

Johnson County Community College

2021-2022 Biennial Review

Campus Drug and Alcohol Program Effectiveness and Policy Enforcement



JOHNSON COUNTYTM
COMMUNITY COLLEGE

Johnson County Community College

2021-2022 Biennial Review

Campus Drug and Alcohol Program Effectiveness and Policy Enforcement

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Drug and Alcohol Resource Team Committee Members

Pam Vassar

Dean of Student Services

Anne Turney

Director, Student Life and Leadership Development

Ben Conrad

Interim Assistant Dean, Athletics

Mya Lawrence

Manager, Student Life and Leadership Development

Alice Baty

Counselor

Ashley Vasquez

CASAI President

Associate Professor, Communication Studies

Dan Robles

Crime Prevention Officer

Jordan Brink

Student Life Coordinator

Drug and Alcohol Resource Team, Chair

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Program Statement

Johnson County Community College makes a concerted effort to keep students from abusing drugs and alcohol, both on campus and off campus. College policy states that tobacco, alcohol, and illegal drugs are restricted on campus. In addition, many alcohol-free events and activities are planned throughout the year, including student festivals and fairs, concert series, club activities and trips. Through the honors department, service learning and volunteering are encouraged and promoted on campus to students, and in some cases, made mandatory by professors. The campus offers multiple coffeehouses, dining services, recreation and gym locations, and student gathering spaces—like the student lounge and campus center— that provide places for students to socialize without alcohol being present.

Faculty and staff are given training to recognize problematic behaviors, and are encouraged to use behavioral reporting services (KOPS) to report unusual behavior to trained specialists. The Council Addressing Substance Abuse Issues works directly with students through educational events and recovery meetings. The Student Life department hosts an annual “Safe Spring Break” event in partnership with the JCCC Police Department, the Overland Park Police Department, CASAI, and other groups to demonstrate the dangers of risky behavior. Pro-health messages are promoted on campus, and through our student ambassadors, the campus offers healthy peer-to-peer interaction for students.

Alcohol and drug prevention is a campus priority, and efforts to increase the health of the student population are evolving and ongoing. Students are restricted from obtaining alcoholic beverages while on campus, and there is no advertising of alcoholic beverages on campus. Students in leadership positions on campus establish healthy norms with their peers. Our athletics programs have strong partnerships with drug testing facilities and work to make sure that healthy lifestyles are promoted to student athletes. In the college’s culinary programs, the use and distribution of alcohol is highly monitored. Students are required to take travel training, which covers the hazards of drug and alcohol use, as well as sexual assault, each year prior to traveling on behalf of the college.

Johnson County Community College is committed to the health and well-being of our student population, and sets policies, procedures and programming in place to ensure that outcome.

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College Policies

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Student Code of Conduct

The Student Code of Conduct is on the JCCC Web site and is included in the Clubs and Organizations Handbook. Club Advisers review the code prior to each trip in which students are traveling. The college reserves the right to take disciplinary action in accordance with college policy 319.02. (Student Disciplinary Action) if in the judgment of the college a student has violated any provision of college policy or has not acted in the best interest of other students, faculty, staff, or the college as a whole. In addition, the college may refer a student conduct matter to appropriate authorities if determined necessary by the college.

Pertinent information is included below, and the Student Code of Conduct in its entirety appears in the Appendix of this report on page 21.

2. Alcohol and Controlled Substances

JCCC supports and endorses the Federal Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act amendments of 1989, as stated in the [Substance Abuse Policy 320.00](#) (for students) and [Substance Abuse Policy 424.03](#) (for employees). In addition, the College requires students to comply with the provisions of the Kansas Controlled Substances Act (K.S.A. 65-4101, et seq.).

These laws and Policies provide, in part, that no student shall consume or possess any alcoholic beverages, unlawfully manufacture, distribute, dispense, consume or possess controlled substances, or be under the influence of such substances on any College-owned, College-operated, or College-utilized facility or at any College-sponsored event or activity either on or off campus. This includes but is not limited to service learning trips, internship experiences, clinical and practicum assignments, or any off-campus JCCC sponsored gathering of students. All athletes who practice and compete for athletic teams at JCCC will be required to participate in the College's Drug and Alcohol Abuse Testing, Prevention and Counseling Program. Specifics of this Program are outlined within the Student Athlete Handbook.

Student organizations may apply for special events at which alcoholic beverages may be served in accordance with the provisions of college policy 217.06-Service of Alcoholic Beverages for Special Events and Regular Operations.

Student Code of Conduct

<https://www.jccc.edu/about/leadership-governance/policies/students/student-code-of-conduct/student-code-conduct.html>

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Drug-Free Schools and Communities Act

The Drug-Free Schools and Communities Act Amendments of 1989 and the Drug-Free Workplace Act of 1988 require all schools and institutions of higher education to adopt and implement a program to prevent the illicit use of drugs and the abuse of alcohol by students and employees on college property or as part of any college activity.

The attached statement, which is part of JCCC's program adopted to comply with these Acts, is being distributed to you as required by law. If you have any questions regarding this statement or wish to receive further information on the college's Drug-Free Schools and Communities Act and Drug-Free Workplace Act program, you are encouraged to contact Dr. Randy Weber, Vice President, Student Success/Engagement, or Dr. Leslie Hardin, Vice President, Human Resources.

Drug-Free Schools and Communities Act

<https://www.jccc.edu/about/leadership-governance/policies/personnel/employee-conduct-performance/substance-abuse.html>

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Title IX

Report Sexual Harassment/Misconduct - TITLE IX

If this is an emergency, and you're on campus, call the JCCC Police Department at 913-469-2500 (913-339-6699 TDD/TTY). If you are off campus, call 911 for immediate assistance.

CONSENT = Permission with a continuous and resounding "Yes"

If you need to discuss or file a complaint about student sexual misconduct, please contact the following individuals.

Pam Vassar, Title IX coordinator, interim dean of Student Services and Success 913-469-3409

Anne Turney, deputy Title IX coordinator, Student Life Director
913-469-3534

Students and/or employees will be made aware of, in writing, the existing counseling, health, mental health, victim advocacy, legal assistance, visa and immigration assistance, student financial aid and other services available for victims, both within the institution and the community. If applicable, further information about assistance availed with academic, living, transportation, working situations and protective measures can be discussed.

For information about healthy relationships, prevention strategies, on and off campus resources and relevant videos concerning Title IX, go to the JCCC Home Web page and search, KNOW, to find the Title IX web resource pages.

<http://www.jccc.edu/student-resources/police-safety/know/report-sexual-misconduct.html>

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Athletics

Orientation for student athletes includes topics related to the student code of conduct and information on alcohol and drug awareness.

Athletic trainers and coaches require athletes to participate in team discussions regarding alcohol and other drug prevention strategies. All student athletes are required to take the student travel training and pass the test given at the completion of that training.

Student athletes are randomly selected to go through drug testing and receive additional information concerning drug and alcohol awareness and prevention. If positive results are received, students are required to complete the athletic department's prevention and counseling program. A copy of the Johnson County Community College Drug and Alcohol Abuse Education, Testing and Counseling (DAAETC) Procedures are included in the appendix of this document on page 39.

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Hospitality Management & Catering

The Hospitality Management Program offers a course in Bar and Beverage management, HMGT 279 Beverage Control.

HMGT 279 Beverage Control (3 Hours)

This course covers the history of wines and their use and storage procedures. The students should gain an understanding of beverage control and how it is used in all types of operations. The course will also cover in-depth study of spirits, internal control systems and local/state alcoholic beverage control laws. 3 hrs. lecture/wk.

Students are not allowed access to alcoholic beverages during this course but are instructed in how to identify individuals that have had too much to drink. After passing the course, these students become ServSafe certified by the state of Kansas.

Alcoholic beverages can be served in the Hospitality and Culinary Academy building, and employees of the college are covered by a Kansas liquor license through JCCC Dining Services. Students are never allowed to serve alcohol, and any alcohol that is used for cooking must be requisitioned by an instructor for the course. Alcohol is kept in a locked cage in the Hospitality and Culinary Academy, and students are not allowed to sample or handle alcohol in any manner.

In addition, requests may be made through Dining Services at the college to have alcohol at an event hosted on campus. Employees that are licensed through the state of Kansas are the only employees allowed access to alcohol and allowed to pour alcohol throughout the event. The Alcohol Request Form (ARF) and policies are located in the appendix of this document.

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Statistics and Reporting

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JCCC Police Annual Security Report

The JCCC Police Department compiles an Annual Security report under the guidelines of the Clery Act. The Clery Act is a federal law that requires JCCC to publish and make available an annual security report.

JCCC's Annual Security Report (ASR) is available on October 1st each year. The ASR contains policy statements and crime statistics for the College. The policy statements address the College's policies, procedures and programs concerning safety and security. For example, policies for responding to emergency situations and sexual offenses. Three years' worth of statistics are included for certain types of crimes that were reported to have occurred on campus, in off-campus buildings or on off-campus property owned or controlled by the College, and on public property within or immediately adjacent to the campus. This report is available in the Annual Security Report (ASR).

In addition to the Annual Security Report, the JCCC Police Department regularly maintains a log of reported crimes by date that details the date, time, location and disposition of reported incidents, which is available in The Daily Crime Log.

One may request a copy of the ASR or the Daily Crime Log by contacting the JCCC Police Department at (913) 469-8500 Ext. 4112 or in person at 12345 College Blvd., Overland Park, KS, Carlsen Center Room 115

Access to the Annual Security Report can be found on the JCCC website here:

<https://www.jccc.edu/student-resources/police-safety/police-department/annual-security-report.html>

- Alcohol and Drug Policies and Procedures can be found on page 11
- Clery Act reporting that directly relates to drug and alcohol violations on campus can be found in the appendix of this document, on pages 56 to 60.

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Interventions and Assistance

The Behavioral Intervention Team (BIT) reviews violations of the Student Code of Conduct and incidents that violate State or Federal laws related to any violent and/or drug/alcohol related incidents. JCCC created BIT after a number of violent episodes on other college campuses left people wondering if more could be done to help the aggressors before the violence began. The six members of the team began training in 2008, attending workshops and webinars on how to categorize a behavior based on its level of threat. In this digital age, the concern may not even be spoken. BIT can follow up on tweets from Twitter, Facebook posts or other forms of electronic communication. The team reviews about three to four cases a week, and an emergency meeting might be called every other month.

Behavioral Intervention Team (BIT) Objectives:

- Recommend an action plan to curtail any threat or potential danger to a person or persons, educational environment or property
- Identify person(s) who have shown a risk of harm toward others or themselves when associated with JCCC property or activities
- Engage in risk reduction through assessment of circumstances as reported through various entities of the college
- Centralize information concerning inappropriate behavior and coordinate appropriate action in case of threat to person(s), educational environment or property
- Communicate with law enforcement when scope of threat is beyond BIT's scope
- Encourage reporting of unusual behavior or criminal activity

The college also invested in a program where anyone can confidentially report strange or unusual behavior: KOPS, or Keeping Our People Safe. Concerned parties can either log into the Internet-based system or call a toll-free number (1-888-258-3230) and share the pertinent information. These types of reports could include:

- **Criminal activity on or near the JCCC campus.** If you have information related to criminal activity that has already taken place, or may take place in the future, select this category to report it to the JCCC Police Department.
- **Substance abuse or use.** Substance abuse is defined as the misuse of both legal (prescription) and illegal drugs and/or alcohol.

Student Assistance Program - Students are referred by a JCCC counselor to the Student Assistance program. Five free counseling sessions are available through this program. JCCC has a contract with New Directions Behavioral Health to provide consultation, short-term counseling and referral assistance for students who are experiencing problems associated with alcohol and drug abuse or other personal or mental health issues.

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Resource Committees

DART — The Drug and Alcohol Resource Team (DART) brings together different constituencies on campus that have an interest in drug and alcohol issues and how they impact the lives of our students, staff and community. DART works to promote prevention events, information and education as well as preparing the biennial review of campus drug and alcohol program effectiveness and policy enforcement.

CASAI— The mission of the Council to Address Substance Abuse Issues is to offer support, information and guidance to JCCC students, faculty and staff who struggle with substance abuse or addiction. CASAI will provide ongoing campus-based education and resources to address these issues that impact our institution and our community.

SART—The Sexual Assault Resource Team meets regularly with community partners to deliver relevant information, prevention strategies (bystander intervention), relationship violence and healthy relationship training, plus educational sessions and other Title IX/VAWA programming, for students and staff.

Activities include:

2021, 2022 = Cavalier Kickoff and Campus Craze activities: pass out Soberfest t-shirts, stickers, & relationship violence and healthy relationship giveaways.

2021 = Heartland Campus Safety Summit - held on campus each November.

2021, 2022 = JCCC Professional Development Days – Sessions conducted by Title IX coordinators, MOCSA and SafeHome Staff

2021, 2022 = Special Speakers – on campus session related to healthy relationships and relationship violence prevention

2021, 2022 = Annual Soberfest, resource fair with various activities with prevention and resource based information and activities

Permanent Bystander Posters in classrooms

Title IX prevention bulletin boards and substance abuse prevention posters - campus buildings

Title IX & Substance Abuse Resource posters in restrooms - with business card size tear-off resource cards

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Programming and Prevention Information

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Counseling

The Counseling Center offers prevention information and strategies through:

- Individual counseling sessions with students.
- Participation in campus-wide events throughout the year.

The link to Personal Counseling and Concerns provides information regarding Alcohol and Drug Issues. Electronic links to some helpful information are provided, including Drug and Alcohol Abuse, but they are not intended to take the place of discussing personal concerns with a counselor. JCCC counselors have a minimum of a Master's degree in Counseling, Psychology or a related field.

<http://www.jccc.edu/student-resources/counseling/index.html#.VRmJWH4o6Uk>

Oftentimes personal issues affect academic progress. JCCC counselors provide a safe and confidential environment to talk about personal concerns. Counselors advocate for students and assist with short-term interventions in personal areas and make appropriate referrals for long-term counseling when needed.

Student Assistance Program - Students are referred by a JCCC counselor to the Student Assistance program. Five free counseling sessions are available through this program. JCCC has a contract with New Directions Behavioral Health to provide consultation, short-term counseling and referral assistance for students who are experiencing problems associated with alcohol and drug abuse or other personal or mental health issues.

Counseling Resources – Personal counseling resources can be found online: <https://www.jccc.edu/student-resources/counseling/personal-counseling.html>

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CASAI (Council Addressing Substance Abuse Issues)

The council consists of faculty, staff and students who want to make a difference in the fight against alcoholism and addiction. The mission of CASAI is to offer support, information and guidance to JCCC students, faculty and staff who struggle with substance abuse or alcoholism. CASAI provides ongoing campus-based education and resources to address these issues that impact the institution and the community. Programs are held each year to increase awareness regarding resources available and prevention of substance abuse.

CASAI hosts outreach and awareness events throughout the Fall and Spring semesters on campus. Those include:

- Movie Screenings specifically the Film “Addiction”

- Speaker Series

- Message in a Bottle campaign where students write inspirational messages which are given to local recovery centers

- Distributing awareness materials at Cav Kick-off and Cav Craze

- Partnering with Student Life to distribute materials at during Safe Spring Break and other events

For more information, go to CASAI’s blog at: <https://blogs.jccc.edu/casai/>

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Events & Education

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Four Information Stations are set up on campus and overseen by Officer Campus Prevention Officer Dan Robles of the JCCC PD who identified a need to have more visibility for the resources. The topics covered include alcohol, and drugs. How alcohol and drugs may be associated with domestic violence and sexual assault.

Informational brochures and handouts can also be found outside the JCCC Police Department in the Carlsen Center and throughout campus.

- “Driving Under the Influence: a crash course”
- “Electronic Cigarettes: Familiar Danger”
- “Marijuana: light up, burn out”
- “What you need to know about substance abuse”
- “e-cigarettes: 10 things to know about vaping”
- “JCCC facts regarding alcohol and college students”
- “What does an addict look like?” CASAI recovery meeting information
- “Do you think you might have a problem with drugs or alcohol?” CASAI recovery information

Alcoholics Anonymous

- “Is AA for You?” in English and Spanish
- “Is There an Alcoholic in Your Life?” in English and Spanish
- “A Message to Teenagers” in English and Spanish
- “AA and the Gay/Lesbian Alcoholic”
- AA local contact information

Al-Anon

- “Have you been hurt or embarrassed by a drinker’s behavior?” in English and Spanish
- “Al-Anon Family Groups” in English and Spanish
- “Al-Anon Family Groups Welcome Gays and Lesbians”
- “Are you troubled by someone’s drinking?” in English and Spanish
- “Did you grow up with a problem drinker?”
- “Al-Anon, you and the alcoholic”

Copies of these brochures have been included in the appendix of this document beginning on page 81.

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KNOW Campaign & Videos

KNOW the Facts

The KNOW Education, programming, training and prevention strategies are based on three basic principles:

- KNOW – Become knowledgeable of your facts, prevention strategies and resources related to relationship violence, Un-healthy relationships and Un-behaviors.
- NO – Decide to take action for yourself and/or others.
- NOW – Do something to help yourself and/or others, Be and Active Bystander.

When you witness any troubling behavior, take action to make sure that JCCC is a safe place. Being aware, and responding are key to become an active bystander. See something, say something and do something.

<http://www.jccc.edu/student-resources/police-safety/know/>

KNOW the Facts

Alcoholism is a chronic disease that will affect a person for an entire lifetime. There are four main symptoms that are present when someone is dealing with alcohol dependence:

- Craving - having a strong need or urge to drink alcohol
- Loss of control - not being able to stop drinking once drinking has started
- Physical dependence - withdrawal symptoms such as nausea, sweating, shakiness and anxiety after drinking has stopped
- Tolerance - needing to drink greater amounts of alcohol to get high

Know if There is a Problem

- If you think you might have a problem, ask yourself:
- Have you ever felt you should cut down on your drinking?
- Have you been annoyed if others expressed concern about your drinking?
- Have you ever felt guilty about your drinking?
- Have you ever had to drink first thing in the morning to steady your nerves or to get rid of a hangover?

Decide NO and Take Action NOW

- You have a right to be safe. Use the resources list on the right side of this website to help you. Communicate your concerns to a friend or parent.
- Be an Active Bystander if Someone You KNOW is Abusing Substances
- Refuse to join in the behavior.
- Safely intervene to point out unacceptable behavior.
- Ask a college official help. You can make a positive difference in someone's life.
- Tell the individual that you want to help him or her.
- Encourage them to contact college officials or counselors and offer to go with them for support.
- The KNOW program is JCCC's prevention and education efforts to help stop relationship violence in **support of title IX, the Violence Against Women Reauthorization Act, the SaVE Act and Clery.**

<http://www.jccc.edu/student-resources/police-safety/know/substance-abuse.html#.VRmJ2H4o6Uk>

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Events & Programming

Spring 2021

- Safe Spring Break
- Love is Respect
- Start by Believing Day
- #30 Days of SAAM

Fall 2021

- The Red Flag Campaign
- Resource Fair (Suicide Prevention)
- Clubs & Orgs Involvement Fair
- Soberfest

Spring 2022

- Stalking Awareness Tabling
 - Bystander Intervention Training with Tyler Lumpkin (MOCSA)
- Love is Respect
- Safe Spring Break
 - Resource Fair, Kahoot Trivia, Friday Hangout
- #30 Days of SAAAM
- Start by Believing Day

Fall 2022

- Informational give aways in Cav Kickoff Bags
- Informational giveaways in Suicide Awareness and Prevention Bags
- Soberfest
- Anti-Bullying Week

The mission of the Drug and Alcohol Resource Team is to support ongoing programming about health, drugs and alcohol to students.

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Johnson County Community College

Series: 300 Students

Section: Code of Conduct and Discipline

Students enrolled at Johnson County Community College (JCCC) are expected to conduct themselves as responsible individuals at all times while participating in any course or College activity or event, and while representing the College either on or off campus. Student participation in College-sponsored programs is considered a privilege and not a right. Therefore, students participating in such programs are expected to adhere to this JCCC Code of Conduct and to all specific conditions of participation in any College sanctioned activity, event or program, including but not limited to, behavioral conditions as described in contracts/agreements for athletic, academic and extra-curricular scholarships/activities.

Students are subject to the Policies and Procedures of the College. Violations of this Policy may be reported pursuant to the Student Disciplinary Action Operating Procedure. The College will take interim and/or disciplinary action in accordance with the Student Disciplinary Action Policy. In addition, the College may refer a student conduct matter to appropriate authorities if determined necessary by the College.

Students are required to comply with the following JCCC Student Code of Conduct provisions (also referred to as the "Code"):

1. Academic Dishonesty, Cheating or Plagiarism

No student shall attempt, engage in, or aid and abet behavior that, in the judgment of the faculty member for a particular class, is construed as academic dishonesty. This includes, but is not limited to, cheating, plagiarism or other forms of academic dishonesty.

Examples of academic dishonesty and cheating include, but are not limited to, unauthorized acquisition of tests or other academic materials and/or distribution of these materials, unauthorized sharing of answers during an exam, use of unauthorized notes or study materials during an exam, altering an exam and resubmitting it for regrading, having another student take an exam for you or submit assignments in your name, participating in unauthorized collaboration on coursework to be graded, providing false data for a research paper, using electronic equipment to transmit information to a third party to seek answers, or creating/citing false or fictitious references for a term paper. Submitting the same paper for multiple classes may also be considered cheating if not authorized by the faculty member.

Examples of plagiarism include, but are not limited to, any attempt to take credit for work that is not your own, such as using direct quotes from an author without using quotation marks or indentation in the paper, paraphrasing work that is not your own without giving credit to the original source of the idea or failing to properly cite all sources in the body of your work. This includes use of complete or partial papers from internet paper mills or other sources of non-original work without attribution.

A faculty member may further define academic dishonesty, cheating or plagiarism in the course syllabus.

2. Alcohol and Controlled Substances

JCCC supports and endorses the Federal Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act amendments of 1989, as stated in the [Substance Abuse Policy 320.00](#) (for students) and [Substance Abuse Policy 424.03](#) (for employees). In addition, the College requires students to comply with the provisions of the Kansas Controlled Substances Act (K.S.A. 65-4101, et seq.).

These laws and Policies provide, in part, that no student shall consume or possess any alcoholic beverages, unlawfully manufacture, distribute, dispense, consume or possess controlled substances, or be under the influence of such substances on any College-owned, College-operated, or College-utilized facility or at any College-sponsored event or activity either on or off campus. This includes but is not limited to service learning trips, internship experiences, clinical and practicum assignments, or any off-campus JCCC sponsored gathering of students. All athletes who practice and compete for athletic teams at JCCC will be required to participate in the College's Drug and Alcohol Abuse Testing, Prevention and Counseling Program. Specifics of this Program are outlined within the Student Athlete Handbook.

3. Assault and Battery

No student shall threaten or commit an assault or battery (including sexual offenses) on or toward any member of the College community including its employees, students, trustees or visitors.

4. Bullying

Bullying is prohibited at JCCC. Bullying is defined to include an intentional gesture or any intentional written, verbal, electronic or physical act or threat that is sufficiently severe, persistent or pervasive that it creates an intimidating, threatening or abusive educational environment that a reasonable person knows or should know has the effect of physically or mentally harming another; causing damage to property; and/or causing a fear of harm to a person or property. Cyberbullying, or bullying through the use of electronic means, is also prohibited.

5. Contracts

No student shall enter a contract with an outside agency using the name of the College. Contracts entered into in violation of this rule shall be the personal responsibility and liability of the student.

6. Counterfeiting and Altering

No student shall tamper with, alter in any way, manner, shape or form, or make any unauthorized reproduction or copies of any writing, record, document of identification or any form used or maintained by the College. This shall include electronic and computerized data.

7. Discrimination, Harassment or Retaliation

No student shall engage in discrimination, harassment or retaliation of another as defined and prohibited by the [Student Discrimination, Harassment or Retaliation Complaint Policy 319.05](#).

8. Disruptive Behavior

No student shall behave in a manner that is materially disruptive to the learning environment, that is likely to cause damage or actually causes damage to college property, or that endangers or infringes upon the rights and/or safety of themselves or others. Student obstruction or disruption of an educational process, administrative process or other College function is prohibited. It is the responsibility of all students to cooperate fully with officers from the JCCC Police Department, including providing valid identification upon request.

9. Dumping and Littering

No student shall deposit, dump, litter or otherwise dispose of any refuse on College property, except in duly designated refuse depositories.

10. Financial Responsibility

Students who register for classes at JCCC are obligated to pay charges billed to the student account in accord-

ance with the Student Financial Responsibility Statement.

11. Gambling

No student shall engage in any form of gambling, as defined by law (see K.S.A. 21-6403 as amended), on College-owned, College-operated, or College-utilized property, at College-sponsored events or activities either on or off campus, or through the use of College owned technology and communication systems

12. Safety

Students are required to observe the safety rules of any classroom, laboratory or other College premises, whether such procedures are written or oral rules or directions. This shall include, but not be limited to completing all required safety training, wearing required personal protective equipment and following prescribed methods and procedures for utilizing dangerous machinery and/or handling and disposing of certain materials which may be hazardous, unstable, infectious, etc.

13. Sexual Assault, Domestic Violence, Dating Violence and Stalking

Sexual Assault, Domestic Violence, Dating Violence and Stalking, as those terms are defined in the [Sexual Misconduct Policy 650.00](#), are strictly prohibited.

14. Technology, Communication Systems and Electronic Devices

Students must comply with JCCC's [Use of Communication Systems Policy 510.00](#) and [Operating Procedure 510.01](#).

Specifically, students will not use College technology and communication systems:

- For illegal or criminal activity;
- To harass, defame or stalk others;
- For the posting, viewing or sending obscene or pornographic material or material that incites illegal activities;
- For unauthorized commercial or for-profit activities;
- To intentionally waste College resources and supplies;
- To knowingly spread malware or viruses;
- To play games or pursue other non-academic purposes without permission;
- For the distribution, downloading, uploading, or sharing of any material, software, data, document, sound, picture, or any other file that is specified as illegal by any federal or state laws or considered to be proprietary;
- To modify, damage, destroy, or copy any data to which they are not authorized; or
- To tamper with, attempt to gain or gain access to computer data to which the student has no security authorization (including, but not limited to student files, faculty files, confidential information and student record data).

Students shall not share passwords to college technology and communication systems. Passwords must be kept confidential.

Additionally, no electronic communication device shall be used in a manner that causes disruption in any instructional, learning or activity setting, during any class, or within any College-owned, College-operated, or College-utilized facilities. This includes, but is not limited to, abuse of cellular or other electronic devices as follows:

- Utilizing cellular phones or other electronic devices with photographic capabilities for the purposes of photographing test questions or engaging in other forms of academic misconduct, academic dishonesty or illegal activity;

- Photographing individuals in secured areas such as lavatories or locker rooms;
- Taking photographs of any individuals without obtaining appropriate consent;
- Taking unauthorized photographs of documents; or

Utilizing any type of electronic device to photograph, video record or audio record a course or extra-curricular activity unless permission is expressly granted by the faculty member or JCCC representative. A student may be required to complete a Tape Recording Lecture Agreement before receiving permission to record. Regardless, when permission is granted, students agree to use such recordings only for personal use and agree not to post such recordings on the internet, or otherwise distribute them to others. Students needing recordings of lectures for disability-related reasons should contact the [ACCESS Services Office](#) to arrange for appropriate accommodations.

15. Theft/Vandalism

Students shall not engage in the theft of or damage to property belonging to another person or the College. This includes tampering with coin-operated machines, defacing of public property and relocating of College property without proper authorization.

16. Tobacco Use/Smoking

Tobacco use/smoking and use of electronic cigarettes (and similar devices) is prohibited on or in any College facility except in outdoor designated areas. See the [Tobacco and Smoke-Free Campus Policy 428.01](#) for further information.

17. Use of College Facilities and Assembly

Students shall not be in College-owned, College-operated, or College-utilized facilities except during times established in the academic calendar or during normal College hours of operation. Students wishing to utilize College facilities at times outside of normal hours of operation must secure permission from the Office of Student Life and Leadership Development.

Free and open assembly is permitted in public areas of the College, subject to reasonable time, place and manner restrictions. For the purposes of this Code, assembly is defined as an individual or group organizing for the purpose of communication. Use of College space, whether public or non-public, for assembly purposes is available through established facility reservation procedures administered by the Office of Student Life and Leadership Development.

18. Weapons

JCCC prohibits the possession or use of Weapons (as that term is defined in the Weapons Policy 660.00), on campus or at off-campus activities, except as specifically authorized by the Weapons Policy 660.00, which has been adopted in accordance with the Kansas Personal and Family Protection Act, K.S.A. 75-7c01 *et seq.*, as amended and other applicable federal and state laws. Students shall at all times comply with this Policy.

19. Other Violations

Students shall not: (a) violate a federal or state law or local ordinance; (b) aid or abet any violation of federal law, state law, local ordinance, or this JCCC Student Code of Conduct; or (c) violate any other JCCC Policy, Procedure or rule.

Date of Adoption:

Revised: 05/26/1993, 06/17/1993, 06/19/1997, 06/18/1998, 03/23/2000, 04/17/2003, 03/23/2004, 01/18/2007, 05/17/2007, 08/2/2007, 12/13/2007, 01/15/2009, 08/18/2011, 10/22/2015, 11/17/2016, 05/11/2017

Drug Free Schools and Communities Act



JOHNSON COUNTY™
COMMUNITY COLLEGE

DATE: September 20, 2019

TO: All JCCC Students and Employees

FROM: Joseph M. Sopcich, President
Joseph M. Sopcich

SUBJECT: Drug-Free Schools and Communities Act and Drug-Free Workplace Act

The Drug-Free Schools and Communities Act Amendments of 1989 and the Drug-Free Workplace Act of 1988 require all schools and institutions of higher education to adopt and implement a program to prevent the illicit use of drugs and the abuse of alcohol by students and employees on college property or as part of any college activities.

The attached statement, which is part of JCCC's program adopted to comply with these Acts, is being distributed to you as required by law. If you have any questions regarding this statement or wish to receive further information on the college's Drug-Free Schools and Communities Act and Drug-Free Workplace Act program, you are encouraged to contact Dr. Randy Weber, Vice President, Student Success/Engagement/Chief Student Affairs Officer, or Becky Centlivre, Vice President, Human Resources.

JOHNSON COUNTY COMMUNITY COLLEGE
Statement of Prevention of Alcohol Abuse and Drug Use
on Campus and in the Workplace

STANDARDS OF CONDUCT

Johnson County Community College supports and endorses the Federal Drug-Free Workplace Act of 1988 (41 USC § 701 et seq.) and the Drug-Free Schools and Communities Act amendments of 1989 (20 USC § 1145(g)). Pursuant to these Acts, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or abuse of alcohol (as defined in these Acts) by an employee or student on college property or as part of any college activities is prohibited. Any student or employee of the college found to be abusing alcohol or using, possessing, manufacturing, or distributing controlled substances in violation of the law on college property or at college events, or otherwise in violation of college policies related to alcohol and controlled substances, shall be subject to disciplinary action in accordance with applicable policies of the college, as may be amended. For employees, the college will take appropriate personnel action for such infractions, up to and including termination as set forth in the Substance Abuse and Alcohol Policy 424.03, and the Suspension, Demotion and Termination Policy 415.08. Students who violate this policy will be subject to sanctions as set forth in the Substance Abuse Policy 320.00, and the Student Code of Conduct Policy 319.01 which include suspension and expulsion from the college.

As a condition of employment, all employees shall abide by the terms and conditions of 41 USC § 701 et seq. and 20 USC § 1145(g). As such an employee must notify the college of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction. Such notice shall be provided in writing by the employee to the Executive Director, Human Resources. The college will in turn, notify as appropriate, the applicable federal agency of the conviction within ten days of its receipt of notification of the conviction. For such conviction, the college will take appropriate personnel action, up to and including termination, within thirty (30) days of receiving notice of such conviction. Employees may also be required to satisfactorily participate, at their expense, in a drug abuse assistance or rehabilitation program as approved for such purposes by a federal, state, or local health, law enforcement or other appropriate agency before being allowed to return to work, which may include drug and alcohol testing, as applicable. For purposes of this policy, a “conviction” means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

LEGAL SANCTIONS

Students and employees are reminded that unlawful possession, distribution or use of illicit drugs or alcohol may subject individuals to criminal prosecution. The college will refer violations of proscribed conduct to appropriate authorities for prosecution. Federal regulations and state laws provide penalties of fines and imprisonment for violations of the criminal statutes which include possessing, offering for sale, possessing with the intent to offer for sale, distributing or manufacturing controlled substances such as opiates, narcotics, depressants, stimulants or hallucinogenic drugs.

Additionally, most municipalities have ordinances criminalizing possession of marijuana, and in the case of Overland Park, mandatory jail time is imposed even for first time convictions under its ordinance.

HEALTH RISKS

Abuse of alcohol and use of drugs is harmful to one's physical, mental and social well-being. Accidents and injuries are more likely to occur if alcohol and drugs are used. Alcohol and drug users can lose resistance to disease and destroy their health. Tolerance and psychological dependence can develop after sustained use of drugs.

Alcoholism is the number one drug problem in the United States. Alcoholism takes a toll on personal finances, health, social relationships and families. It can have significant legal consequences. Abuse of alcohol or use of drugs may cause an individual driving a motor vehicle to injure others and may subject the abuser to criminal prosecution. Drunk drivers are responsible for more than half of all traffic fatalities.

Additionally, the major categories of drugs are listed below and include the significant health risks of each.

AMPHETAMINES - Physical dependency, heart problems, infections, malnutrition and death may result from continued high doses of amphetamines.

NARCOTICS - Chronic use of narcotics can cause lung damage, convulsions, respiratory paralysis and death.

DEPRESSANTS - These drugs, such as tranquilizers and alcohol, can produce slowed reactions, slowed heart rate, damage to liver and heart, respiratory arrest, convulsions and accidental overdoses.

HALLUCINOGENS - may cause psychosis, convulsions, coma and psychological dependency.

COUNSELING, TREATMENT OR REHABILITATION PROGRAMS

Many community agencies are available to assist employees and students seeking alcohol and drug counseling and treatment. Among these agencies are the college-sponsored Employee Assistance Program (for full-time and part-time regular college staff and dependents), the Johnson County Mental Health Center, the Johnson County Substance Abuse Center, the Johnson/Leavenworth Regional Prevention Center, and the Heart of America Family and Children Services. In addition to these, many area hospitals and community agencies are available to provide drug and alcohol counseling services.

Students seeking additional information about health problems and treatment related to alcohol and drug problems may contact a student counselor through the JCCC Counseling Center on the second floor of the Student Center. Employees may receive this additional information through the Office of Human Resources (GEB 274) and/or through the Staff Development Center (RC 159).

SANCTIONS

An employee who violates any provision of this policy shall be subject to appropriate disciplinary action including suspension, demotion, non-renewal and/or termination as provided in the Suspension, Demotion and Termination Policy 415.08. A student who violates any provision of this policy shall be subject to appropriate disciplinary action including suspension and expulsion as provided in the Student Code of Conduct Policy 319.01. In addition, any student or employee who violates the Standards of Conduct as set forth in this Statement of Prevention of Alcohol Abuse and Drug Use may be subject to referral for prosecution.

Employees may also be required to undergo reasonable suspicion drug and alcohol testing as part of this program to prevent alcohol abuse and drug use at the college.

The term "controlled substance" as used in this policy means substances included in Schedules I through V as defined by Section 813 of Title 21 of the United States Code and as further defined by the code of Federal Regulations, 21 C.F.R. 1300.11 through 1300.15. The term does not include the use of a controlled substance pursuant to a valid prescription or other uses authorized by law.

The term "alcohol" as used in this policy means any product of distillation or a fermented liquid which is intended for human consumption, and which is defined in Chapter 41 of the Kansas statutes.

Travel Training

Link to 2019—2020 Title IX Training— <https://canvas.jccc.edu/courses/36477>

Link to 2020-2021 Title IX Training— <https://canvas.jccc.edu/enroll/6JXCB8>



Sexual Violence Prevention for Community College Students

Full Course

Sexual Violence Prevention for Community College Students is a reality-driven course designed to educate students about consent, healthy relationships, bystander intervention, as well as the realities of sexual assault, dating violence, domestic violence, and more.

[Read More](#)

CONTINUE COURSE

3 / 12 Sections Complete

Sexual Violence Prevention for Community College Students - Full Course

Course Sections

- JCCC Prohibition Statement & Welcome Letter
Johnson County Community College Reading Completed View [→](#)
- Introduction
3 Minutes Video Completed View [→](#)
- Consent and Sexual Assault
8 Minutes Video Completed View [→](#)
- Bystander Intervention
2 Minutes Video Required Start [→](#)

Course Details

Primary Sexual Violence Prevention 31 Minutes

Resources

All resources will open in a new window.

[JCCC Student Complaints Policy](#)

[JCCC Student Discrimination, Harassment, or Retaliation Compliant Policy](#)

[JCCC Student Discrimination](#)

Travel Training

-  **Verbal Defense**
○ 2 Minutes Video Required Start →

-  **Alcohol**
○ 3 Minutes Video Required Start →

-  **Dating and Domestic Violence**
○ 2 Minutes Video Required Start →

-  **Sexual Harassment**
○ 2 Minutes Video Required Start →

-  **Stalking**
○ 2 Minutes Video Required Start →

-  **What to do if...**
○ 3 Minutes Video Required Start →

-  **JCCC Campus Definitions and Title IX Contacts**
Johnson County Community College Reading Required Start →

-  **Final Assessment**
○ 2 Minutes Assessment Required Start →

-  [JCCC Student Discrimination, Harassment, or Retaliation Compliant Operating Procedures](#)
-  [The KNOW program: JCCC's Prevention & Education Effort](#)
-  [JCCC Sexual Misconduct Policy](#)
-  [JCCC Sexual Misconduct Complaint Operating Procedure](#)
-  [JCCC Student Code of Conduct Policy](#)
-  [JCCC Disciplinary Action Policy](#)
-  [JCCC Student Disciplinary Action Appeals Operating Procedure](#)

Prevention Connection

[National Sexual Violence Resource Center](#)

[National Stalking Resource Center](#)

[National Domestic Violence Hotline](#)

[Violence Against Women Network \(VAWnet\)](#)

[Sexual Violence - Local Sexual Assault Centers \(listed by state\)](#)

[U.S. Department of Health & Human Services - Stop Bullying Site](#)

[International SOS](#)

[See It Now](#)

Alcohol & Other Drugs Training

Alcohol and Other Drugs

Full Course

Alcohol and Other Drugs is a reality-driven online course designed to educate students on the risks of the abuse of alcohol and other drugs, and to teach successful strategies for handling dangerous situations related to these substances.

[Read More](#)



CONTINUE COURSE

1 / 9 Sections Complete

Alcohol and Other Drugs - Full Course

Course Sections

- JCCC Welcome Statement**
Johnson County Community College Reading Completed [View](#)
- Introduction**
1 Minute Video Required [Start](#)
- Your GPA**
7 Minutes Video Required [Start](#)
- Your Brain**
7 Minutes Video Required [Start](#)

Course Details

Alcohol and Drug Abuse Prevention 33 Minutes

Resources

All resources will open in a new window.

- [JCCC Substance Abuse Policy](#)
- [JCCC Student Code of Conduct Policy](#)
- [JCCC Student Disciplinary Action Policy](#)

Alcohol & Other Drugs Training

 **Your Peers** Start 
⌚ 6 Minutes Video Required

 **Your Life** Start 
⌚ 7 Minutes Video Required

 **Conclusion** Start 
⌚ 1 Minute Video Required

 **Additional Information** Start 
Johnson County Community College Reading Required

 **Final Assessment** Start 
⌚ 2 Minutes Assessment Required

 **Your Peers** Start 
⌚ 6 Minutes Video Required

 **Your Life** Start 
⌚ 7 Minutes Video Required

 **Conclusion** Start 
⌚ 1 Minute Video Required

 **Additional Information** Start 
Johnson County Community College Reading Required

 **Final Assessment** Start 
⌚ 2 Minutes Assessment Required

Policy

[College Drinking Prevention](#)

[Students Against Destructive Decisions \(SADD\)](#)

[NCAAD - National Council on Alcoholism and Drug Dependence, Inc.](#)

Course Coordinator

Have a question? Please contact:

Center for Student Engagement at 913-469-7657

Policy

[College Drinking Prevention](#)

[Students Against Destructive Decisions \(SADD\)](#)

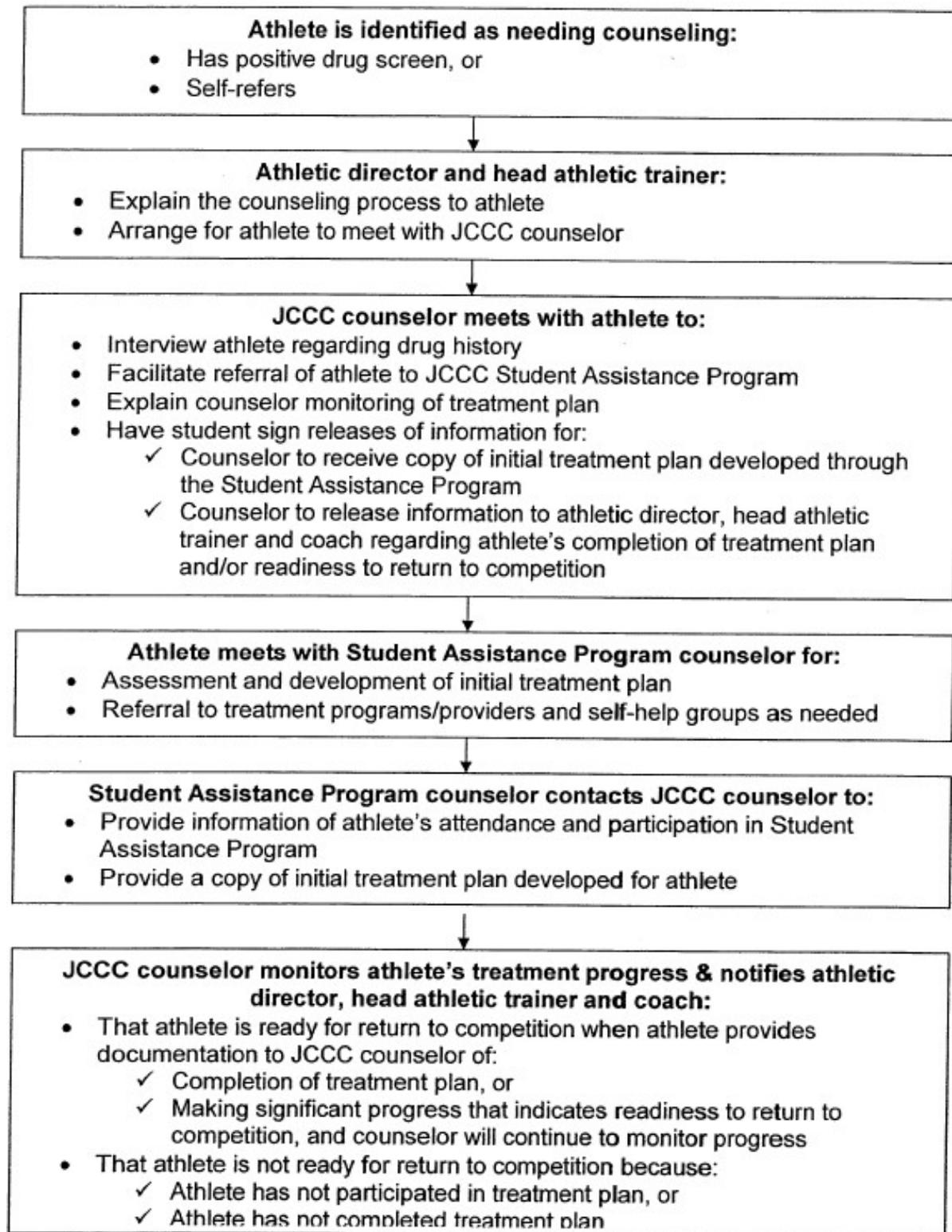
[NCAAD - National Council on Alcoholism and Drug Dependence, Inc.](#)

Course Coordinator

Have a question? Please contact:

Center for Student Engagement at 913-469-7657

Counseling Procedure
JCCC Drug Testing, Prevention and Counseling Program



Johnson County Community College Drug and Alcohol Abuse Education, Testing and Counseling (DAAETC) Procedures

Preamble

This document (known as the/this "Document") has been drafted to protect both the student athlete and the JCCC athletics program. Illicit drug and alcohol usage within the context of competitive athletics compromises the physical well-being of the athletic participants, and is a health-safety issue for athletes. Drug and alcohol testing is necessary also to help eliminate performances enhanced through the use of drugs and banned substances, and to protect the integrity of the JCCC program.

This document constitutes an agreement between the student-athlete and JCCC. However no contractual obligation is stated or implied. JCCC may amend this document from time to time as needed, with or without notice to the student athlete.

- I. **All athletes who compete for athletic teams at Johnson County Community College** are required to participate in the Drug and Alcohol Abuse Testing, Prevention and Counseling Program (DAAETCP).
 - A. The DAAETCP shall be an integral part of the overall athletics program, along with sanctions as they are appropriate.
 - B. The team coach will inform each recruit and walk-on athlete of the drug and alcohol testing requirement.
 - C. A percentage of the members from each JCCC athletics team may be tested at any time during the academic year or for as long as any team's season may extend into the summer.

- II. **Reasonable Suspicion**—Athletes may be requested by their head team coach, the head athletic trainer, or the Director of Athletics, to submit to a non-random drug and alcohol test if:
 - A. There is reasonable suspicion of drug or alcohol usage which could be a significant health and/or safety issue for the athlete and/or the team.
 - B. The coach must sign and date a request form and write detailed description of the suspicious behaviors of the athlete and the circumstances surrounding the reason(s) for his/her suspicion that the athlete is participating in drug or alcohol abuse.
 - C. Specific criteria must be met in order for a "reasonable suspicion" request to be honored.
 - D. The final decision whether or not to test on suspicion shall be at the complete discretion of the head athletic trainer (and his/her expert consultants as required).

- III. **Refusing to participate**
 - A. An athlete who refuses to participate in the drug and alcohol testing program will be immediately suspended from practice and play until such time that the Director of Athletics has had an opportunity to review the athlete's case.
 - B. The review will be completed within five week-days immediately following the date of the drug test.
 - C. "Refusing to participate" shall include but not necessarily be limited to:
 - "Failure to show" at a designated Drug and alcohol testing date, time and location.
 - Refusing to submit to a Reasonable Suspicion drug test
 - Arriving more than twenty minutes past the announced start time of the test, without first immediately contacting the head coach or head athletic trainer with a reasonable and verifiable reason for the tardiness, and an approximate time of arrival.
 - Repeatedly arriving late, or otherwise postponing or extending the sample collection process.

Note: Each case will be handled individually by the Director of Athletics. The severity of the penalty shall be at the sole discretion of the JCCC Director of Athletics, but will be derived from the guidelines contained within the DAAETC procedures.

IV. Testing Notification Procedure:

- A. Athletes will be selected randomly for testing via a computerized randomization program except in cases of testing under reasonable suspicion.
- B. No more than 18 hours' notice of an upcoming test will be given.
 - Most often, a member of the coaching staff will notify his/her athletes of an impending random drug and alcohol Test.
 - **Notification may arrive by any of the several available electronic communication technologies currently available or face to face. Use of Voice Mail should be avoided if at all possible unless the coach is certain that the contact telephone number for the athlete is for a mobile device belonging to the athlete themselves.**
 - It is the athlete's sole responsibility to frequently check their communications media for messages. **The athlete MUST reply immediately to a drug test notification message!**
 - Conflicts with classes or job responsibilities during the time of a drug test must be reported immediately to the notifying person. The athlete must offer an approximate time of their arrival subject to approval by the notifying person.
 - An athlete is considered to be **officially late if they arrive 20 minutes after the announced start time of the drug test.** The validity of the reason for tardiness and the immediate consequence or leniency will be at the discretion of the athletic trainer on duty and the drug collection team leader together. They may also confer with the Director of Athletics on the matter.
 - A reasonable cause of absence from JCCC on the scheduled date and time must be provided in such case the athlete is unable to attend the drug test on the scheduled day.
 - Within **36 hours** of the original announced time and date of the test, the athlete will be required to travel at their own expense to the independent testing agency employed by the college and submit a viable urine sample or appear at a designated time and place on campus to meet with drug testing officials.
 - Each athlete will be expected to arrive **prepared to provide a viable urine sample within 30 minutes of their arrival. The athlete's first attempt to provide a urine sample will be required as nearly as possible to 30 minutes following their arrival.**
- C. Urine sample collection will be conducted by an independent agency chosen for expertise in drug test sample collection, privacy safe guards and chain of custody procedures.
- D. Urine samples will be analyzed by a laboratory chosen for the rigor of their privacy safeguards and chain of custody procedures.

V. General Procedures and Rules at the time of Sample Collection

- A. From the moment of the athlete's arrival at the designated drug testing location
 - The athlete will sign in and mark the time immediately upon arrival.
 - The athlete will sign a drug test acknowledgement sheet immediately upon arrival.
 - The athlete is **officially late exactly 20 minutes** after the announced start time of the drug test.
 - The athlete must **make their first attempt to provide a usable urine sample within 30 minutes** of their arrival.
 - The athlete is not allowed to eat, drink, or go to the restroom without permission and possibly accompaniment by a member of the drug testing team.
 - The athlete is not allowed to use a cell phone or other electronic communication device without permission of a member of the drug testing team.
 - The athlete may not leave the visual observation of testing site personnel.
 - **Directly Observed specimen collection will be conducted and monitored by trained personnel**

Note: If he/she so chooses, the athlete may bring one (1) witness, 18 years of age or greater to observe the collection procedure. The witness is required to identify themselves to the drug testing personnel immediately upon arrival at the designated site. The witness must adhere to all rules governing the drug testing site, both written and implicit.

VI. Disclosure of Supplements and Medications

- A. An athlete who is taking any medications or dietary supplements on a regular basis is required to inform the athletic training staff as part of their official medical history.
- B. An athlete who is currently taking any prescribed medication at the time of a drug test **MUST** declare the fact **PRIOR TO** providing a urine sample. The athlete must bring the original prescription bottle with the original labeling, or an original prescription or pharmacy tab to the testing site, to be reviewed by drug testing personnel, or to the head athletic trainer within 24 hours following the drug test.
- C. The prescribing physician may be contacted to establish a medical exception for an athlete found positive for the medication(s) that the athlete has been prescribed.

Note: The levels for detection for the tests utilized for college drug tests is set lower than drug screens commonly used in the work place.

VII. Substances Routinely Tested

- A. Testing Tolerances
 - Urine samples submitted for athletics drug testing are tested at lower tolerances than typical workplace testing.
- B. Alcohol
 - The use of alcohol by JCCC athletes is prohibited by team rules and the rules of the athletics department.
 - Any athlete who is reported and verified as having been arrested while under the influence or possession of any illegal substance (including alcohol), will be treated as if they had produced a positive drug screen. All provisions of this document will apply.
 - The athlete will be subject to penalties as established by their team, the athletics department, or by the College as outlined in the Student Handbook.
- C. "Street" Drugs of Abuse
 - The use of drugs of abuse by JCCC athletes is prohibited by team rules and the rules of the athletics department, and of the college.
 - The athlete will be subject to penalties as established by their team, and the athletics department, or by the College as outlined in the Student Handbook.
- D. JCCC's routine drug screenings may look for the following drugs of abuse.
 - Marijuana
 - Synthetic marijuana-like products. (Synthetic cannabinoids aka "K-2")
 - Amphetamines
 - Cocaine
 - Ecstasy
 - Narcotic Pain Killers
 - Prescription Sedatives
 - Alcohol
 - Synthetic drugs known as "Bath Salts"
 - Certain dangerous dietary supplements, including but not necessarily limited to ephedra.
 - Any substance currently popular among the general college population.
 - **Anabolic steroid screens** may be utilized based upon reasonable suspicion

NOTE: No student shall unlawfully manufacture, distribute, dispense, possess or use a controlled substance, as defined in the Controlled Substances Act (K.S.A. 65-4101 as amended from time to time) on any college owned or college-

operated property, or at any college-sponsored event either on or off campus. Appropriate disciplinary action will also be taken by the college as outlined in the Student Code of Conduct.

VIII. Safe Harbor Rule:

- A. An athlete may self-refer himself/herself** to the JCCC DAAETCP to report his/her own use of illegal drugs, alcohol, or having received an MIP or DUI citation.
- The immediate threat of serving game suspensions is waived.
 - The athlete will proceed through the regular counseling phase of the program prior to being allowed to participate in any upcoming game.
 - A self-referral counts as a first positive drug test or alcohol related incident.

NOTE: At the time of self-referral, the athlete will be required to provide a written, signed and dated note declaring their voluntary self-referral. **An athlete MAY NOT resort to the safe harbor rule once they have already been randomly selected and notified of an impending test!**

IX. Counseling Phase

- A. A Positive Drug Test will Result in Immediate Commencement of the following Process**
- **Athlete is identified as needing counseling:** Has positive drug screen, or self-refers.
 - **Athletic director and head athletic trainer:** Explain the counseling process to athlete and arrange for athlete to meet with JCCC counselor.
 - **JCCC counselor meets with athlete to:** Interview athlete regarding drug history, facilitate referral of athlete to JCCC Student Assistance Program, explain counselor monitoring of treatment plan, have student sign releases of information for counselor and head athletic trainer to receive copy of initial treatment plan developed through the Student Assistance Program and for head athletic trainer to release information to athletic director and head coach regarding athlete's completion of treatment plan and/or readiness to return to competition.
 - **Athlete meets with Student Assistance Program counselor for:** Assessment and development of initial treatment plan and referral to treatment programs/providers and self-help groups as needed.
 - **Student Assistance Program counselor contacts JCCC counselor and head athletic trainer to:** Provide information of athlete's attendance and participation in Student Assistance Program and provide a copy of initial treatment plan developed for athlete
 - **JCCC counselor monitors athlete's treatment progress & notifies head athletic trainer** of any pertinent developments in the athlete's progress.
 - **The athlete is ready for return to competition when:** Athlete provides documentation to JCCC counselor and head athletic trainer of completion of treatment plan, or making significant progress that indicates readiness to return to competition, while counselor will continue to monitor progress.
 - **The athlete is not ready for return to competition when:** Athlete has not participated in treatment plan, or athlete has not completed treatment plan.
 - **At least one (1) subsequent drug and alcohol test** shall be conducted at some time following the prescribed counseling regimen.

X. Suspension Phase

- A. Game Suspension:** The athlete shall be suspended from playing in the immediately subsequent 10% of the regular-season games scheduled for their sport.
- B. Participation in Practices and Training:** During the athlete's period of mandatory counseling, he or she may be allowed to continue to practice and condition with his or her team unless the counselor(s) advises against it on medical grounds.
- C. The entirety of the prescribed counseling sessions must be completed prior to the athlete playing in any subsequent games UNLESS** the athlete's drug and alcohol abuse counselor provides written

permission to resume play. Copies are to be provided to the athletic director, the head athletic trainer and the JCCC counselor assigned to the athlete's sport. The athlete's continued permission to resume play will be contingent upon continued compliance with the prescribed course of treatment.

- **The prescribed course of treatment and any recommendations for ongoing care MUST** be provided in writing to the athletic director, the head athletic trainer and the JCCC counselor assigned to the athlete's sport.
- Any counseling required after the initial free of charge sessions shall be at the athlete's expense and are required in order to continue playing sports at JCCC

D. Off Seasons: A positive drug and alcohol screen or verified possession or usage citation, or has self-reported use of illegal substances (including alcohol):

- During the off season of his/her sport, or During a scrimmage season (for example, the Fall season for baseball and softball, or the Spring season for volleyball or soccer) then:
- **Game suspension shall commence** the first available games to be played during the **REGULAR and TRADITIONAL** season for that sport.

E. Playoffs: A positive drug or alcohol screen, verified citation or self- reports use of illegal substances (including alcohol) immediately prior to or during playoffs:

- The suspension shall consist of the same number of games during the playoffs that the athlete would have missed during the regular playing season, beginning with the very next available game to be played following the positive test.

XI. Second Positive Drug Test or Illegal Drug-related Incident—the athlete shall be permanently dismissed from participating in athletics at Johnson County Community College, and athletic related financial aid will be withdrawn. JCCC will continue to offer ongoing support of the athlete in his/her counseling process if desired by the athlete.

XII. Counseling and Penalty Procedures for Alcohol-related Incidents and Positive Screens for Alcohol.

Rationale: A) Alcohol is a legal substance in the United States for persons over the age of 21, but it is a misdemeanor for persons under the age of 21 to purchase, consume or possess alcohol containing beverages. B) In most instances, a single drink of alcohol yields a low likelihood of intoxication. C) Similarly, a single dose or infrequent usage of alcohol generally carries a lower likelihood of developing addiction than do single doses of most street drugs of abuse.

- A. **First alcohol-related incident**—the athlete will proceed through the regular counseling phase of the program prior to participating in any upcoming game.
- B. **Second alcohol-related incident**—the athlete will complete a game suspension equivalent to a minimum 10% of the number of the athlete's sport's regular season games and proceed a second time through the counseling phase of the program prior to participating in any upcoming game.

XIII. Third alcohol-related incident—the athlete shall be permanently dismissed from participating in athletics at Johnson County Community College, and athletic related financial aid will be withdrawn. JCCC will continue to offer ongoing support of the athlete in his/her counseling process if desired by the athlete.

XII. APPEAL PROCEDURES

- A. An athlete who tests positive on a drug and alcohol test, has the right to a re-test by the "split sample" method.
- B. A **written request** for a re-test or an appeal must be submitted in writing to the **Vice President for Student Success and Engagement**. **within 48 hours** of the athlete's notification of a positive test.

Appendix I.

Summary of the JCCC Drug and Alcohol Abuse Education, Testing and Counseling Program and Procedures

1. Drug testing Penalties

A. A first positive drug test will lead to:

- Game Suspension minimum 10% of the number of regular season games for that athlete's sport. Starts with the very next game. The athlete may practice but may not play, unless the drug and alcohol counselor recommends otherwise.
- Possible penalties associated with individual team rules violations in regard to substance abuse.
- Written permission to return to play must be provided by the athlete's drug and alcohol abuse counselor before the athlete may resume playing in games.
- The athlete will be tested again at least once.

B. A Second positive drug test will lead to:

- Immediate dismissal of the athlete from the JCCC athletic program.
- Withdrawal of all athletics based financial aid.

C. A First alcohol-related incident will lead to:

- Athlete is required to participate in the counseling phase of the program as previously described. See A above.
- Possible penalties associated with individual team rules violations in regard to substance abuse.

D. A Second alcohol-related incident will lead to:

- Suspension equal to a minimum of 10% of regular season games for the athlete's sport, to commence with the very next game.
- Athlete is required to proceed a second time through the counseling phase as described in A above.
- Possible penalties associated with individual team rules violations in regard to substance abuse.

E. A Third alcohol-related incident will lead to:

- The athlete shall be permanently dismissed from participating in athletics at Johnson County Community College.

1. **Most drug tests will be announced very closely before the date and time of testing.**
2. The athlete will be notified by his or her head coach of an upcoming drug and alcohol test, **no more than 18 hours** in advance of the scheduled testing time.
3. Athlete **MUST reply immediately** upon receiving the notification of a drug test. Failure to check a text, email or voice mail will is not an excuse for missing a drug or alcohol test.
4. **Time conflicts:** If athlete will be delayed in arriving at the announced time of the drug test, the athlete **MUST** notify the head coach or head athletic trainer immediately, and provide a reasonable approximate time of their arrival.
5. Athlete **MUST** arrive and check in at the drug testing area **NO MORE THAN TWENTY (20) MINUTES** after the announced starting time.
6. Athlete has the right to bring one (1) witness, 18 years or older, to observe the collection process.
7. **The drug test collection procedure will be DIRECTLY OBSERVED by trained drug testing personnel.**
8. **Safe Harbor:** Athlete may admit to use of an illegal substance, or to receiving an MIP or DUI citation. The **immediate threat of game suspensions will be waived.** HOWEVER this will still be treated as a first positive drug or alcohol test. **Self-Reporting AFTER the athlete has been notified that they have been selected for a drug and alcohol test is not allowed!**
10. Athlete who tests positive has the right to a "split sample" retest. Athlete may appeal conflicts in split-test results or appeal related action taken by the Vice President for Student Success and Engagement or his/her representative. A written appeal must be delivered **within 48 hours** of receipt of the test results action being appealed.
11. Coaches have the right to request that an athlete or athletes be tested for "reasonable suspicion."

Rev/13

Appendix II.

Substances of Concern

Prescription medications

- A. Prescription medications should only be used by the person for whom they have been prescribed! Do not share!
- B. The misuse or abuse of prescription medications is very dangerous.
- C. Certain prescription medicines, particularly the narcotic pain relievers, can be extremely addictive.
- D. Many prescription medications, when taken in combination, can produce powerful interactions that pose a serious, even life threatening danger to those who abuse medicines in this way.
- E. In cases of the abuse of sedatives or narcotic pain killers, the difference between a maximum safe dose and a deadly overdose is extremely narrow.

Tobacco

- A. While nicotine is not included on JCCC drug testing panels at this time, the use of tobacco is viewed as a serious threat to the health and well-being of the athlete.
- B. Tobacco is banned by all sports governing bodies.
- C. Use of tobacco at sports contests may result in individual or team penalties.
- D. This policy, and all other applicable team or sports association rules may be used in regard to discovery of an athlete's use of tobacco in any form.

The following have been proven about the use of tobacco:

- Tobacco causes more colds, bronchitis, pneumonia, emphysema (severe damage to the air sacks in the lungs) and heart disease than in non-smokers.
- Tobacco causes more absenteeism due to illness than in non-smokers.
- Tobacco use results in immediately reduced aerobic capacity.
- Tobacco use results in immediate negative effects on the circulatory system
- Tobacco has been directly correlated with the development of most cancers.
- Spit tobacco is directly associated with a significantly increased incidence of cancers of the mouth, gums, tongue, throat and stomach.
- Spit tobacco is just as addictive as smoked tobacco.

Dietary Supplements

- A. Dietary Supplements can be Hazardous!
- B. The manufacture and distribution of dietary supplements are not currently regulated by the FDA.
- C. Several studies by independent laboratories have shown that the contents of off-the-shelf dietary supplements can be inconsistent in terms of potency and actual ingredients contained within a particular bottle of supplement.
- D. Many of the claims made for the benefits of dietary supplements are based on incomplete or over-stated data.
- E. Some dietary supplements can produce false-positive drug screens.

Before taking any supplements, check with the certified athletic trainers or check The Resource Exchange Center (REC) a The National Center for Drug Free Sport. Athletes wishing to access the REC site should check with a JCCC athletic trainer to obtain the access code.

Rev. 11

Appendix III.

JCCC Athlete Consent Form for Release/Exchange of Information Drug Testing and Counseling

This document is to be completed at the time of the athlete being notified and interviewed by the Director of Athletics, Head athletic trainer and Head Team Coach.

I (Print Name) _____ a member of the JCCC _____ team, grant permission by my signature below, for the limited sharing of information as it pertains to my recent positive drug test and the subsequent mandatory counseling process. Information may be shared only between those persons named below. Unless otherwise stipulated, this permission will remain in effect from the date written below, through the last day of my sophomore year at JCCC. Permission will then be immediately revoked unless otherwise stated hereon.

To be shared only between and among the athlete's JCCC Counselor, the Student Assistance Program Counselor, the JCCC Director of Athletics and the JCCC Head Athletic Trainer. Information may also be shared with the athlete's HEAD team coach in as far as it pertains to the athlete's playing status.

This permission pertains only to the athlete's recent positive athletics drug test and subsequent counseling status.

Modifications to this agreement as made by the signer below

Athlete Signature

Date

Director of Athletics, Carl Heinrich: 913-469-2499 heninrich@jccc.edu

Head Athletic Trainer, Bill Buese: 913-469-3401 bbuese@jccc.edu

Athlete's JCCC Counselor: _____ *Phone* _____ *Email* _____

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Appendix IV.

Coach's request for a drug or alcohol test due to Reasonable Suspicion

Coach _____ Team _____ Name of athlete _____

Please detail below your personally observed and not otherwise satisfactorily explained changes in the athlete's habits, appearance, demeanor, and athletic performance that would lead you to suspect that the athlete is abusing illegal drugs of abuse. Please be specific in your descriptions and include dates and times if possible. Please attach additional sheets if required. In a **sealed envelope**, please turn in your completed documentation to the Head Athletic Trainer.

Coach's Signature _____ Date ____/____/____

Specific criteria for "reasonable suspicion" of drug and alcohol abuse.

The following criteria shall be applied (but not necessarily restricted to) the following observable behavioral changes in the athlete's habits, appearance, demeanor and/or athletic performance.

- Direct observation of the athlete by a coach, athletic trainer or other school official, of said athlete displaying signs of current intoxication by drugs or alcohol.
- Marked observable and not otherwise satisfactorily explained changes in the athlete's personal hygiene.
- Sudden documented and not otherwise satisfactorily explained commencement of repeated tardiness or absences from team practices, conditioning, team meetings or games after setting a general pattern of promptness and attentiveness.
- Sudden, consistent and not otherwise satisfactorily explained drop-off of the athlete's levels of energy and athletic skills performance based upon previously set standards for the individual athlete, as observed and assessed by the coaches.
- Sudden and not otherwise satisfactorily explained decline in school grades, class attendance, or punctuality as observed, reported and/or confirmed by the athlete's classroom instructor(s).
- Sustained, repeated and not otherwise satisfactorily explained commencement of specifically documented "out of character" behaviors as observed and corroborated by the coaches, team mates, classmates, instructors, parents or others who regularly know and observe the athlete.
- Repeated observations of significant changes in the known regular social associates and/or habits of the athlete.
- In which case a team mate of the athlete or another non-coach wishes to bring possible suspected drug abuse to the attention of the head coach or head athletic trainer, the person or persons must be willing to write out the reasons for their suspicion based upon the above outlined criteria, and sign and date the document.

Appendix V.

Coach's request for an anabolic steroid test due to Reasonable Suspicion.

Coach _____ Team _____ Name of athlete _____

Please detail below your personally observed and not otherwise satisfactorily explained changes in the athlete's habits, appearance, demeanor, and athletic performance that would lead you to suspect that the athlete is abusing anabolic steroids. Please be specific in your descriptions and include dates and times if possible. Please attach additional sheets if required. In a **sealed envelope**, please turn in your completed documentation to the Head Athletic Trainer.

Coach's Signature _____ Date ____/____/____

Specific criteria for "reasonable suspicion" of the abuse of anabolic steroids:

The following criteria shall be applied (but not necessarily restricted to) the following observable behavioral and physiologic changes in the athlete's habits, appearance, demeanor and/or athletic performance.

- Sudden and not otherwise reasonably explained gain of body mass and strength over and beyond that which might generally be considered within recognized norms for gains expected through the athlete's adherence to a well-planned resistance and dietary training program, while at the same time considering the athlete's age, sex, body type, and previous training history.
- Additional signs of probable anabolic steroid abuse include one or several of the following, especially in conjunction with the above:
 1. male pattern baldness
 2. male hirsuteness in females
 3. acne
 4. voice deepening
 5. mood swings
 6. aggressive behavior
 7. gynecomastia (female-like breasts in a male).
 8. reduction in the size of a testicle
 9. changes in libido

In which case a coach requests reasonable suspicion testing on an athlete, the coach must sign and date a request form. The coach will be required to list in detail his/her observed reasons for suspicion of drug abuse in the case of this specific athlete. When possible, dates and times should also be documented. The coach will then turn in to the head athletic trainer the completed request form.

The final decision to test on suspicion shall be at the complete discretion of the head athletic trainer (and his/her expert consultants if desired) based upon the coach's detailed written request, the head athletic trainer's professional judgment, and any additional information the head athletic trainer might gather as part of his/her consultations and investigation.

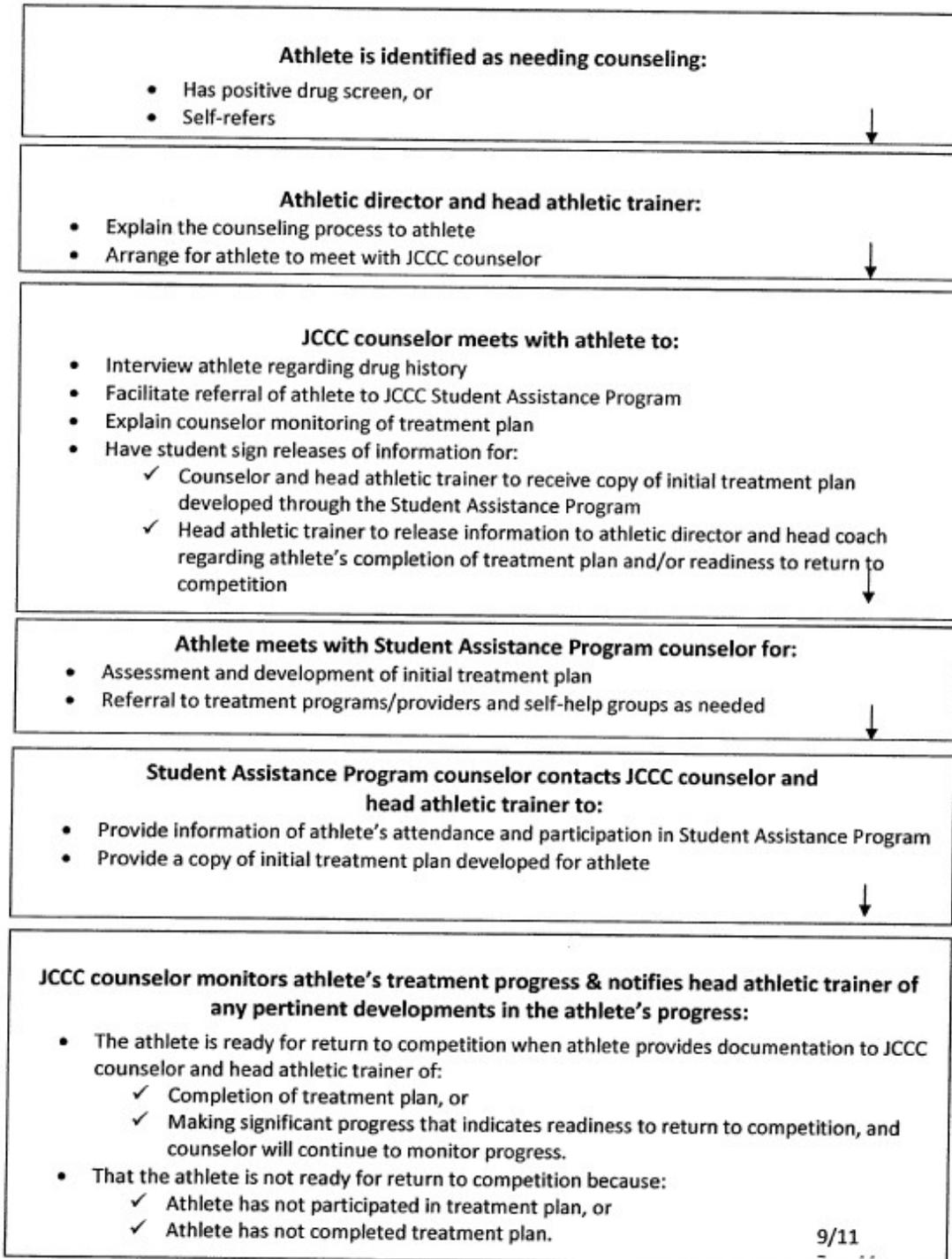
Copies to 1) Coach 2) Head AT 3) Director of Athletics

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Appendix VI.

Counseling Process Flow Chart

JCCC Drug and Alcohol Abuse Testing, Prevention and Counseling Program



Appendix VII.

Athlete's Self Reporting Statement

Use of Alcohol while under Age

Use of Illegal substances other than Alcohol

Receiving a Police Citation for the Possession of Illegal Substances or Alcohol while Under Age

I, (Print Name) _____ a member of the JCCC _____ team, certify by my signature below, that I am self-reporting my own use of illegal substances, or of my receiving a police citation for under-age possession of alcohol. I am signing this document freely by my own decision as an adult over 18 years of age.

Illegal substance consumed _____

If a police citation was received:

Day and Date _____ Approximate hour citation was received _____

Municipality in which the citation was received (IF KNOWN) _____

Substance in my possession for which I was cited _____

Any other activity for which I was cited along with the MIP (Optional) _____

I am still in possession of the original citation document. Yes___ No___

If no, what was done with the document? _____

I certify that the above information is true and accurate to the best of my knowledge and recollection

Athlete Signature

Date

Appendix VIII.

Drug Testing Acknowledgement of Notification and Arrival Log

I PRINT your name _____ acknowledge notification of today's drug test at:
Approximate Time _____ By Coach _____

I have arrived at the testing site within 20 minutes of the announced start time of _____ at:
Time right now _____ Your initials _____

If I had a time conflict due to Class / Work/ Other, I notified Coach _____ and informed him/her
that I would arrive at the announced testing site at: Approximate Time _____. Your initials _____

Today's date _____

Drug Testing Acknowledgement of Notification and Arrival Log

I PRINT your name _____ acknowledge notification of today's drug test at:
Approximate Time _____ By Coach _____ Your Initials _____

I have arrived at the testing site within 20 minutes of the announced start time of _____ at:
Time right now _____ Your initials _____

If I had a time conflict due to Class / Work /Other, I notified Coach _____ and informed him/her
that I would arrive at the announced testing site at: Approximate Time _____. Your Initials _____

Today's date _____

Drug Testing Acknowledgement of Notification and Arrival Log

I PRINT your name _____ acknowledge notification of today's drug test at:
Approximate Time _____ By Coach _____ Your Initials _____

I have arrived at the testing site within 20 minutes of the announced start time of _____ at:
Time right now _____ Your initials _____

If I had a time conflict due to Class / Work / Other, I notified Coach _____ and informed him/her
that I would arrive at the announced testing site at: Approximate Time _____. Your Initials _____

Today's date _____

Office use only

Test Site Administrator Notes:



JOHNSON COUNTY COMMUNITY COLLEGE ALCOHOL REQUEST FORM (ARF)



Today's Date:

To: Jay Glatz, Manager, Dining Services

From(Payer):

Phone No.:

Company/Organization:

Email Address:

Street Address:

City, State, Zip:

What type of bar service are you requesting? (check below)

COMPANY/ORGANIZATION TICKETED BAR (RESTRICTIONS APPLY) CASH BAR (RESTRICTIONS APPLY)

Date of Event:

Day of Week: SUND MD TD wD THO FD SATD

Time of Entire Event:

PM to PM

Time of Alcoholic Beverage Service:

PM to PM

Building & Room Location (see table ow, multiple spaes may apply):

<input checked="" type="checkbox"/> CC - Polsky Theatr Audience Area	<input checked="" type="checkbox"/> CC - Polsky Theatr Sage	<input checked="" type="checkbox"/> CC - Polsky Theatre Staging Area	<input type="checkbox"/> CC - Recital Hall
<input type="checkbox"/> CC-Yardley Hall Audience Area	<input type="checkbox"/> CC-Yardley Hall tage	<input type="checkbox"/> CC-Yardley Hall Staging Area	<input checked="" type="radio"/> CC- Lobby
<input type="checkbox"/> CC - Room 107 (VCR)	CC - 2 nd Floor Reption	<input checked="" type="radio"/> CTEC- Room 102 lobby	HCA - Room 100 <input checked="" type="checkbox"/> Include exterior patio <input checked="" type="checkbox"/> Exclude exterior patio
<input checked="" type="radio"/> HCA- Room 145	<input checked="" type="radio"/> HCA - Room 150	<input checked="" type="radio"/> NMOCA- Cafe Tempo (interior & exterior seating)	<input checked="" type="radio"/> NMOCA-Atrium
<input checked="" type="radio"/> NMOCA-Terrace	<input checked="" type="radio"/> OHEC - Lobby	<input checked="" type="radio"/> OHEC - Room 102	<input type="checkbox"/> RC - Room 101A
<input checked="" type="radio"/> RC- Room 101B	<input checked="" type="radio"/> RC - Room 101c	<input checked="" type="radio"/> RC- Room 101D	<input checked="" type="radio"/> RC - Room 170
<input checked="" type="radio"/> RC- Room 270			

Spaces Key:

CC - Carlsen Center
HCA- Hospitality & Culinary Academy
OHEC - Olathe Health Education Center

CTEC - Hugh L. Libby Career & Technical Education Center Lobby
NMOCA - Nerman Museum of Contemporary Art
RC - Regnier Center

Expected Attendance:

Purpose of Event (Include specific information about how the event relates to official business and/or fund raising):

Alcoholic Beverage (Beer & Wine) to be served?: Beer Wine Both

I understand that non-alcoholic beverage(s) & food will be served: YES, I UNDERSTAND

Name of responsible person from your organization that will be in attendance at the event listed above and will be responsible for enforcing the attached requirements. (Responsible Person's Name)

Signature: _____ Title: _____

AFTER COMPLETION OF THIS FORM: EMAIL TO catering@jccc.edu (OR you may hand deliver to Student Center 009, Box 8 or fax to 913.469.2529)

-----FOR JCCC USE ONLY-----

Reviewed/Acknowledged _____ Date _____

J. Gartz, Manager, Dining Services

Approved **D** _____ Date _____

Randy Weber, Interim Executive Vice President Finance & Administration, Vice President Student Success & Engagement

page 1 of 3, Service of Alcoholic Beverages Policy 217.06

Johnson County Community College
Series: 200Administrative Services
Section: Facilities and Property

Cross-Reference: [Service of Alcoholic Beverages Operating Procedure 217.07](#)

Applicability: This Policy applies to all students, employees and visitors.

Purpose:

The Kansas Liquor Control Act (K.S.A. Chapter 41, Articles 1 through 11, as amended), at K.S.A. 41-719(d), generally prohibits the consumption of alcoholic liquor on public property. However, pursuant to K.S.A. 41-719(i):

"The board of trustees of a community college may exempt from the provisions of subsection (d) specified property which is under the control of such board and which is not used for classroom instruction, where alcoholic liquor may be consumed in accordance with policies adopted by such board."

Accordingly, the Board of Trustees of Johnson County Community College exempts certain College property from K.S.A. 41-719(d) as set forth in this Policy and the Service of Alcoholic Beverages Operating Procedure 217.06.

Statement:

1. No person shall drink or consume alcoholic beverages on College property except in limited circumstances in accordance with this Policy, applicable Substance Abuse Policies, and the Student Code of Conduct, and only in the locations and in the manner set forth below:

Regular operations at Cafe Tempo.

Special events held in:

Cafe Tempo during times it is not open for regular operations, including the Cafe! Tempo patio;

The area of the Nerman Museum adjacent to Cafe Tempo, the Atrium at the Nerman Museum and the Nerman Museum Terrace;

The Capitol Federal Conference Center Room Number RC 101, the Regnier Center Conference Room Number RC 270 (the "Cube"), the Bodker Executive Room Number RC 170, and the Shull Foyer;

The Carisen Center lobby and performance halls, including the Recital Hall, Yardley Hall and Polsky Theatre, and their respective stages, staging areas, audience seating and front of house areas, and the Virginia Krebs Community Room;

The Wylie Hospitality and Culinary Academy lobby (WHCA 100), including the adjacent patio, the Wysong Family Culinary Theatre (WHCA 145), and the Regnier Family Dining Room (WHCA 150),

The Hugh L. Libby Career and Technical Education Center lobby (CTEC 102); and ge

Johnson County Community College
Series: 200 Administrative Services
Section: Facilities and Property

Cross-Reference: [Service of Alcoholic Beverages Policy 217.06](#)

Beer and wine may be served as part of the regular business operations of the College and/or at special events in authorized locations as set forth in the Service of Alcoholic Beverages Policy 217.06, provided that service is consistent with the following Procedures:

A. No alcoholic beverage sale is permitted on JCCC property by any individual or entity except for JCCC Dining Services.

B. All service will comply with the Kansas Liquor Control Act, City of Overland Park Municipal Code Chapter 5.20, Olathe Municipal Code Title 7 and any other applicable federal, state or local law or regulation related to the service of alcoholic beverages.

C. An Executive Vice President must receive notification of all alcoholic beverage service in advance. Those wishing to serve alcoholic beverages must submit a JCCC Alcoholic Beverage Service Request Form to JCCC Dining Services for approval before making any announcement regarding alcoholic beverage service. The Form should be submitted as early as possible, but no less than two weeks before the scheduled event.

D. Whenever alcoholic beverages are served, nonalcoholic beverages and food must also be provided.

E. JCCC Dining Services is the exclusive authorized caterer permitted to serve alcoholic beverages on JCCC property. Dining Services may furnish for a fee any setups or other services. As a caterer, JCCC Dining Services is responsible for overseeing and coordinating the service of alcoholic beverages at special events as follows:

1.

1. Each special event shall have a designated sponsor. The sponsor will be responsible for completing the JCCC Alcoholic Beverage Service Request Form and ensuring all requirements are met for obtaining approval to serve alcoholic beverages at the event. The sponsor will be required **either to be present during the entire special event or appoint a designee who will attend if/when the sponsor cannot be present.**
2. The sponsor must notify JCCC Dining Services whether the cost of alcoholic beverages will be complimentary for attendees, will be included in **the price of an event ticket or catering charge, or will be charged to the individual attendees (i.e. a "cash bar").** JCCC Dining Services is responsible for completing paperwork and obtaining any additional city/state permits that may be required for events involving the sale or distribution of alcoholic beverages no less than 10 days before the event or within the time period set forth in the applicable statute/ordinance.
3. The sponsor and Dining Services will determine the duration of alcoholic beverage service within the following guidelines:
 - **For a reception-only event, the recommended maximum duration of alcoholic beverage services is two hours.**
 - **For a reception with heavy hors d'oeuvres or a reception followed by a meal, the recommended maximum duration of alcoholic beverage service is three hours.**

F. No alcoholic beverage other than that provided and served by the Dining Services staff (or other JCCC personnel with prior authorization documented through JCCC Dining Services) shall be distributed or served on College property. Sponsors must be informed that no outside alcohol, even if unopened, can be sold or distributed **at fundraisers.**

G. Guests who are served alcoholic beverages on JCCC property may not carry alcoholic beverages outside the area where they are being served.

H. Dining Services will refuse alcoholic beverage service to anyone under the age of 21 or appearing to be intoxicated.

I. It is the general practice of the College that alcohol service for an approved special event shall not begin prior to 3:00 p.m. on the day of the event.

J. The College retains the sole and absolute right to determine if alcoholic beverages may be served at a special event as well as to determine the time and length of **such service.**

K. Police and Security. The College reserves the right to require security services from the JCCC or local police departments at an event, or the event sponsor may **request for the College to coordinate the provision of security services. In either case, the organization holding the event is responsible for paying for such services.**

L. Exceptions. Exceptions to these Procedures must be approved in advance by the President or an Executive Vice President.

Signature on File in Policy Office

President

Date of Adoption:
Revised: 10/20/2011; 07/18/2013, 10/10/2017, 01/16/2018, 07/26/2018

Johnson County Community College
Series: 200 Administrative Services
Section: Facilities and Property

Cross-Reference: [Service of Alcoholic Beverages Policy 217.06](#)

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Signature on File in Policy Office

President

Date of Adoption:

Revised: 10/20/2011; 07/18/2013, 10/10/2017, 01/16/2018, 07/26/2018

<https://www.jccc.edu/about/leadership-governance/policies/administrative-services/facilities-property/procedure-serving-alcoholic-bever>

Clery Act Statistical Summary

Offense Type: <i>(includes attempts)</i>	Number of Arrests/Referrals for Selected Offenses											
	Campus Building & Property			Non-Campus Building or Property			Public Property			Total		
	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
Liquor Law Violations												
Arrest	1	0	1	3	1	0	0	0	0	4	1	1
Referral	0	0	0	0	0	0	0	0	0	0	0	0
Drug Law Violation												
Arrest	2	0	2	11	14	0	0	0	1	13	14	3
Referral	0	0	0	0	0	0	0	0	0	0	0	0
Weapons Law Violations												
Arrest	0	0	0	0	0	0	0	0	0	0	0	0
Referral	0	0	0	0	0	0	0	0	0	0	0	0
Unfounded Crimes	1	1	0	0	0	0	0	0	0	1	1	0

NOTE: The JCCC Main Campus has no on-campus student housing.

CASAI Materials

Alcohol and Drug Issues

Resources @ JCCC

JCCC Counseling Center (link to main counseling page-Services)

JCCC Student Assistance Program

JCCC has a contract with Saint Luke's Health System to provide consultation, short-term counseling and/or referral assistance for students with personal and/or mental health issues. St. Luke's has many locations throughout the Kansas City metropolitan area. **Students MUST be referred by a JCCC counselor in order to access this free service.** Referrals made by the St. Luke's Program are not free of charge and any costs will be discussed with the student prior to being referred.

What is alcohol dependence or alcoholism?

Alcoholism is a chronic disease that will affect a person for an entire lifetime. There are four main symptoms that are present when someone is dealing with alcohol dependence (a.k.a. alcoholism):

Craving—having a strong need, or urge, to drink alcohol

Loss of control—not able to stop drinking once drinking has started

Physical dependence—Withdrawal symptoms (nausea, sweating, shakiness and anxiety) after drinking has stopped

Tolerance—Need to drink greater amounts of alcohol to get “high”.

If you think you might have a problem, below are four helpful questions to ask yourself:

1. Have you ever felt you should cut down on your drinking?
2. Have you been annoyed if others expressed concerned about your drinking?
3. Have you ever felt guilty about your drinking?

Have you ever had to drink first thing in the morning to steady your nerves or to get rid of a hangover?

Answering yes to one of these questions suggests a possible problem. More than one “yes” means it's very likely that you have a problem with your drinking.

(Source: niaaa.nih.gov/FAQs/General-English/default.htm)

If you want more information for yourself, or someone you love, check out the Mayo Clinic's (<http://www.mayoclinic.com/health/alcoholism/DS00340>) website info on alcoholism or the National Institute of Alcohol Abuse and Alcoholism (link to <http://www.niaaa.nih.gov>)

First Steps to Take When Concerned about Yourself or a Student at JCCC

FirstCall (link to www.firstcallkc.com)

This is the local chapter of the National Council on Alcohol/Drug Prevention & Recovery. Call them at (816) 361-5900. This resource is a great start to find out what resources are available, information on treatment and recovery options, and self-tests for alcohol, drug and gambling problems.

Valley Hope Treatment Centers (link to <http://www.valleyhope.com/>)

Valley Hope is a non-profit organizations, grounded in a 12-step philosophy, that provides alcohol and drug dependency addiction treatment at an affordable price. The staff at Valley hope encourage family participation to focus on healing as a family. Treatment options include medically monitored detox, residential treatment, day/partial outpatient treatment, and continuing care.

Call 1-800-544-5101 for admissions information and to locate a treatment facility near you.

12-Step Organizations

Alcoholics Anonymous Support Groups (www.aa.org)

This 12-step organization is a fellowship of men and women who share their experiences, strengths, and hopes with each other so that they may solve their common problem and help others to recover from alcoholism. Check the website for meeting times and locations. The Kansas City area central office (www.kc-aa.org) can be reached at 816-471-7229 or by visiting their website.

ARE THERE STILL CAMPUS MEETINGS???

Al-Anon and Support Groups (www.al-anon.alateen.org)

Relatives and friends of alcoholics share their experiences, strengths and hopes in order to solve their common problems. Check the website for meeting times and locations. The Kansas City Al-Anon Office (www.kansascity-al-anon.org) can be reached at (816) 373-8566 (Missouri) or (913) 384-4653 (Kansas).

Alateen (www.al-anon.alateen.org)

Alateen is an organization which grew out of Al-Anon. This organization offers a recovery program for young people. Alateens are sponsored by Al-Anon members. The Kansas City Al-Anon Office (www.kansascity-al-anon.org) can be reached at (816) 373-8566 (Missouri) or (913) 384-4653 (Kansas).

Adult Children of Alcoholics Network (ACOA) (www.adultchildren.org)

This is a network of support groups for adult children and grandchildren of alcoholics. A current listing of meeting times and locations can be found on their website.

Cocaine Anonymous (www.ca.org)

Self-test, meeting locations and literature related to cocaine addictions.

Narcotics Anonymous (www.wsoinc.org)

Call the help line at (800) 561-2250 or email info@kansascityna.org. Meeting locations, information, and self-tests are available on the website.

Prevention Programs

Johnson County STOP Underage Drinking Project (www.jocostop.org)

This non-profit organization is staffed by volunteers who are focused on eliminating the incidence of underage drinking and related tragedies. Members provide underage drinking prevention programs to youth, parents and adults in the Johnson County area community.

CASAI Materials

Take the AUDIT Test: The test contains 10 multiple choice questions on quantity and frequency of alcohol consumption, drinking behavior and alcohol-related problems or reactions. The answers are scored on a point system; a score of more than eight indicates a possible alcohol problem.

Points associated with each answer are listed below. Keep track of your points as you take this assessment.

1. How often do you have a drink containing alcohol?

- (0) Never (Skip to Questions 9-10)
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

8. How often during the last year have you had a feeling of guilt or remorse after drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

Add up the points associated with your answers above. A total score of 8 or more indicates harmful drinking behavior. Seek professional help.

Source: <http://alcoholism.about.com>

Council Addressing Substance Abuse Issues

CASAI

Mission

The mission of CASAI is to offer support, information and guidance to JCCC students, faculty and staff who struggle with substance abuse or addiction.

CASAI will provide ongoing campus-based education and resources to address these issues that impact our institution and our community.

Operating Principles

In order to fulfill the above mission, CASAI will meet monthly during fall and spring semesters. Additionally, sub-committees and planning sessions may be called to address specific goals or events. CASAI will plan awareness events and strategies to educate students, faculty and staff of the signs and/or effects of substance abuse. This may include organizing campus awareness events, creating digital signage, providing educational/motivational speakers, maintaining a website accessed through the JCCC system, and facilitating alcohol/substance-abuse recovery meetings on campus. It is our vision to promote greater awareness of substance-abuse and addiction issues affecting current students and employees, and to provide ways for them to access the information, support and services that may increase their successful recovery.

The council will be comprised of faculty, staff, and student representation from a variety of campus departments. At the beginning of each fall term, the council will solicit new members from current staff, full-time faculty, adjunct faculty, students, or community members. Members should be dedicated to promoting the mission of CASAI and be committed to attending monthly meetings as determined by the council. CASAI members will elect a president, vice-president and secretary in April, to serve two-year terms, which will end in May of the second year. The vice-president should expect to move into the president position upon the completion of the president's term. Other positions should rotate also, so that at all times the council will have a balance of new and experienced contributors.

The president is encouraged to serve in an advisory capacity for the year following his/her term. The secretary will handle correspondence and record minutes of meetings for distribution to the council.

CASAI will file its Mission and Operating Principles in the Office of Student Services and report to the Vice President of Student Services.

The Drive to Stay Alive

Driving Under the Influence (DUI) doesn't only mean drinking and driving. Any drug, from illegal substances like marijuana to over-the-counter medicines, can hurt a person's ability to drive.

Drivers with clouded minds cannot react as quickly to unexpected situations that come from road conditions or the actions of other drivers. Research has shown that even small amounts of alcohol, marijuana, or other drugs affect a person's vision, coordination, and reaction time.

Driving is like any other skill—the more you do it the better you get. So it is no surprise that younger drivers are in more accidents. Motor vehicle crashes kill twice as many young people than any other cause of death, including homicide, suicide, cancer, and heart disease.



Sobering Stats

Don't think driving under the influence is a problem? Check out these numbers:

- Impaired drivers kill nearly 50 people a day, and almost 18,000 people each year.
- Alcohol-related fatalities cost the public over \$150 million annually.
- Drivers under the age of 21 are involved in twice as many fatal crashes. (14 versus 7 per 100,000 licensed drivers.)
- Motor vehicle crashes are the leading cause of deaths in 15-20 year olds. Over thirty-six percent of the accidents are alcohol- or drug-related.
- Youth alcohol-related fatalities have increased every year since 1997.

If you drink... Think!

Learning about DUI is not about how to get away with something. It's about being responsible and recognizing your limitations. Drivers who use drugs or alcohol risk their lives and the lives of everyone else out on the road when they get behind the wheel. That is why DUI is a very serious crime with very serious penalties. Never put yourself in a situation where you could be the perpetrator—or the victim—of DUI.



For More Information

Go to www.intheknowzone.com for more information about substance abuse. Increase your knowledge with the statistics, images, and links. Test your understanding with the quick quizzes.



Don't stay in the dark.
Get In the Know!

Kansas Family Partnership, Inc.

5942 SW 29th St., Ste. D
Topeka, KS 66614
1-800-206-7231
785-266-6161
www.kansasfamily.com

Funded by:
Community Services and
Programs/Behavioral
Health Services

Kansas Department for Aging and Disability Services

Johnson County Community College
Police Department
913 469-2500

in the know

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Driving Under the Influence

a crash course



Written All Over Your Face

You cannot hide the effects of drugs or alcohol. Police officers are trained to look for tell-tale signs as they question a driver. If they have reason to believe the driver is under the influence of alcohol or drugs, they will ask them to exit the vehicle and perform a series of field sobriety tests.

The tests measure a person's reactions, hand-eye coordination, balance, and overall awareness. The police use these tests to determine if a driver should be tested for drugs or alcohol in their system.



Now I Know My BAC's

Police measure a driver's **Blood Alcohol Concentration (BAC)** to determine if he or she has had too much to drink. BAC is measured either by a breath or blood test, or sometimes both. A person's BAC will depend on how many drinks they have had over a period of time, and their physical size.

A person begins to have clouded judgment and impairment of the sensory-motor skills crucial to driving at .05 BAC. Even someone with a .02 BAC will show moderate effects of alcohol use.



In the Fall of 2003, the federal government made a BAC of .08 the level for "legal intoxication." Just three drinks in one hour are enough to put a 160-pound person over the legal limit.

Any amount of alcohol is too much for young people. Alcohol is illegal to buy or consume if you are under 21 years old. Every state has a "zero tolerance" policy (.02 BAC or lower) for underage DUI offenders that can result in arrest or other legal actions.

More About BAC

www.intheknowzone.com/dai/bac.html

Only Time Will Tell

Some people think that eating will dilute the effects of alcohol, others may think drinking coffee is the answer, or exercising. But the only thing that gets rid of the effects of alcohol is time.

In one hour, the body can process and eliminate ("metabolize") 14 grams of ethanol—the drug found in alcohol. There are 12 grams of ethanol in one 12-ounce bottle of beer, or one 8-ounce glass of wine, or a 1 1/2-ounce glass of hard liquor. All of which are defined as a "standard drink."

It takes about one hour to recover from the effects of one drink. That's without drinking any more alcohol. The physical facts make it pretty clear that it doesn't take a whole lot to make drinking and driving a dangerous combination.

Marijuana—Make No Mistake

Very often when a driver tests positive for marijuana use they also test positive for alcohol, making it difficult to assess just how much marijuana impairs coordination and judgement.

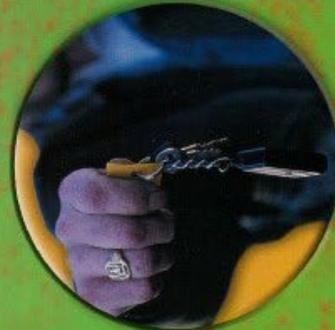
But make no mistake about it... using marijuana affects your ability to drive a car. Researchers have found increased doses of THC—the active chemical in marijuana—decreases a person's ability to perform in standard field sobriety tests. Just like with alcohol, the more marijuana used the more the ability to drive is impaired.



Blood tests can determine levels of THC in a person's bloodstream. States are imposing penalties for driving under the influence of marijuana that match those for drinking and driving.

Those penalties are in addition to the penalties for having an illegal drug. It's clear that using marijuana is a big mistake.

More About Marijuana and Driving
www.intheknowzone.com/dai/drugs.html



Being a Friend is the Key

Don't let friendship cloud your judgment about safety. If a friend has been drinking or using drugs, take their keys away. Driving under the influence could end their life, the lives of their passengers, or the lives of others on the road.

Everyone behaves differently when using alcohol or drugs. Some people look like they have it under control. Don't be fooled. Just because they aren't slurring their speech or stumbling around doesn't mean their reactions and instincts aren't clouded. It only takes a split-second of indecision to cause a serious accident. If you are going out on the town, have a sober "designated driver," or call a taxi, or even a parent—they would rather you call them for a ride than hear from a police officer that you're in an ambulance!

Use Your Head or Lose It

It should be common sense that taking any drug, legal or illegal, can affect your ability to drive. If there are warnings about driving on the labels of over-the-counter cold medicines, it stands to reason that taking an illegal drug like LSD or Ecstasy will make it very difficult to keep a car on the road.

Be your own best influence. Don't use drugs or alcohol and then get behind the wheel.

designated driver

“DANGEROUS ‘EAR WAX’”

John's Story



John was a good kid and had never been in trouble. He usually hung out with the same group of friends, and one night they all went to the local bowling alley to hang out. They were having a blast, when John's friend Matthew pulled out a strange looking device. Matthew told everyone it was an e-cig, an electronic cigarette that was safe to use.

At first, John refused, but after some pressuring from his other friends, he decided to give it a try. One puff wouldn't hurt. Or so he thought. A few minutes after taking a five second hit from the e-cig, John started seeing big flashing lights. He felt like he was going to die.

What Matthew failed to tell him was that they were smoking marijuana wax, sometimes called "ear wax". John started to have scary hallucinations, and got super paranoid. The room was spinning and he felt like he was going to pass out. One of his friends called John's mother and she rushed him to the hospital. The "ear wax" was so intense, the effects lasted almost two full days.

When he finally started feeling better, he was arrested and charged with possession. He spent a year on probation and was fined over \$10,000. For John, one puff just wasn't worth it.

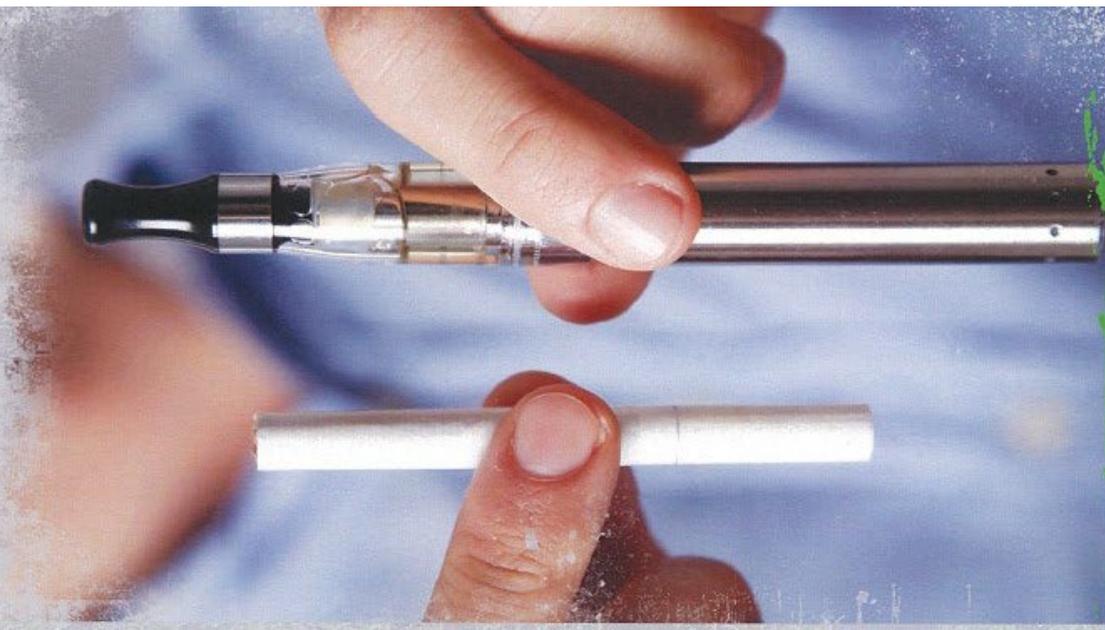


“NO THANKS”

How to Tell Your Friends that You Don't Smoke

You might have a few friends who think using e-cigarettes is fun or cool, but don't let them influence you. It's not that hard to say "no" after a little practice. Try one of these lines the next time someone offers you tobacco:

- "No thanks. My parents would kill me if they found out."
- "No way. That stuff is addicting."
- "You know those contain cancer causing chemicals, right?"
- "Gross! No thanks!"



ELECTRONIC CIGARETTES

Kansas Family Partnership, Inc.

5942 SW 29th St., Ste. D
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STAY SAFE SERIES

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FAMILIAR DANGER



WHAT ARE ELECTRONIC CIGARETTES?

You're enjoying a night out with some friends when one of them pulls out an electronic cigarette and starts to smoke it. You're curious, so you ask him what it's all about. He tells you that it's an e-cig and it's totally safe, but still gives you the same buzz that cigarettes give you. Should you go ahead and try it?

Electronic cigarettes, also known as e-cigarettes or e-cigs are battery operated devices that are designed to look and feel like an everyday cigarette. The majority of these devices use refillable cartridges that are filled with a liquid that contains flavorings and very harmful chemicals. According to a study, there are over 250 different brands of e-cigarettes on the market in the United States today. With so many different brands for sale, it is very likely that there is a wide variety of unintended chemicals that each contain.

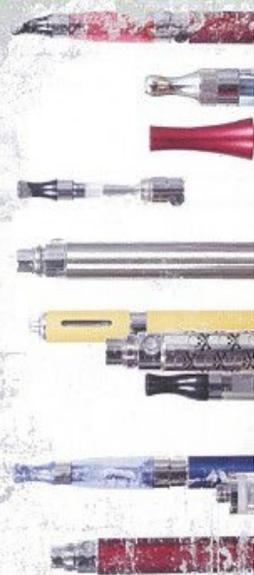
HOW DO THEY WORK?

E-cigs are designed to resemble regular cigarettes, but there's one huge difference - you don't need a flame. Instead, these devices contain a battery, a vaporization chamber and a cartridge filled with liquid nicotine. Rather than smoking, the process of using an e-cigarette is referred to as "vaping." The user inhales just like they would a regular cigarette and the device heats the liquid nicotine, which changes into a flavored vapor.

5 THINGS YOU NEED TO KNOW ABOUT E-CIGS

Electronic cigarettes are advertised as being a cleaner, healthier alternative to cigarettes, but is this really the case? Here are some good things to know about e-cigarettes:

1. E-cigarettes are addictive - One of the greatest advantages of e-cigs is that they don't contain as many harmful chemicals as regular cigarettes but just like regular cigarettes, most electronic cigarettes contain nicotine. Nicotine is a highly addictive chemical that makes smoking very hard to stop.
2. E-cigarettes contain chemicals that are harmful to your health - Studies show that e-cigs do in fact contain harmful chemicals. In two leading brands of electronic cigarettes; the FDA found alarming levels of cancer-causing chemicals-including traces of diethylene glycol, a poison used in anti-freeze.
3. E-cigarettes put you at risk for nicotine poisoning - Nicotine is a poison. In some bottles of e-liquid, there is enough nicotine to kill a child. Researchers have discovered several issues related to e-cig designs. One flaw is that the devices may sometimes leak nicotine on the skin or inside of the user's mouth. This creates a huge risk for nicotine poisoning.
4. E-cigarettes are not yet regulated - The greatest issue with e-cigs is the fact that they are not regulated. Studies have shown that e-cigs have incomplete and inaccurate labeling.
5. The health effects of e-cigarettes are unknown - Since electronic cigarettes are so new no one is exactly sure what is in them. There are no long-term studies on the health effects of these devices. Also, there is no proof that the vapor inhaled by users is safe.



E-CIGARETTES AND TEENS

Electronic cigarettes have claimed to help users quit smoking, but could it also be attracting young people to start?

Electronic cigarettes make it easier for kids to try smoking. The Centers for Disease Control and Prevention report that the advertising of electronic cigarettes is reaching children and teens with alarming success. It's a huge concern that these devices are marketed more toward young people due to the colors they come in, including pink or blue. Also, the flavors they come in such as strawberry, chocolate and bubble gum, make them more appealing to teens. Since electronic cigarettes are not regulated there are no laws against them. This means they can be sold anywhere from online to mall kiosks. They are also much cheaper than regular cigarettes making them easily accessible to kids. The use of these devices among high school and middle school students has doubled in just one year. Studies show that, altogether, 1.78 million students nationwide have admitted to using e-cigarettes.

"VAPING" MARIJUANA?

Not Used As Intended

Pot smokers have gotten a little creative with the electronic cigarette. They are able to disguise smoking weed by using the e-cig. Smokers use cannabis in wax or liquid form, and it is impossible to tell what substance the user is "vaping" in public. After all, it emits an odorless vapor. This trend is growing rapidly among teens.

The scary part about this trend is that this form of marijuana is much stronger than the regular form of marijuana. Wax or liquid cannabis contains between 50 to 90 percent THC, the drug's main mind-altering chemical. So you'll get the same unpleasant side effects from using, but way worse. Here's a few:

- Memory loss and trouble concentrating
- Weight gain from increased appetite
- Panic attacks
- Paranoia
- Trouble sleeping
- Increased risk of several types of cancer
- Weakened immune system
- Greater risk of having unprotected sex and chest colds
- Increased heart rate





Think Twice Before You Smoke:

The Effects of Marijuana

It's common knowledge that marijuana can give you a high. But what you may not know is that it can affect you mentally and physically, too. Some common side effects of marijuana include:

- Short- and long-term memory loss
- Increased appetite and weight gain
- Paranoia and panic attacks
- Insomnia
- Increased risk of oral and lung cancer
- Damage to the reproductive system
- Weakened immune system
- Greater risk of having unprotected sex
- Chest and lung problems, including emphysema, bronchitis, and chest colds
- Loss of motivation
- Increased heart rate

Get High. Get Caught. Go to Jail.

Not only can pot mess with your mind and body, it can also land you in jail. Just having weed in your possession is a criminal offense. Not to mention, you can get charged with a misdemeanor or felony depending on how much you get caught with.

It's just not worth it.

Messing with Your Head: Marijuana's Effects on the Brain

You already know that smoking marijuana can make you feel disoriented. But, did you know that pot can actually change your brain? When you smoke pot, THC goes to work on your brain in just a few seconds, attaching itself to your brain's neurotransmitters – the parts of your brain that help your body and brain talk to each other. That “high” feeling means that your brain isn't functioning normally.

And, not only does weed mess with your perception, but heavy marijuana use can actually shrink parts of your brain, including your hippocampus (the part of the brain that controls memory) and your amygdala (the part that helps with emotions and memory).

So, it's true: Marijuana can actually *kill* your brain cells and shrink your brain.

Surprising, isn't it?



Everybody's Not Doing It

Smoking marijuana may seem like the cool thing to do, but the fact is, it's not. The truth is, most teens *don't* use marijuana, and you don't have to, either. All you have to do is “just say no.”

Or, try one of these:

- “No way! The big game's coming up. I want to play my best.”
- “No thanks. I want to focus on my schoolwork right now.”
- “That stuff will make me lazy.”
- “I don't want to get the munchies and get fat.”

Johnson County Community College
Police Department
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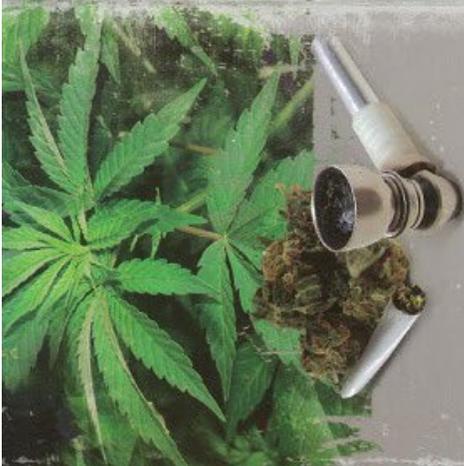


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MARIJUANA



Light Up, Burn Out



What is marijuana? The Many Faces of Mary Jane

Weed, pot, ganja, Mary Jane – call it what you want. Marijuana is one of the most used and abused drugs in the world. And it's way more hazardous to your health than you may realize.

Made from the hemp plant *Cannabis sativa*, marijuana contains hundreds of mind-altering chemicals, including delta-9-tetrahydrocannabinol (THC), which is its main mind-altering ingredient. Marijuana is typically smoked, and just a few puffs of it can cause an out-of-it sensation more commonly known as a "high."

You'll hear many hardcore potheads say that marijuana's harmless because it's natural, but nothing could be farther from the truth.

Marijuana is a depressant, a hallucinogen, and can cause extreme paranoia. And, did you know that marijuana is also a "gateway drug"? This means that teens who try marijuana are more likely to try other drugs than those who don't. Teens who smoke weed are more likely to hang out with people who use harder drugs. Plus, stoners may eventually build up a tolerance for marijuana, causing them to look for new, more potent drugs to give them a bigger high.

Bright Future Big Mistake

18-year-old Lindsey Evans was one of those girls who seemed to have it all. The pretty, 5-foot-8 blonde was crowned Miss Teen Louisiana in 2008, and shortly after that, she started college at Northwestern State University where she hoped to major in broadcast journalism. A typical teen, Lindsey's favorite activities included dancing, shopping, and playing with her two Chihuahua dogs. After college, she hoped to become a cheerleader for the Dallas Cowboys.

But, in late October of 2008, her dreams came crashing to a halt. Lindsey and a few friends went out to dinner on Saturday night and skipped out on their \$50 check. The staff at the restaurant called the police after they found Lindsey's purse at the table. The police searched the purse to learn the identity of the girl who'd skipped out on her tab, and they found Lindsey's driver's license inside.

They also found a small baggie of pot.

Lindsey and three of her friends were arrested for theft and possession of marijuana. They spent a night in jail, and a few days later, the Louisiana beauty queen lost her crown pageant sponsors didn't feel that Lindsey made a very good role model.

Think a little weed can't hurt? You've got a lot to lose.



The Straight Dope: Marijuana is Habit-Forming

Just like any other habit-forming drug, marijuana causes harm to the mind and body, and users may become so dependent on weed that they may not be able to function otherwise. Constant marijuana use can lead to "burned-out" feelings of depression, anxiety, and physical dependence. Heavy users can even develop a tolerance for it, so they need to smoke more and more to feel high.

It's pretty simple: Marijuana use is a bad habit that can wreck your mind, your body, and your life. Getting stoned can have some pretty serious consequences, including:

- Low self-esteem
- Lack of motivation
- Bad grades and poor school performance
- Weight gain
- Depression

The Truth and Nothing but the Truth

Think you know all the facts about marijuana abuse? Take this quiz to find out.

1. Since marijuana is all-natural, it isn't bad for you.
 - True
 - False
2. Driving under the influence of marijuana isn't as dangerous as driving drunk.
 - True
 - False
3. THC is the chemical in marijuana that makes you feel high.
 - True
 - False
4. Smoking marijuana often leads to using heavier drugs.
 - True
 - False
5. Marijuana use can cause you to become lazy, depressed, and paranoid.
 - True
 - False

Answers:
1. False 2. False 3. True 4. True 5. True

What You Need To Know About SUBSTANCE ABUSE

Brought to you by INFONET, a subsidiary committee of the Metrocouncil of Community Mental Health Centers and Associations.

Alcohol and other drug abuse and addictions are major health and safety concerns in the United States, with costs running into the billions of dollars annually for health care, related injuries and loss of life, property destruction, loss of productivity and more. The information in this fact sheet will help you to recognize risk factors and symptoms of substance abuse and where you can go locally to get help.

SUBSTANCE ABUSE FACTS

- An estimated 14.8 million Americans are current users of illegal drugs, while 3.6 million people are dependent on illegal drugs.
- An estimated 8.2 million adults and 3 million youth suffer from alcoholism, although many more drink to excess.
- About 45 million people, including 6.8 million under age 21, have "binged" (taken 5 or more drinks) once during the past 30 days. More than 12 million individuals, including 2.1 million youth, have consumed 5 or more drinks for 5 or more days.
- There are more deaths and disabilities each year in the U.S. from substance abuse than from any other cause.
- One-quarter of all emergency room admissions, one-third of all suicides, and more than half of all homicides and incidents of domestic violence are alcohol-related.
- Heavy drinking contributes to illness in each of the top three causes of death: heart disease, cancer and stroke.
- Almost half of all traffic fatalities are alcohol-related.
- Alcohol and drug abuse costs the American economy an estimated \$276 billion per year in lost productivity, health care expenditures, crime, motor vehicle crashes and other conditions. Every American adult pays nearly \$1,000 per year for the damages of addiction.
- Untreated addiction is more expensive than heart disease, diabetes and cancer combined.

* Statistics from the National Mental Health Association and National Council on Alcoholism and Drug Dependency.

INFONET AGENCIES

COMPREHENSIVE MENTAL HEALTH SERVICES

10901 Winner Road, Independence, MO 64052
816-254-3652
www.thecmhs.com

JOHNSON COUNTY MENTAL HEALTH CENTER

6000 Lamar, Mission, KS 66202
913-831-2550
www.jocogov.org/mentalhealth

MENTAL HEALTH ASSOC. OF THE HEARTLAND

739 Minnesota Ave., Kansas City, KS 66101
913-281-2221
www.mhah.org

REDISCOVER (formerly Research MH Services)

901 NE Independence, Lee's Summit, MO 64086
816-246-8000
www.rediscovermh.org

SWOPE HEALTH SERVICES BEHAVIORAL HEALTH

3801 Blue Parkway, Kansas City, MO 64130
816-923-5800
www.swopehealth.org

TRI-COUNTY MENTAL HEALTH SERVICES

3100 NE 83rd Street, Kansas City, MO 64119
816-468-0400
www.tri-countymhs.org

TMC BEHAVIORAL HEALTH NETWORK

2211 Charlotte Street, Kansas City, MO 64108
816-404-5700
www.trumed.org

WESTERN MO MENTAL HEALTH CENTER

600 E. 22nd Street, Kansas City, MO 64108
816-512-4558

WYANDOT CENTER

7840 Washington Ave., Kansas City, KS 66112
913-328-4600
www.wyandotcenter.org

RISK FACTORS FOR SUBSTANCE ABUSE PROBLEMS

The causes of alcohol or other drug abuse and addiction are complex with heredity, environment, and social factors all playing a part. However, some specific risk factors are associated with substance abuse by youth. These *risk factors* include:

- Children of alcohol and other drug-abusing parents are at higher risk for developing substance abuse, mental health and related problems
- Poor parenting skills
- A lack of positive relationships
- Poor social skills
- Gets easily frustrated
- Poor school performance
- Excessively shy and/or aggressive behavior
- Socializing with others who abuse drugs and/or alcohol
- The belief that parents, teachers, and other key adults in the community approve of drug abusing behavior

It is particularly important to address risk factors early. The younger a person starts drinking or using drugs, the more likely that person is to develop an addiction. In fact, young people who begin to drink or use drugs before the age of 15 are four times more likely to become addicted than if they wait until they are 21 to drink, regardless of other hereditary or environmental factors

SIGNS AND SYMPTOMS OF ABUSE AND ADDICTION

This self-administered tool can help you decide if you or a loved one needs substance abuse help. Ask these four questions:

- C** – Have you ever felt the need to **C**ut down on your drinking/drug use?
- A** – Do you get **A**nnoyed at criticism by others about your drinking/drug use?
- G** – Have you ever felt **G**uilty about your drinking/drug use or something you have done while drinking or using other drugs?
- E** – **E**ye-opener: Have you ever felt the need for a drink early in the morning?

Although denial may be a problem for some people, one positive answer provides an indication that the person may be at risk for developing a problem with alcohol or other drugs.

GETTING HELP

Effective substance abuse prevention programs teach skills and support the development of a healthy lifestyle that includes:

- Having good relationships with family and friends
- Involved parents who set and enforce rules
- Success in school
- Involvement with family, school and religious organizations
- A belief that illegal drug use is unacceptable

Your local healthcare or mental health professional can suggest ways to cope and better understand substance abuse problems. There is a network of mental health facilities in the Kansas City metro area that can help with these problems. The Community Mental Health Centers listed on the front of this flier provide a network of treatment, referrals and support. For more information, visit our website at www.mentalhealthkc.org.

media message ▶

E-cigarettes are less harmful than regular cigarettes. really?

what's known ▶

7

It's too soon to tell.

There's no evidence that switching to e-cigarettes is better than smoking tobacco. Studies also show that many people who start vaping smoke regular cigarettes as well. "Dual use" puts the smoker/vaper at risk for heart and lung problems, even cancer.

media message ▶

People can use e-cigarettes to quit smoking. really?

what's known ▶

10

The FDA has not approved e-cigarettes as a quit device.

No studies clearly show that e-cigarettes help people quit smoking. In fact, studies find e-cigarette use linked to lower odds of quitting. That's right. **Vaping might lead to smoking more regular cigarettes.**

There are safer and more effective ways to quit.

to learn more

Check out these websites for more info about e-cigarettes:

American Lung Association
www.lung.org

Centers for Disease Control and Prevention
www.cdc.gov

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Aging and Disability Services

Professional models were used in all photos.
This brochure is not intended as a substitute for your health professional's opinion or care.
Written by Laura Perkins, M.L.S.

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1-800-321-4407
www.etr.org/store

A nonprofit organization

Title No. 554

e-cigarettes

10 Things to Know About

VAPING



I'd never smoke tobacco.
But I might try an e-cigarette.

Wait a minute!

What do you *really* know about e-cigarettes?

Are they really safer than regular cigarettes?

Do users really just exhale water vapor?

Can they really help people quit smoking?

The messages on TV and online come from companies that want to sell e-cigarettes. So how do you make an informed decision?

Let's look at the media messages and check them out against what's known.

media message ▶ E-cigarettes are safe. It's tobacco – not nicotine – that makes regular cigarettes dangerous. really?

what's known ▼

1

Nicotine is addictive.

Not everyone who tries e-cigarettes will get addicted to nicotine.

The problem is you can't know if you'll belong to the "take it or leave it" group, or the "I need nicotine to feel normal" group.

Nicotine is a powerful drug no matter how you use it.

Some people get addicted in just a few weeks. Others develop cravings over several months.



2

E-cigarettes contain toxic chemicals.

It's true they have fewer chemicals than regular cigarettes. But they also **have some of the same toxins**, such as formaldehyde.

Tests have also found that e-cigarette liquid and aerosol can contain higher levels of metals than regular cigarettes.

3

E-cigarettes aren't regulated.

E-cigarettes are new. There's no watchdog agency making sure they're safe. **Nicotine levels can vary widely and labels often aren't correct.** Some e-cigarettes that claim to be nicotine-free actually do have nicotine. Some liquid cartridges can leak when handled.

4

Long-term health effects aren't known.

Most e-cigarettes use propylene glycol and glycerin as the base for the nicotine liquid. These chemicals are approved for eating. But

there's concern about the risk of inhaling this hot mix of tiny particles that can damage lungs.

5

Refill containers aren't child proof.

Children and pets can become **seriously ill** if they drink or touch e-cigarette fluid.

6

Batteries may pose risks.

Lithium batteries can explode or overheat. This is common enough that e-cigarette Internet forums and some retail websites post warnings.

How do they work?

A battery powers a heater that forms an aerosol with nicotine and flavors. People "smoking" or **VAPING** an e-cigarette inhale the nicotine.



FACTS REGARDING ALCOHOL AND COLLEGE STUDENTS

- 1700 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes.
- Among 15- to 20-year-old drivers involved in fatal crashes in 2006, 31 percent of the drivers who were killed had been drinking and 77 percent of these drivers were unrestrained.
- Nearly 600,000 students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol.
- Nearly 700,000 students between the ages of 18 and 24 are assaulted each year by another student who has been drinking.
- In 2002, 64% of full-time college students (aged 18-22) reported consuming at least one alcoholic drink in the past 30 days.
- Over 44% of full-time college students reported consuming five or more drinks on the same occasion at least once in the past 30 days.

JCCC RESOURCES

- **JCCC Counseling Center.** For an appointment, call 913/469-3809.
(<http://www.jccc.edu/counseling/>)
- **JCCC Student Assistance Program**
If you are a student, you may be referred by a JCCC counselor to our short-term [student assistance program](#) to help you with emotional or mental health issues.
- Refer to the [JCCC Alcohol and Drug Information Assistance Blog](#) regarding information about meeting times and locations and additional resources for students, faculty and staff.
(<http://blogs.jccc.edu/jcccadia/>)
- **AA Meetings on Campus.** Noon to 1 pm, Fridays when JCCC is open. (First Friday of the month is an open meeting.)

ADDITIONAL RESOURCES ON THE WEB

We hope the links below will provide some helpful information. However, they are not intended to take the place of discussing your concerns with a counselor.

First Call

Local chapter of the National Council on Alcohol and Drug Prevention and Recovery. Call **816-361-5900** or visit [FirstCall](#) online (<http://www.firstcallkc.com>). This is a great place to find available resources, for information on treatment and recovery options, and to take self-tests for alcohol, drug and gambling problems.

Alcoholics Anonymous Support Groups

This [12-step organization](#) is a fellowship of men and women who share their experiences, strengths and hopes with each other so that they may solve their common problem and help others to recover from alcoholism. Check the website for meeting times and locations. The Kansas City area central office can be reached [online](#) (<http://www.kc-aa.org/>) or by calling **816-471-7229**.

Al-Anon and Support Groups

Relatives and friends of alcoholics share their experiences, strengths and hope in order to solve their common problems through [these groups](#). Check the [website](http://www.al-anon.alateen.org/) (<http://www.al-anon.alateen.org/>) for meeting times and locations. The [Kansas City Al-Anon office](#) can be reached at 816-373-8566 in Missouri or 913-384-4653 in Kansas.

Alateen

[Alateen](#) is an organization which grew out of Al-Anon (<http://www.kansas-al-anon.org/alateen.html>). This organization offers a recovery program for young people. Alateens are sponsored by Al-Anon members. The [Kansas City Al-Anon office](#) can be reached at 816-373-8566 in Missouri or 913-384-4653 in Kansas.

Adult Children of Alcoholics Network (ACOA)

This is a network of support groups for adult children and grandchildren of alcoholics. A current listing of meeting times and locations can be found on its [website](http://www.adultchildren.org/) (<http://www.adultchildren.org/>).

Cocaine Anonymous

Self-test, meeting locations and literature related to cocaine addictions can be found [online](#). (<http://www.ca.org/>)

Guadalupe Center – offering Spanish language outpatient substance abuse treatment. (<http://www.guadalupecenters.org>)

Narcotics Anonymous

Call the helpline at 1-800-561-2250. Meeting locations, information and self-tests are available on the [website](http://www.na.org/) (<http://www.na.org/>).

Salvation Army, Olathe, Kansas, Corps; 420 East Santa Fe; 913/782-3640. (<http://salarmymokan.org/>)

Website listing Drug and Alcohol Abuse Treatment Centers in the U.S.

(<http://www.drugandalcoholcenters.com/>)

This information offered by:

JCCC Council Addressing Substance Abuse Issues. The mission of CASAI is to offer support, information and guidance to JCCC students, faculty and staff who struggle with substance abuse or alcoholism. CASAI will provide ongoing campus-based education and resources to address these issues that impact our institution and our community.

WHAT DOES
an
ADDICT
LOOK LIKE?
...there is a way out!
Help is available.



JOHNSON COUNTY
COMMUNITY COLLEGE

Council Addressing Substance Abuse Issues (CAsAI)

DESIGN BY ERICKAH FURR ERICKAH@SWAGO-DESIGNZ.NET

Johnson County Community College

Alcoholism and Substance Abuse recovery meetings

Fridays Noon-1 p.m.

(When classes are in session)

Regnier Center 171

Watch for JCCC announcements for any location changes.

Alcoholism is a chronic disease that will affect a person for an entire lifetime. There are four main symptoms that are present when someone is dealing with alcohol dependence (aka alcoholism).

- **Craving** – having a strong need, or urge, to drink alcohol
- **Loss of control** – not able to stop drinking once drinking has started
- **Physical dependence** – withdrawal symptoms (nausea, sweating, shakiness and anxiety) after drinking has stopped
- **Tolerance** – need to drink greater amounts of alcohol to get “high”

If you think you might have a problem, below are four helpful questions to ask yourself:

1. Have you ever felt you should cut down on your drinking?
2. Have you ever been annoyed if others expressed concern about your drinking?
3. Have you ever felt guilty about your drinking?
4. Have you ever had to drink first thing in the morning to steady your nerves or to get rid of a hangover?

Answering “yes” to one of these questions suggests a possible problem. More than one “yes” means it’s very likely that you have a problem with your drinking.

**To talk to a counselor, contact Lill at
913-469-2435 or blill@jccc.edu.**

For more information:

<http://blogs.jccc.edu/jccadia>

or



Facebook at JCCC Alcoholism and
Drug Addiction Awareness

IS A.A. FOR YOU?

This is A.A. General Service Conference-approved literature.

K.C. AREA CENTRAL OFFICE
(816) 471-7229
www.kc-aa.org

A Declaration of Unity

This we owe to A.A.'s future:
To place our common welfare first;
To keep our fellowship united.
For on A.A. unity depend our lives,
And the lives of those to come.

TWELVE
QUESTIONS
ONLY YOU
CAN ANSWER

I am responsible...

When anyone, anywhere,
reaches out for help, I want
the hand of A.A. always to be there.
And for that: I am responsible.

P-3

What's your score?

Did you answer YES four or more times? If so, you are probably in trouble with alcohol. Why do we say this? Because thousands of people in A.A. have said so for many years. They found out the truth about themselves — the hard way.

But again, only *you* can decide whether you think A.A. is for you. Try to keep an open mind on the subject. If the answer is YES, we will be glad to show you how we stopped drinking ourselves. Just call.

A.A. does not promise to solve your life's problems. But we can show you how we are learning to live without drinking "one day at a time." We stay away from that "first drink." If there is no first one, there cannot be a tenth one. And when we got rid of alcohol, we found that life became much more manageable.

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Alcoholics Anonymous World Services, Inc.
P.O. Box 459
Grand Central Station
New York, NY 10163

www.aa.org

350M 8/12 (DG3)

Is A.A. for You?

Only you can decide whether you want to give A.A. a try — whether you think it can help you.

We who are in A.A. came because we finally gave up trying to control our drinking. We still hated to admit that we could never drink safely. Then we heard from other A.A. members that we were sick. (We thought so for years!) We found out that many people suffered from the same feelings of guilt and loneliness and hopelessness that we did. We found out that we had these feelings because we had the disease of alcoholism.

We decided to try to face up to what alcohol had done to us. Here are some of the questions we tried to answer *honestly*. If we answered YES to four or more questions, we were in deep trouble with our drinking. See how you do. Remember, there is no disgrace in facing up to the fact that you have a problem.

- | | Yes | No | Yes | No | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1 <i>Have you ever decided to stop drinking for a week or so, but only lasted for a couple of days?</i>
Most of us in A.A. made all kinds of promises to ourselves and to our families. We could not keep them. Then we came to A.A. A.A. said: "Just try not to drink today." (If you do not drink today, you can not get drunk today.) | <input type="checkbox"/> | <input type="checkbox"/> | 7 <i>Has your drinking caused trouble at home?</i>
Before we came into A. A., most of us said that it was the people or problems at home that made us drink. We could not see that our drinking just made everything worse. It never solved problems anywhere or anytime. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <i>Do you wish people would mind their own business about your drinking — stop telling you what to do?</i>
In A.A. we do not tell anyone to do anything. We just talk about our own drinking, the trouble we got into, and how we stopped. We will be glad to help you, if you want us to. | <input type="checkbox"/> | <input type="checkbox"/> | 8 <i>Do you ever try to get "extra" drinks at a party because you do not get enough?</i>
Most of us used to have a "few" before we started out if we thought it was going to be that kind of party. And if drinks were not served fast enough, we would go some place else to get more. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <i>Have you ever switched from one kind of drink to another in the hope that this would keep you from getting drunk?</i>
We tried all kinds of ways. We made our drinks weak. Or just drank beer. Or we did not drink cocktails. Or only drank on weekends. You name it, we tried it. But if we drank anything with alcohol in it, we usually got drunk eventually. | <input type="checkbox"/> | <input type="checkbox"/> | 9 <i>Do you tell yourself you can stop drinking any time you want to, even though you keep getting drunk when you don't mean to?</i>
Many of us kidded ourselves into thinking that we drank because we wanted to. After we came into A. A., we found out that once we started to drink, we couldn't stop. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 <i>Have you had to have an eye-opener upon awakening during the past year?</i>
Do you need a drink to get started, or to stop shaking? This is a pretty sure sign that you are not drinking "socially." | <input type="checkbox"/> | <input type="checkbox"/> | 10 <i>Have you missed days of work or school because of drinking?</i>
Many of us admit now that we "called in sick" lots of times when the truth was that we were hungover or on a drunk. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 <i>Do you envy people who can drink without getting into trouble?</i>
At one time or another, most of us have wondered why we were not like most people, who really can take it or leave it. | <input type="checkbox"/> | <input type="checkbox"/> | 11 <i>Do you have "blackouts"?</i>
A "blackout" is when we have been drinking hours or days which we cannot remember. When we came to A.A., we found out that this is a pretty sure sign of alcoholic drinking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 <i>Have you had problems connected with drinking during the past year?</i>
Be honest! Doctors say that if you have a problem with alcohol and keep on drinking, it will get worse — never better. Eventually, you will die, or end up in an institution for the rest of your life. The only hope is to stop drinking. | <input type="checkbox"/> | <input type="checkbox"/> | 12 <i>Have you ever felt that your life would be better if you did not drink?</i>
Many of us started to drink because drinking made life seem better, at least for a while. By the time we got into A.A., we felt trapped. We were drinking to live and living to drink. We were sick and tired of being sick and tired. | <input type="checkbox"/> | <input type="checkbox"/> |

¿Cuál es su resultado?

¿Respondió Sí a cuatro o más preguntas? De ser así, es probable que tenga un problema con el alcohol. ¿Por qué decimos esto? Porque miles de miembros de A.A. lo han dicho durante muchos años. La dura experiencia les ha enseñado la verdad respecto a sí mismos.

Pero repetimos que solamente usted puede decidir si le parece que A.A. le puede ser útil. Considérelo con mente abierta. Si responde afirmativamente, nos agradecería enseñarle cómo nosotros logramos dejar de beber. No tiene que hacer más que llamarnos.

A.A. no promete resolver los problemas de su vida. Pero podemos enseñarle cómo vamos aprendiendo a vivir sin beber "un día a la vez." Nos mantenemos alejados de aquel primer trago. Si no nos tomamos el primer trago, no podremos tomarnos el décimo. Al liberarnos de la bebida, encontramos la vida mucho más fácil de manejar.

K.C. AREA CENTRAL OFFICE
(816) 471-7229
www.kc-aa.org

Declaración de Unidad

Debemos hacer esto para el futuro de A.A.: Colocar en primer lugar nuestro bienestar común para mantener nuestra Comunidad unida. Porque de la unidad de A.A. dependen nuestras vidas, y las vidas de todos los que vendrán.

Yo soy responsable...

Cuando cualquiera, dondequiera, extienda su mano pidiendo ayuda, quiero que la mano de A.A. siempre esté allí. Y por esto: Yo soy responsable

¿ES AA PARA USTED?

Esta literatura está aprobada por la
Conferencia de Servicios Generales de A.A.

DOCE
PREGUNTAS
QUE SÓLO
USTED PUEDE
CONTESTAR

recuperación

Sí No

Sí No

Sí No

7 **¿Ha causado su forma de beber dificultades en casa?**

Antes de llegar a A.A., casi todos solíamos decir que lo que nos impulsaba a beber eran nuestros problemas familiares o las personas con quienes vivíamos. No se nos ocurrió nunca que la bebida lo hacía todo cada vez peor, que nunca solucionó problema alguno.

8 **¿Trata usted de conseguir tragos "extras" en las fiestas, por temor de no tener suficiente?**

La mayoría de nosotros solíamos tomar unos "unos cuantos" tragos antes de ir a una fiesta, si creíamos que no nos iba a bastar la ración. Y si no nos servían con la suficiente rapidez, íbamos a otra parte para conseguir más.

9 **¿Persiste usted en decir que puede dejar de beber en el momento que quiera, a pesar de que sigue emborrachándose cuando no quiere?**

Muchos de nosotros nos engañábamos, diciendo que bebíamos porque queríamos beber. Después de unirnos a A.A., llegamos a saber que una vez que empezábamos a beber, no podíamos parar.

10 **¿Ha faltado a su trabajo o a la escuela a causa de la bebida?**

Muchos de nosotros ahora reconocemos que a menudo nos ausentábamos "por estar enfermos" cuando en realidad estábamos con resaca o borrachos.

11 **¿Ha tenido "lagunas mentales"?**

¿Ha pasado horas o días bebiendo sin poder acordarse de lo que hizo o qué le pasó? Al llegar a A.A., descubrimos que esa era una indicación bastante segura del alcoholismo.

12 **¿Ha pensado que llevaría una vida mejor si no bebiera?**

Muchos de nosotros empezamos a beber porque la bebida hacía que la vida nos pareciera más agradable, al menos por algún tiempo. Luego nos sentimos atraídos. Estábamos bebiendo para vivir y viviendo para beber. Estábamos hartos de estar hartos y recurrimos a A.A.

1 **¿Ha tratado alguna vez de dejar de beber durante una semana o más, sin haber podido cumplir el plazo?**

La mayoría de los A.A. hicimos todo tipo de promesas a nosotros mismos y a nuestras familias. No pudimos cumplirlas. Luego llegamos a A.A., y A.A. nos dijo: Trate de no beber hoy. (Si no bebe hoy, hoy no se emborrachará.)

2 **¿Le fastidian los consejos de otras personas en cuanto a su forma de beber—le gustaría que dejasen de entrometerse en sus asuntos?**

En A.A. no decimos a nadie lo que tiene que hacer. Hablamos simplemente de nuestras experiencias con la bebida, los líos en que nos metíamos, y cómo logramos dejar de beber. Nos agradecería ayudarme si así lo desea.

3 **¿Ha cambiado de una clase de bebida a otra con objeto de evitar emborracharse?**

Intentamos multitud de trucos. Nos hacíamos bebidas suaves. Tomábamos solamente cerveza. No tomábamos cócteles. Bebíamos solamente los fines de semana. Todo lo que se pueda imaginar, ya lo hemos probado. Pero si tomábamos algo que contuviera alcohol, generalmente acabábamos por emborracharnos.

4 **¿Se ha tenido que tomar algún trago al levantarse por la mañana durante el año pasado?**

¿Necesita un trago para ponerse en marcha, o para quitarse los temblores? Esta es una indicación bastante segura de que usted no es un bebedor "social".

5 **¿Tiene envidia de las personas que pueden beber sin meterse en líos?**

Casi todos nosotros nos hemos preguntado alguna vez por qué no somos como la mayoría de la gente, que pueden realmente tomarlo o dejarlo.

6 **¿Ha tenido algún problema relacionado con la bebida durante el año pasado?**

¡Sea sincero! Los médicos dicen que si se tiene un problema con el alcohol y se sigue bebiendo, el problema va a empeorar, nunca mejorará. Al final, morirá, o acabará en una institución para pasar confinado lo que le quede de vida. La única esperanza está en dejar de beber.

¿Es A.A. para usted?

Sólo usted puede tomar la decisión de probar A.A. — si le parece que el programa le puede ayudar.

Nosotros los miembros de A.A. llegamos al programa porque reconocimos finalmente que no podíamos controlar nuestra forma de beber. Al principio estábamos poco dispuestos a admitir que nunca podríamos beber sin peligro. Pero los miembros experimentados de A.A. nos explicaron que sufríamos de una enfermedad. (Así nos había parecido durante largos años!) Nos enteramos de que mucha gente estaba afligida por los mismos sentimientos de culpabilidad, soledad y desesperación que nosotros teníamos. Descubrimos que teníamos esos sentimientos porque padecíamos de la enfermedad del alcoholismo.

Tomamos la decisión de tratar de hacer frente a la realidad de los efectos del alcohol en nuestras vidas. A continuación se encuentran algunas de las preguntas que tratamos de contestar con *sinceridad*. Si respondimos Si a cuatro o más preguntas, lo tomamos como indicación de que tenemos un grave problema con la bebida. Pruébelo usted. Recuerde, no es una vergüenza enfrentarse al hecho de que se tiene un problema.

IS THERE AN ALCOHOLIC IN YOUR LIFE?

This is A.A. General Service Conference-approved literature.

K.C. AREA CENTRAL OFFICE
(816) 471-7229
www.kc-aa.org

A.A.'s Message of Hope

A Declaration of Unity

This we owe to A.A.'s future:
To place our common welfare first;
To keep our fellowship united.
For on A.A. unity depend our lives,
And the lives of those to come

I am responsible...

When anyone, anywhere,
reaches out for help, I want
the hand of A.A. always to be there.
And for that: I am responsible

P.30

recovery

ALCOHOLICS ANONYMOUS[®] is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

- The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.

- A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

- Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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Alcoholics Anonymous World Services, Inc.

*Mail address: Box 459
Grand Central Station
New York, NY 10163*

www.a.a.org

70M - 04/12 (RIPON)

A.A. PUBLICATIONS Complete order forms available from
General Service Office of ALCOHOLICS ANONYMOUS,
Box 459, Grand Central Station, New York, NY 10163

BOOKS

ALCOHOLICS ANONYMOUS (regular, portable, large-print and abridged/pocket editions)
ALCOHOLICS ANONYMOUS COMES OF AGE
TWELVE STEPS AND TWELVE TRADITIONS
(regular, soft-cover, large-print, pocket and gift editions)
EXPERIENCE, STRENGTH AND HOPE
AS BILL SEES IT (regular & soft cover editions)
DR. BOB AND THE GOOD OLDTIMERS
"PASS IT ON"
DAILY REFLECTIONS

BOOKLETS

CAME TO BELIEVE
LIVING SOBER
A.A. IN PRISON: INMATE TO INMATE

PAMPHLETS

FREQUENTLY ASKED QUESTIONS ABOUT A.A.
A.A. TRADITION—HOW IT DEVELOPED
MEMBERS OF THE CLERGY ASK ABOUT A.A.
THREE TALKS TO MEDICAL SOCIETIES BY BILL W.
ALCOHOLICS ANONYMOUS AS A RESOURCE FOR
THE HEALTH CARE PROFESSIONAL
A.A. IN YOUR COMMUNITY
IS A.A. FOR YOU?
IS A.A. FOR ME?
THIS IS A.A.
IS THERE AN ALCOHOLIC IN THE WORKPLACE?
DO YOU THINK YOU'RE DIFFERENT?
A.A. FOR THE BLACK AND AFRICAN AMERICAN ALCOHOLIC
QUESTIONS AND ANSWERS ON SPONSORSHIP
A.A. FOR THE WOMAN
A.A. FOR THE NATIVE NORTH AMERICAN
A.A. AND THE GAY/LESBIAN ALCOHOLIC
A.A. FOR THE OLDER ALCOHOLIC—NEVER TOO LATE
THE JACK ALEXANDER ARTICLE
YOUNG PEOPLE AND A.A.
A.A. AND THE ARMED SERVICES
THE A.A. MEMBER—MEDICATIONS AND OTHER DRUGS
IS THERE AN ALCOHOLIC IN YOUR LIFE?
INSIDE A.A.
THE A.A. GROUP
G.S.R.
MEMO TO AN INMATE
THE TWELVE CONCEPTS ILLUSTRATED
THE TWELVE TRADITIONS ILLUSTRATED
LET'S BE FRIENDLY WITH OUR FRIENDS
HOW A.A. MEMBERS COOPERATE
A.A. IN CORRECTIONAL FACILITIES
A MESSAGE TO CORRECTIONS PROFESSIONALS
A.A. IN TREATMENT SETTINGS
BRIDGING THE GAP
IF YOU ARE A PROFESSIONAL
A.A. MEMBERSHIP SURVEY
A MEMBER'S EYE VIEW OF ALCOHOLICS ANONYMOUS
PROBLEMS OTHER THAN ALCOHOL
UNDERSTANDING ANONYMITY
THE CO-FOUNDERS OF ALCOHOLICS ANONYMOUS
SPEAKING AT NON-A.A. MEETINGS
A BRIEF GUIDE TO A.A.
A NEWCOMER ASKS
WHAT HAPPENED TO JOE: IT HAPPENED TO ALICE
(Two full-color comic-book style pamphlets)
TOO YOUNG? (A cartoon pamphlet for teenagers)
IT SURE BEATS SITTING IN A CELL
(An illustrated pamphlet for inmates)

VIDEOS

A.A.—AN INSIDE VIEW
A.A. VIDEOS FOR YOUNG PEOPLE
HOPE: ALCOHOLICS ANONYMOUS
IT SURE BEATS SITTING IN A CELL
CARRYING THE MESSAGE BEHIND THESE WALLS
YOUR A.A. GENERAL SERVICE OFFICE,
THE GRAPEVINE AND THE GENERAL SERVICE STRUCTURE

PERIODICALS

A.A. GRAPEVINE (monthly)
LA VINA (bimonthly)

TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.

2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for A.A. membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.

6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

7. Every A.A. group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

Is There an Alcoholic in Your Life?

... A.A.'s Message of Hope

know that such slips are not necessarily repeated in the future. If the alcoholic can honestly review the kind of thinking and behavior that preceded the slip, its recurrence can often be prevented. In fact, a slip can serve as a valuable lesson for alcoholics who believe that they have been "cured" of alcoholism merely because they have been dry for a while.

Overconfidence and unrealistic thinking sometimes result in slips. Judgment becomes fuzzy, and some alcoholics begin to believe that they can now control alcohol. They may go to fewer and fewer meetings, or they may begin to criticize the people in their group, losing sight of the A.A. tradition that the alcoholic should always put the principles of the program before the personalities of its members. Or it may be that the alcoholic forgot to live life one day at a time.

Of basic importance are three frequently used A.A. slogans: "First Things First," "Live and Let Live," and "Easy Does It." These are useful reminders that alcoholics are staying away from drinking one day at a time and that they are striving toward open-mindedness and serenity.

How can you help?

Whether you are the husband, wife, lover, parent, or child of a problem drinker, your understanding of the nature of the problem can play a vital part in helping the alcoholic to achieve and maintain sobriety. Hope is the ever-present theme in A.A. Many members, once considered hopeless drunks, now have years of sobriety behind them. This booklet is based on their experiences and the experiences of those who love them. Let it remind you that hope need never be abandoned and that you can help through your understanding of the illness and of A.A. itself and through your willingness to apply the program in your own daily life.

You will not be alone. The hopes and good wishes of more than one and a half million sober alcoholics accompany you all the way.

If someone you love has a drinking problem, this booklet will provide you with facts about a simple program of recovery. Through its help, over two million people who once drank too much are now living comfortable and productive lives without alcohol.

For six decades, Alcoholics Anonymous has been working successfully for men and women from every kind of background. Before these people came to A.A., most of them had tried to control their drinking on their own and, only after repeated unsuccessful efforts at such control, finally admitted that they were powerless over alcohol. At first, they could not imagine life without it; they certainly did not want to admit that they were alcoholics. But, with the help of other A.A. members, they learned that they did not *have* to drink. They discovered that life without alcohol not only was possible, but could be happy and deeply rewarding.

Often those closest to an alcoholic find it hardest to see and admit that someone they care about can be an alcoholic. Such a thing just can't be true, it seems. In their eagerness to deny the depth of the problem, they may for a time believe the alcoholic's promises. But the repeated breaking of these promises and the increasing difficulties finally force those living with the alcoholic to acknowledge the truth.

Then a desperate search for a solution begins. Feeling that all their love and well-intended attempts to help have been wasted, they become deeply discouraged. If you have felt like this, take hope from the experience of A.A. members' spouses, relatives, lovers, and friends who once felt the same way, but have seen the problem drinkers they care about freed from the compulsion to drink.

In this booklet, you will find answers to many questions that people asked both before and af-

ter the alcoholic in their lives joined A.A. If the problem drinkers laugh at the idea that they are in trouble with alcohol, or if they resent any such suggestions, the following pages may help explain what you can and cannot do. If the alcoholic has already joined A.A., the information that follows will help *you* to understand the A.A. way of life.

Perhaps the best brief description of what A.A. is and what it does is this short "Preamble," usually read at the beginning of every A.A. meeting:

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.

A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

rience. Using medications or discontinuing their use without proper professional guidance may be dangerous, and either course may lead a sober alcoholic back to the first drink. (The pamphlet "The A.A. Member — Medications and Other Drugs" discusses the problem in detail.)

When alcoholics achieve sobriety, they sometimes startle their loved ones by the overwhelming importance they attach to their newly awakened sense of spirituality. They may well go overboard on the subject. Usually, this phase does not last long, and it often moderates into a sound and satisfying spiritual life.

Your own drinking

If you are a normal drinker, you may wonder what to do about your occasional drink or about keeping a supply of liquor at home, now that the alcoholic in your life is not drinking. Will it help if you abstain completely? Should you stop serving liquor to guests?

If the sight and smell of alcohol upset the newly sober alcoholic, you might use a little discretion and avoid the old drinking crowd, cocktail parties, and barroom society whenever possible. In the last analysis, alcoholics must look after their own sobriety. What counts most, now that they are sober, is their attitude toward their own drinking. They must stop drinking for themselves and stay stopped for themselves.

A word about "slips"

Most people who turn to A.A. for help achieve sobriety without too much difficulty, and continue to stay sober. Others have trouble understanding and accepting the A.A. program. All too soon, they forget what being an alcoholic means. After their physical health returns and their lives become a little more manageable, they may drift away from the program — either mentally, by forgetting its principles, or physically, by going to fewer meetings. These people may have one or more relapses or "slips." They may get drunk again. This can be discouraging — and very painful — for loved ones. Fears and feelings of hopelessness may be reawakened. But experienced A.A. members

Recovery takes time

What can *you* expect when someone you love joins A.A. after years of problem drinking?

All problem drinkers who find A.A. do not stop drinking and move into a happy and contented sobriety with the same speed and ease. Some need to be hospitalized and may come through their convalescence still shaking and unsure of themselves. Others — not in the habit of facing problems directly — may, for a while, feel swamped by their responsibilities. Some will be plagued by feelings of remorse and depression. A few may become tense and, for a while at least, hard to live with.

Alcoholism may be under control, but many smaller problems almost invariably remain. Alcoholics, in their enthusiasm for the new life, may indeed forget the sacrifices those living with them made during the drinking days. They may plunge into such a constant round of A.A. meetings and calls to help other alcoholics that they have little time left to spend with you. Enjoying the return of health, some may approach their jobs with new energy and interest. Others may want to return to school to pursue long-delayed career goals.

Often, this intense interest in A.A. and in work or school will seem to be just as self-centered as the alcoholic's drinking was. This period — when the recovering alcoholic has such high enthusiasm for A.A. that other concerns fade — is often referred to in the Fellowship as "living on a pink cloud." It passes, eventually. Although sober, the alcoholic still has the same illness, and nondrinking alcoholics cannot be expected to change all their erratic behavior overnight. Certain thinking habits have probably become ingrained. But as time goes on, most A.A. members achieve better balance. The A.A. program is designed, not as an escape route, but as a bridge to normal living.

During their drinking days, many alcoholics made their problems worse by mixing liquor with sedatives, tranquilizers, marijuana, or other drugs. They may cling to the pill or drug habit even after they stop drinking. It will probably also be wise if you encourage the alcoholic to seek medical advice from a physician knowledgeable about the special problems recovering alcoholics expe-

Understanding your problem

Today, over two million men and women have stopped drinking in A.A. This figure includes many different sorts of people, from teenagers to octogenarians. It is clear from a review of its membership that A.A. has been able to help women, men, aged persons, young people, the rich, the poor, the highly educated, the uneducated.

This, like all A.A. books and pamphlets, is based not on theory but on experience — many experiences of those close to alcoholics, those who know what it is like to live with them. If these people could sit down with you, they might say: "We know what you are up against. We know how baffling it is to live with a problem drinker, to see close and loving relationships torn by irrational anger and conflict, to see family life upset, to see much-needed money spent on liquor or on alcohol-related hospitalization, instead of on necessities, to see children growing up in an abnormal unpredictable atmosphere. But we all know that if the person you love recognizes the problem and really wants to stop drinking, there is a solution that has worked for those we love — and can work for the one you care about, too."

In spite of all the trouble that drinking may have caused, you may not wish to admit to yourself that a loved one is an *alcoholic*. A problem drinker, yes, but not an alcoholic. The word may have too many disturbing associations for you. Even if the alcoholic admits to being one, you may find yourself trying to deny it. Many people have felt the same way about someone they love until they understood that alcoholism is a disease, a fact that modern medicine now confirms. Previously, an alcoholic's loved ones may have believed that *they* had somehow been responsible. How and why alcoholism begins, we do not know; but later adult relationships apparently have little effect on its severity or progression. Alcoholism, like most noncontagious diseases, is the sole property of the individual unfortunate enough to have it. Nobody — whether layman or scientist — is certain of its cause.

The alcoholic can recover

The alcoholic is a sick person suffering from a disease for which there is no known cure — that is, no cure in the sense that he or she will ever be able to drink moderately, like a nonalcoholic, for any sustained period. Because it is an illness — a physical compulsion combined with a mental obsession to drink — the alcoholic must learn to stay away from alcohol completely in order to lead a normal life.

Fundamentally, alcoholism is a health problem — a physical and emotional disease — rather than a question of too little willpower or of moral weakness. Just as there is no point blaming the victim of diabetes for a lack of willpower in becoming ill, it is useless to charge the problem drinker with responsibility for the illness or to regard such drinking as a vice.

Alcoholism takes many routes. Some AA members drank in an out-of-control way from their first drink. Others slowly progressed over decades to uncontrolled drinking. Some alcoholics are daily drinkers. Others may be able to abstain for long periods. Then they cut loose on a binge of uncontrolled drinking. The latter are called “periodics.”

One thing all alcoholics seem to have in common is that, as time passes, the drinking gets worse. No reliable evidence exists that anyone who ever drank alcoholically has been able to return, for long, to normal social drinking. There is no such thing as being “a little bit alcoholic.” Because the illness progresses in stages, some alcoholics show more extreme symptoms than others. Once problem drinkers cross over the line into alcoholism, however, they cannot turn back.

What can you do?

Knowing that more than two million problem drinkers have attained sobriety in AA, you may be impatient to “do something” for the alcoholic in your life. You may want to explain that alcoholism is an illness and urge the alcoholic to read AA literature and head straight for the nearest AA meeting.

Sometimes, this kind of approach works. After reading AA pamphlets or books, many problem

How Does AA Work?

It should be emphasized that the *only* requirement for membership in AA is a desire to stop drinking. Nothing more. AA asks no pledges or personal commitments of any kind. During their drinking days, many AAs took numerous pledges, made solemn promises, and often went on the wagon. The results were not lasting. The AA approach is more practical. It is based on the idea that every problem drinker, at one time or another, has gone for at least 24 hours without a drink. So AA members do not swear off alcohol for life or for any other extended period. They know there is nothing they can do today about the drink they may crave tomorrow. AAs concentrate on staying sober *today* — during *this* 24 hours. They work on tomorrow when the time comes.

Since regular attendance at meetings plays an essential part in continued sobriety, the loved ones of an alcoholic may wonder where they fit into the program of recovery. Some of these people attend open AA meetings. It gives them a chance to share the road back to normal life with the alcoholic. It also provides the opportunity to learn how other people are meeting the challenge of living with a problem drinker who no longer drinks. Al-Anon meetings, mentioned earlier, also provide a chance to meet and discuss your problems with other people in similar circumstances.

At all meetings, and in contacts with AA members, most people will probably be impressed by the frequency of laughter and the general atmosphere of good humor and warm fellowship. This is typical of AA. Generally, members take their alcoholism seriously — but not themselves. Part of the recovery process is laughing over the experiences that once brought tears.

drinkers call their local A.A. office, begin attending A.A. meetings, and put their drinking days squarely behind them. But, in fact, most active alcoholics are *not* eager and ready to turn to A.A. simply because a loved one suggests it. Drinking habits are firmly rooted in one's personality, and the alcoholic's compulsion to drink often creates stubborn resistance against help. To admit to being an alcoholic, simple and evident as it may seem, implies committing oneself to *doing* something about one's drinking. And the alcoholic may not be ready for this. A frequent component of the disease is the alcoholic's belief that drinking is necessary to cope with life. In an alcoholic's confused mind, the need to drink may literally seem like a matter of life or death.

When is the right time?

It is not easy to know when an alcoholic is "ready" for A.A. Not all drinkers descend to the same physical or mental states before they decide to seek help. An alcoholic may fall, roughly, into any of the following four groups.

1. These people may seem to be only heavy drinkers. Drinking may be daily or less frequent and may be heavy only on occasion. They spend too much money on liquor and may begin slowing up mentally and physically, although they will not concede this. Their behavior is sometimes embarrassing; yet they may continue to assert that they can handle alcohol and that drinking is essential to their work. Probably, they would be insulted if someone called them alcoholic. At this stage, they may be approaching the borderline that separates social from compulsive drinking. Some may be able to moderate or stop their drinking altogether. Other may cross that border, increasingly lose the ability to control their drinking, and become alcoholics.

2. In this stage, drinkers lack control over their drinking and begin to worry about it. Unable to stay on the wagon even when they want to, people in this group often get completely out of hand when drinking and may even admit it the next day. But they are certain that "next time it will be different." Drinkers may now employ a number of "control" devices: drinking only wine or beer, drinking only on week-

ends or during certain hours of the day or evening, or working out a formula for spacing drinks. They may take a "medicinal" drink in the morning to quiet the nerves. After serious drinking bouts, they are remorseful and want to stop. However, as soon as health returns, they begin to think that they can really drink moderately next time. Perhaps they can still meet responsibilities fairly well on the job or at home. The idea that drinking will probably become progressively worse and may cause the loss of family, job, or the affection of others seems fantastic. In the meantime, they say they would like to stop drinking. Those who have been around A.A. for a while would say: "They want to want to stop."

3. These drinkers have moved beyond the second stage; they have lost friends, cannot hold jobs, and find various intimate relationships in ruins. Perhaps doctors have been consulted, and the weary round of "drying out" places and hospitals has begun. They realize full well that they cannot drink normally, but are unable to understand why. They honestly want to stop, but cannot. No one seems able to help them stay sober. In searching for a path to sobriety, they become increasingly desperate. Usually, they have tried some form of counseling and perhaps some special diet or vitamin therapy, and for a little while the situation may have improved, but then the progression downward continues. They lose all interest in constructive social relationships, in the world around them, and perhaps even in life itself. The only emotion they show with any consistency is self-pity.

4. In this last stage, drinkers may seem beyond help. By now, they have been in one institution after another. Often violent, they appear insane or oblivious to reality when drunk. Sometimes, they may even manage to sneak a drink on the way home from the hospital. They may have alcoholic hallucinations — delirium tremens (D.T.s). At this point, doctors may advise you to have the drinker committed to an institution. Perhaps you have already had to do so. In many ways, these drinkers seem to be "hopeless." But A.A. experience has shown that, however far down the ladder of alcoholism drinkers have gone, very few have passed beyond the hope of recovery in A.A. — that is, if they *want* to recover.

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

A.A.'s Twelve Steps

Part of the recovery program that A.A. suggests is set forth in the Twelve Steps listed on page 15. Based on the experience of A.A.'s earliest members, the Steps are a record of the principles and practices they developed to maintain sobriety (after many other approaches had failed). If the alcoholic in your life shrinks from the idea that a formal code of behavior will be required, you can put his or her mind at ease. Each member uses the Steps in an individual way. The Steps are *suggested* as a program of recovery. Although experience shows that many A.A. members' comfort in sobriety depends, to an extent, on their understanding and acceptance of the Steps, no A.A. member is forced to accept — or even read — them. It is up to the individual to decide when and how the Steps, will be used.

It may take the alcoholics themselves some time to admit their own illness. They may protest that their problems are "different" and that A.A. is not necessary or desirable for them. Such drinkers often point out that they are a long way from the bottom of the ladder, and what they consider "the bottom" keeps getting lower and lower. Or they may simply continue to insist that they can stay sober on their own. Unfortunately, they cannot and do not.

Anyone who loves an alcoholic finds these reactions and evasions bitter pills to swallow. The simple truth is that no one can *force* the A.A. program on anyone else. However, if the drinker you care about hesitates to go for needed help, you can take some action to assist in recovery.

You can develop a good and, if possible, firsthand understanding of the A.A. program, so that when the alcoholic is ready, you will be in the best position to help. You can also inform yourself by writing or phoning A.A. or Al-Anon Family Groups. (Turn to page 21 of this booklet for addresses.) In many communities, loved ones of A.A. members (and of those who need A.A.) meet regularly to exchange experiences and viewpoints on the problems of alcoholism. They are part of what is known as Al-Anon Family Groups. Among these are Alateen groups, for teenagers who have alcoholic parents. Al-Anon is not affiliated with A.A., but its contribution to increased understanding of the A.A. recovery program has been substantial. They believe alcoholism is a family illness and that changed attitudes can aid recovery.*

A.A.'s long experience has taught us the need for confidence and patience in encouraging the alcoholic to begin the process of recovery. If you find that the alcoholic meets your enthusiastic recommendation of A.A. with refusal even to discuss the matter, you may feel discouraged and resentful. Sometimes, because of the disruption the alcoholic causes, or because children are being adversely affected, you may decide to walk away, leaving him or her to face the problem alone. Having no place left to go but A.A. may actually lead the alcoholic to seek help earlier than he or she would

*"This Is Al-Anon," pamphlet written and distributed by Al-Anon Family Groups

have if you had remained available. Sometimes, it is necessary to be cruel for the moment in order to be kind in the long run.

The alcoholic may be rebelling outwardly against the idea of A.A., but may actually be close to accepting your encouragement and support and making a decision to join A.A. or at least listen to what various recovered alcoholics have to say about the program. At this stage, the alcoholic is usually confused — knows that the illness has to be dealt with somehow, but is unable to evaluate the situation clearly. Alcoholics often have many false ideas about A.A. and its members. That is why your understanding of Alcoholics Anonymous may be extremely helpful during this critical period. You will be able to answer questions, make suggestions, and correct erroneous assumptions about A.A.

Who attends A.A. meetings

There are more than 114,000 local A.A. groups worldwide. Usually, a member regularly attends a group near home; but all members are free to attend any meeting of A.A. anywhere. Most groups hold one or more meetings a week, some “closed” (for A.A. members or newcomers only), others “open” (to loved ones and friends as well). At these meetings, members discuss their own drinking experiences before coming into A.A., and explain how A.A. principles led them to sobriety and a new outlook. Through their interpretations of the program, older members try to help newcomers and one another. Meetings are informal and usually include friendly get-togethers around the coffee table, where you may get a still better picture of the wide variety of people who belong to this Fellowship.

Alcoholics unfamiliar with A.A. may think that it is only for real down-and-out, skid-row people and, therefore, not for them. The *facts* are quite different.

The belief that A.A. is for skid-row derelicts is only partly true — and a small part, at most. Some men and women indeed rise from a life on skid row or similar places to achieve sobriety and responsible living through A.A. But A.A. members in general are a cross section of the average com-

munity. Among them are educators, professional people, and business executives, as well as those who have had little or no schooling. A stockbroker and a doctor — both alcoholics — founded A.A. Alcoholism is no respecter of intelligence, talent, education, or position, and is as likely to afflict a nurse or a priest as an entertainer or a writer.

Not a religious organization

Perhaps the alcoholic in your life thinks that A.A. is an evangelical organization, heavy on religion and preaching. Again, the facts are different.

A.A. has been described as, basically, a spiritual program. To be sure, it does not offer any material help, as a welfare department would. But A.A. is certainly not a religious organization. It does not ask its members to hold to any formal creed or perform any ritual or even to believe in God. Its members belong to all kinds of churches. Many belong to none. A.A. asks only that newcomers keep an open mind and respect the beliefs of others.

A.A. holds that alcoholism, in addition to being a physical and emotional illness, is also a spiritual disorder to some degree. Because most alcoholics have been unable to manage things on their own, they seem to find effective therapy in the decision to turn their destiny over to a power greater than themselves. Many A.A.s refer to this power as “God.” Others consider the A.A. *group* as the power to be relied upon. The word “spiritual” in A.A. may be interpreted as broadly as one wants. Certainly, one feels a certain *spirit* of togetherness at all A.A. meetings!

K.C. AREA CENTRAL OFFICE
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¿HAY UN ALCOHÓLICO EN SU VIDA?

Esta literatura está aprobada por la
Conferencia de Servicios Generales de A.A.

Declaración de Unidad

Debemos hacer esto para el futuro de A.A.: Colocar en primer lugar nuestro bienestar común; para mantener nuestra Comunidad unida. Porque de la unidad de A.A. dependen nuestras vidas, y las vidas de todos los que vendrán.

El mensaje de esperanza de A.A.

Yo soy responsable...

Cuando cualquiera, dondequiera, extienda su mano pidiendo ayuda, quiero que la mano de A.A. siempre esté allí. Y por esto: Yo soy responsable.

SP-30

recuperación

Alcohólicos Anónimos® es una comunidad de hombres y mujeres que comparten su mutua experiencia, fortaleza y esperanza para resolver su problema común y ayudar a otros a recuperarse del alcoholismo.

- El único requisito para ser miembro de A.A. es el deseo de dejar la bebida. Para ser miembro de A.A. no se pagan honorarios ni cuotas; nos mantenemos con nuestras propias contribuciones.

- A.A. no está afiliada a ninguna secta, religión, partido político, organización o institución alguna; no desea intervenir en controversias; no respalda ni se opone a ninguna causa.

- Nuestro objetivo primordial es mantenernos sobrios y ayudar a otros alcohólicos a alcanzar el estado de sobriedad.

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www.aa.org

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Publicaciones de A.A.

Se pueden obtener formularios de pedidos completos en la Oficina de Servicios Generales de ALCOHOLICOS ANONIMOS, Box 459, Grand Central Station, New York, NY 10163.

LIBROS

ALCOHOLICOS ANONIMOS
A.A. LLEGA A SU MAYORIA DE EDAD
DOCE PASOS Y DOCE TRADICIONES
COMO LO VE BILL
EL DR. BOB Y LOS BUENOS VETERANOS
REFLEXIONES DIARIAS
DE LAS TINIEBLAS HACIA LA LUZ

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LLEGAMOS A CREER
VIVIENDO SOBRIO
A.A. EN PRISIONES — DE PRESO A PRESO
FOLLETOS
PREGUNTAS FRECUENTES ACERCA DE A.A.
LA TRADICION DE A.A. — COMO SE DESARROLLO
LOS MIEMBROS DEL CLERO PREGUNTAN ACERCA DE A.A.
TRES CHARLAS A SOCIEDADES MEDICAS POR BILL W.
A.A. COMO RECURSO PARA LOS PROFESIONALES DE LA SALUD
A.A. EN SU COMUNIDAD
¿ES A.A. PARA USTED?
ESTO ES A.A.
UN PRINCIPIANTE PREGUNTA
¿HAY UN ALCOHOLICO EN EL LUGAR DE TRABAJO?
¿SE CREE USTED DIFERENTE?
PREGUNTAS Y RESPUESTAS ACERCA DEL APADRINAMIENTO
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A.A. PARA EL ALCOHOLICO DE EDAD AVANZADA—
NUNCA ES DEMASIADO TARDE
ALCOHOLICOS ANONIMOS POR JACK ALEXANDER
LOS JOVENES Y A.A.
EL MIEMBRO DE A.A. — LOS MEDICAMENTOS Y OTRAS DROGAS
¿HAY UN ALCOHOLICO EN SU VIDA?
DENTRO DE A.A.
EL GRUPO DE A.A.
R.S.G.
CARTA A UN PRESO QUE PUEDE SER UN ALCOHOLICO
LOS DOCE PASOS ILUSTRADOS
LAS DOCE TRADICIONES ILUSTRADAS
COMO COOPERAN LOS MIEMBROS DE A.A...
A.A. EN LAS INSTITUCIONES CORRECCIONALES
A.A. EN LOS ENTORNOS DE TRATAMIENTO
EL PUNTO DE VISTA DE UN MIEMBRO DE A.A.
PROBLEMAS DIFERENTES DEL ALCOHOL
COMPRENDIENDO EL ANONIMATO
UNA BREVE GUIA A ALCOHOLICOS ANONIMOS
UN PRINCIPIANTE PREGUNTA
LO QUE LE SUCEDIO A JOSE
(Historieta a todo color)
LE SUCEDIO A ALICIA
(Historieta a todo color)
ES MEJOR QUE ESTAR SENTADO EN UNA CELDA
(Folleto ilustrado para los presos)
¿ES A.A. PARA MI?
LOS DOCE PASOS ILUSTRADOS
HABLANDO EN REUNIONES NO A.A.

VIDEOS

ESPERANZA: ALCOHOLICOS ANONIMOS
ES MEJOR QUE ESTAR SENTADO EN UNA CELDA
LLEVANDO EL MENSAJE DETRAS DE ESTOS MUROS
VIDEOS DE A.A. PARA LOS JOVENES
TU OFICINA DE SERVICIOS GENERALES,
EL GRAPEVINE Y LA ESTRUCTURA DE
SERVICIOS GENERALES

REVISTAS

LA VIÑA DE A.A. *(trimestral)*

LAS DOCE TRADICIONES DE ALCOHÓLICOS ANÓNIMOS

1.—Nuestro bienestar común debe tener la preferencia; la recuperación personal depende de la unidad de A.A.

2.—Para el propósito de nuestro grupo sólo existe una autoridad fundamental: un Dios amoroso tal como se exprese en la conciencia de nuestro grupo. Nuestros líderes no son más que servidores de confianza. No gobiernan.

3.—El único requisito para ser miembro de A.A. es querer dejar la bebida.

4.—Cada grupo debe ser autónomo, excepto en asuntos que afecten a otros grupos o a A.A., considerado como un todo.

5.—Cada grupo tiene un solo objetivo primordial: llevar el mensaje al alcoholico que aun está sufriendo.

6.—Un grupo de A.A. nunca debe respaldar, financiar o prestar el nombre de A.A. a ninguna entidad allegada o empresa ajena, para evitar que los problemas de dinero, propiedad y prestigio nos desvíen de nuestro objetivo primordial.

7.—Todo grupo de A.A. debe mantenerse completamente a sí mismo, negándose a recibir contribuciones de afuera.

8.—A.A. nunca tendrá carácter profesional, pero nuestros centros de servicio pueden emplear trabajadores especiales.

9.—A.A. como tal nunca debe ser organizada; pero podemos crear juntas o comités de servicio que sean directamente responsables ante aquellos a quienes sirven.

10.—A.A. no tiene opinión acerca de asuntos ajenos a sus actividades; por consiguiente su nombre nunca debe mezclarse en polémicas públicas.

11.—Nuestra política de relaciones públicas se basa más bien en la atracción que en la promoción; necesitamos mantener siempre nuestro anonimato personal ante la prensa, la radio y el cine.

12.—El anonimato es la base espiritual de todas nuestras Tradiciones, recordándonos siempre anteponer los principios a las personalidades.

¿Hay un alcoholico en su vida?

...El mensaje de esperanza de A.A.

Pueden despertarse de nuevo los temores y los sentimientos de desesperanza. No obstante, los miembros de A.A. experimentados saben que tales recaídas no tendrán que seguir repitiéndose necesariamente en el futuro. Si el alcohólico puede repasar sinceramente su comportamiento y los pensamientos que precedieron a la recaída, a menudo puede evitar que ocurra otra vez. De hecho, una recaída puede ser una buena lección para los alcohólicos que crean que están "curados" del alcoholismo sólo por haber estado "secos" durante un rato.

La confianza excesiva y los pensamientos poco realistas a menudo entrañan recaídas. El juicio se vuelve borroso, y algunos alcohólicos empiezan a creer que pueden controlar el alcohol. Asisten cada vez a menos reuniones o comienzan a criticar a la gente de su grupo, olvidándose de la tradición de A.A. que nos recuerda que el alcohólico siempre debe anteponer los principios del programa a las personalidades de los miembros. Puede también que el alcohólico olvide vivir un día a la vez.

De fundamental importancia son los tres lemas de A.A., que frecuentemente se citan: "Haz lo primero primero", "Vive y deja vivir", y "Tómalo con calma" ("Poco a poco se va lejos"). Sirven de recordatorios útiles del hecho de que los alcohólicos se alejan de la bebida día por día y se esfuerzan por lograr una amplitud de ideas y una serenidad espiritual.

¿Cómo puede ayudar usted?

Si usted es el esposo, la esposa, el amante, el padre o el hijo de un bebedor problema, su comprensión de la naturaleza del problema puede desempeñar una parte decisiva en que el Alcohólicos logre y mantenga su sobriedad. La esperanza es el tema eterno de A.A. Muchos miembros que una vez se consideraron como borrachos perdidos, ahora llevan muchos años de sobriedad. Este folleto está basado en sus experiencias y en las experiencias de los que les quieren. Le recordará que nunca hay que abandonar la esperanza y que usted puede ayudar, logrando comprender la enfermedad, y disponiéndose a aplicar el programa en su propia vida cotidiana.

No se encontrará solo. En todo su camino le acompañarán las esperanzas y los mejores votos de más de un millón de alcohólicos sobrios.

Si alguno de sus seres queridos tiene un problema con la bebida, este folleto le puede facilitar a usted información sobre un sencillo programa de recuperación. Por medio de su ayuda, más de dos millones de personas que en una época bebían en demasia llevan hoy vidas cómodas y productivas sin el alcohol.

Durante siete décadas, Alcohólicos Anónimos ha estado trabajando con éxito, con hombres y mujeres de todas clases y con los antecedentes más diversos. Antes de ingresar en A.A., la mayoría de estos individuos había tratado de controlar la bebida por sí mismos, y únicamente después de haber fracasado en su intento repetidas veces, llegaron a reconocer que eran impotentes ante el alcohol. Al principio, no se podían imaginar una vida sin beber y seguramente no querían admitir que eran alcohólicos. Sin embargo, con la ayuda de otros miembros de A.A., aprendieron que no *tenían que* beber. Descubrieron que la vida sin alcohol no sólo es posible, sino que además puede ser feliz y muy gratificadora.

A menudo, a las personas más allegadas a un alcohólico les resulta sumamente difícil ver y admitir que alguien a quien tienen cariño, puede ser un alcohólico. Les parece que tal cosa no puede ser verdad. Ansiosos de negar la gravedad del problema, puede que por algún tiempo confíen en las promesas del alcohólico. No obstante, viéndole faltar repetidamente a su palabra, y enredarse cada vez más en dificultades, se ven obligados a reconocer la verdad.

Entonces comienza la búsqueda desesperada de una solución. Creyendo que todo su amor y todos sus esfuerzos para ayudar han sido en vano, se sienten desolados. Si alguna vez se ha sentido usted así, le llenará de esperanza conocer la experiencia de los esposos y esposas, parientes, amantes y amigos de miembros de A.A. que, habiendo sentido lo mismo una vez, han visto a los bebedores problema a quienes aman, librarse de la compulsión por la bebida.

En este folleto, encontrará respuestas a muchas preguntas hechas por multitud de personas, tanto antes como después de que el alcohó-

lico ingresara en A.A. Si los bebedores problema se rien ante la idea de que tienen dificultades con el alcohol, o si se resienten cuando se les hacen sugerencias parecidas, las siguientes páginas pueden ayudarle a usted, explicándole lo que puede y no puede hacer. Si el alcohólico ya se ha unido a A.A., la siguiente información le ayudará a entender la forma de vida de nuestra comunidad.

Quizás la mejor descripción corta de lo que es y lo que hace A.A., es el breve "Preámbulo", que por costumbre se lee al comienzo de cada reunión de A.A. Dice:

Alcohólicos Anónimos es una comunidad de hombres y mujeres que comparten su mutua experiencia, fortaleza y esperanza para resolver su problema común y ayudar a otros a recuperarse del alcoholismo.

El único requisito para ser miembro de A.A. es el deseo de dejar la bebida. Para ser miembro de A.A. no se pagan honorarios ni cuotas; nos mantenemos con nuestras propias contribuciones.

A.A. no está afiliada a ninguna secta, religión, partido político, organización o institución alguna; no desea intervenir en controversias; no respalda ni se opone a ninguna causa.

Nuestro objetivo primordial es mantenernos sobrios y ayudar a otros alcohólicos a alcanzar el estado de sobriedad.

Comprendiendo su problema

Actualmente más de dos millones de hombres y mujeres han dejado de beber en Alcohólicos Anónimos. En esta cifra está incluida una amplia variedad de gente, desde adolescentes hasta octogenarios. De esta variedad, se ve claramente que A.A. ha podido ayudar a mujeres, hombres, personas de edad avanzada, jóvenes, ricos, pobres, tanto a los que tienen mucha educación como a los que no tienen ninguna.

Este, como todos los libros y folletos de A.A., no está basado en la teoría sino en la experiencia — la experiencia de las personas cercanas a los alcohólicos, que saben lo que es vivir con ellos. Si estas personas pudieran hablar con usted, tal vez le dirían: "Conocemos las dificultades con que se tropieza. Sabemos lo desconcertante que es vivir con un bebedor problema, ver las relaciones íntimas desgarradas por la ira y los conflictos irracionales, ver trastornarse la vida familiar, ver cómo el dinero se gasta, no en necesidades, sino en licores o en hospitalizaciones relacionadas con el alcoholismo, ver crecer a los hijos en circunstan-

do pildoras o drogas aun después de dejar de beber. Puede ser prudente también recomendar al alcohólico buscar el consejo médico de un doctor familiarizado con los problemas especiales con los que los alcohólicos en recuperación tienen que enfrentarse. El tomar o dejar de tomar medicamentos sin la indicada orientación médica puede ser peligroso, y tanto lo uno como lo otro puede llevar al alcohólico a tomar el primer trago. (El folleto "El Miembro de A.A. — Los Medicamentos y Otras Drogas" discute el problema con detalle.)

Al haber logrado su sobriedad, los alcohólicos a veces sorprenden a sus seres queridos dando una gran importancia a un sentimiento de espiritualidad recién despierto en ellos. Pueden pasarse de la raya en este respecto. Generalmente, esta etapa no dura mucho, y a menudo se modera, convirtiéndose en una vida espiritual sana y satisfactoria.

Su propia forma de beber

Si usted es un bebedor normal, puede preguntarse qué debe hacer referente a la copa que toma de vez en cuando, o con la bebida que tiene en su casa, ahora que su alcohólico ha dejado de beber. ¿Será de ayuda abstenerse completamente? ¿Debe dejar de servir licor a los invitados?

Si al alcohólico recién sobrio le molesta aun ver u oler el alcohol, usted puede proceder con prudencia, evitando los viejos compañeros de bebida, los cócteles y la sociedad de los bares, cuando sea posible. A fin de cuentas, los alcohólicos tienen que cuidar su propia salud. Lo más importante, estando ya sobrio, es la actitud del alcohólico ante su propio problema. Tiene que dejar de beber y quedarse sin beber por y para sí mismo.

Unas palabras acerca de las "recaídas"

La mayoría de la gente que recurre a A.A. para ayuda logran su sobriedad sin grandes problemas y consiguen mantenerla; otros tienen dificultad en entender y aceptar el programa de A.A. Con demasiada rapidez se olvidan de lo que significa el ser alcohólico. Al haber recuperado su salud física, y encontrando su vida algo más manejable, puede que se alejen del programa — mentalmente, olvidando los principios, o físicamente, asistiendo a menos reuniones. Estas personas pueden tener algunos relapsos, o "recaídas." Pueden volver a emborracharse. Esto puede ser desconsolador, y muy penoso, para sus seres queridos.

La recuperación requiere tiempo

¿Qué puede esperar *usted* cuando un ser querido, después de haber pasado años como bebedor problema, se une a A.A.?

No todos los bebedores problema que llegan a A.A. logran dejar de beber y entrar en una sobriedad cómoda y feliz con la misma facilidad y rapidez. Algunos tienen que ser hospitalizados y puede que aun al acabar su convalecencia se encuentren todavía temblando y poco seguros de sí mismos. Algunos —no acostumbrados a enfrentarse a sus problemas directamente— pueden sentirse abrumados por la responsabilidad. A algunos les atormentarán los remordimientos y la depresión. Otros pueden encontrarse tensos durante algún tiempo, y puede ser difícil vivir con ellos.

Aunque puede tenerse controlado el alcoholismo, casi siempre quedarán otros problemas menos graves por resolver. En su entusiasmo por la nueva vida, los alcohólicos pueden olvidar los sacrificios hechos por los que vivían con ellos en sus días de bebedores. Pueden lanzarse a una serie ininterrumpida de reuniones de A.A. y visitas para ayudar a otros alcohólicos, de manera que dispongan de poco tiempo para pasarlo con usted. Gozando de la recuperación de su salud, algunos pueden volver a su trabajo con nueva fuerza e interés. Otros pueden tener el deseo de reanudar sus estudios para alcanzar algún objetivo profesional, aplazado durante mucho tiempo.

A menudo, este interés ardiente en A.A., en su trabajo o en sus estudios parecerá tan egocéntrico como lo fue en su momento la bebida. Este período en que el alcohólico que se está recuperando muestra un interés en A.A. tan apasionado que desaparecen sus demás intereses y preocupaciones — a menudo se llama en A.A. "estar viviendo en una nube rosada." Eventualmente pasará. Aunque está sobrio, el alcohólico sufre todavía de la misma enfermedad, y no se puede esperar que los alcohólicos que no beben cambien su excéntrica conducta de la noche a la mañana. Es posible que ciertas formas de pensar estén arraigadas en ellos. No obstante, con el tiempo, la mayoría de los miembros de A.A. logran una mayor estabilidad. El programa de A.A. no fue diseñado como un camino de fuga, sino como puente hacia una vida normal.

Durante sus días de bebedores, muchos alcohólicos agravaron sus problemas mezclando el licor con los sedantes, los tranquilizantes, la marihuana y otras drogas. Puede que se aferren a algunas de las viejas costumbres y sigan toman-

cias anormales, imprevisibles. Pero todos nosotros sabemos que, si la persona a quien usted quiere reconoce su problema y verdaderamente desea dejar de beber, hay una solución que ha surtido efecto para nuestros seres queridos, y también puede surtir efecto para los suyos."

A pesar de los problemas que el alcohol ha causado, puede que usted no quiera admitir que un ser amado es un alcohólico. Tal vez un bebedor problema, esto sí; pero no un alcohólico. Puede que la palabra tenga para usted demasiadas connotaciones desconcertantes. Aunque el alcohólico admita serlo, usted puede, no obstante, tratar de negarlo. Muchas personas han tenido estos mismos sentimientos hacia un ser amado, hasta que reconocieron que el alcoholismo es una enfermedad — hecho confirmado ahora por la medicina. Anteriormente, las personas cercanas al alcohólico podían pensar que, de alguna manera, ellos mismos tenían la culpa. No sabemos cómo ni por qué comienza el alcoholismo; pero las relaciones adultas de años posteriores aparentemente influyen poco en su gravedad o en su progresión. El alcoholismo, como la mayoría de las enfermedades no contagiosas, es propiedad única del desafortunado que la padece. Nadie —ni lego ni científico— tiene un conocimiento exacto de su causa.

El alcohólico puede recuperarse

El alcohólico es un individuo que padece de una enfermedad para la cual no se conoce curación alguna — es decir, ninguna curación que les haga posible beber con moderación por un largo período de tiempo, como puede una persona no alcohólica. Debido a que es una enfermedad — una compulsión física más una obsesión mental por la bebida— el alcohólico tiene que aprender a mantenerse completamente alejado del alcohol para poder llevar una vida normal.

Fundamentalmente, el alcoholismo es un problema de salud —una enfermedad física y emocional— más que una cuestión de insuficiente fuerza de voluntad, o debilidad moral. De la misma forma que sería insensato culpar a la víctima de diabetes de caer enfermo por una falta de fuerza de voluntad, también lo sería echar la culpa al alcohólico por su enfermedad, o considerar su forma de beber como un vicio.

El alcoholismo sigue diversos caminos. Algunos miembros de A.A. bebieron descontroladamente desde su primera copa. Otros fueron lentamente progresando hacia el beber desen-

frenado. Algunos beben todos los días. Otros pueden abstenerse durante largos períodos, para después lanzarse precipitadamente a una juerga desenfrenada. Estos últimos se conocen como bebedores "periódicos".

Algo que todos los alcohólicos parecen tener en común es que, con el tiempo, su manera de beber empeora. No existe ninguna evidencia segura de que una persona que bebía alcohólicamente haya podido volver al moderado beber social por mucho tiempo. No se puede ser "un poco alcohólico". Ya que la enfermedad progresa por etapas, algunos alcohólicos manifiestan síntomas extremos más que otros. No obstante, una vez que cruzan la frontera del alcoholismo, los bebedores problema no pueden volver atrás.

¿Qué puede hacer?

Ahora que sabe que más de dos millones de bebedores problema han logrado su sobriedad en A.A., puede que se impacienta por "hacer algo" por ese alcohólico cercano a usted. Puede que le desee explicar que el alcoholismo es una enfermedad y recomendarle que lea nuestra literatura y que se dirija inmediatamente a la reunión más cercana de A.A.

A veces, esta manera de tratar el problema tendrá éxito. Después de haber leído algunos folletos o libros de A.A., muchos bebedores problema llaman a la oficina local de A.A., empiezan a asistir a reuniones, y dejan resueltamente atrás sus días de bebedor. Sin embargo, la mayoría de los alcohólicos activos no están deseosos de recurrir a A.A., ni listos para hacerlo sólo a petición de un ser amado. La costumbre de beber está fuertemente arraigada en la personalidad, y a menudo la compulsión por la bebida les hace rechazar cualquier ayuda. Admitir ser un alcohólico, por evidente y sencillo que parezca, supone comprometerse a hacer algo para remediarlo. Muy frecuentemente, un componente de la enfermedad es la creencia por parte del alcohólico de que es necesario beber para hacer frente a la vida. En la mente confusa del alcohólico, la necesidad de beber puede parecerle una cuestión literalmente de vida o muerte.

¿Cuál es el momento oportuno?

No es fácil saber cuándo un alcohólico está "listo" para A.A. No todos los alcohólicos descienden al mismo estado físico o mental antes de

¿Cómo funciona A.A.?

Hay que destacar el hecho de que el único requisito para ser miembro de A.A. es el deseo de dejar la bebida. Nada más. A.A. no exige juramentos ni compromisos personales de ninguna clase. Durante sus días de bebedores, muchos A.A. hicieron votos solemnes, juramentos de abstinencia, y muchos frecuentemente lograban abstenerse — sin resultados perdurables. El enfoque de A.A. es más práctico. Se basa en la idea de que cada bebedor problema, en una u otra época, ha pasado, por lo menos, 24 horas sin beber. Por esto, los miembros no se comprometen a dejar de beber para siempre, ni por ningún plazo largo de tiempo. Se dan cuenta de que hoy no se puede hacer nada respecto al trago que deseen mañana. Los A.A. se concentran en mantenerse sobrios *hoy* — durante *estas* 24 horas. Del mañana se ocuparán cuando llegue.

Debido a que asistir asiduamente a las reuniones de A.A. desempeña una parte decisiva en el mantenimiento de la sobriedad, los seres queridos de un alcohólico tal vez se preguntarán dónde encajan ellos dentro del programa de recuperación. Algunas de estas personas asisten a las reuniones abiertas de A.A. Les deparan una oportunidad para participar en el viaje del alcohólico hacia una vida sana. Ofrecen también la oportunidad de ver cómo otra gente está respondiendo al reto de vivir con un bebedor problema que ya no bebe. Las reuniones de Al-Anon, anteriormente mencionadas, les ofrecen otras oportunidades para reunirse y hablar de sus problemas con gente que se encuentra en circunstancias similares a las suyas.

Es probable que la mayoría de la gente, al asistir a una reunión de A.A., así como en sus contactos con miembros de la Comunidad, se impresione mucho con la frecuencia con que la gente ríe y con el ambiente de camaradería calurosa y de buen humor que existe. Esto es característico de A.A. Por lo general, los miembros toman su alcoholismo en serio, pero no a sí mismos. Una parte del proceso de recuperación es reirse de las experiencias que una vez le hicieron llorar.

buscar ayuda. Como esquema general, los alcohólicos se pueden clasificar en las cuatro categorías siguientes:

1. Estas personas parecen ser solamente bebedores fuertes. Puede que beban diariamente o con menos frecuencia, y sólo ocasionalmente en grandes cantidades. Gastan demasiado en licor y pueden estar empezando a retrasarse física y mentalmente, aunque se nieguen a reconocerlo. Su comportamiento es a veces molesto; pero pueden, no obstante, seguir insistiendo en que pueden aguantar el alcohol, y en que es esencial para su trabajo. Se ofenderían, probablemente, si alguien les tildara de alcohólicos. En esta etapa, puede que se estén acercando a la línea que separa al bebedor social del compulsivo. Algunos pueden tener capacidad para moderar su beber o para dejar de beber completamente. Otros pueden cruzar aquella línea, perdiendo cada vez más su capacidad para controlarse, y llegar a ser alcohólicos.

2. En esta etapa, los bebedores no pueden ejercer control sobre su manera de beber, y empiezan a preocuparse por ello. Sin poder abstenerse de la bebida, aun cuando lo quieren, la gente de este grupo a menudo manifiesta una total falta de control cuando beben, e incluso pueden admitirlo al día siguiente. No obstante, están seguros de que "la próxima vez será diferente." Ahora los bebedores emplean varios "mecanismos de control": beber sólo vino y cerveza; beber solamente los fines de semana o durante ciertas horas del día o de la noche; elaborar una fórmula para espaciar los tragos. Puede que tomen una copa "medicinal" por la mañana, para calmarse los nervios. Después de un episodio de beber desenfrenado, sienten remordimientos y quieren dejar la bebida. Sin embargo, en cuanto recobran la salud, comienzan a creer que la próxima vez podrán beber con moderación. Quizás puedan todavía cumplir bastante bien con sus responsabilidades de trabajo o domésticas. Les parece absurda la idea de que su beber probablemente empeorará progresivamente y pueda entrañar la pérdida de su familia, de su empleo, o del cariño que otra gente les tiene. Mientras tanto, dicen que les gustaría dejar de beber. Los que están familiarizados con el programa de A.A. dirían: "Quieren querer dejar de beber."

3. Estos bebedores han sobrepasado la segunda etapa; han perdido amistades; no pueden darse en ningún trabajo; y encuentran arruinadas sus relaciones íntimas. Quizás hayan consultado

con médicos; y hayan comenzado el agotador peregrinaje por hospitales y centros de "secado". Se dan perfecta cuenta de que no pueden beber normalmente, pero no pueden entender por qué. Desean sinceramente dejar de beber, pero no pueden. Parece que nadie les pueda ayudar a mantenerse sobrios. Buscando un camino hacia la sobriedad, se vuelven cada vez más desesperados. Generalmente, han probado algún tipo de asesoramiento y quizás alguna dieta especial o terapia de vitaminas y, durante un corto plazo, su condición ha mejorado, pero luego el declive ha seguido. Pierden interés en toda relación social constructiva, en el mundo a su alrededor, y tal vez incluso en la vida. La única emoción que manifiestan con consistencia es la lastima de sí mismos.

4. En esta última etapa, los bebedores pueden parecer desahuciados. Ya han pasado de una a otra institución. A menudo violentos, cuando beben parecen volverse locos o ajenos a la realidad. Puede que a veces tomen un trago furtivo de camino a casa al salir del hospital. Sufren de alucinaciones alcohólicas — *delirium tremens* (los D.T.). Llegado este punto, puede que los médicos recomienden que se les interne en una institución. Tal vez ya haya tenido que hacerlo. En cierta medida, estos alcohólicos parecen perdidos. No obstante, la experiencia de A.A. ha demostrado que, por muy bajo que hayan caído en la escala del alcoholismo, son muy contados los bebedores que han perdido la posibilidad y esperanza de recuperación en A.A. — con tal de que quieran recuperarse.

Es posible que a los alcohólicos les cueste algún tiempo reconocer su propia enfermedad. Pueden argumentar que sus problemas son "diferentes" y decir que A.A. no les es necesaria ni deseable. Estos bebedores a menudo insisten en que distan mucho del fondo, y al mismo tiempo lo hacen más y más profundo. O sencillamente siguen insistiendo en que pueden mantenerse sobrios por sus propios medios. Desgraciadamente no pueden, y nunca lo logran.

A todo aquel que tenga cariño a un alcohólico, estas reacciones y evasiones le parecerán una píldora difícil de tragar. La verdad es que nadie puede imponer el programa de A.A. por la fuerza a otra persona. No obstante, si el bebedor a quien usted quiere vacila en buscar la ayuda necesaria, usted puede tomar algunas medidas para contribuir a su recuperación.

Puede adquirir sólidos conocimientos —si es posible de primera mano— sobre el programa

LOS DOCE PASOS DE ALCOHÓLICOS ANÓNIMOS

1.—Admitimos que éramos impotentes ante el alcohol, que nuestras vidas se habían vuelto ingobernables.

2.—Llegamos a creer que un Poder superior a nosotros mismos podría devolvernos el sano juicio.

3.—Decidimos poner nuestras voluntades y nuestras vidas al cuidado de Dios, *como nosotros lo concebimos*.

4.—Sin temor, hicimos un minucioso inventario moral de nosotros mismos.

5.—Admitimos ante Dios, ante nosotros mismos, y ante otro ser humano, la naturaleza exacta de nuestros defectos.

6.—Estuvimos enteramente dispuestos a dejar que Dios nos liberase de todos estos defectos de carácter.

7.—Humildemente le pedimos que nos liberase de nuestros defectos.

8.—Hicimos una lista de todas aquellas personas a quienes habíamos ofendido y estuvimos dispuestos a reparar el daño que les causamos.

9.—Reparamos directamente a cuantos nos fue posible el daño causado, excepto cuando el hacerlo implicaba perjuicio para ellos o para otros.

10.—Continuamos haciendo nuestro inventario personal y cuando nos equivocábamos lo admitíamos inmediatamente.

11.—Buscamos a través de la oración y la meditación mejorar nuestro contacto consciente con Dios, *como nosotros lo concebimos*, pidiéndole solamente que nos dejase conocer su voluntad para con nosotros y nos diese la fortaleza para cumplirla.

12.—Habiendo obtenido un despertar espiritual como resultado de estos pasos, tratamos de llevar este mensaje a los alcohólicos y de practicar estos principios en todos nuestros asuntos.

Los Doce Pasos de A.A.

Una parte del programa de recuperación sugerido por A.A. se encuentra expresada en los Doce Pasos que aparecen a continuación. Basados en la experiencia de los primeros miembros de A.A., los Pasos constituyen una constancia de los principios y las prácticas que ellos elaboraron para mantener su sobriedad (después de haber fallado en otros muchos intentos). Si su alcohólico se resiste a la idea de tener que atarse a un código rígido de conducta, usted puede tranquilizarle. Cada miembro utiliza los Pasos de la manera que le parece indicada. Los Pasos *se sugieren* como programa de recuperación. Aunque la experiencia demuestra que, para muchos miembros, su comodidad en la sobriedad depende, hasta cierto punto, de su comprensión y aceptación de los Pasos, no se obliga a ningún miembro a aceptarlos — ni aun leerlos. Le toca al individuo decidir cuándo y cómo va a utilizarlos.

de A.A., para poder estar en óptimas condiciones para ayudarlo cuando esté listo para recibir ayuda. Puede informarse sobre el programa escribiendo a A.A. o a los Grupos Familiares de Al-Anon (refiérase a la página 17 de este folleto para las direcciones de correo). En muchos pueblos, las personas cercanas a los miembros de A.A. (o a los que necesitan de A.A.), se reúnen regularmente para intercambiar experiencias y puntos de vista sobre el problema del alcoholismo. Forman parte de lo que se conoce como los Grupos Familiares de Al-Anon. Entre éstos, se encuentran los grupos Alateen, para hijos adolescentes de padres alcohólicos. Al-Anon no está afiliada a A.A., pero ha contribuido sustancialmente a aumentar la comprensión del programa de recuperación de A.A. Su credo nos dice que el alcoholismo es una enfermedad de la familia, y que un cambio de actitud puede facilitar la recuperación.*

La larga experiencia de A.A. nos ha enseñado lo necesario que es tener confianza y mostrar paciencia al animar al alcohólico a que comience su proceso de recuperación. Si el alcohólico responde a su recomendación entusiástica de A.A. negándose incluso a discutir el problema, puede que usted se sienta desolado y resentido. A veces, debido a los trastornos que el alcohólico causa, o a su influencia adversa sobre los hijos, puede que usted decida marcharse, dejándole solo ante su problema. Sin tener dónde recurrir, el alcohólico puede verse motivado a buscar ayuda en A.A. antes de lo que lo haría si usted se hubiera quedado con él o ella. De vez en cuando es necesario ser cruel por un tiempo para poder más tarde ser bondadoso.

Puede que el alcohólico parezca rebelarse contra la idea de A.A., estando al mismo tiempo casi dispuesto a aceptar el ánimo y apoyo que le está dando usted, y a unirse a A.A., o, al menos, a escuchar lo que algunos alcohólicos recuperados tienen que decir acerca del programa. En esta etapa, el alcohólico se siente a menudo perplejo — sabe que tiene que hacer algo para hacer frente a la enfermedad, pero no puede formarse una idea clara de la situación. Los alcohólicos frecuentemente tienen conceptos erróneos sobre A.A. y sobre sus miembros. Por esto, el conocimiento que usted tenga de A.A. puede ser de gran ayuda en este periodo decisivo. Será capaz de contestar a preguntas, hacer sugerencias y corregir falsos supuestos sobre A.A.

* "Esto es Al-Anon", es un folleto redactado y distribuido por los Grupos Familiares de Al-Anon

¿Quién asiste a las reuniones de A.A.?

Existen más de 114,000 grupos locales de A.A. en el mundo. Por lo general, un miembro asiste regularmente a las reuniones de un grupo cerca de su domicilio; no obstante, todo miembro puede asistir a cualquier reunión de A.A. en cualquier parte. La mayoría de los grupos efectúan dos o más reuniones semanales, algunas "cerradas" (sólo para miembros de A.A.), otras "abiertas" (para cualquier interesado). En estas reuniones, los miembros hablan de sus experiencias con la bebida antes de ingresar en A.A., y explican cómo los principios de A.A. les llevaron a la sobriedad y a un nuevo punto de vista. A través de sus interpretaciones del programa, los miembros veteranos tratan de ayudar tanto a los recién llegados como a sí mismos. Las reuniones son informales, y generalmente deparan oportunidades de tener una tertulia y tomar café sentados alrededor de una mesa, lo que le puede permitir formarse un concepto más claro de la variedad de gente que pertenece a esta comunidad.

Los alcohólicos que no están familiarizados con A.A. pueden creer que la Comunidad es sólo para beodos de mala calaña, habitantes de barrios perdidos, y, por lo tanto, no tiene nada que ofrecerles. La realidad es muy diferente.

La creencia de que A.A. es para vagabundos y desharrapados es sólo en parte acertada — y esta parte es, como mucho, pequeñísima. Aunque es cierto que algunos hombres y mujeres en barrios perdidos o lugares parecidos se sobreponen a una existencia desesperada para lograr su sobriedad y llevar una vida responsable a través de A.A., la mayoría de los miembros de la Comunidad representa a la sociedad en general. Entre ellos se cuentan profesores, gente de negocios y ejecutivos, así como también gente con poca o ninguna educación formal. Un agente de Bolsa y un cirujano fundaron A.A. El alcoholismo no respeta la inteligencia, el talento, la educación o la posición social, y puede afectar tanto a una enfermera o a un médico como a un artista o un escritor.

No es una organización religiosa

Tal vez su alcohólico crea que A.A. es una organización evangelista, que recalca la religión y los sermones. De nuevo, la verdad es muy diferente.

A.A. se ha descrito esencialmente como un programa espiritual, y es verdad que no ofrece ayuda material, como lo haría una agencia de

asistencia social. Pero no es bajo ningún concepto una organización religiosa. No pide a sus miembros que mantengan ningún credo formal o que hagan ningún rito, ni siquiera que crean en Dios. Sus miembros pertenecen a toda clase de iglesias. Muchos no tienen ninguna afiliación religiosa. A.A. pide solamente que sus miembros mantengan una amplitud de ideas y que respeten las creencias de los demás.

A.A. dice que el alcoholismo, además de ser una enfermedad física y emocional, es también hasta cierto punto un trastorno espiritual. Debido a que la mayoría de los alcohólicos no han podido manejar las cosas por sí mismos, parece que encuentran una terapia eficaz al entregar sus destinos a un poder superior a ellos mismos. Muchos A.A. llaman a este poder "Dios". Otros consideran al *grupo* de A.A. como el poder en que pueden confiar. La palabra "espiritual" en A.A. puede interpretarse con la amplitud que el individuo desee. En las reuniones de A.A., uno siente, sin duda, un cierto *espíritu* de unión.

ALCOHOLISM

Alcoholism is a rough word to deal with.

Yet nobody is too young (or too old) to have trouble with alcohol.

That's because alcoholism is an illness. It can hit anyone.

And it doesn't matter how long you've been drinking or what you've been drinking. It's what drinking does to you that counts.

To help you decide whether you might have a problem with your own drinking, we've prepared these 12 questions. The answers are nobody's business but your own.

If you can answer yes to any one of these questions, maybe it's time you took a serious look at what your drinking might be doing to you.

And, if you do need help or if you'd just like to talk to someone about your drinking, call us, A.A.—it works. Check your phonebook, newspaper or aa.org.

K.C. AREA CENTRAL OFFICE
(816) 471-7229
www.kc-aa.org

ALCOHOLICS ANONYMOUS® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism.

- The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.
- A.A. is not allied with any sect, denomination, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.
- Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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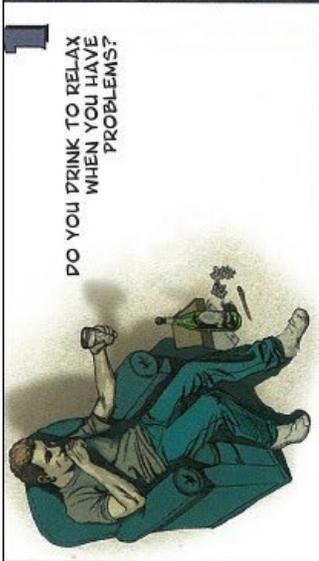
A MESSAGE TO TEENAGERS...

This is A.A. General Service Conference-approved literature.

HOW TO TELL WHEN DRINKING IS BECOMING A PROBLEM

A SIMPLE 12-QUESTION QUIZ DESIGNED TO HELP YOU DECIDE

recovery



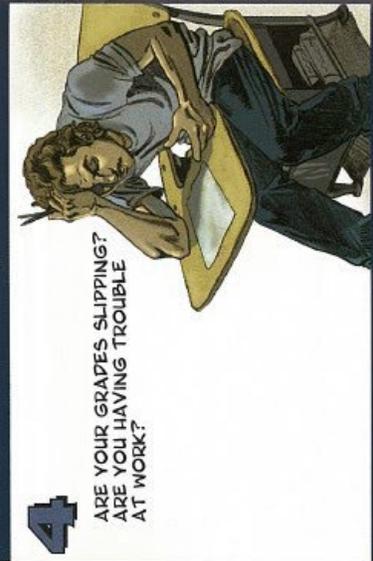
1
DO YOU DRINK TO RELAX
WHEN YOU HAVE
PROBLEMS?



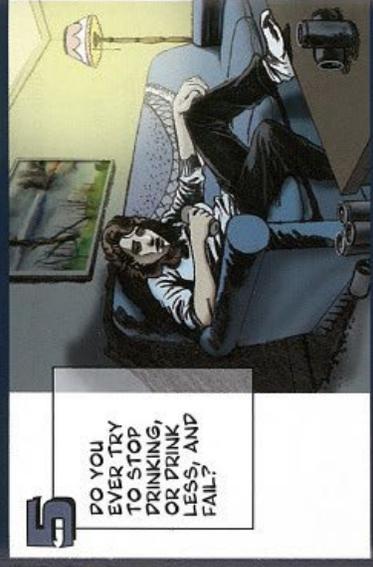
2
DO YOU
DRINK WHEN
YOU GET
IRRITATED,
FRUSTRATED,
UNHAPPY, OR
ANGRY?



3
DO YOU
PREFER
TO DRINK
ALONE?



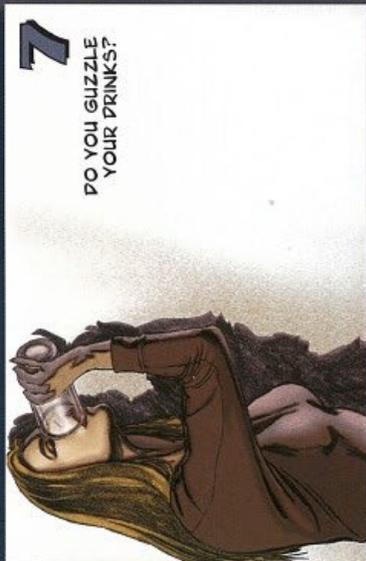
4
ARE YOUR GRAPES SLIPPING?
ARE YOU HAVING TROUBLE
AT WORK?



5
DO YOU
EVER TRY
TO STOP
DRINKING,
OR DRINK
LESS, AND
FAIL?



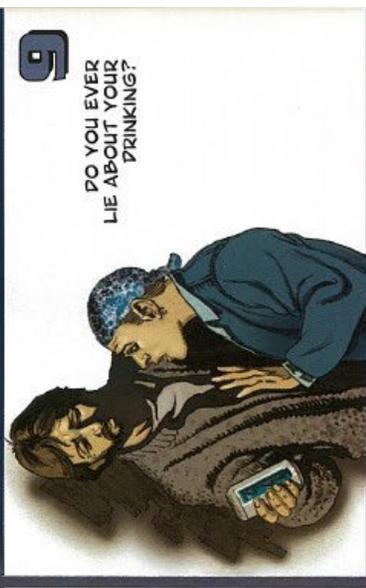
6
DO YOU TAKE DRINKS
IN THE MORNING?



7
DO YOU GUZZLE
YOUR DRINKS?



8
HAVE
YOU EVER
FORGOTTEN
WHAT
HAPPENED
WHEN
YOU WERE
DRINKING?



9
DO YOU EVER
LIE ABOUT YOUR
DRINKING?



10
DO YOU
EVER GET
IN TROUBLE
WHEN YOU
DRINK?



11
DO YOU GET
DRUNK WHEN
YOU DRINK,
EVEN THOUGH
YOU DON'T
WANT TO?



12
DO YOU THINK IT IS
COOL TO BE ABLE
TO DRINK A LOT?

ALCOHOLISMO

Alcoholismo es una palabra difícil de entender.

Sin embargo nadie es demasiado joven (o viejo) para tener problemas con la bebida.

Es así porque el alcoholismo es una enfermedad. Puede darte a cualquiera.

Y no importa cuánto tiempo leves bebiendo o lo que hayas bebido. Lo que cuenta es cómo te afecta la bebida.

Para ayudarte a decidir si tienes problema con tu manera de beber, hemos preparado estas 12 preguntas. Las respuestas son asunto tuyo y de nadie más.

Si contestas sí a cualquiera de estas preguntas, tal vez sea el momento de echar una mirada seria a lo que te podría estar pasando con la bebida.

Y, si necesitas ayuda o si sólo quieres hablar con alguien acerca de tu manera de beber, llámanos. A.A. — funciona. Búscanos en la guía telefónica, en el periódico local o en línea en aa.org.

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UN MENSAJE A LOS ADOLESCENTES

Esta literatura está aprobada por la Conferencia de Servicios Generales de A.A.

CÓMO SABER CUÁNDO LA BEBIDA SE ESTÁ CONVIRTIENDO EN PROBLEMA

UN SIMPLE CUESTIONARIO DE 12 PREGUNTAS DISEÑADO PARA AYUDARTE A DECIDIR

ALCOHÓLICOS ANÓNIMOS®

es una comunidad de hombres y mujeres que comparten su *mutua experiencia*, fortaleza y esperanza para resolver su problema común y ayudar a otros a recuperarse del alcoholismo.

• El único requisito para ser miembro de A.A. es el deseo de dejar la bebida.

Para ser miembro de A.A. no se pagan honorarios ni cuotas; nos mantenemos con nuestras propias contribuciones.

• A.A. no está afiliada a ninguna secta, religión, partido político, organización o institución alguna; no desea intervenir en controversias; no respalda ni se opone a ninguna causa.

• Nuestro objetivo primordial es mantenernos sobrios y ayudar a otros alcohólicos a alcanzar el estado de sobriedad.

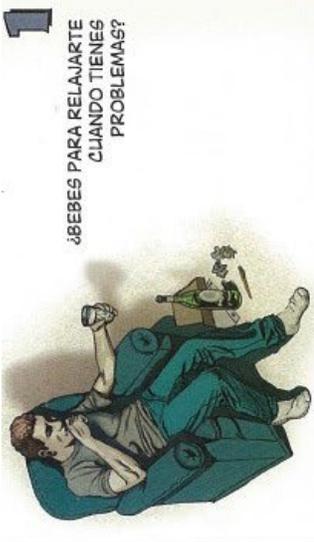
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recuperación



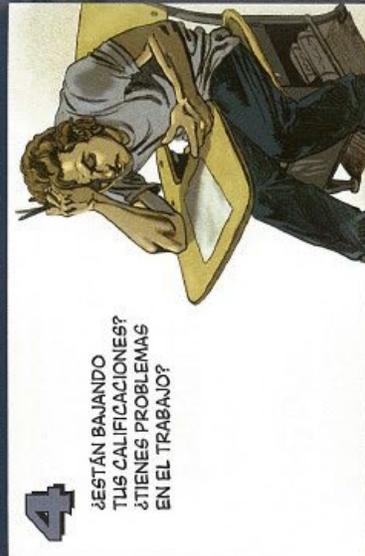
1
¿BEBES PARA RELAJARTE CUANDO TIENES PROBLEMAS?



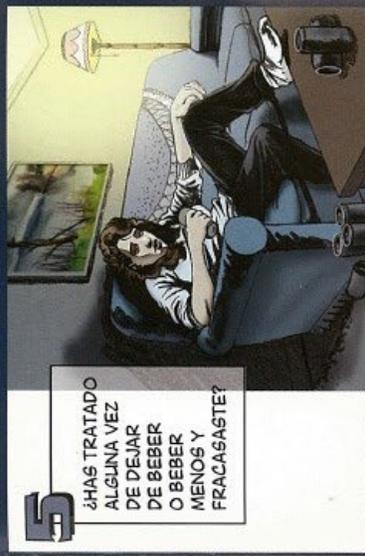
2
¿BEBES CUANDO TE SIENTES IRRITADO, FRUSTRADO, INFELIZ O AIRADO?



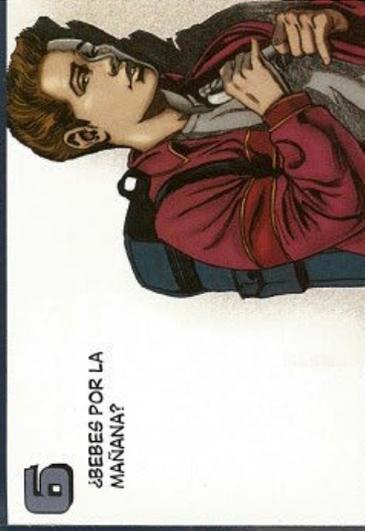
3
¿PREFERIRÍAS BEBER A SOLAS?



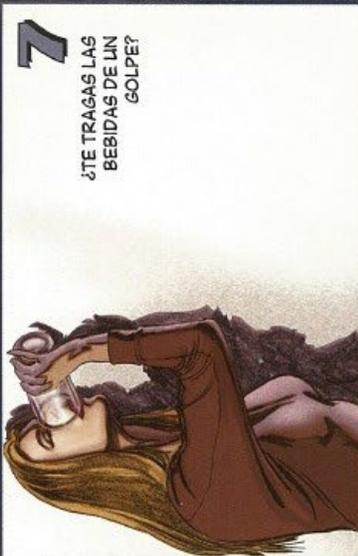
4
¿ESTÁN BAJANDO TUS CALIFICACIONES? ¿TIENES PROBLEMAS EN EL TRABAJO?



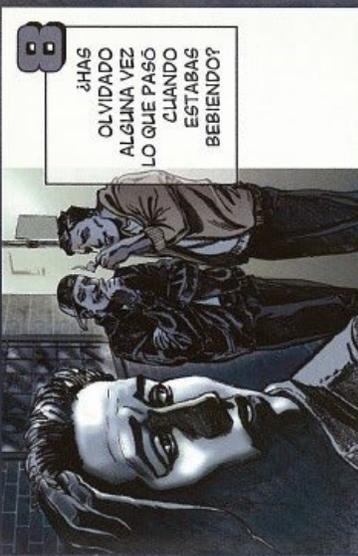
5
¿HAS TRATADO ALGUNA VEZ DE DEJAR DE BEBER O BEBER MENOS Y FRACASASTE?



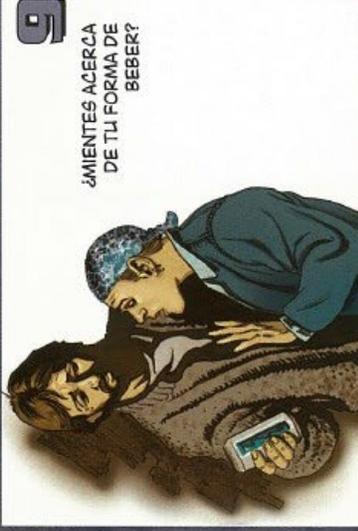
6
¿BEBES POR LA MAÑANA?



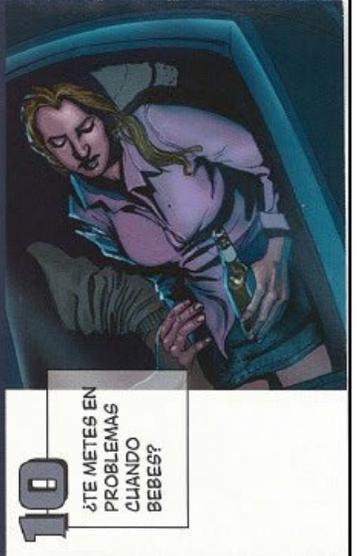
7
¿TE TRAGAS LAS BEBIDAS DE UN GOLPE?



8
¿HAS OLVIDADO ALGUNA VEZ LO QUE PASO CUANDO ESTABAS BEBIENDO?



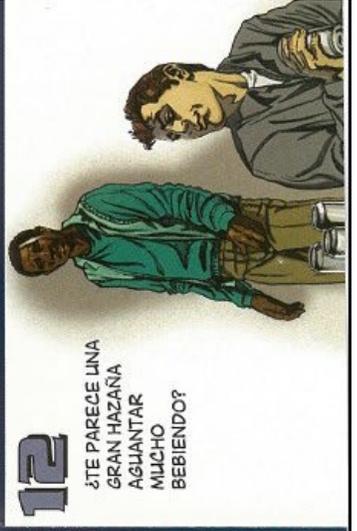
9
¿MIENTES ACERCA DE TU FORMA DE BEBER?



10
¿TE METES EN PROBLEMAS CUANDO BEBES?



11
¿TE EMBORRACHAS CUANDO BEBES AUN CUANDO NO QUIERAS?



12
¿TE PARECE UNA GRAN HAZAÑA AGUANTAR MUCHO BEBIENDO?

AA. AND THE GAY/LESBIAN ALCOHOLIC

This is A.A. General Service Conference-approved literature.

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A Declaration of Unity

This we owe to A.A.'s future:
To place our common welfare first;
To keep our fellowship united.
For on A.A. unity depend our lives,
And the lives of those to come

I am responsible...

When anyone, anywhere,
reaches out for help, I want
the hand of A.A. always to be there.
And for that: I am responsible

P-32

recovery

ALCOHOLICS ANONYMOUS® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

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BOOKS

ALCOHOLICS ANONYMOUS (regular, portable, large-print and abridged pocket editions)
ALCOHOLICS ANONYMOUS COMES OF AGE
TWELVE STEPS AND TWELVE TRADITIONS
(regular, soft-cover, large-print, pocket and gift editions)
EXPERIENCE, STRENGTH AND HOPE
AS BILL SEES IT (regular & soft cover editions)
DR. BOB AND THE GOOD OLDTIMERS
"PASS IT ON"
DAILY REFLECTIONS

BOOKLETS

CAME TO BELIEVE
LIVING SOBER
A.A. IN PRISON: INMATE TO INMATE

PAMPHLETS

FREQUENTLY ASKED QUESTIONS ABOUT A.A.
A.A. TRADITION—HOW IT DEVELOPED
MEMBERS OF THE CLERGY ASK ABOUT A.A.
THREE TALKS TO MEDICAL SOCIETIES BY BILL W.
ALCOHOLICS ANONYMOUS AS A RESOURCE FOR
THE HEALTH CARE PROFESSIONAL
A.A. IN YOUR COMMUNITY
IS A.A. FOR YOU?
IS A.A. FOR ME?
THIS IS A.A.
A NEWCOMER ASKS
IS THERE AN ALCOHOLIC IN THE WORKPLACE?
DO YOU THINK YOU'RE DIFFERENT?
A.A. FOR THE BLACK AND AFRICAN AMERICAN ALCOHOLIC
QUESTIONS AND ANSWERS ON SPONSORSHIP
A.A. FOR THE WOMAN
A.A. FOR THE NATIVE NORTH AMERICAN
A.A. AND THE GAY/LESBIAN ALCOHOLIC
A.A. FOR THE OLDER ALCOHOLIC—NEVER TOO LATE
THE JACK ALEXANDER ARTICLE
YOUNG PEOPLE AND A.A.
A.A. AND THE ARMED SERVICES
THE A.A. MEMBER—MEDICATIONS AND OTHER DRUGS
IS THERE AN ALCOHOLIC IN YOUR LIFE?
INSIDE A.A.
THE A.A. GROUP
G.S.P.
MEMO TO AN INMATE
TWELVE STEPS ILLUSTRATED
THE TWELVE CONCEPTS ILLUSTRATED
THE TWELVE TRADITIONS ILLUSTRATED
LET'S BE FRIENDLY WITH OUR FRIENDS
HOW A.A. MEMBERS COOPERATE
A.A. IN CORRECTIONAL FACILITIES
A MESSAGE TO CORRECTIONS PROFESSIONALS
A.A. IN TREATMENT SETTINGS
BRIDGING THE GAP
IF YOU ARE A PROFESSIONAL
A.A. MEMBERSHIP SURVEY
A MEMBER'S EYE VIEW OF ALCOHOLICS ANONYMOUS
PROBLEMS OTHER THAN ALCOHOL
UNDERSTANDING ANONYMITY
THE CO-FOUNDERS OF ALCOHOLICS ANONYMOUS
SPEAKING AT NON-A.A. MEETINGS
A BREF GUIDE TO A.A.
A NEWCOMER ASKS
WHAT HAPPENED TO JOE; IT HAPPENED TO ALICE
(Two full-color, comic-book style pamphlets)
TOO YOUNG? (A cartoon pamphlet for teenagers)
IT SURE BEATS SITTING IN A CELL
(An illustrated pamphlet for inmates)

VIDEOS

A.A.—AN INSIDE VIEW
A.A. VIDEOS FOR YOUNG PEOPLE
HOPE: ALCOHOLICS ANONYMOUS
IT SURE BEATS SITTING IN A CELL
CARRYING THE MESSAGE BEHIND THESE WALLS
YOUR A.A. GENERAL SERVICE OFFICE,
THE GRAPEVINE AND THE GENERAL SERVICE STRUCTURE

PERIODICALS

A.A. GRAPEVINE (monthly)
LA VINA (bi-monthly)

THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.

2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for A.A. membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.

6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

7. Every A.A. group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

THE TWELVE STEPS
OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

What it was like

Many of us doubted there was even any point trying not to drink. Things had gone so far downhill it looked like nothing was going to change — ever. We knew drinking had something to do with the hurt we felt inside, but we also knew it seemed to be the only thing keeping us from falling apart.

It seemed impossible to think that things had gotten so out of hand. Not long ago we were reaching for alcohol as a source of enjoyment, a healer of pain.

"I had always been what I would call a heavy drinker, though for most of my early and middle twenties I really felt that I had it under control. Why not drink, I reasoned. After all, I didn't have the family responsibilities that some of my straight friends had. Why shouldn't I enjoy myself?"

Alcohol was the source of good times, of fun — in the bars, in the clubs, drinking right from the bottle. It was fun. And it made life more exciting, more dramatic. Sure we occasionally drank too much, but somehow it always seemed to work out.

"At 17 I had no conception of what it meant to plan a career or to take care of myself. It seemed so easy to pick up a drink at a party. I was afraid my female friends would reject me if I told them I was a lesbian. I did not know any other lesbians then. I did not go into a gay bar until I was 20."

For some of us our alcoholism developed slowly, but others of us seemed to be alcoholics right from the start.

"I was an instant alcoholic — drinking purely for the effect it had on me, and I remained a practicing alcoholic for 28 years."

"During that time I foolishly spent many thousands of dollars, destroyed many relationships, gave up my education, received two drunk driving charges, and spent ten days in a county workhouse. I never voluntarily stopped short of drunkenness.

"As humiliating and destructive as these things were, they did not seem so bad to me at the time. They were merely a way of life — the way of life of an unfortunate alcoholic. It could have been so much worse and I knew it. However, what I did not know is that I had lost a sense of who and what I was, and had alienated myself from everyone in my world. That was the major cost of my alcoholism."

Even though we might not have been able to see it or to say exactly when it happened, somewhere along the line, alcohol had turned on us. We no longer knew what its effect on us would be. It wasn't fun anymore. The lights were beginning to go out, one by one.

No longer were we center stage. Instead we were passing out and waking up full of fear, not knowing where we were or who we were with. We started wondering what was real in our lives. Could this be happening to us?

"As time went on I took a job in a small, quiet town. I did some part-time work and I was staying busy — so busy I didn't have time to be alone and face myself.

"Five years later I was transferred to a larger, more prestigious office where I felt more open about being gay. But I was not doing well, and I was unable to control myself. I was creating crisis where there could have been calm.

"Then I was arrested twice within three months for driving while intoxicated. My house of cards was tumbling down. Not even alcohol was my friend anymore. I had abandoned self, friends and God. All that remained were intensive blackouts, the alcohol that my body demanded and the despair that accompanied each drink."

It started to make more and more sense for us not to drink at all, but we didn't even know where to begin.

What A.A. does not do

A.A. does not:

1. recruit members;
2. keep membership records or case histories;
3. do research;
4. affiliate with social agencies, though many members do cooperate with such agencies;
5. follow up on or try to control its members;
6. make medical or psychological diagnoses or prognoses;
7. provide hospitalization, drugs, or medical or psychiatric treatment;
8. engage in any controversy about alcohol or other matters;
9. provide housing, food, clothing, jobs, money, or other such services;
10. offer religious services;
11. provide domestic or vocational counseling;
12. accept any money for its services or any contributions from non-A.A. sources;
13. provide letters of reference to parole boards, lawyers, court officials;
14. furnish initial motivation for alcoholics to recover.

hol, and without help that craving was too much for us.

Alcoholism has long been considered a disease — a disease, however, which can be arrested by not picking up that first drink. This we do one day at a time with the help and guidance of other sober members of Alcoholics Anonymous.

Staying stopped is what the program of A.A. is all about.

Where to find us

Alcoholics Anonymous is listed in most telephone directories; however, you can always reach us through the General Service Office of Alcoholics Anonymous, Box 459, Grand Central Station, New York, NY 10163.

Living sober

What A.A. has to offer to any newcomer who has a desire to stop drinking is a virtual wealth of experience, strength and hope. This we will gladly share with you any time you are ready. *The decision is up to you.*

There was a solution

"I truly believed I could not emotionally survive alone, and so I attached myself to lovers with an extraordinary level of dependence. I was terrified of being abandoned, and the bottom line of each of these relationships was that I would do anything to prevent these lovers from leaving me. Self-esteem and self-respect were unknown to me. I felt worthless and so I acted out accordingly.

"Of almost equal importance was the necessity to keep up appearances, I tried desperately to control my drinking. Each day I would vow that I was not going to drink, but no matter how hard I tried I always lost the battle. There was no doubt in my mind that I was a drunk. All the evidence was in, and it was incontrovertible; but I was helpless to change it. I had tried for five years with absolutely no success.

"Then one night — a night no different from thousands of others — I was drunk, crying, and crawling around on my bedroom floor. I was so tired, sick, miserable, and defeated that I just couldn't hold it together anymore. I didn't have the energy to care anymore, and for the first time in my life I sincerely asked for help. The help came that night and it has continued to come, whenever I have been willing to ask. That night is also the last time I had a drink."

Many of us had heard of A.A., but had always thought, "Well, I'm not *that* bad. I don't need to do anything about my drinking, yet." But slowly we began to realize that we needed help. We couldn't beat alcohol on our own.

"Finally, I had my last drunk. I drank vodka with diet soda and took pills. That last drunk almost cost me my life, and I ended up in an intensive care unit.

"The insanity of the disease is something else. When my doctor came in to see me I told him that if he let me out I would do it all over again. This prompted a transfer to the psychiatric ward. I remained in a psychiatric setting for six weeks after that, making ceramic cups and ashtrays.

"Once I started coming to I realized that I was lucky. By that I mean lucky to have a disease that could be treated by working the A.A. program. Some other people are not that lucky. It was in the psychiatric hospital that I accepted the fact I am an alcoholic. A trip through the psych ward is not a road that I recommend, but it was something I apparently needed to do."

Once over the initial high hurdles, though, there was at least a glimmer of hope.

"The day I called A.A., I believed that I was losing the only thing I had left that meant anything to me — my lover. I have since come to realize that it's difficult, if not impossible, to stay sober for anyone else. But at that time I had my first taste of what A.A.s call the bottom, and I reached for the phone book.

"I'll never forget that first phone call: the fear, the mental confusion, the uncertainty. I was hurting, both physically and emotionally in the aftermath of yet another terrible drunken confrontation with my partner. I felt as if I had reached the end and had nothing left to lose. The voice on the other end of the phone took my name and number and told me to hang on for a few minutes; she would have someone call. And someone did call, a man from my town. He told me his name, said that he was an alcoholic, and asked me if I would like to go to a meeting that night.

"When Joe came by that night, my worst fears were confirmed. He was an older man, fiftyish, driving a station wagon and wearing a baseball cap. Though I was immediately persuaded that we had nothing in common, I soon found him so unassuming and so uncanny in his remarks about drinking that I found myself relaxing and even managed to add a few words to the conversation.

"When we arrived at the meeting place, I was led into a room containing a complete cross-section of our town: men and women, young and old, working people and professionals, students and housewives. It's hard to put into words the feelings that went through me.

tening quietly to what others said, we began to understand how the A.A. program works.

The Steps

Many A.A. members talked about "working the Steps," and we discovered that the Steps (which are printed on page 20 of this pamphlet) are the heart of A.A.'s recovery program, and some people referred to them as "the steps we took that led us to a new life."

These Twelve Steps are not based on mere theory; early members of the Fellowship analyzed together just what they had done to get and to stay sober. The Steps are a summary of their experience, and are a guide toward the spiritual recovery that is now working for more than a million and a half alcoholics worldwide.

The Traditions

The more we learned about A.A. — how A.A. is not connected to any other organization, is not interested in any controversies, and has only one requirement for membership (a desire to stop drinking) — the more we could see the importance of the Traditions. Born out of painful trial and error experience in the formative years of A.A.'s development, the Traditions indicate the best possible way for A.A. as a whole to operate.

If the Steps are the heart of A.A., then the Traditions (printed on page 21) are the backbone.

Staying stopped

For some of us stopping drinking was easy. We'd done it plenty of times. But the trick was staying stopped.

Alcoholism has often been described as a mental obsession to drink coupled with a physical allergy to alcohol. What this means is that our bodies can't handle the alcohol that our obsession condemns us to consume.

Many of us thought it was the last drop in the bottle or the last drink at the bar that was giving us all the trouble, but we learned in A.A. that once we took the first drink, we were certain to take the next one, and the next, and the next. The first drink set up the craving for more alco-

The Preamble

Appearing on the inside front cover of this pamphlet is a statement known around the world as the A.A. Preamble. It was written many years ago to help people understand what A.A. is and is not, and it clearly puts forth the primary purpose of Alcoholics Anonymous — “to stay sober and help other alcoholics to achieve sobriety.”

We are not professionals

Some people get paid for the work they do with alcoholics. These are doctors, counselors, psychiatrists, or social workers. We in A.A. do not get paid. We are simply drunks, drunks who have found a way to stop drinking that works. We don't claim to have all the answers, but we do want to share with you what has worked for us. And we want to do that because it helps us to stay sober. We have found that in order to keep our own sobriety, it is necessary to extend our hand to other alcoholics who are still suffering.

We are not religious

Many people in A.A. talk about “God” or a “Higher Power,” but A.A. is not connected with any religion. A.A. is a spiritual program, not a religious one.

Faith is a personal thing and it is not necessary to believe in God or in any form of religion to be a member of A.A. All you need to be a member of A.A. is a desire to stop drinking.

Atheists, agnostics, and believers of all religions have a place in A.A. — provided they wish to stay away from the first drink.

We talk about it

A.A. got started by one drunk talking to another about alcohol, and the process still works. After years of hiding our drinking, fearful of being discovered, it sure did help to talk to people who knew what we were going through with booze.

We didn't have to lie anymore or cover up the way we felt about drinking. People understood the troubles we had had with drinking, and were willing to share the solutions they had found in A.A.

By asking a lot of questions, or even just by lis-

“By listening to the men and women discuss their alcoholism frankly and openly, I came to believe that I, too, was suffering from the same disease. Hardly any seemed curious about my private life, they were satisfied with whatever I cared to share with them about myself. A few weeks into the program I determined to ask one of my new friends to be my sponsor. I blurted out that he should know that I was gay before giving me his answer. I remembered that while he seemed a little surprised by my declaration, he didn't hesitate even a moment before accepting. I learned in A.A. that we cannot afford to be judgmental. As alcoholics, our very lives depend on our acceptance of and willingness to help newcomers, regardless of their backgrounds.”

The support that we find in A.A. meetings is the bond which ties us all together. Since the beginning, A.A. groups have traditionally welcomed anyone with a drinking problem and many gay and lesbian members feel very much at home in any A.A. group. There are those of us, however, who feel more comfortable in gay groups, where for a time we find it easier to identify as an alcoholic or to be open about certain personal issues.

“I refused to go to the gay groups because I did not want to be identified as a homosexual. Because of this, and not being able to let anyone really know me in A.A. (as this would mean saying I was gay), I did not make any real progress my first six months in A.A. I tried to get drunk twice, but for some reason was not able to drink more than four or five beers each time.

“I finally went to a gay group and a man came over and talked to me after the meeting. He became my first sponsor. He was able to give me much of the help I needed to start on the road to sobriety.”

Recovery from alcoholism is no small feat, so we need all the help we can get. And there's plenty of it within A.A. in whatever sort of A.A. group you choose to go to.

“Our gay and lesbian group began with two or three members, and in the past year and a half we've grown to five regular members. We are small, but we are recovering and acting as an inlet for men and women who are afraid that they won't be accepted by the A.A. community because they are gay.

"Although we are a gay and lesbian group, we don't lose sight of the fact that our primary purpose is to carry the message of recovery from alcoholism. In most respects we are no different from other A.A. groups. We no longer have to feel unique simply because we are gay. We can now concentrate on the similarities between us and other alcoholics rather than the differences.

"Initially, I thought that being an alcoholic was the worst thing that could have happened to me. But I have since learned that my disease, or, more appropriately, my recovery, is my long-awaited ticket to freedom."

It has often been said that when one alcoholic has planted in the mind of another the true nature of his or her malady, that person will never be the same again.

"After coming into A.A. and listening to people share their experience, strength and hope, those unnamed fears began to vanish. I realized that the A.A. people understood me — something I'd been looking for all my life. That terrible apartness from the human race and the loneliness began to disappear."

While A.A. may not have the solution to all our problems, if we are willing to follow the simple suggestions of the A.A. program, we will find a solution to our drinking problem and a way to live life one day at a time without alcohol.

"A.A. has provided the constant source of support so vitally necessary to me while I learned to trust myself. I have learned that my being a lesbian has nothing to do with my alcoholism. Alcoholism is a disease that ignores sexual orientation. I have also learned that I am capable of standing alone, and am therefore free to choose the people with whom I wish to share my life.

"That life is developing along lines that bring satisfaction, joy, love, a sense of accomplishment and a sense of peace to me. I feel capable of dealing with the disappointments and frustrations that once overwhelmed me. I now see such things as a normal part of living, not just the punishment meted out to me. This knowledge frees me to genuinely enjoy the good things when they come along.

How it works

When we were new to A.A., many of us wondered: Why are these people trying to help me? What do they want from me? How much is this going to cost? When are they going to ask me to leave?

Based on the way we felt about ourselves in those early days, these were reasonable questions to ask. There weren't many other places we were so warmly welcomed, and after years of drinking we were naturally filled with mistrust. But soon we were greatly reassured when we started learning what A.A. is all about.

"Today I am free of my dependency upon alcohol and my need for other people to supply my identity. Thanks to A.A., I am free to be who and what I am, and free to actively participate in my own life. There is no greater gift, and I will be forever grateful."

Are you an alcoholic?

The list of questions which follows has helped a lot of people find out if they had a problem with alcohol. But please keep in mind that you are the only one who can say if you have a problem or not. Even if you've been told by others that you do, the important thing is that you decide for yourself.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you lose time from work or school due to drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does drinking make your life at home unhappy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you drink to lose shyness and build up self-confidence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is drinking affecting your reputation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you ever get into trouble with money because of your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does it bother you if somebody says that you drink too much? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever lost friends because of your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you blame your drinking on the behavior of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has drinking decreased your ambition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you ever want a drink "the morning after"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have a hard time sleeping because of your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has your ability to work or study decreased since you started drinking? | <input type="checkbox"/> | <input type="checkbox"/> |

12

- | | | |
|--|--------------------------|--------------------------|
| 13. Does drinking get you into trouble in school, on the job or in business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you drink to escape from problems or worries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you drink alone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had a complete memory loss as a result of drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been treated by a doctor for your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been arrested, locked up or hospitalized on account of drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever felt guilty after drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you think you have a problem with alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to three or more questions, you may be an alcoholic.

But remember, we in A.A. follow this program voluntarily. No one forces us to admit we are alcoholics. No one forces us to stay sober in A.A. We do it because we like what A.A. has to offer.

13



I AM RESPONSIBLE...
when anyone; anywhere,
reaches out for help. I want
the hand of A.A. always to be there.
And for that I AM RESPONSIBLE.

Kansas City Area Central Office
200 East 18th Avenue
North Kansas City, MO 64116
(816) 471-7229 Fax (816) 777-2390
Email: centraloffice@kc-aa.org
Website: www.kc-aa.org

WELCOME, MY FRIEND!

Welcome, my friend, and a friend you must be;
For letting me help you - also helps me
Yes, I've had a problem, so you're not alone;
If you care to discuss it - just pick up the phone

Call _____

**Cuando usted no sabe
a quién acudir...
porque alguien
bebe demasiado...**



Grupos de Familia Al-Anon le pueden ayudar.

**When you don't know
where to turn...
because someone
drinks too much...**



Al-Anon Family Groups can help.

Have you been hurt or embarrassed by a drinker's behavior?

Ask yourself: do you

- Search for hidden alcohol?
- Pour alcohol down the sink?
- Cancel plans because the drinker is unable to participate?
- Make excuses to cover up for problems caused by the drinking?
- Have money problems from behavior caused by the drinking?
- Think that if the drinker stopped drinking, your other problems would be okay?

If the answer to any of these questions is "Yes," Al-Anon Family Groups may be able to help you.

Learn more by attending a confidential meeting in your community.

888-4AL-ANON

(888-425-2666) M-F, 8 a.m. -6 p.m., ET.

www.al-anon.alateen.org



Al-Anon Family Groups

Strength and hope for friends and families of problem drinkers

¿Se ha sentido ofendido o avergonzado por el comportamiento de un bebedor?

Pregúntese: Acaso usted

- ¿Busca el licor escondido?
- ¿Vierte el alcohol en el fregadero?
- ¿Cancela planes porque el bebedor no puede participar?
- ¿Se disculpa para encubrir los problemas causados por la bebida?
- ¿Tiene problemas económicos debido al comportamiento causado por la bebida?
- ¿Cree que si el bebedor dejara de beber, los problemas se resolverían?

Si la respuesta a cualquiera de estas preguntas es "Sí", quizás Grupos de Familia Al-Anon le puedan ayudar.

Entérese más al asistir a una reunión confidencial en su comunidad.

888-4AL-ANON

(888-425-2666) L-V, 8 a.m. a 6 p.m., hora del Este

www.al-anon.alateen.org



Grupos de Familia Al-Anon

Fortaleza y esperanza para los amigos y familiares de bebedores problema

▲ Al-Anon Family Groups

AI-ANON IS:

- A **FELLOWSHIP** of relatives and friends of alcoholics who believe their lives have been affected by someone else's drinking.
- A **MUTUAL SUPPORT** recovery program based on the Twelve Steps of Alcoholics Anonymous (AA).
- A **NONPROFESSIONAL** fellowship where members share their experience, strength, and hope to solve their common problems.
- A recovery program with the **ANONYMITY** of all Al-Anon, Alateen, and AA members protected.
- A **SPIRITUAL** program that is compatible with all religious beliefs or none.
- A program with the **SINGLE PURPOSE** of helping families and friends of alcoholics, whether the alcoholic is still drinking or not.
- A **WORLDWIDE** fellowship with more than 24,000 groups, in over 115 countries, that has been in existence since 1951.
- **COMPATIBLE** with professional treatment. Statistics show 40% of its members received treatment/counseling after attending Al-Anon.
- **FREE OF CHARGE** and self-supporting through members' voluntary contributions. There are no dues or fees for membership.

▲ Grupos de Familia Al-Anon

•AL-ANON ES:

- Una **HERMANDAD** de parientes y amigos de los alcohólicos, que creen que sus vidas han sido afectadas por la bebida de otra persona.
- Un programa de recuperación de **AYUDA MUTUA** basado en los Doce Pasos de Alcohólicos Anónimos (AA).
- Una hermandad **NO PROFESIONAL** donde los miembros comparten su experiencia, fortaleza y esperanza para resolver sus problemas comunes.
- Un programa de recuperación que protege el **ANONIMATO** de todos los miembros Al-Anon, Alateen y AA.
- Un programa **ESPIRITUAL** que es compatible con todas las creencias religiosas o ninguna.
- Un programa con el **ÚNICO PROPOSITO** de ayudar a familiares y amigos de alcohólicos, ya sea que el alcohólico esté todavía bebiendo o no.
- Una hermandad **MUNDIAL** con más de 24,000 grupos, en más de 115 países, que ha estado en existencia desde 1951.
- **COMPATIBLE** con tratamiento profesional. Las estadísticas indican que un 40% de sus miembros recibieron tratamiento o asesoramiento después de asistir a Al-Anon.
- **GRATIS** y autosuficiente por medio de las contribuciones voluntarias de los miembros. No existen cuotas ni honorarios para ser miembro.

AL-ANON IS NOT:

- **Allied** with any sect, denomination, political entity, organization, or institution.
- **Involved** in any outside issues — neither endorses nor opposes any cause.
- **Affiliated** with AA, although both fellowships do cooperate with one another.
- **Considered** a religious organization, treatment center, counseling agency, or teaching program.
- **Intended** for families of drug abusers or individuals with other difficulties unless there is a problem of alcoholism as well.
- **Conducted** by professionals.
- **Intended** as a replacement for professional treatment.

ALATEEN IS:

- Part of Al-Anon Family Groups.
- For young people who have been affected by someone else's drinking.

ALATEEN IS NOT:

- A program for young people seeking sobriety.

**For further information,
in USA & Canada, call**
888-4AL-ANON (888-425-2666)
Monday - Friday, 8 am to 6 pm ET

Al-Anon Family Group Headquarters, Inc.
Al-Anon Family Group Headquarters (Canada) Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
Web site: www.al-anon.alateen.org
e-mail: wso@al-anon.org

AL-ANON NO ESTÁ:

- **Aliado** con ninguna secta, denominación, entidad política, organización ni institución.
- **Involucrado** en ningún problema ajeno — ni tampoco apoya o se opone a ninguna causa.
- **Afiliado** con AA, aunque ambas hermandades cooperan entre sí.
- **Considerado** como organización religiosa, centro de tratamiento, empresa asesora o programa de enseñanza.
- **Destinado** para familiares de personas que abusan de las drogas ni para individuos con otras dificultades a menos que también exista un problema de alcoholismo.
- **Dirigido** por profesionales.
- **Destinado** para reemplazar el tratamiento profesional.

ALATEEN ES:

- Parte de los Grupos de Familia Al-Anon.
- Para adolescentes que han sido afectados por la bebida de alguien.

ALATEEN NO ES:

- Un programa para adolescentes que buscan la sobriedad.

Para más información llame al
888-4AL-ANON (888-425-2666)
E.U.A. y el Canadá de lunes a viernes
de 8 de la mañana a 6 de la tarde hora del Este.

Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
Teléfono: (757) 563-1600 Fax: (757) 563-1655
sitio Internet: www.al-anon.alateen.org
e-mail: wso@al-anon.org

Una traducción de Al-Anon Is and Is Not

Al-Anon brothers and sisters in meetings that they enjoy getting to know us, as they might not otherwise be able to. Walls are disappearing, and love and community are growing and expanding."

An Open Door

Al-Anon has continually offered an open door to all of us who have suffered from loving someone—partner, relative, or friend—who is an alcoholic. Diverse as we are, it is inevitable that we will sometimes disagree, but we recognize that in order to recover from the effects of this powerful disease, we need to look beyond our own narrow individual limits for help, understanding, and support. We strive always to place principles above personalities.

"I focused less and less on being gay as I grew in my understanding of the family disease of alcoholism and truly saw how it had devastated my entire life."

No matter what our life experience may be, we are united in our gratitude for the countless open doors that welcome us to the rooms of Al-Anon, where we find peace, understanding, contentment, and even happiness, whether the alcoholic is still drinking or not.

"I am continually awed by the humbling equality of the recovery we are all seeking under the one big roof of worldwide Al-Anon."

Suggested Al-Anon Preamble to the Twelve Steps

The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. We believe

alcoholism is a family illness and that changed attitudes can aid recovery.

Al-Anon is not allied with any sect, denomination, political entity, organization, or institution; does not engage in any controversy; neither endorses nor opposes any cause.

There are no dues for membership. Al-Anon is self-supporting through its own voluntary contributions.

Al-Anon has but one purpose: to help families of alcoholics. We do this by practicing the Twelve Steps, by welcoming and giving comfort to families of alcoholics, and by giving understanding and encouragement to the alcoholic.

Compiled and Distributed By:

**Al-Anon Family Group Headquarters, Inc.
Al-Anon Family Group Headquarters (Canada) Inc.**

www.al-anon-alateen.org

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For meeting information call:

1-888-4AL-ANON (1-888-425-2666)

(Canada and USA, Monday – Friday, 8 am – 6 pm ET)

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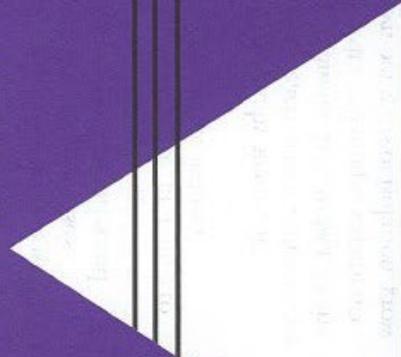
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Printed in U.S.A.

Al-Anon Family Groups Welcome Gays and Lesbians

**Al-Anon Is for All Families and
Friends of Alcoholics**



AL-ANON FAMILY GROUPS
hope for families & friends of alcoholics



"When I attended my first Al-Anon meeting, I was afraid for two reasons. The first was what everyone else experiences--that my family would never again be normal, and that my last resort, Al-Anon, would not be able to help. But my second reason was that I was gay, coming into a room of straight people who might judge me for being who I am, and they might reject my plea for assistance. Both fears were unfounded."

Unique Lives, Common Experiences

Al-Anon Family Groups is for anyone whose life has been affected by someone else's drinking. It is a fellowship of families and friends of alcoholics who come together to share their experience, strength, and hope to recover from the effects of alcoholism.

One of the things we find by sharing in meetings is that while each of us is different, we also have a lot in common. It is, in fact, in the sharing of our diversity and unique experience that we break down our walls of isolation, grow in understanding, realize we are not alone, and learn we deserve full, happy, and productive lives.

"When I first came to Al-Anon, I thought if the members knew I was a lesbian, they would reject me, and I needed their help. I would use 'he' or 'they' to refer to my partner and then cry because I couldn't be honest. One night after a meeting when three of us were talking, I was asked a question I couldn't answer truthfully without giving myself away. Shaking and scared, I took a chance and said my relationship was with a woman. I was a lesbian. What I got back was acceptance and support. One of these

women became my Sponsor and both are part of my support system."

What we find in Al-Anon is acceptance, love, and a place to heal. We find loving voices and caring people who guide us gently along the path to recovery. Regardless of our individual personalities, backgrounds or opinions, we are welcomed.

"I kept coming back for several reasons. The group asked me to come back. I can't ever remember feeling that kind of warmth and acceptance before. Although I was afraid they wouldn't relate to me, I knew I related to them. While our external situations and circumstances were often different, our feelings were the same. Also, at that point I was desperate and totally void of hope. The mere fact that these people were dealing gracefully with their situations let me know it was possible."

How Al-Anon Works

In sharing our experience, strength, and hope, we cannot help revealing some details and particulars of our lives. It is important that we feel free to do so, for only in an environment in which we can shed our fears are we able to grow. Regardless of our sexual orientation, there are certain matters that are better shared one-on-one with a trusted friend. By keeping our meetings focused on our Al-Anon recovery, we are able to put our problems into perspective and, by listening to the sharing of others, we learn how to make our own lives more manageable.

"After a few meetings, the idea slowly formed that maybe my being a gay man wasn't really

the problem after all, that maybe the problem was alcoholism. I kept coming back and slowly, one day at a time, the unconditional love of the Al-Anon fellowship enfolded me. I was accepted exactly as I was, perhaps for the first time in my life. The members continued to share their experience, strength, and hope with me and to look beyond my being gay (where my focus kept returning) to my being affected by the family disease of alcoholism. Gradually I began to heal: the group members accepted me and that gave me permission to accept myself; they said they loved me and that gave me permission to love myself."

"I'm not in Al-Anon to talk about my sexuality as such. I'm there because somebody else's alcoholism has affected my life. Being gay is a part of me, so it's inevitably going to be a part of my story."

Each Al-Anon meeting is slightly different and, since we are all individuals, we may well visit several meetings before we find at least one at which we feel at home. Some Al-Anon meetings may be designated as "gay and lesbian," where newcomers may feel more comfortable sharing with other gay and lesbian members. However, **every** Al-Anon group welcomes **all** families and friends of alcoholics. Alcoholism is our common bond, and we come together with willingness to listen and learn and to share the message of hope with others in the fellowship.

"What I love about Al-Anon meetings is that I am getting close to people who normally I would not be able to know so well, for most of my friends are gay or lesbian. And I hear from my

ARE YOU TROUBLED BY SOMEONE'S DRINKING

Al-Anon Is for You!

Millions of people are affected by the excessive drinking of someone close. The following questions are designed to help you decide whether or not you need Al-Anon:

1. Do you worry about how much someone else drinks?
2. Do you have money problems because of someone else's drinking?
3. Do you tell lies to cover up for someone else's drinking?
4. Do you feel that if the drinker cared about you, he or she would stop drinking to please you?
5. Do you blame the drinker's behavior on his or her companions?
6. Are plans frequently upset or canceled or meals delayed because of the drinker?
7. Do you make threats, such as, "If you don't stop drinking, I'll leave you"?
8. Do you secretly try to smell the drinker's breath?
9. Are you afraid to upset someone for fear it will set off a drinking bout?
10. Have you been hurt or embarrassed by a drinker's behavior?
11. Are holidays and gatherings spoiled because of drinking?
12. Have you considered calling the police for help in fear of abuse?
13. Do you search for hidden alcohol?
14. Do you ever ride in a car with a driver who has been drinking?

¿SE MOLESTA POR LA BEBIDA DE OTRA PERSONA?

Al-Anon es para usted

A millones de personas les afecta el exceso en la bebida de alguna persona allegada. Las preguntas siguientes están destinadas a ayudarle a usted a decidir si necesita o no de Al-Anon:

1. ¿Se preocupa de cuánto bebe otra persona?
2. ¿Tiene problemas económicos a causa del beber de otra persona?
3. ¿Miente para encubrir que otra persona bebe?
4. ¿Cree que si el bebedor se preocupara por usted dejaría de beber para complacerle?
5. ¿Cree que el comportamiento del bebedor lo causan sus compañeros?
6. ¿Se alteran con frecuencia sus planes o se aplazan las horas de las comidas a causa del bebedor?
7. ¿Hace amenazas tales como, "Si no dejas de beber, te abandonaré"?
8. ¿Trata discretamente de oler el aliento del bebedor?
9. ¿Teme disgustar a alguien por miedo a incitarle a que se emborrache?
10. ¿Se ha sentido ofendido o avergonzado por el comportamiento de un bebedor?
11. ¿Le parece que todas las fiestas se estropean a causa del exceso de bebida?
12. ¿Ha pensado en llamar a la policía para pedir ayuda por miedo al maltrato?
13. ¿Busca el licor escondido?

15. Have you refused social invitations out of fear or anxiety?
16. Do you feel like a failure because you can't control the drinking?
17. Do you think that if the drinker stopped drinking, your other problems would be solved?
18. Do you ever threaten to hurt yourself to scare the drinker?
19. Do you feel angry, confused, or depressed most of the time?
20. Do you feel there is no one who understands your problems?

If you have answered yes to any of these questions, Al-Anon or Alateen may be able to help. You can contact Al-Anon or Alateen by looking in your local telephone directory or by writing to:



Al-Anon Family Group Headquarters, Inc.
 Al-Anon Family Group Headquarters (Canada) Inc.
 Web site: www.al-anon.alateen.org
 E-mail: wso@al-anon.org

1600 Corporate Landing Parkway
 Virginia Beach, VA 23454-5617
 Phone: (757) 563-1600 Fax: (757) 563-1655

Capital Corporate Centre
 9 Antares Drive, Suite 245
 Ottawa, ON K2E 7V5
 Phone: (613) 723-8484 Fax: (613) 723-0105

For meeting information call:
1-888-425-2666 (1-888-4AL-ANON)
 (USA and Canada, Monday-Friday, 8 a.m.-6 p.m. ET)

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 Revised 2003

14. ¿Ha viajado alguna vez en un automóvil con un conductor que ha estado bebiendo?
15. ¿Ha rechazado invitaciones sociales por temor o ansiedad?
16. ¿Se siente a veces fracasado porque no puede controlar al bebedor?
17. ¿Cree que si el bebedor dejara de beber, los problemas se resolverían?
18. ¿Amenaza alguna vez con herirse para asustar al bebedor?
19. ¿Se siente enojado, confundido y deprimido la mayor parte del tiempo?
20. ¿Cree que no hay nadie que comprenda sus problemas?

Si ha contestado que sí a algunas de estas preguntas, Al-Anon o Alateen quizá puede ayudarle a usted. Puede comunicarse con Al-Anon o Alateen llamando al número que aparece en la guía de teléfonos local o escribiendo a:



Al-Anon Family Group Headquarters, Inc.
 1600 Corporate Landing Parkway
 Virginia Beach, VA 23454-5617 U.S.A.
 Teléfono: 757-563-1600 Fax: 757-563-1655
www.al-anon.alateen.org
wso@al-anon.org

Título original: *Are You Troubled By Someone's Drinking? Al-Anon Is For You!*

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 Revisado 2003

Para información sobre reuniones llame al
1-888-4AL-ANON (1-888-425-2666) en
 EE.UU. y Canadá de lunes a viernes de 8 de la
 mañana a 6 de la tarde, hora del Este.

DID YOU GROW UP WITH A PROBLEM DRINKER? Al-Anon Is for You!

Al-Anon is for families, relatives, and friends whose lives have been affected by someone else's drinking. If someone close to you, such as a family member, friend, co-worker, or neighbor, has or has had a drinking problem, the following questions may help you determine if Al-Anon is for you.

1. Do you constantly seek approval and affirmation?
2. Do you fail to recognize your accomplishments?
3. Do you fear criticism?
4. Do you overextend yourself?
5. Have you had problems with your own compulsive behavior?
6. Do you have a need for perfection?
7. Are you uneasy when your life is going smoothly, continually anticipating problems?
8. Do you feel more alive in the midst of a crisis?
9. Do you still feel responsible for others, as you did for the problem drinker in your life?
10. Do you care for others easily, yet find it difficult to care for yourself?
11. Do you isolate yourself from other people?
12. Do you respond with fear to authority figures and angry people?
13. Do you feel that individuals and society in general are taking advantage of you?
14. Do you have trouble with intimate relationships?

15. Do you confuse pity with love, as you did with the problem drinker?
16. Do you attract and/or seek people who tend to be compulsive and/or abusive?
17. Do you cling to relationships because you are afraid of being alone?
18. Do you often mistrust your own feelings and the feelings expressed by others?
19. Do you find it difficult to identify and express your emotions?
20. Do you think someone's drinking may have affected you?

Alcoholism is a family disease. Those of us who have lived with this disease as children sometimes have problems which the Al-Anon program can help us to resolve. If you have answered yes to any of the above questions, Al-Anon may help. You can contact Al-Anon by checking your local telephone directory or by writing to:



Al-Anon Family Group Headquarters, Inc.
Al-Anon Family Group Headquarters (Canada) Inc.
www.al-anon.alateen.org
wso@al-anon.org

1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
Phone: (757) 563-1600 Fax: (757) 563-1655
9 Antares Drive, Suite 245
Ottawa, ON K2E 7V5
Phone: (613) 723-8484 Fax: (613) 723-0151

For meeting information call:
1-888-4AL-ANON (1-888-425-2666)
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is necessary for your recovery, but find you cannot go to meetings, telephone conversations with members, reading Al-Anon literature, or on-line Al-Anon meetings may eventually help you gain the strength you need to overcome objections.

17. What shall I do if I fear for my own safety?

While Al-Anon's gentle process unfolds gradually over time, if you face violence or potentially life-threatening situations, you may have to make immediate choices to ensure safety. No one has to accept violence. We all deserve to be safe.

18. Should I go to Al-Anon even if the alcoholic is no longer drinking or if I no longer live with an alcoholic?

By all means! In Al-Anon we discover how someone else's problem drinking, past or present, has affected our attitudes and behavior. We also learn how we can change our lives with a new sense of spiritual values and the help of other Al-Anon members.

Most Al-Anon members come to realize that they continue to benefit from Al-Anon whether the alcoholic continues to drink or even remains in their life. For them, Al-Anon becomes a way of life.

19. Does Al-Anon have answers to such personal questions as:

If the alcoholic loved me, wouldn't the drinking stop?

Did I cause the excessive drinking?

Should I leave or stay?

Rather than give advice, Al-Anon members share their experience, strength, and hope with each other. As we listen and share with other members, we find our own answers.

20. I go to open AA meetings with the alcoholic. Should I still go to Al-Anon?

Yes. While going to open A.A. meetings may

show your support for the alcoholic and can enhance your understanding of the disease, going to Al-Anon meetings is doing something positive for yourself.

21. I'm in A.A. Other members of my family also have drinking problems. Can I go to Al-Anon?

It is not unusual to have more than one problem drinker in the family. As a result, an increasing number of A.A. members turn to Al-Anon for help in learning that they are as powerless over other alcoholics as they are over alcohol. In Al-Anon we focus on our common experience of having been affected by someone else's drinking.

22. My counselor recommended that I attend Al-Anon. Does this mean I should stop seeing a professional?

This is a decision that is up to you and can be discussed with your counselor. Members often find that Al-Anon complements the care offered by professionals because it is a mutual support program based upon members sharing with each other. Many Al-Anon and Alateen members report that they received some form of professional counseling after attending Al-Anon/Alateen.

The Serenity Prayer

God grant me the serenity

To accept the things I cannot change,

Courage to change the things I can,

And wisdom to know the difference.

The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. We believe alcoholism is a family illness and that changed attitudes can aid recovery.

Al-Anon is not allied with any sect, denomination, political entity, organization, or institution; does not engage in any controversy; neither endorses nor opposes any cause. There are no dues for membership. Al-Anon is self-supporting through its own voluntary contributions.

Al-Anon has but one purpose: to help families of alcoholics. We do this by practicing the Twelve Steps, by welcoming and giving comfort to families of alcoholics, and by giving understanding and encouragement to the alcoholic.

Suggested Al-Anon Preamble to the Twelve Steps

For information and a catalog of literature write
World Service Office for Al-Anon and Alateen
Al-Anon Family Group Headquarters, Inc.

1600 Corporate Landing Parkway

Virginia Beach, VA 23454-5617

Phone: (757) 563-1600 Fax: (757) 563-1655

Web site: www.al-anon.alateen.org/members

E-mail: wso@al-anon.org

For meeting information call:

1-888-425-2666 (1-888-4AL-ANON)

(US and Canada, Monday-Friday, 9 a.m.-6 p.m. ET)

Al-Anon/Alateen is supported by members' voluntary contributions and from the sale of our Conference Approved Literature.

This pamphlet is also available in: Dutch, French, German, Italian, Portuguese, and Spanish.

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1965, 1969, 1978, 1983, 1991, 2003

Revised 2003



Approved by
World Service Conference

Al-Anon Family Groups

Does a family member or close friend have a drinking problem?

You are not alone. There are millions of problem drinkers throughout the world, and each one affects relatives, friends, and coworkers, often creating in them a need for help.

Many thousands of these family members and friends of problem drinkers find help for themselves in the constructive approach offered by Al-Anon Family Groups. In fact, Al-Anon's sole purpose is to help anyone whose life has been adversely affected by someone else's drinking.

Here are some typical questions asked of Al-Anon by people seeking help. The answers may help you.

1. What is Al-Anon Family Groups?

Al-Anon Family Groups, more frequently known simply as "Al-Anon" or "Alateen," is a fellowship of wives, husbands, children, parents, other relatives, and friends of problem drinkers.

Members of these groups share their experience, strength, and hope with each other in order to solve their common problems—fear, insecurity, lack of understanding of themselves and the alcoholic, and damaged personal lives resulting from alcoholism, a family illness.

2. How do they do this?

By attending Al-Anon meetings and applying the Twelve Steps of recovery adapted from Alcoholics Anonymous (A.A.) to their personal lives, many have found the help they need to deal with the effects of living with or having lived with the alcoholism of another. Reading Al-Anon books and pamphlets and sharing with other Al-Anon members helps to develop an understanding of alcoholism and the effects it has on those close to the drinker. Al-Anon members recognize their powerlessness over the disease of alcoholism and focus instead on physically, emotionally, and spiritually improving their own lives.

3. Is Al-Anon part of Alcoholics Anonymous (A.A.)?

No, Al-Anon is a separate fellowship established to meet the needs of those whose lives are, or have been, adversely affected by someone else's drinking. Al-Anon, like A.A., stresses confidentiality and the anonymity of its members.

4. Why are Al-Anon members anonymous?

Although many people know that alcoholism is an illness, there are others who make harsh judgments about alcoholics, their families, and their friends. For that reason, Al-Anon groups make it a practice to assure all present at a meeting, especially the newcomers, that their anonymity will be respected. Everyone is asked to respect the anonymity of all Al-Anon members, as well as the confidentiality of their sharing.

5. How is Al-Anon supported?

Al-Anon is self-supporting. Al-Anon and Alateen members make voluntary contributions to pay for rent, refreshments, Al-Anon literature, and the maintenance of service centers.

6. How do I get in touch with an Al-Anon or Alateen group?

Al-Anon or Alateen groups may be listed in your telephone directory and meetings may be listed in local newspapers or church bulletins. A.A. members, social workers, doctors, or clergy may also know of local meetings. For meeting information in the US and Canada, call our toll free number or contact the address on the back page.

7. Will Al-Anon show me how to stop the alcoholic's drinking?

No, this is not Al-Anon's purpose. While it is not possible to stop another person from drinking, Al-Anon can help you gain a new perspective of your situation, which can reduce your anxiety, confusion, and frustration.

8. Will Al-Anon help me convince someone that he or she is an alcoholic?

There is no purpose in trying to convince anyone that he or she is alcoholic. Most alcoholics know they have become slaves to the bottle, though they may not admit it even to themselves.

Challenging, blaming, or pleading is likely to create hostility. An understanding attitude may do much to help someone want to seek help for their problem drinking.

9. Will Al-Anon help me understand why the alcoholic can't stop after one or two drinks?

Yes, Al-Anon members and Al-Anon literature will explain that alcoholism is a compulsive illness. There is no moderation for the alcoholic. Going to open A.A. meetings may help you understand the many drinking patterns of alcoholics.

10. If I join an Al-Anon group, should I refrain from drinking?

Al-Anon membership does not require you to refrain from drinking. Whether or not you do is a personal decision. Discussing this at an Al-Anon meeting can help you decide what is right for you.

11. Will Al-Anon help me control my temper when the alcoholic is drinking?

As you learn through Al-Anon to move beyond resentments of the past and fears for the future, you may realize that it is futile to react in anger to the disturbing things the alcoholic says and does. Changed attitudes can aid recovery.

12. Will Al-Anon improve my life?

Al-Anon can help you live one day at a time and deepen your reliance on whatever Higher Power you acknowledge. This often helps improve our lives.

13. Does Al-Anon offer help to the children in the family?

Yes, children are quick to reflect improved attitudes that help them deal with their feelings and sense of shame about the problem drinking.

If children are old enough, Alateen meetings can give them the understanding, knowledge, and support necessary to live in an alcoholic situation.

Adults who are children of alcoholics have found Al-Anon invaluable in coming to grips with their past, learning how it has affected them, and taking positive action to improve their present situations.

14. I have young children. Can I bring them to an Al-Anon meeting?

Some groups have babysitters to care for younger children during meetings. Attendance of young children at meetings is a group conscience decision and practice will vary from group to group. You can find more information by asking Al-Anon members at the meetings you attend or by calling the Al-Anon information service listed in your telephone directory.

15. Will Al-Anon help me feel less shut off from old friends and interests?

Through Al-Anon, you may gain the assurance to resume some former activities and find new interests. As your fear, shame, and self-pity diminish and your attitudes change, you may feel comfortable seeing old friends again and you will form new friendships with Al-Anon members who understand your problems.

16. What shall I do if the alcoholic does not want me to attend Al-Anon meetings?

It is very common for active drinkers to object to anything that suggests they are alcoholics. The decision to go to Al-Anon and risk disfavor must be a personal one. If you decide that Al-Anon

JCCC Resources

JCCC Student Assistance Program

If you are a student, you may be referred by a JCCC counselor to our short-term [student assistance program \(http://www.jccc.edu/counseling/personal-jccc-student-assistance.html\)](http://www.jccc.edu/counseling/personal-jccc-student-assistance.html) to help you with emotional or mental health issues.

Refer to the [JCCC Alcohol and Drug Information Assistance Blog](http://blogs.jccc.edu/jcccadia/) at <http://blogs.jccc.edu/jcccadia/> for students, parents, faculty and staff regarding information about JCCC Alcohol/Substance Abuse Recovery Meeting times and locations and additional resources.

Web Resources

We hope the links below will provide some helpful information, but they are not intended to take the place of discussing your concerns with a counselor.

FirstCall

This is the local chapter of the National Council on Alcohol and Drug Prevention and Recovery. Call 816-361-5900 or online at <http://firstcallkc.org/>. This is a great place to find available resources, for information on treatment and recovery options, and to take self-tests for alcohol, drug and gambling problems.

Alcoholics Anonymous Support Groups

This 12-step organization is a fellowship of men and women who share their experiences, strengths and hopes with each other so that they may solve their common problem and help others to recover from alcoholism. Check the website for meeting times and locations. The Kansas City area central office can be reached at <http://www.kc-aa.org/> or by calling 816-471-7229.

Al-Anon and Alateen Support Groups

Relatives and friends of alcoholics share their experiences, strengths and hopes in order to solve their common problems through Al-Anon. Alateen is an organization which grew out of Al-Anon and offers a recovery program for young people. Alateen members are sponsored by Al-Anon members. Check <http://www.al-anon.alateen.org/> for meeting times and locations. The Kansas City Al-Anon-Alateen office can be reached at 816-373-8566 in Missouri or 913-384-4653 in Kansas.

Adult Children of Alcoholics Network (ACOA)

This is a network of support groups for adult children and grandchildren of alcoholics. A current listing of meeting times and locations can be found at <http://www.adultchildren.org/>.

Cocaine Anonymous

Self-test, meeting locations and literature related to cocaine addictions can be found at <http://www.ca.org/>.

Narcotics Anonymous

Call the helpline at 1-800-561-2250 or [email](mailto:na@kansascityna.org). Meeting locations, information and self-tests are available at <http://www.kansascityna.org/>.

Valley Hope Treatment Centers

Valley Hope is a nonprofit organization, grounded in a 12-step philosophy that provides alcohol and drug dependency addiction treatment at an affordable price. The Valley Hope staff encourages family participation to focus on healing as a family. Treatment options include medically monitored detox, residential treatment, day/partial outpatient treatment and continuing care. Visit their webpage at <http://www.valleyhope.org/default.aspx> or call 1-800-544-5101 or for admissions information and to locate a treatment facility near you.

JCCC RESOURCES

JCCC Counseling Center. For an appointment, call 913/469-3809. (<http://www.jccc.edu/counseling/>)

JCCC Student Assistance Program

If you are a student, you may be referred by a JCCC counselor to our short-term [student assistance program](#) to help you with emotional or mental health issues.

Refer to the [JCCC Alcohol and Drug Information Assistance Blog](#) regarding information about meeting times and locations and additional resources for students, faculty and staff. (<http://blogs.jccc.edu/jcccadia/>)

AA Meetings on Campus. Noon to 1 pm, Fridays when JCCC is open. (First Friday of the month is an open meeting.)

ADDITIONAL RESOURCES ON THE WEB

We hope the links below will provide some helpful information. However, they are not intended to take the place of discussing your concerns with a counselor.

First Call

Local chapter of the National Council on Alcohol and Drug Prevention and Recovery. Call **816-361-5900** or visit [FirstCall](#) online (<http://www.firstcallkc.com>). This is a great place to find available resources, for information on treatment and recovery options, and to take self-tests for alcohol, drug and gambling problems.

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Alateen

[Alateen](#) is an organization which grew out of Al-Anon (<http://www.kansas-al-anon.org/alateen.html>). This organization offers a recovery program for young people. Alateens are sponsored by Al-Anon members. The [Kansas City Al-Anon office](#) can be reached at 816-373-8566 in Missouri or 913-384-4653 in Kansas.

Adult Children of Alcoholics Network (ACOA)

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Cocaine Anonymous

Self-test, meeting locations and literature related to cocaine addictions can be found [online](#). (<http://www.ca.org/>)

Guadalupe Center – offering Spanish language outpatient substance abuse treatment. (<http://www.guadalupecenters.org>)

Narcotics Anonymous

Call the helpline at 1-800-561-2250. Meeting locations, information and self-tests are available on the [website](#) (<http://www.na.org/>).

Salvation Army, Olathe, Kansas, Corps; 420 East Santa Fe; 913/782-3640. (<http://salarmymokan.org/>)

Website listing Drug and Alcohol Abuse Treatment Centers in the U.S. (<http://www.drugandalcoholcenters.com/>)

Today's Event Sponsored by:

JCCC Council Addressing Substance Abuse Issues. The mission of CASAI is to offer support, information and guidance to JCCC students, faculty and staff who struggle with substance abuse or alcoholism. CASAI will provide ongoing campus-based education and resources to address these issues that impact our institution and our community.

With Assistance from:

JCCC's Chapter of [Active Minds](#) is a campus club that seeks to promote the education and awareness of mental health. Group members act as a resource for, and a link between, mental health advocates.
(<http://www.jccc.edu/student-involvement/student-organizations.html>)

CELEBRATE

Soberfest!

Like Oktoberfest,
only sober—
and with a decidedly
Kansas City flair.



Wed. Sep. 25 | 10:30 a.m. – 1 p.m. | COM Plaza

Mocktails ! Music ! Games ! Food

**For more information, visit us in the Student Lounge (COM 322)
or call 913-469-8500, ext. 2601**



Celebrate and connect! | jccc.edu/50

Hosted by Student Life, PAVE, Active Minds and Sans Bar



no one else can play your role better than you



SUICIDE PREVENTION

Sponsored by Student Life, Counseling & Student Wellness

MINDFULNESS WALK

Tues., Sept. 7 | COM Plaza | 9am, 12pm & 1:30pm
Available Tuesday - Friday

SUICIDE PREVENTION & AWARENESS RESOURCE FAIR

Tues., Sept. 7 | COM Plaza | 11am to 2pm

GUEST SPEAKER & SUICIDE SURVIVOR KEVIN HINES

Wed., Sept. 8 | GEB 233 & VIMEO | 12pm to 1pm

ART DIRECTIVE GATHERING

Thurs., Sept. 9 | CoLab | 10am to 12pm



JOHNSON COUNTY
COMMUNITY COLLEGE



SPREADING MESSAGES OF
HOPE & HEALING
 WITH ART THERAPIST
ANNA BRINK
 MS, ATR-P, LPC, NCC

JOIN US FOR AN IMPACTFUL OPPORTUNITY TO
 CREATE MEANINGFUL ART TO SPREAD
 MESSAGES OF HOPE ON JCCC'S CAMPUS

THURSDAY, SEPTEMBER 9TH,
 FROM 10 AM - 12 PM IN THE COLAB

 JOHNSON COUNTY
 COMMUNITY COLLEGE

 JOHNSON COUNTY
 COMMUNITY COLLEGE

Suicide Prevention:
**WE'RE IN THIS
 TOGETHER**

JCCC Counseling & Johnson County Mental Health Center Presents

Featuring:
Megan Clark

Wednesday, September 7
 from 11 AM - 12 PM
 Location: CoLab



STUDENT LOUNGE PRESENTS:

SAFE SPRING BREAK



Safe Spring Break Resource Fair

Date: 3/8/22 · 11 am - 1 pm
Location: COM Plaza



Storytelling & Dialogue Series

Date: 3/8/22 · 1 pm - 3 pm
Location: COM 322



Kahoot Lunch Time Trivia

Date: 3/8/22 · 12 pm - 1 pm
Location: Cafeteria



Friday Hangout - Yoga in Fountain Square

Date: 3/8/22 · 12 pm - 2 pm
Location: Fountain Square

ALCOHOL POISONING

Signs & Symptoms

- Unconsciousness or semiconsciousness
- Slow breathing (8 breaths or less per minute) or more than 8 seconds between breaths
- Cold, clammy, pale or bluish skin
- Strong odor of alcohol

Tips for staying safe

If someone exhibits one or more of the above signs & symptoms, call 911 immediately.

As you wait for help to arrive, gently roll the person onto his/her side to help prevent choking.

MEN KNOW THE LIMIT

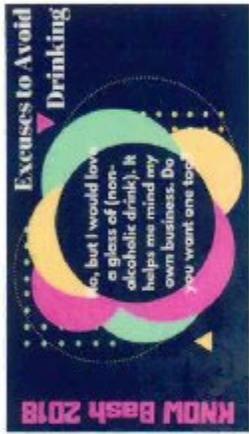
Drinks	Body Weight in Pounds								Influenced?
	100	120	140	160	180	200	220	240	
1	.04	.03	.03	.02	.02	.02	.02	.02	Possibly
2	.08	.06	.05	.05	.04	.04	.03	.03	
3	.11	.09	.08	.07	.06	.06	.05	.05	Impaired
4	.15	.12	.11	.09	.08	.08	.07	.06	
5	.19	.16	.13	.12	.11	.09	.09	.08	Legally Intoxicated
6	.23	.19	.16	.14	.13	.11	.10	.09	
7	.26	.22	.19	.16	.15	.13	.12	.11	
8	.30	.25	.21	.19	.17	.15	.14	.13	
9	.34	.28	.24	.21	.19	.17	.15	.14	
10	.38	.31	.27	.23	.21	.19	.17	.16	

Subtract .015 for each hour after drinking
One drink equals 1.5 oz of 80 proof liquor (40%), 12 oz. beer (4.5%) or 5 oz. wine (12%).
Note: the figures are averages and may vary based upon the amount of food in your stomach.
Legal intoxication in Kansas for driving is .08 for people over 21 and .02 for people under 21.

WOMEN KNOW THE LIMIT

Drinks	Body Weight in Pounds								Influenced?
	100	120	140	160	180	200	220	240	
1	.05	.04	.03	.03	.03	.02	.02	.02	Possibly
2	.09	.08	.07	.06	.05	.05	.04	.04	
3	.14	.11	.11	.09	.08	.07	.06	.06	Impaired
4	.18	.15	.13	.11	.10	.09	.08	.08	
5	.23	.19	.16	.14	.13	.11	.10	.09	Legally Intoxicated
6	.27	.23	.19	.17	.15	.14	.12	.11	
7	.32	.27	.23	.20	.18	.16	.14	.13	
8	.36	.30	.26	.23	.20	.18	.17	.15	
9	.41	.34	.29	.26	.23	.20	.19	.17	
10	.45	.38	.32	.28	.25	.23	.21	.19	

Subtract .015 for each hour after drinking
One drink equals 1.5 oz of 80 proof liquor (40%), 12 oz. beer (4.5%) or 5 oz. wine (12%).
Note: the figures are averages and may vary based upon the amount of food in your stomach.
Legal intoxication in Kansas for driving is .08 for people over 21 and .02 for people under 21.



KNOW Bash 2018

Excuses to Avoid Drinking

1. When I drink it makes me get acid reflux and sometimes I even puke.
2. I have a bad headache and alcohol usually just makes it worse.



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KNOW Bash 2018

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Alcohol's Effects
Body and Mind
 1. Alcohol is a depressant that slows down the central nervous system.
 2. It causes a person to lose their inhibitions, which can lead to poor judgment and risky behavior.
 3. Alcohol can also cause dehydration, which can lead to dizziness and headaches.
 4. In large amounts, alcohol can be toxic to the body and even cause death.

Bystander-Drinking Calculator
Drinking and Driving Calculator
 1. The more you drink, the more your blood alcohol concentration (BAC) increases.
 2. A BAC of 0.08% is the legal limit for drivers in most states.
 3. A BAC of 0.15% or higher is considered to be in the range of severe intoxication.
 4. A BAC of 0.20% or higher is considered to be in the range of fatal intoxication.

How Many Drinks?
 • A single drink of 12 oz. beer or 5 oz. wine or 1.5 oz. of 40% alcohol by volume (ABV) liquor is considered one drink.
 • A standard drink contains 14 grams of pure alcohol.
 • The amount of alcohol in a drink depends on the type of drink and the amount of alcohol in the drink.

JOHNSON COUNTY
 Campus Police (913) 469-2600

155

RED FLAG CAMPAIGN

HELP END RELATIONSHIP AND DATING VIOLENCE



OCT. 13 & OCT. 14
 11AM-1PM
 COM PLAZA

IF YOU SEE A RED FLAG

SAY SOMETHING



Report Underage Drinking

Your call is free and anonymous.
 You could save a life.

1866MustB21.com

LOGO DESIGN - OPTION 4

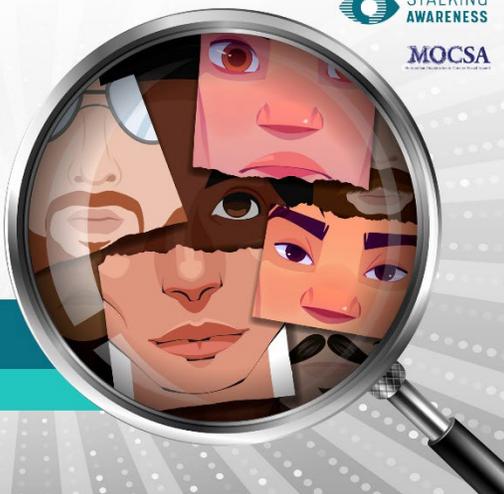


JCCC Student Lounge Presents:

Stalking Awareness Bystander Intervention Training
 with Tyler Lumpkin

January 25 from 11 am - 1 pm
 in the CoLab!

Food and Drinks will be provided!



STALKING AWARENESS
 MOCSA

JOHNSON COUNTY COMMUNITY COLLEGE

START BY BELIEVING

You are not a witness you are a survivor. We believe in you, your story and your unwavering courage to rise like a Phoenix above everything else. There's been one shared "Oh jobs not to deny the way, but to deny the ending — (not) saying, recognize our story, and wonder with the truth and we get to a place where we think, "yes, this is what happened. This is the truth, and will choose how this story ends" (Queen Bissy Strong). You get to define, recognize, and share your story only when you feel ready. Whether you choose to share it, we believe in your tremendous tenacity to keep going.

According to the Rape Abuse & Incest National Network, every 98 seconds, an American gets sexually assaulted. Reports from RAINN share that 81,634 victims (age 17 or older) of rape and sexual assault each year in the United States. This is to say that each of us has an active role to play to prevent, educate, advocate and stand with the survivors. JCCC Student Life is gearing up for the Start By Believing week starting April 5th. On April 5th, Student Lounge is partnering with C&S and MOCSA, where Kelley Sarporese will be presenting opening strategies for Sexual Assault Survivors at Oak Pavilion from 12:30 to 2 pm. Join us on April 6th as we come together to celebrate the Start by Believing day at Fountain Square from 10:30 am to 1:30 pm. A reminder to make one of us that

If all starts by believing. On this day, we are putting out a resource fair to let our Cavaliers know that there is support. The Student Lounge (SRL) team is partnering with MOCSA, Campus Police, and the counseling department to bring you the shared resource of one spot. Let's all participate in our support the Survivor's walk around the college all court and share messages of encouragement at the Student Lounge table. In addition, we are scribbling the names of support on clothes to symbolize that clothes don't determine consent.

If you need immediate assistance, please contact the JCCC Campus Police (3112 for Non-emergency) and (911) for emergency assistance. Do not hesitate to download the Guardian App. If you need someone to talk to, feel free to walk into the Counseling Department. JCCC has partnered with the Johnson County Mental Health. Do not hesitate to get in touch with the Mental Health Crisis line at 913-358-8766 if you are in need of additional support and we have a Beyond Mental Health Committee, Sarah Albert, at our college. Similarly, at JCCC, advocates here to help as a confidential representative on campus. Students can come to talk about the filing process and their reporting options if they choose to report. If students want someone to chat with the MOCSA representative, they are available to help students find resources including counseling and support through what a survivor chooses to take whether to report or not to the law enforcement. MOCSA also helps you find legal resources to fight against sexual assault. You are not alone because JCCC stands with you.




START BY BELIEVING DAY



Start by Believing

Wednesday, April 6
from 10:30 am - 1:30 pm
Location: Fountain Square



SCAN ME



CASAI & Student Lounge Presents

Kelsey Saragnese Coping Strategies for Victims of Sexual Abuse and Sexual Assault

April 5,
from 12:30-2 pm

Craig Auditorium
(GEB 233)



SCAN ME



LOVE IS RESPECT

Red & Green Flags
in a Relationship



Thursday, Feb 10
11 am - 2 pm
COM / TRIUM

Friday Hangout
Open Mic



Friday, Feb 11
12 pm - 2 pm
COM / TRIUM

Valentine's Day
Letter Sending
Party



Monday, Feb 14
11 am - 2 pm
COM / TRIUM

A Conversation
About
Relationships



Tuesday, Feb 15
11 am - 1 pm
Craig Auditorium

LOVE IS
RESPECT!

STUDENT
& FACULTY
DISCUSSION
PANEL

APRIL
19TH

@ CRAIG
AUDITORIUM
(GEB 233)

11 AM
to 1 PM

a SAFE SPACE
for ANYONE

to share about:

- Love
- Relationships
- Red Flags
- and more...

SCAN ME



