addressed.</td>
<td></td>
</tr>
</tbody>
</table>
Prescription Drug Lesson Questionnaire: Facilitator Feedback Form

The part of the Prescription Drug lesson that I found most useful to the youth was:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The part of the Prescription Drug lesson that I found least useful to the youth was:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Is there anything about the prescription drug lesson that you would include, remove, or alter in any way?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Additional Comments: -
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________