

# FCD UPDATE

FCD Educational Services, Inc.

A Nonprofit Organization

Alcohol, Tobacco, and Other Drug Education

Fall 1998

## Marijuana: How Harmless Is It?

### An Interview with Dr. Joseph Liftik

#### **Q: What are the effects of chronic marijuana use on adolescents?**

**A.** There are both physiological and psychological effects of chronic marijuana use. These include deteriorating psychomotor performance, diminished attention span, and diminished memory capacity. These factors promote learning difficulties, and can reduce a student's ability to incorporate and process information, impairing his or her ability to work effectively in school. Chronic users can also experience reduced physical strength, amotivational syndrome, lethargy and depression.

Chronic users are sedating their central nervous system, and therefore not feeling their feelings. The most profound impact is that chronic marijuana use interferes with the normal psychological development of adolescents.

#### **Q: What would you define as chronic use?**

**A.** Chronic use is defined as ongoing use, so if you have someone smoking for 10 years every weekend, that's a chronic user. If an adolescent is using 2-3 times a week, she would be considered a chronic user.

#### **Q: What about an adolescent who uses 2-3 times a month?**

**A.** Although he is not as likely to experience physiological effects, the psychological ramifications can be significant. The important question to ask is not so much the number of times he uses, but *why* is he using. What are the reasons and



circumstances of his use? If he is smoking dope to cope with difficult social situations or to ease feelings of discomfort, or to manage anger or shyness better, then the danger is that he won't learn to manage these situations effectively without marijuana. Adolescents are engaged in an ongoing learning process; they are becoming adult. Interfering with that process at any time carries risk. Even for those teenagers who use only a few times a year, there is always risk, and this is true even for adults. Marijuana impairs. It's a mind-altering substance, so by its very nature it lends itself to dangerous or stupid mistakes that can lead to injury. Judgment is impaired by marijuana use, certainly driving is incredibly dangerous. Not to mention that marijuana is illegal for teenagers and adults, so many run the risk of facing legal ramifications for their decision to use.

#### **Q: What factors put kids at high risk for smoking marijuana?**

**A.** There are definitely factors that predict substance abuse. The first is how readily available the drug is. Where there is a prevalence of drug availability, there is a prevalence of users. Secondly, how manageable is the drug, and by that I mean, how easy is it to conceal the drug, to conceal the high, to conceal the consequences of the drug use. Most adolescents don't shoot heroin in the bathroom at school or drink at their locker because there is a high likelihood of detection. Sophisticated marijuana users are very good at hiding the evidence of their use. This, in part, explains the popularity of marijuana.

Another important factor that predicts marijuana use is home life. If a child's parents use alcohol or other drugs abusively, there is a much greater likelihood that the

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#### **Some of What's Inside...**

##### **What is the biggest myth about marijuana?**

What are the effects of chronic marijuana use on adolescents? Learn the answers to these and other questions in our interview with psychologist and substance abuse specialist Dr. Joseph Liftik.

##### **Marijuana Match-Up**

Test your cannabis knowledge with our pot-themed puzzle.

##### **Choosing Not to Use...**

Twenty-four teens give their reasons for saying no to marijuana.

##### **Did You Know...**

that teenagers are more likely to listen and change their behavior if they are involved in a discussion rather than subjected to a lecture? Learn more about this and five other intriguing findings from recent studies.

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## From the President

Every September, the FCD teaching staff gets together for a week of discussion and continuing education. This year's focus was marijuana and adolescents. Why? Because marijuana use by teenagers is on the upswing. In fact, eighth graders are smoking pot at ever-increasing rates. This isn't surprising. Kids think marijuana is harmless. It's the "soft" drug. The "natural" drug. The "mellow" and "creative" drug. It's the appetite-stimulating, muscle-relaxing, nausea-quelling, pain-reducing "medicinal" drug. It's the drug their parents smoked.



Alex J. Packer

While our teachers report that most students readily acknowledge the dangers of heroin, cocaine, inhalants, tobacco, alcohol, and other drugs, they don't recognize the risks of marijuana. What we know about marijuana is that it increases the heart rate (which could pose a danger to certain individuals), impairs lung functioning, poses a cancer risk, and suppresses hormones that regulate reproductive systems, which can lead to decreased sperm counts in men and irregular menstrual cycles in women. New research suggests that marijuana stimulates the brain's reward circuits, which may explain why 100,000 individuals sought treatment last year for marijuana addiction.

Marijuana has been shown to significantly impair the ability to concentrate and make corrections while driving. Young people who frequently drive while stoned are twice as likely as their non-smoking peers to have an accident. So, while it is virtually impossible to overdose on marijuana, its impact on reflexes, judgment, and concentration can lead to accident, injury, and/or death.

The most well-established and reproducible negative effects of marijuana use involve cognitive functioning. Marijuana has been shown to decrease mental flexibility and inhibit the formation of new memories. The developmental tasks of adolescence — learning to solve problems, forming intimate relationships, expanding as a social being, regulating feelings, shaping and accepting one's identity — require mental flexibility and the formation of new memories, the very capacities impaired by marijuana use. Heavy marijuana smokers, when presented with problems, *keep making the same errors over and over again*. They don't learn from their mistakes. Children who do not form new memories do not learn from experience. They remain stuck socially, emotionally and intellectually. They don't develop tools and attitudes for dealing with frustration, sadness, loneliness, anger, or uncomfortable social situations.

Marijuana is particularly appealing to teenagers. It is inexpensive, easy to get, easy to use, and easy to hide. One of the challenges our teachers face in the classroom is raising awareness of marijuana's risks, particularly for adolescents. While students may initially resist this notion, they're all ears when we present the known effects of marijuana use, and discuss how and why those effects may interfere with healthy development. This is an important dialogue, and we hope the information in this fall's newsletter will help you to open and maintain a dialogue of your own with the young people in your life.

Alex J. Packer, Ph.D.

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child will. Similarly, if there are other difficulties in the home, if the child comes from a dysfunctional family for example, the emotional pain of being in that situation may be a precursor to drug use.

Also, children who have emotional or psychiatric problems, or undiagnosed learning difficulties are especially vulnerable to drug involvement. These problems may lead a child to perform poorly in school, which can be a frustrating and demoralizing experience. If the problem is left untreated, that child can experience damage to her self-esteem. Drugs and their allure of quick escape can become attractive to that child.

And finally, an important predictor for whether or not a child begins to smoke marijuana is the attitudes and beliefs of her peer group. Do her friends have values that include using substances? If so, she is at much higher risk for choosing to use herself.

**Q: What are some of the issues adolescents struggle with after they stop smoking marijuana?**

**A.** Again, one of the developmental tasks of adolescence is to learn how to be comfortable in social situations, to be comfortable in your own skin. Most adolescents go through feelings of awkwardness, shyness, and uncertainty, and if they walk through those feelings drug-free, they start to master handling those situations. If they smoke dope in these situations, they don't develop skills that are needed to feel comfortable. When they stop using, the very first thing they must confront is themselves and their own discomfort, and if they're not acquainted with themselves, if they don't know how to adjust in social situations, it can be very painful. If they use drugs to manage these feelings and then stop using drugs, it can be a very overwhelming experience.

Peer affiliation also changes. Most kids who don't use drugs are not interested in hanging out with kids who do and vice versa. So drug-involved kids tend to have drug-involved friends and if they stop using, often their friends don't have much

interest in them. So not only have they given up marijuana, but they must make many other changes in their lives, changes they may not feel equipped for.

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*The biggest myth  
(about marijuana) is  
that people think it's  
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in nature, and  
therefore it cannot  
be that bad...  
Just because it's not  
manufactured in a  
laboratory doesn't  
mean it's benign.*

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**Q: What is the biggest myth about marijuana?**

**A.** The biggest myth is that people think it's safe because it occurs in nature, and therefore it cannot be that bad. The body doesn't know or care where the drug is made. The effect on the central nervous system is the same regardless of the drug's origins. Just because it's not manufactured in a laboratory doesn't mean it's benign. Marijuana alters consciousness, affects mood, and can disrupt normal adolescent development. Those are not characteristics of a safe drug.

Another persistent myth is that smoking marijuana makes you creative and expands your mind. This is illusion. The experience you have while you're high might *tell* you that you are smarter, or more focused or more open or more creative. But if a user tape-recorded or wrote down this "brilliance" and then looked at it when he was sober, he would probably be surprised. His subjective experience, in a mind-altered state, may be that he's

open and creative, but objectively that is not the case. Marijuana actually limits the mind's ability to process information and limits the ability to be coherent. Yet the experience under the influence distorts that reality.

**Q: We often hear that the marijuana of today is stronger than the marijuana of the 1960's. Is that true?**

**A.** Well, sometimes it's true, it depends on your dealer, where you're getting the marijuana. But it really doesn't make any difference. Marijuana smokers smoke to get high, and if they have a lower grade pot they simply smoke more to get the desired effect.

**Q: How should a baby-boom parent respond to a child who says, "You smoked when you were my age, why can't I?"**

**A.** I think it's important to be honest with children. Lying serves no purpose, and for future credibility it's important for parents to be frank. Also, the parents' experience with experimentation is invaluable to children. If a teenager asks about his parents' experimentation, it's perfectly valid to discuss it and to say, "This is what I did, this is why I do or do not regret it, here are some of the risks I took, and I hope that you don't take these same risks." It's a wonderful opportunity for parents to educate their teenagers on how devastating marijuana dependency can be. Most parents and kids know someone who is a so-called burnout, someone who has really suffered a major disruption in his or her life from marijuana.

Also, marijuana users today are far more likely to be exposed to other drugs than were the dope smokers of the 60's. Of course, drugs like heroin or cocaine have always been around, but marijuana users of the 1990's are much more likely to encounter and use other drugs, placing them at much higher risk for injury, death and/or developmental impairment.

But even if other drugs are not involved, marijuana alone is enough to

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# Got a Match?

*Let's see how you do with FCD's marijuana quiz. Choose the answer from column two that best matches the statement in column one. Good luck! (Answers on next page.)*

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- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. Teenagers who smoke pot are twice as likely as their non-smoking peers to be involved in</li><li>2. Syndrome associated with marijuana use; characterized by lack of interest and energy</li><li>3. Just say _____ (in Russian)</li><li>4. Flowering tops of marijuana plants</li><li>5. Marijuana can lead to this type of addiction</li><li>6. THC accumulates in this organ</li><li>7. Area of brain rich in cannabinoid receptors</li><li>8. Concentrated resin of the cannabis plant</li><li>9. Type of cells that store marijuana</li><li>10. Approximate number of chemicals in marijuana</li><li>11. Toxic compound found in marijuana smoke</li><li>12. Area of brain involved in new memory formation</li><li>13. Carcinogens in marijuana may increase your risk of getting</li><li>14. Sticky, protective coating concentrated in marijuana flowers</li><li>15. Marijuana use can hinder a teenager's _____ development</li><li>16. Didn't inhale</li><li>17. Marijuana use can result in decreased production of</li><li>18. Scientific name for a species of marijuana</li><li>19. Damaged by chronic marijuana smoking</li><li>20. A liquid form of marijuana that can contain up to 50% THC</li><li>21. Marijuana laced with this can be very dangerous</li><li>22. Research clearly suggests that marijuana impairs the formation of</li><li>23. High grade marijuana made from flowering tops of female plants</li><li>24. Marijuana cigarette</li><li>25. Research on animals shows that marijuana negatively affects the</li><li>26. Despite the myth, there is no evidence that marijuana kills</li></ol> | <ol style="list-style-type: none"><li>a. hashish</li><li>b. brain cells</li><li>c. nyet</li><li>d. sperm</li><li>e. joint</li><li>f. immune system</li><li>g. PCP</li><li>h. cancer</li><li>i. four hundred plus</li><li>j. hash oil</li><li>k. fat</li><li>l. amotivational</li><li>m. cannabis sativa</li><li>n. psychological</li><li>o. hippocampus</li><li>p. buds</li><li>q. Clinton</li><li>r. resin</li><li>s. cyanide</li><li>t. cerebellum</li><li>u. social and emotional</li><li>v. sinsemilla</li><li>w. liver</li><li>x. lungs</li><li>y. new memories</li><li>z. car accidents</li></ol> |
|---|---|

# Calling All Students!

Do you alter your consciousness in safe and healthy ways?

If so, FCD wants to hear from you.

We're writing a book on getting high without alcohol or other drugs. And we would like you to be in it! We want to profile teenagers who have found drug-free ways to feel secure and serene, exhilarated and pumped, carefree and confident.

How do you get a rush? How do you enter "the zone"? How do you reach rewarding altered states of consciousness?

Is your high creative? Intellectual? Physical? Perceptual? Spiritual? Interpersonal? Is it a passion or interest in which you lose yourself?

## Let us know! Be sure to include:

- What you do
- What it does for you
- Anything and everything else you'd care to share about the experience (e.g., how you learned, how long you've been doing it, why you like it, tips for other teens who'd like to try it, etc.). Make your experience come alive for others!

## And don't forget:

- Your name, age, and school
- A way we can reach you (e.g., address, phone, e-mail)

We hope to hear from you! You can write, fax, or e-mail us at:

**Mail:** Alex J. Packer  
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Needham, MA 02494

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**Email:** [apacker@fcd.org](mailto:apacker@fcd.org)

Answers to Got a Match? on page 4:

1. z 2. l 3. c 4. p 5. n 6. w 7. t 8. a 9. k  
10. i 11. s 12. o 13. h 14. r 15. u 16. q 17. d 18. m  
19. x 20. j 21. g 22. y 23. v 24. e 25. f 26. b

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disrupt an adolescent's life. Unlike heroin or cocaine, which are basically unmanageable drugs because they are so disruptive to the user's life, marijuana use can be hard to detect. Even chronic marijuana users can often hide their use, and continue to manage their lives. Since it is hard for them or others to detect a problem, marijuana dependency often goes untreated. An adolescent can develop a dependence on marijuana that can be quite devastating, and yet continue undetected for years.

**Q: What can parents do to help protect kids?**

**A.** Create a safe and functioning family. Children who have strong bonds with their families and who have positive parental monitoring are less likely to use drugs. Parents should start talking to children as early as age three about drugs and drug use. They should take an educational approach, and this should be ongoing throughout the child's adolescence. Parents need to provide positive direction, supervision and guidance. They need to instill clear rules of conduct within the family unit, and help their children to adopt conventional drug use norms, meaning waiting until the legal age to drink alcohol outside the home and family supervision, and abstaining from illegal substances. It can be challenging for parents to stay involved in the lives of their adolescent, but it is critical that they do so. Many busy parents turn over the responsibility for their child to the school or elsewhere, or they simply hope for the best, hope that their child does not become drug involved. Parents need to take an active role in helping their child navigate a drug-free adolescence. If a child does have an incident with alcohol or other drugs, the parents should not be complacent, should not take the "kids will be kids" approach, but should always make a big deal out of it, because it is a big deal if adolescents use mind-altering substances.

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*Dr. Joseph Liptik is a psychologist and substance abuse specialist who practices in Boston, Massachusetts.*

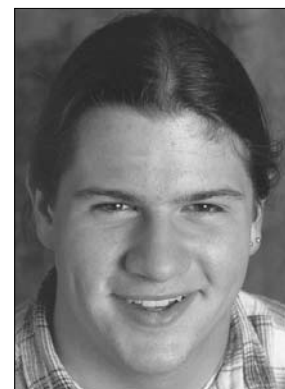
# Twenty-Four Teens Give Their Reasons for Saying **NO** to Marijuana

It is more important than ever that school administrators develop comprehensive strategies, not only to deal with students who are in trouble with alcohol and other drugs, but to recognize and reward students who opt for drug-free lifestyles. In the same way that non-smokers have the right to a smoke-free environment, students who choose not to use have the right to attend school without being harassed, intimidated, or compromised by the drinking and drug-taking behavior of their peers. They have the right to feel that non-use is a valued and respected norm.

Every year, FCD teachers meet tens of thousands of students who abstain from alcohol and other drug use. These young people, if recognized and reinforced, can be powerful allies for creating and maintaining a healthy school community. We recently asked FCD's student intern, Mike Sapienza, to talk with some teens and find out why they choose to say no to marijuana. Here are some of the reasons they gave.

1. *There's too much I want to do to waste time getting high.*
2. *I don't want something else to speak for me.*
3. *My imagination is active enough as it is without marijuana.*
4. *I believe marijuana can bring unnecessary problems into my life.*
5. *I've seen it mess up a lot of my friends.*
6. *I don't want to screw myself up.*
7. *I don't want to risk permanent damage.*
8. *I don't want to destroy my lungs or memory.*
9. *People are kidding themselves if they think it is non-addictive or safe.*

10. *It doesn't appeal to me enough to take up any time or space in my life.*
11. *I'd rather do other things for recreation.*
12. *I don't feel I need an artificial substance to relax.*
13. *I've seen consequences on others and I don't want to be like that.*
14. *I don't feel like lying to my mom.*
15. *I don't enjoy being paranoid.*
16. *I don't like the thought of what it does to me.*
17. *It scares me.*
18. *I got REALLY sick off of it.*
19. *I've seen what it's done to my brother.*
20. *I don't feel I need to do that to my body.*
21. *I like to be in control.*
22. *My body doesn't react well to foreign substances.*
23. *One of my close friends smokes and I've seen how addictive it is.*
24. *I get everything I need out of life with what I have.*



**FCD intern Mike Sapienza is a student at the Cambridge School of Weston.**

# Did you know?

## Discussion versus lectures

Teenagers are more likely to listen and change their behavior if they are involved in a discussion rather than subjected to a lecture. In a study of nearly 6,000 males and females who sought testing for sexually transmitted diseases, approximately half received short lectures on prevention, while the other half were provided with interactive counseling on condom use and other safer sex practices. A year later, the group that participated in the interactive counseling had 20% fewer new cases of HIV and other STDs than did the group that got the lectures. *The decrease was even greater for adolescents.*<sup>1</sup>

## Smoking and dementia

Smokers are more than twice as likely to develop dementia and Alzheimer's disease than are non-smokers. Researchers at Erasmus University in the Netherlands assessed the smoking habits of 6,870 men and women aged 55 and older, none of whom had dementia when first examined. The subjects were then divided into smokers, non-smokers, and former smokers. In follow-up studies, the smokers were 2.3 times more likely to develop Alzheimer's disease. While former smokers had a slightly higher risk of developing dementia than did non-smokers, the risk was not statistically significant.<sup>2</sup>

## Girls will be boys

While the national redefinition of gender roles that occurred a generation ago resulted in many positive changes, girls are "catching up" to boys in ways we'd just as soon not see. According to the National Council For Research on Women, the percentage of eighth grade

girls who reported smoking jumped from 13% in 1991 to 21% in 1996 — a faster increase than that for boys. Reported marijuana use for eighth grade girls increased from a little over 5% in 1991 to nearly 17% in 1996. And, the rate of increase at which girls were arrested for violent crimes from 1986 to 1995 also out-paced that for boys.<sup>3</sup>

## It's not me, it's my brain

Teenagers who "act without thinking" may be doing so, not because they are self-centered or irresponsible, but because their brains process emotions in different ways than adults do. In a study conducted at McLean Hospital in Belmont, Massachusetts, a group of nine- to 17-year-olds were shown pictures of faces expressing fear. MRI brain scans were conducted while the subjects wrote down the emotion they perceived. A group of adults were similarly tested. While all of the adults successfully identified the emotion as fear, almost all of the teenagers were unable to do so. The magnetic resonance imaging showed that adolescents process emotions primarily in the region of the brain associated with gut reactions and instinct. Adults do so in the frontal section where rational thought takes place. So, the next time you say to a teenager — "Don't you *ever* think before you act?" — you may be told, "Don't worry, it'll get better as I mature and emotional processing shifts from my brain's amygdala region to the frontal lobe."<sup>4</sup>

## What's in a name?

Your initials may affect your life span. Researchers in California (where else!) examined 27 years of California death certificates. Men with "good" initials (e.g., ACE, WIN, VIP, JOY, WOW), lived 4.48 years longer than a control group with neutral or meaningless initials (e.g., WLW, JAY). Men with "bad" initials (e.g., APE, PIG, RAT, DUD, ILL), died an average of 2.8 years earlier than the control group. The subjects with "good" initials were also less likely to die in an accident or commit suicide. Psychologist Nicholas Christenfeld explains his findings by suggesting that one's initials have a

psychological symbolic factor that exerts an impact over time. Monograms such as PIG may lead to being teased in childhood. Thinking of yourself as RAT or ASS may act like a tiny daily depressant. Conversely, being GOD or ACE may lead to a little boost in self-esteem. Therefore, parents may want to think long and hard, not only before naming their kids Dweezil or Moonbeam, but before saddling them with a PEE or SIN.<sup>5</sup>

## Reasons for not drinking

In a study of 403 college students, participants were asked, "On those occasions when you DO NOT drink (or drink very little), what is the MAIN reason you make that decision?" Responses varied with use patterns. Light drinkers invoked religious-moral reasons, moderate drinkers mentioned safety reasons, and heavy drinkers cited expense as their main reason for not drinking.<sup>6</sup>

1. *Journal of the American Medical Association*, October 1998. Reported in the *Boston Globe*, October 8, 1998, Medical Notebook.
2. *The Lancet*, June 1998. Cited in the *International Herald Tribune*, June 20-21, 1998.
3. National Council for Research on Women.
4. Deborah Yurgelun-Todd, director of Neuropsychology and Cognitive Neuroimaging, McLean Hospital, Belmont, MA. "Brain and Psyche: The Neurobiology of Self," presented June 11, 1998 at the Whitehead Institute press seminar.
5. Nicholas Christenfeld, University of California at San Diego, presented at the Society of Behavioral Medicine, New Orleans, Louisiana, 1998.
6. Slicker, E. K., "University students' reasons for NOT drinking: Relationship to alcohol consumption level." *Journal of Alcohol and Drug Education*, 42(2): 83-102, 1997.

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FCD welcomes your comments, questions, and ideas. To learn more about anything in the newsletter, to send letters to the editor, or to submit a manuscript or proposal for an article, please contact:  
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## **Current FCD Calendar of Conferences and Speaking Events**

### **November 5**

Independent School Association of  
Central States (ISACS)  
St. Louis, MO  
Ann Marie Van Vugt

### **November 6**

Independent Educational  
Consultants Association (IECA)  
Atlanta, GA  
Presenter: Renee Soulis

### **November 11**

Complimentary Workshop  
Hosted by Isidore Newman School  
New Orleans, LA  
Presenter: Renee Soulis

### **November 19-21**

European Council of International  
Schools (ECIS)  
Hamburg, Germany  
Presenter: Brenda Conlan

### **November 30**

Virginia Association of Independent  
Schools (VAIS)  
Richmond, VA  
Presenter: Renee Soulis

### **January 11**

Complimentary Workshop  
Hosted by Fort Worth  
Country Day School  
Fort Worth, TX  
Presenter: Jeff Wolfsberg

### **January 29**

Complimentary Workshop  
Hosted by Blair Academy  
Blairstown, NJ  
Presenters: Ron Kublin and  
Renee Soulis

### **February 10**

Complimentary Workshop  
Hosted by Friends Seminary  
New York, NY  
Presenter: Renee Soulis

### **February 24-27**

National Association of  
Independent Schools (NAIS)  
Dallas, TX  
Renee Soulis and Eileen Flahive

### **March 11-13**

East Asia Regional Council of  
Overseas Schools (EARCOS)  
Beijing, China  
Presenters: Jeff Wolfsberg,  
Brenda Conlan, Leonard Foote

### **April 6**

Complimentary Workshop  
Hosted by Mary Institute &  
Saint Louis Country Day School  
St. Louis, MO  
Presenter: Renee Soulis

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**Please contact FCD if you are  
interested in attending our  
complimentary workshops.**

## **Mission Statement**

Founded in 1976, FCD (Freedom from Chemical Dependency) Educational Services, Inc., is a nonprofit organization that provides alcohol, tobacco, and other drug education and prevention programs to schools throughout the United States and abroad. Using highly trained educators who teach from the recovering perspective, our mission is to:

- Provide up-to-date information on the physiological and psychological effects of alcohol and other drugs;
- Promote awareness of chemical dependency as a primary, progressive, and often fatal disease;
- Empower young people to make healthy, responsible choices regarding alcohol and other drug use;
- Encourage and support the non-use of alcohol and other drugs during the growing years.

## **Services**

With over twenty years of experience, FCD offers a wide range of services including:

- Comprehensive drug education programs for students from kindergarten through college
- intervention training
- prevention planning and policy consultation to schools, colleges, businesses, and health care professionals
- assemblies and workshops for administrators, teachers, parents, students, coaches, proctors, residential advisors, trustees, school boards, health care staff, and community organizations.