# Theta Xi Fraternity

# *BROTHER TO BROTHER*


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# BROTHER TO BROTHER

…talks frankly about

# CONFRONTING SUBSTANCE ABUSE: A FIVE STEP INTERVENTION AND RECOVERY PRGRAM.

**Background**

On August 11, 1984 at the 120th Anniversary Convention, the issue of substance abuse was squarely confronted. By unanimous vote, Theta Xi members joined ranks to combat this growing problem by adopting position statements on controlled substances and the use of alcohol. Next, a substance abuse program was presented at the Fraternity's 1986 Convention in Scottsdale, Arizona. With it, the idea was born to develop a complete education and intervention program with the goal of leading to the recovery of the affected member. The program was introduced at the Theta Xi Foundation's 1987 Regional Education Conference and is appropriately titled "Brother to Brother".

**Purpose**

The "Brother to Brother" program provides chapters and members with the necessary information to initiate the recovery process for members who might become victims of chemical dependency. It also is an educational tool and method for members to use later in their lives in the event they need to help someone close to them who is affected by substance abuse.

**Consequences of Substance Abuse Are Devastating**

Society has been permeated with exposures to legal and illegal substances that have destroyed careers, personal relationships, and families. Further, substance abuse has brought financial ruin and legal problems to previously ordered lives. No one is immune. There is less and less tolerance by society for substance abuse, and specifically, the inappropriate behavior to which it often leads.

**Theta Xi Program**

The "brother to Brother" program is based upon intervention. Intervention is defined as taking a decisive role with a view to solution, correction or settlement, and it describes the technique used to help a victim of drug or alcohol dependency to overcome the denial process and to accept the fact a problem exists. With intervention, a brother, friend, or relative does not have to "hit bottom" before he can be helped. Intervention can end the suffering because it allows a concerned person to help the abuser realize he has a problem and to seek treatment.

The five steps in the program are:

1. EDUCATION regarding substance abuse, dependency and effects.
2. RECOGNITION of the problem (by chapter/by member).
3. PREPARATION/ACTION to implement intervention.
4. REFERRAL to professionals who can provide treatment.
5. RECOVERY AND REINTEGRATION to support the victim as he seeks treatment.

All of these steps provide a proven method of dealing with the issue of substance abuse. However, our *success will depend upon the ability and willingness of the abuser to admit he has a problem and his willingness to accept treatment.* Intervention provides a means to address this crucial issue.

The "Brother to Brother" program has taken the five steps outlined above and developed short informative and instructional pamphlets that are grouped into notebook form for convenient use. Each chapter is being provided several notebooks, as are key alumni, advisors, and associations. The material should be included as a regular part of membership education programming. Any member of Theta Xi may request his own copy of the "Brother to Brother" program material by contacting our National Headquarters.

**Role of College Fraternities**

Theta Xi and all college fraternities are in a unique position to help brothers and friends in need to face and initiate recovery from substance abuse problems. To paraphrase from the song "Dear Old Theta Xi" and adopt an additional lyric, our responsibilities are summarized below.

*"We're the guardians of those letters,*
*And the strength that they unveil*
*They're the symbol of our power,*
*To their height no others scale.*

*For like 'Brother to Brother'*
*We'll stand by one another*
*Our help when'er it's needed*
*For fellow Theta Xis."*

INTRODUCTION SERIES
* Confronting Substance Abuse: A Five Step Intervention and Recovery Program
* Statements of Position: Alcohol and Controlled Substances

EDUCATION SERIES
* Characteristics of Chemical Dependency
* Alcohol: Facts and Effects
* Cocaine: Facts and Effects
* Marijuana: Facts and Effects
* Responsible Use of Alcohol
* Debunking Crack Mythology

RECOGNITION SERIES
* Signs and Symptoms of Substance Abuse
* Progressive Symptoms of Cocaine Dependency and Recovery
* Progressive Symptoms of Alcohol Dependency and Recovery

PREPARTION/ACTION SERIES
* The Intervention Process and Overcoming Objections
* Preparing an Effective Intervention: 1-Forming the Term
* Preparing an Effective Intervention: 2-Compiling the Data
* Preparing an Effective Intervention: 3-Rehearsal
* Preparing an Effective Intervention: 4-Insuring Success
* Preparing an Effective Intervention: A Case study

REFERRAL SERIES
* Others Who Will Help
* Reference Materials

RECOVERY AND REINTEGRATION SERIES
* Support During the Treatment Process

# *Brother To Brother*

## NOTEBOOK CONTENTS

THETA XI FRATERNITY

# STATEMENT OF POSITION

ON

# THE USE OF ALCOHOL

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THE THETA XI FRATERNITY, recognizing the dangers associated with the misuse and abuse of alcohol, fully endorses the National Interfraternity Conference's "Resolution on Alcohol" passed by the House of Delegates at its 1983 Annual Meeting.

**BECAUSE** the use of alcohol is ingrained in society and because its misuse and abuse is becoming more apparent, the Theta Xi Fraternity hereby states its position on the use of alcohol.

- The Fraternity believes that the misuse and abuse of alcohol is inconsistent with each of the seven Purposes of Theta Xi and hinders any member in his Quest for Theta Xi.
- The Fraternity further believes that we are our Brother's Keeper and recommends that each member act responsibly in his own use of alcohol and when necessary assist his Brother(s) in using alcohol responsibly.
- The Fraternity further believes that alcohol, when used responsibly, has a rightful place in society and hereby sets these guidelines for the responsible use of alcohol by the Theta Xi Fraternity:

1) That the possession, use, sale and/or consumption of alcoholic beverages on the premises of any chapter or at any entertainment or function of any chapter shall be in compliance with all applicable laws.
2) That non-alcoholic rush shall be actively promoted on all campuses.
3) That open parties, meaning those with unrestricted access, where structured around the sale or consumption of alcoholic beverages shall be prohibited.
4) That moderation be encouraged during lawful consumption, and that chapters develop and support programs and those groups and organizations seeking to educate chapter members on alcohol awareness.
5) That there shall be no open solicitation or encouragement of alcoholic consumption by contest or promotions in any chapter.

_ Adopted August 11, 1984

THETA XI FRATERNITY

## STATEMENT OF POSITION

## ON

# CONTROLLED SUBSTANCES

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**HOLDING THE FIRM BELIEF** that the use of controlled substances inhibits an individual from reaching his full potential, the Theta Xi Fraternity believes that the use of controlled substances is contrary to each of the Purposes of Theta Xi and hinders any member in his Quest for Theta Xi.

**FURTHER**, the Fraternity can and must legislate the social behavior of its members while on Theta Xi chapter property or at Theta Xi chapter sponsored events.

**THEREFORE, BE IT RESOLVED** by Theta Xi Fraternity that the following polities be adopted and recommended to its chapters for their adoption:

1) That the possession, use or sale of controlled substances on the premises of any chapter or at any entertainment or function of any chapter shall be prohibited.
2) That chapters shall develop programs and support those groups and organizations seeking to educate chapter members about controlled substances.
3) That controlled substances shall be defined as any “drug or other substance, or immediate precursor, include in schedule I, II, III, IV, or V of Part B in Section 802 of Title 21 of the U.S. Code (Controlled Substance Act). The term does not include distilled spirits, wine, malt beverages, or tobacco, as those terms are defined or used in subtitled E of the Internal Revenue Code of 1954.”

_ Adopted August 11, 1984

**Education Series**

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# CHARACTERISTICS OF CHEMICAL DEPENDENCY

## WHAT IS CHEMICAL DEPENDENCY?

It is a disease or illness like any other. It is a primary disease, *not a symptom* of some other underlying cause. Chemical dependency causes the related problems that occur in the user's or drinker's life.

## WHAT CAUSES CHEMICAL DEPENDENCY?

The exact cause remains unknown, but it is *not* caused by lack of willpower, weakness of character, or some flaw in a person's moral structure. It is impossible to predict who will become dependent when exposed to using drugs or drinking. Due to the ever-present availability and exposure to drugs and alcohol in our society, evidence is clearly showing that anyone who *can* become dependent, in all probability, *will* become dependent.

## CAN OTHER PROBLEMS IN A DEPENDENT PERSON'S LIFE BE TREATED?

No. Not while the dependency remains unarrested. The disease of chemical dependency rests on a human life in such a way that it effectively blocks the receipt of any care we might want to deliver to whatever else is wrong with the individual.

## ONCE CHEMICALLY DEPENDENT, IS IT LIKELY A PERSON WILL INITIATE RECOVERY BY HIMSELF?

No, chemical dependency is predictable and progressive. Untreated, it will *always* get worse.

## HOW LONG DOES IT LAST?

Once dependent, the person remains so forever. However, dependency can be arrested and will remain so as long as there is abstention from mood altering chemicals. Relapse is an ever-present danger. Recovery is a *lifelong commitment*.

## WHAT WILL HAPPEN IF IT IS LEFT UNTREATED?

Chemical dependency is fatal. If the dependency is not arrested, premature death will result.

## CAN THE ILLNESS BE TREATED?

Chemical dependency is treatable and intervention is the best and most reliable method for initiating treatment. Intervention is discussed in the Preparation/Action Section of the "Brother to Brother" Program. Over 70% of interventions are successful in leading the chemically dependent individual to accept his problem and seek treatment.

## WHAT ARE THE SYMPTOMS OF CHEMICAL DEPENDENCY?

The symptoms are compulsions to use or drink. The compulsion is evident in using or drinking that s inappropriate, unpredictable, excessive, or constant.

## WHAT IS THE DIFFERENCE BETWEEN CHEMICALLY DEPENDENT AND NON-DEPENDENT? I KNOW A FRIEND WHO USED DRUGS ONCE BUT HASN'T SINCE.

A "non-dependent" person *will stop* using or drinking as a result of a one time "brush with the law", "reprimand", or one "episode with a family problem". A dependent person *will not stop*. If using alcohol or drugs is causing any continuing disruption in an individual's personal, social, spiritual, or economic life *and* the person *does not stop* using, they *are* chemically dependent.

## CAN A PERSON BE HELPED WHILE THEY ARE CONTINUING TO DRINK OR USE?

No. Not even the best psychiatric help can have any lasting effects until substance use or drinking stops.

## WHU DOESN'T A CHEMICALLY DEPENDENT PERSON SEEK HELP WHEN BAD EXPERIENCES ARE CONTINUALLY OCCURING?

People with this illness do not seek treatment of their own volition because they are not aware of their dependency. They remain utterly unaware of the progress of the disease. This is due, in a large part, to rationalization and delusion. *Every* bizarre behavior is rationalized away and, as a result of delusion (repression, blackouts, and/or recall), the person's ability to remember what has happened during any given drinking or using episode is destroyed.

## WHAT ARE THE PROGRESSIVE PHASES OF SUBSTANCE ABUSE?

The four phases of substance abuse are listed below:

1. *Learns Mood Swing* (Experimentation):
   Experiences the effects of transferring from normal feelings to euphoric feelings.

2. *Seeks Mood Swing* (Compulsion):
   *Growing anticipation of effects; pre-occupied with experiencing effects; desires regular use; develops tolerance (requires more of a drug to obtain the same level of effect).*

3. *Negative Reactions* (Delusions):
   Experiences depression after euphoria; rationalizes all negative behavior and feelings; experiences blackouts.

4. *Uses Chemicals to Feel Normal* (Dependency):
   Reality is distorted to the extent that continual use is required to cope with day-to-day living.

# *Brother To Brother*

…talks frankly about

# ALCOHOL: FACTS AND EFFECTS

A person who uses alcohol can develop a chemical dependency on it. In fact, about one in ten people who drink become addicted to alcohol. The causes are not fully understood but alcoholism is a medically described disease. It develops predictability and can be treated successfully, but not cured.

Generally, alcoholism begins when a person uses alcohol frequently to produce good feelings. It becomes a cure for everything. In time, the drinker experiences "blackouts", (the drinker is awake but cannot remember what happened). At some point control is lost and serious damage results. Attempts to stop drinking to excess are unsuccessful. Friends, jobs, and family relationships are lost. The alcoholic find that the simplest of jobs becomes difficult. Finally, the alcoholic admits defeat.

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| **MYTHS VS. FACTS & EFFECTS** | ALCOHOL IS LIQUID FOOD: Alcohol has only calories – no minerals, vitamins, or proteins. Its food value is zero, other than leading to the infamous pot or beer belly, or an overall bloated look.<br><br>COFFEE, COLD SHOWERS AND FRESH AIR CAN SOBER YOU UP: Nothing can hurry the sobering process because the liver converts alcohol at a constant rate. These "cures" for being drunk result in alertness, not sobriety. |

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| **MORE FACTS & EFFECTS** | ▪ Long term heavy drinking will damage many organs in the body.<br>▪ 1/3 of Americans drink occasionally, 1/3 never drink, 1/3 drink regularly.<br>▪ One beer is equal in alcoholic content to a glass of wine or a hard liquor drink.<br>▪ Mixing alcohol and drugs can be deadly.<br>▪ Alcohol affects the users' ability to exercise normal good judgment:<br>- It has been estimated over 90% of fraternity hazing deaths involve alcohol use.<br>- Drinking is a contributing factor in an overwhelming number of automobile accidents.<br>▪ Various factors can determine the way alcohol will affect the drinker:<br>- Equal amounts of alcohol will affect a lighter weight person more than a heavier person.<br>- Eating, especially high protein food like cheese, and meat, will slow down the absorption rate of alcohol.<br>- Diluting alcohol with water will also slow down the absorption rate.<br>▪ A drinker's mood, attitude and drinking experience can determine the impact alcohol will have on the body, if tired or upset, alcohol will have stronger impact than usual. |

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# WHAT IS ALCOHOL?

Alcohol is a very small organic molecule containing carbohydrates. Some other substances contained in alcohol are "congeners", which give alcohol its color and taste, and may be responsible for the after-effect (hangover) the next morning.

The proof of alcohol is twice the alcohol content, i.e., whiskey that is 80 proof is actually 40 percent alcohol. The highest possible proof is 200, which means the alcohol content would be 100 percent.

## A DRINK IS A DRINK

A 12 ounce beer, a three-to-four ounce glass of wine, and a one ounce shot of 86 proof whiskey all contain roughly half an ounce of pure alcohol.

## EFFECTS OF FOOD ON ABSORPTION OF ALCOHOL

It is a common misconception that all alcohol is absorbed in the stomach. When alcohol is in the stomach, it is mostly in a holding state. Seventy-five to 80 percent of the absorption takes place in the intestine, after the alcohol leaves the stomach. At the base of the stomach is a kind of "trap door" called the "pyloric valve," which, when open, allows stomach contents to pass into the intestine, where it is absorbed into the bloodstream.

Food will slow down the absorption rate of any alcohol that has not already passed into the intestine, since the pyloric valve will remain closed until the food has been digested. When the valve opens again, the intestine receives a mixture of food and alcohol, which further slows down the absorption, since the alcohol is dispersed.

Fatty foods such as nuts, french fries, olives, and cheese are harder to digest; thus, the stomach must work harder and longer before the pyloric valve will open.

Conversely, a large meal with a high amount of carbohydrates (such as a pasta dinner) will tend to "dump" into the intestine, and may actually accelerate the absorption rate of alcohol. The absorption rate of alcohol may also be accelerated if a meal has been consumed two or three hours before drinking. Since the food has been mostly digested, the pyloric valve will be open, and alcohol will pass directly into the intestine to be immediately absorbed.

Thus, timing of eating is as important as the type of food eaten. The most effective way to retard the absorption of alcohol is to eat fatty foods immediately before drinking.

Other factors that affect absorption are a person's level of anxiety and carbonation in a drink. When a person is anxious, the stomach secrets a mucus coating that slows down or stops digestion and absorption. A person may drink more because it seems he "cannot get drunk." Eventually he will relax, the mucus will disappear, and a large quantity of alcohol will be dumped into the intestine; he will seem to become instantly drunk.

Champagne, sparkling wines and drinks mixed with soda intoxicate people quickly because carbonation tends to open the pyloric valve.

## DISTRIBUTION INTO THE BLOODSTREAM

Once alcohol is absorbed, it starts to be distributed throughout the body by way of the bloodstream. Breathalyzers measure the concentration of alcohol in the breath, which comes from the lungs, which get the alcohol through the bloodstream.

Some factors that affect distribution of alcohol into the bloodstream are: body weight, size, type, and gender.

Body type is as important as size. Fat does not absorb alcohol, so the more muscular a person is, the more alcohol it will take to increase the blood alcohol level.

Women biologically have a larger proportion of fat than men, and so tend to get a higher blood alcohol level than men from the same number of drinks.

## IMMEDIATE EFFECTS ON THE BODY

Smell and taste can be enhanced when alcohol is moderately consumed; vision and hearing are affected adversely and reaction time is decreased.

## EFFECT ON THE BRAIN

As one drinks, the brain is affected in a very regular order: the cortex (directs thinking, reasoning, and decision-making) is the most sensitive and is affected first. The cerebellum (posture, motor control, and coordination) is affected second. The limbic system (emotions) is affected next. Lastly, the brain stem, responsible for all of the automatic functions (i.e., heart beat and respiration), is affected.

## EMOTIONAL EFFECTS

The initial effect from alcohol is stimulation, which is very brief. Stimulation is followed by a calming effect followed by a physical depression. People who are depressed can add to the depression by drinking too much.

## ALOCHOL AND DRUGS

Alcohol interferes and interacts with out drugs. The effect of other drugs can be increased by alcohol, and some drugs can increase the effect of alcohol. Cold tablets and allergy medication that contain antihistamines, and sleeping pills and tranquilizers intensify depression when mixed with alcohol. Cough medicine containing codeine can produce bad effects when mixed with alcohol. Marijuana, another depressant, has an additive effect when mixed with alcohol.

Alcohol can reduce the effectiveness of some drugs, such as anesthetics used in surgery, and sleeping pills. Alcohol and aspirin can be very harmful to the stomach when mixed, since both are stomach irritants. Mixing alcohol with stimulants, like cocaine or amphetamines, may produce irrational behavior.

## TOLERANCE/DEPENDENCY

If one drinks regularly over a long period of time, he can drink or must drink more in order to achieve the same effect. This is called tolerance. After awhile, with growing tolerance, dependence can take place.

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…talks frankly about

# COCAINE: FACTS AND EFFECTS

Cocaine is a dangerous drug that has had a reputation of being safe. Today, abuse of cocaine has spread faster than any form of drug abuse. Not everyone who tries cocaine becomes dependent on it, *but* it's a gamble. Some people that use coke in social or recreational situations consider the drug a status symbol and harmless. Cocaine, like all mood-altering drugs, can sometimes help us feel or perform better for a limited period of time. However, people who develop the habit of controlling their feelings and abilities with drugs risk becoming dependent on those drugs.

In addition to being a powerful, local central nervous system stimulant, cocaine also stimulates the "fight or flight" process that is how the body prepares the danger. This process makes us feel like we are about to be attacked and can cause feelings of fear and anxiety.

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| **MYTHS VS. FACTS & EFFECTS** | COCAINE IS A SAFE DRUG: cocaine is a powerful drug that causes many mental and physical problems, including death. Pulse and blood pressure increase. Tremors and convulsions may occur. Chemicals added to cocaine can cause infections, nasal injuries and heart attacks. Mental problems such as confusion, loss of reality and emotions, fear, violence, and hallucinations can be caused by the use of cocaine.<br><br>COCAINE IS NOT ADDICTIVE: many users become psychologically addicted, and doctors believe that moderate and heavy users can become physically addicted. One thing we know for certain, cocaine is the most compulsive drug known to man. Research performed with animals has shown they will work harder for cocaine than any other drug – even to the extent of overdose and death from convulsions. |

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| **MORE FACTS & EFFECTS** | ▪ The cocaine high is short because the liver rapidly breaks down the drug.<br>▪ As the drug wears off, feelings of inadequacy, fear, and depression are experienced.<br>▪ The negative feelings experienced are as strong as the positive feelings felt during the high.<br>▪ There is a powerful urge to use more cocaine or other drugs to escape the feelings of depression following the high.<br>▪ Inhales (snorted/sniffed), a high lasts about 20 minutes.<br>▪ Smoked, the effects are felt within seconds, lasting 10-15 minutes.<br>▪ Smoked, the effects are felt within seconds, lasting 10-15 minutes.<br>▪ Injected (liquid), a high occurs within seconds and lasts a few minutes.<br>▪ Tolerance to cocaine is developed, meaning regular users require larger amounts to achieve the same effect. |

# *Brother To Brother*

…talks frankly about

# MARIJUANA: FACTS AND EFFECTS

Many people feel that marijuana is a "harmless" drug. "Harmless" can be a relative term. What is harmless to one may not be to another. This unpredictability is risky and is a characteristic of substances that can cause a person to become psychologically dependent.

| **MYTHS VS. FACTS & EFFECTS** | MARIJUANA IS A HARMLESS DRUG: Marijuana can cause many physical and mental problems. Examples of its effects on the body follow:<br><br>Brain - Marijuana users are more likely to suffer from loss of memory, have a slower learning ability and have loss of muscular coordination. These effects, which result in handicapping the learning process, pose the greatest immediate danger for the college student.<br>Heart - Marijuana can increase the heartbeat by 50%. This could be dangerous for people with heart problems.<br>Lungs - Marijuana causes damages/diseases similar to that of tobacco. In impact, however, one Marijuana joint is equal to a pack of tobacco cigarettes.<br>Immune System - The chemicals in marijuana reduce the body's ability to produce the white blood cells critical to fight disease.<br><br>MARIJUANA ISN'T ADDICTIVE: Marijuana users can develop a psychological dependency to the drug. Though not a chemical dependency, a psychological dependency can be just as damaging for its potential impact on the user's life. |
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| **MORE FACTS & EFFECTS** | ▪ Regular marijuana users are more likely to use other drugs.<br>▪ First time use usually begins because friends have persuaded the person to try grass.<br>▪ Delta-9-THC is the chemical that effect users the most.<br>▪ Smoked, THC takes effect in a few minutes with strongest effect felt after 10-20 minutes.<br>▪ Eaten, the effects are felt within 1 hour and strongest in 2 or 3 hours.<br>▪ THC takes a long time to leave the body – after 1 week it is still in the brain.<br>▪ Marijuana can change a person's mood and can be unpredictable with negative reactions in some people.<br>BE AWARE<br><br>Using mood-altering drugs is like playing Russian Roulette with your health and life. NO ONE can tell you what the effects will be on you and NO ONE can guarantee the drug will not affect you negatively. |
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# *Brother To Brother*

…talks frankly about

# RESPONSIBLE USE OF ALCOHOL

## Alcohol and Fraternities

Social fraternities originated in the Untied States in 1750 when Thomas Jefferson and a few fellow students at the University of Virginia began meeting in a private room above a local tavern. They called themselves the "Flat Hat Club", the seed from which grew the expansive Greek system to prevalent today. Jefferson and other Flat Hatters would gather to tell stories, discuss intellectual issues, engage in fraternal activities, and drink. Ever since, drinking has become a part of college fraternity life.

Drinking is a natural activity in organizations that call themselves "social" and can be pleasant adjunct to fraternity functions. However, there have been many instances where alcohol consumption has become excessive and irresponsible. Drinking on these occasions is not necessarily irresponsible, but when it becomes the main focus of the activity, there may be a serious problem. The purpose of this handout is not to preach, warn or scare, but rather to bring about a healthy attitude toward responsible use.

## Chapter Awareness

Here are some questions to ask yourself concerning alcohol use and attitudes in your own chapter. Does your chapter…

- Provide non-alcoholic beverages in addition to alcoholic beverages at parties and other functions?
- Provide food or snacks at all functions where alcohol is being consumed?
- Have an atmosphere in which a non-drinking member or guest will feel comfortable, accepted, and under no pressure to drink?
- Obey risk management policy provisions that prohibit open parties, drinking contests, or other activities in which the primary purpose is for members to get drunk?
- Have social functions in which drinking is a pleasant adjunct to the activity rather than the activity itself?
- Project an image on campus and in the community that refutes the popular conception that fraternities are no more than drinking clubs?

If the answer to any of these questions is "no", then perhaps a re-examination of your chapter's attitude and behavior concerning alcohol is in order.

## Enhancing Responsible Drinking

If Theta Xi can achieve a goal of using alcohol responsibly, we can provide a powerful example of a positive fraternity programming to the campus and community. Here are a few suggestions for specific action that help us achieve this goal:

- Include facts about alcohol and responsible drinking in membership education programs.
- Make older brothers aware of their influence on younger members and especially associate members by stressing the importance of having good role models for younger members to observe.
- Accept non-drinking members and prospective members so they won't feel pressure to drink to conform.
- Do not tolerate abusive drinking. Avoid social reinforcement of irresponsible behavior.
- Recognize problem drinkers or drinkers with problems and see that they get help (see "Brother to Brother" topic entitled "Signs and Symptoms of Substance Abuse" and "Progressive Symptoms of Alcohol Dependency and Recovery").

## Social Functions

Since most fraternity drinking centers around social functions, here are a few tips that will promote responsible behavior.

- All social functions must be B.Y.O. and only legal individuals may drink.
- Create a party atmosphere in which drinking is an adjunct to an activity rather than the primary focus.
- Always provide food and non-alcoholic beverages at parties where alcohol is consumed.
- Plan occasional social activities without alcohol.
- Limit the amount of alcohol a guest may bring (e.g., six-pack, etc.), limit the time the bar is open; serve alternatives such as coffee and doughnuts toward the end of a party.
- Provide transportation to and from social functions where drinking is involved.
- Limit attendance to Brothers and invited guests; open parties are prohibited. Is should be a privilege and an honor to attend a Theta Xi party.

## Promoting a Positive Attitude About Alcohol

There are four broad principals upon which a healthful and responsible attitude can be based regarding the use of alcoholic beverages:

1. Every legal adult has the right to make a rational decision whether or not to use alcoholic beverages without being subject to interference and/or pressure from any other individual or group.
2. The light use of alcohol can be part of a physically, socially, and psychologically healthful lifestyle for adults.
3. The excessive use of alcohol, far from being the “norm” it might appear to be at times, is an unacceptable social practice.
4. Individuals with alcohol abuse symptoms or who cause problems when drinking alcohol should be encouraged to recognize their condition and to seek help.

We hope these suggestions assist you as an individual – who chooses to drink or not drink – and as a chapter. The rest is up to you and your chapter.

# *Brother To Brother*

…talks frankly about

# DEBUNKING CRACK MYTHOLOGY

**CRACK** – The word and the drug took America by storm. Along the way, in our haste to address this hot issue, media and various sources have spread misinformation, misunderstandings and misrepresentations that persist to this day. To set the record straight, "Brother to Brother" challenges the seven popular myths about Crack:

**MYTH 1** – "*It's so good, once you start you can't stop. It's ten times better than sex!"*

Crack is addicting not because of its high, but because of its hangover, which is severe and comes in six minutes. Crack smoking (oops, see **MYTH 3**) bankrupts the brain of its essential neurotransmitters. That depletion in turn triggers an emergency craving to replenish the brain's natural chemicals. The crack abuser misidentifies the craving as a need for cocaine and focuses on nothing else. Crack becomes ten times more important than sex but never better!

**MYTH 2** – *"Crack is purified cocaine."*

Because crack is "freebased" (the verb), it is often confused with or even called "freebase" (the noun). "Freebasing" (the act) means to inhale vapors of cocaine base of which crack is one form. Free base (the drug) refers to a cocaine product converted to the base state from cocaine hydrochloride after cuts or adulterants have been chemically removed. Crack is converted to the based state without removing cuts using baking soda. The soda remains as salt and reduces the purity of 90% cocaine hydrochloride to about 36% cocaine. Yet, crack's purity doesn't matter all that much, because it's crack's route of administration that explains its destructive effects. TIME magazine said it best, "Crack is cocaine intensified."

**MYTH 3** – *"Crack is smoked."*

Here we get technical. Smoking means to inhale smoke from the burning (combustion) of plant material or something else. To inhale cocaine vapors, the base product must first be heated to at least 90 °C and the resultant vapors drawn into the lungs. Admittedly people light pipes, but they inhale gas not smoke. Direct inhalation of cocaine base vapors through the lungs is the express route to the brain.

**MYTH 4** – *"Crack is cheaper than cocaine."*

Crack may have the lowest cocaine unit-selling price. Yet, its short-term effects and extremely compulsive nature mean that abusers will spend whatever resources are available and even some that aren't. The habit can easily cost hundreds of dollars a day.

**MYTH 5** – *"Crack is a drug mostly used by kids."*

Because of its low introductory cost and the use of minors in its illegal sales, crack places young people at a great potential risk. However, it appears to be mostly by young adults 18-25. Nonetheless, extensive crack prevention programs are needed for school age students, and other populations at high risk such as college students.

**MYTH 6** – *"Crack is the New 'Gateway Drug'."*

Most users of crack have used both legal and illicit drugs before trying crack. Yet once its use is started, crack frequently becomes the primary drug of abuse.

**MYTH 7** – *"Crack won't happen here in our community or campus."*

Wherever there is cocaine, there can easily be crack. It is more profitable to sell crack than regular coke. It doesn't require that the cocaine market be flooded for crack to appear. Central America and Caribbean populations often introduce crack to inner city drug networks dealing in five and ten dollar transactions.

# *Brother To Brother*

…talks frankly about

# SIGNS AND SYMPTOMS OF SUBSTANCE ABUSE

## Changes Can Provide Clues

There are several clues that indicate a chemical dependency problem may exist. As clues, they are not hard and fast rules, but rather indicative of an overall pattern. A predominance of the signs given below, when coupled with personality changes and behavioral changes, could point to chemical substance abuse:

- Antisocial behavior (grooming, conversation)
- Begins skipping class and lack of concern for class work
- Less participation in structured chapter activities
- Lack of concern of others sleep/study time
- Unusual number of strangers visiting brother at chapter house
- Outbreak of stealing at chapter house
- Former financially responsible member begins borrowing money/develops account receivable problem
- Secretive behavior, seclusion
- Long periods without sleeping or eating
- Unusual irritability
- Abusing/damaging house property or property of others
- Abuse of other brothers and associates verbally and/or physically
- Frequent/sudden mood swings
- Paranoia

## Questions To Provide Answers

Look at the list of the thirty questions that follow. If you could answer "yes" to any three, there is a good chance that the person you care about has a drinking or substance abuse problem. If you could answer, "yes" to any five, the chances are better than good, and if you could answer, "yes" to seven or more, it is safe to assume that there is a problem with chemical dependency:

1. Is the person drinking (or using any other drug) more not than he or she did in the past?
2. Are you ever afraid to be around the person when he or she is drinking or using drugs – because of the possibility or verbal or physical abuse?
3. Has the person ever forgotten or denied things that happened during a drinking or using episode?
4. Do you worry about the person's drinking or drug use?
5. Does the person refuse to talk about his or her drinking or drug use – or even discuss the possibility that he or she might have a problem with it?
6. Has the person broken promises to control or stop his or her drinking or drug use?
7. Has the person ever lied about his or her drinking or using, or tried to hide it from you?
8. Have you even been embarrassed by the person's drinking or drug use?
9. Have you ever lied to anyone else about the person's drinking or drug use?
10. Have you ever made excuses for the way the person behaved while drinking or using?
11. Are most of the person's friend's heavy drinkers or drug users?
12. Does the person make excuses for, or try to justify, his or her drinking or using?
13. Do you feel guilty about the person's drinking or drug use?
14. Are holidays and social functions unpleasant for you because of the person's drinking or drug use?
15. Do you feel anxious or tense around the person because of his or her drinking or drug use?

16. Have you ever helped the person to “cover up” for a drinking or using episode by calling his or her employer, or telling others that he or she is feeling “sick”?
17. Does the person deny that he or she has a drinking problem because he or she only drinks beer (or wine)? Or deny that he or she has a drug problem because use is “limited” to marijuana, or diet pills, or some other supposedly “harmless” substance?
18. Does the person’s behavior change noticeably when he or she is drinking or using? (For example: a normally quiet person might become loud and talkative, or a normally mild-mannered person might become quick to anger.)
19. Does the person avoid social functions where alcohol will not be served, or drugs will not be available or permitted?
20. Does the person insist on going only to restaurants that serve alcohol?
21. To your knowledge, has the person ever driven while intoxicated or under the influence of drugs?
22. Has the person ever received a DWI or DUI?
23. Are you afraid to ride with the person after he or she has been drinking or using?
24. Has anyone else talked to you about the person’s drinking or using behavior?
25. Has the person ever expressed remorse for his or her behavior during a drinking or using episode?
26. If you are married to the person and have children, are the children afraid of the person while he or she is drinking or using?
27. Does the person seem to have a low self-image?
28. Have you ever found alcohol or drugs that the person has hidden?
29. Is the person having financial difficulties that seem to be related to his or her drinking or drug use?
30. Does the person look forward to times when he or she can drink or use drugs?

# *Brother To Brother*

…talks frankly about

# PROGRESSIVE SYMPTOMS OF COCAINE DEPENDENCY AND RECOVERY

This chart shows the typical stages of cocaine addiction and recovery. An individual's experiences with cocaine may vary in sequence from those outlined below and he may not experience all of the symptoms in order. However, this chart illustrates how important it is to view cocaine addiction as a disease that progresses over time with steadily graver consequences for the cocaine user.

## ↓DEPENDENCY↓

**EXPERIMENTAL USE**
Has used fewer than 10 times
Uses in social settings/parties
Drug is provided by others
Use limited by cost/availability

**RECREATIONAL USE**
Seeks social occasions to use
Purchases own supply
Regards cocaine as "ideal" drug
Glamorizes use as sign of "elite" status

**SITUATIONAL USE**
(Denial Stage)
Uses to cope with problems
Uses to enhance work performance
Uses to overcome depression
Uses to enhance sex

**INTENSIFIED USE**
(Social Impairment)
Uses daily
Uses to escape problems
Goes on binges
(Inability to stop/loss of control)
Develops tolerance
Experiences hallucinations
Paranoia
Avoids family & friends
Persistent remorse
Grandiose behavior
Work and money problems
Loss of family

**COMPULSIVE USE**
(Physical Deterioration)
May switch from snorting to freebase
Smoking or intravenous use
Uses alcohol and other drugs to
Counter cocaine's negative effects
Intense paranoia and hallucinations
Financial and moral ruin
Impaired thinking at all times

Renewed interest in life
Group therapy and mutual support continues
Recognizes rationalizations of past
Personal appearance becomes important
Increase in emotional control
Faces reality with courage
Builds circle of stable new friends
Family, friends, and Brothers supportive of abstinence
Sleep restored to normal
Realistic thinking
Improved nutrition
Increased tolerance of people and circumstances
Feels contentment in sobriety
Establishes confidence of peer group
Appreciation of real values
Rebirth of ideals
Develops new interests
Awareness and adjustment of family needs
Desire to escape disappears
Rebuilds self-esteem
Feelings of dread diminish
Anticipates possibility of happy new life
Identified with recovering addicts
Starts group therapy
Examines spiritual values
Begins to feel hope
Right thinking begins
Takes personal inventory
Meets recovering addicts who are happy
Stops using cocaine
Medically evaluated by physician
Told addiction can be arrested
Learns cocaine addiction is an illness
Honest desire for help

## ↑ RECOVERY ↑

**TOTAL DEFEAT ADMITTED**

# *Brother To Brother*

…talks frankly about

## PROGRESSIVE SYMPTOMS OF ALCOHOL DEPENDENCY AND RECOVERY

Alcoholism is a disease with predictable symptoms or phases. The chart below helps pinpoint where an alcoholic is in this process and will also help you to be aware of the symptoms of this devastating disease.

**↓ DEPENDENCY↓**

Occasional relief drinking
Constant relief drinking commences
Increase in alcohol tolerance
Onset of memory blackouts
Surreptitious drinking
Urgency of first drinks
Increasing dependence on alcohol
Feelings of guilt
Unable to discuss problem
Memory blackouts increase
Decrease of ability to stop
drinking when others do so
Drinking bolstered with excuses
Persistent remorse
Grandiose and aggressive behavior
Promises and resolutions fail
Tries geographical escapes
Loss of ordinary will power
Loss of other interests
Work and money troubles
Tremors and early morning drinks
Unreasonable resentment
Decrease in alcohol tolerance
Neglect of food
Onset of lengthy intoxications
Physical deterioration
Moral deterioration
Impaired thinking
Drinking with inferiors
Indefinable fears
Unable to initiate action
Obsession with drinking
Vague spiritual desires
All Alibis exhausted

**Total defeat admitted**

Group therapy and mutual help continues
Increasing Tolerance
Contentment in sobriety
Care of personal appearance
Confidence of peers
Appreciation of real values
Increase of emotional control
Rebirth of ideals
Facts faced with courage
New interests develop
New circle of stable friends
Adjustment to needs of others
Family, friends, and Brothers
appreciate efforts
Desire to escape goes
Natural rest and sleep
Return of self-esteem
Realistic thinking
Diminishing fears of
the unknown future
Regular nourishment taken
Appreciation of possibilities
of new way of life
Start of group therapy
Onset of new hope
Improved physical condition
Right thinking begins
Takes stock of self
Meets normal and happy
former addicts
Stops taking alcohol
Told addiction can be arrested
Learns alcoholism is an illness
Honest desire for help

**↑RECOVERY↑**

# *Brother To Brother*

…talks frankly about

# THE INTERVENTION PROCESS AND OVERCOMING OBJECTIONS

## Definition of Intervention

Previously, we stated that intervention is "to take a decisive role with a view to solution, correction, or settlement". It describes the technique used to help a victim of drug or alcohol abuse overcome the denial process and accept the fact a problem exists.

More specifically, intervention is presenting reality to a person out of touch with it in a receivable way. "Presenting reality," means presenting specific facts. "In a receivable way" means in an objective, unequivocal, nonjudgmental and caring way.

In conducting an intervention, "Confrontation" is a necessity. Confrontation describes the process of compelling the victim to face about their chemical dependency. It is *not* an opportunity to clobber the person verbally. It is an attack in the victim's wall of defenses, not upon the victim as a person.

## Consequences of Not Intervening and Overcoming Objections

The longer the intervention is delayed, the longer the person will suffer and the more life-threatening the dependency will become. As a concerned party, ask yourself "If you don't do it, who will?"

Intervention is not an intrusion in a person's private life. It is not rude to help a sick person; it is not cruel to save someone's life. In fact, intervention is the opposite; it is a profound act of caring.

Intervention is not secretive. Sneaky or "going behind someone's back". It is the opposite of secret. Intervention helps to break the "rule of silence" which all the victim's acquaintances have been living by exposing the true nature of the victim's behavior to him or her.

## Intervention Preparations

Preparation must be made. A group of brothers, family and/or acquaintances must be organized into a team. The process of planning When, Where and How the dependent person will be approached must be decided. These planning activities must not unnecessarily arouse the victim's defense systems, which are already pathological. The goal is to reach the victim when listening *and hearing* is most likely achievable.

Revealing the nature of the preparations is part of the intervention. On that occasion, you might say something like this: "We've all been having a tough time for the past few weeks. We've been meeting to talk about you, and we wanted to take you into our confidence, but we couldn't just yet. Finally, today we can." There is sometimes concern that the person might become angry or defensive. He will, but remember, countless members of recovering users and alcoholics have later said, "Thank God someone knew enough and cared enough to do this for me!"

The preparation process is discussed in the "Brother to Brother" topic section entitled "Preparing an Effective Intervention". A sample dialogue of an actual intervention is included under the "Preparing an Effective Intervention" topic section entitled "A Case Study". Further, consultation with a professional counselor or drug abuse treatment specialist is strongly recommended in order to help a successful intervention. For Assistance use the "Brother to Brother" topic section entitled "Others Who Will Help".

# *Brother To Brother*

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# PREPARING AN EFFECTIVE INTERVENTION: FORMING THE TEAM

In order to have the greatest possibility for success, an intervention must be carefully planned. A team of participants must be assembled, data must be gathered, a rehearsal is required, and details must be attended to.

## The Team

A team of two or more persons who are close to the victim and who have witnessed the victim's behavior while under the influence should conduct the intervention. The dependent person's defense systems are far too adept to be penetrated by one person acting alone. There are also other advantages of using a group. *First*, the victim realizes the seriousness of the situation when faced by several close acquaintances saying essentially the same things. A group carries the weight to break through to reality. *Second*, it can be reassuring and comforting for the interveners to support each other during this potentially painful event. The dependent person will, most likely, have a number of negative comments and it is best if one person does not have to bear the weight of responding to all comments by himself. *Third*, more people can present more evidence that a problem exists.

**Step A: Identify the Team**

Make a list of meaningful persons, other than yourself, who surround the chemically dependent person. These are persons with whom the victim has a fairly close relationship. Some possibilities are listed below:

- Fraternity brothers
- Friends (non-using, non-alcoholic)
- Parents
- Brothers, sisters (biological or step)
- Employer or immediate supervisor (can be extremely helpful)
- A member of the clergy who is close to the victim
- Co-workers
- Neighbors

The persons selected should have *first hand* knowledge of the victim's behavior. The criteria are: (1) Will the victim listen to those selected and respect their opinions and viewpoints? (2) Have they been around the person during drinking or using episodes, and have they witnessed instances of bizarre or unusual behavior?

**Step B: Construct the Team**

A group of from three to five persons has been found to be most effective. Each team member should know something about chemical dependency – what it is and what it isn't (see Education Series topic of the "Brother to Brother" program entitled "Characteristics of Chemical Dependency"). Team members should be willing to *risk* their relationship with the victim and be emotionally adequate as interveners. Specifically, each team member should:

- Accept the definition of chemical dependency as a disease in which "normal" willpower is inadequate to control the use of a chemical.
- Realize the effect of the chemical itself further reduces the strength of even "normal" willpower.
- Realize the victim, because of the need to explain his behavior has developed a defense system so effective it results in a high degree of self-delusion (including the inability to recognize the true nature of the disease).
- Realize chemical dependency isn't just a bad habit; it's a disease which will only respond to treatment.

In organizing an intervention team, expect some resistance.  People will be glad to talk to you about the victim's behavior (and using or drinking), but it's another matter to put their relationship on the line.  Each argument can be countered. but the ultimate argument is simple:  *If they do nothing*, the chemically dependent person will run a great risk of a ruined life and possibly even premature death.

# *Brother To Brother*

…talk frankly about

# PREPARING AN EFFECTIVE INTERVENTION: COMPILING THE DATA

## Preparing Incident Lists

Each intervention team member should prepare a written list of specific incidents or conditions related to the victim's drinking or drug use that causes their concern. These should be written in the second person. They will be read aloud to the victim during the intervention as "You did so-and-so", *not* "my brother did so-and-so". There should be no generalizations or subjective opinions, and never use hostile overtones. Try preceding each event with a positive statement (i.e. "It was nice to have you attend the party, but …."; or "We appreciate your hard work, but ….").

## Sample Incident Lists

Here are some examples of items that might appear on the lists (positive statements haven't been added to these examples):

- "Last Thursday night at 8:00 you came in slurring your words and you knocked over and broke the lamp on our living room table. Perhaps you do not remember that because you had obviously been drinking."
- "On Monday, when I went to do the laundry, I found another empty bottle in the basement clothes hamper."
- "Last month we didn't attend three parties in a row because you were spaced out before it was time to go."
- "Jim talked to me after the chapter meeting on Monday and told me how concerned he's getting about your using. You insulted three brothers during the meeting, and he even had to drive you home."
- "Our brothers mentioned that they have noticed how withdrawn you've become this year. They wonder if there's any way they can help."
- "Do you remember falling down in the bathroom at 2 a.m. last Saturday morning? When I went to see what all the noise was about, I found you sprawled on the floor. There was liquor on your breath."
- "On Monday night I looked out my window and saw you passed out on the front lawn. It was 20 degrees outside, and I was worried about you."
- "Last month you didn't pay your chapter bill because you spent the money on drugs."
- "A week ago you missed class for three days in a row, claiming you had the flu. But it was really because you were too hung over to get out of bed."
- "You promised to come to my sorority exchange, and then you got stoned again. I was really disappointed."
- "At the party, you had four drinks in a row and then spilled your fifth all over a guest. I was embarrassed for you and the chapter."

Each incident should be described in unsparing detail. The more incidents that can be listed the better. If there are any videotapes of the behavior, use them! The videotape is the ultimate intervention tool.

## Determine the Treatment Options In Your Area

Remember, we are not substance abuse professionals. Although it is possible to have the victim realize the effects that drugs and alcohol are having on his life, treatment needs to be deferred to in-patient or outpatient facilities. These facility alternatives need to be offered during the intervention. In fact, someone should *make an advance reservation* at a treatment center or clinic. If the wall of defenses crumbles, the victim may be willing to seek treatment then and there. This certainly should be the goal of the intervention.

There are several sources to consult. See the "Brother to Brother" Referral Series section entitled "Others Who Will Help" for suggested alternatives.

# *Brother To Brother*

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# HOW TO PREPARE AN EFFECTIVE INTERVENTION: REHEARSAL

One or two rehearsals should be conducted with each team member attending (except for the victim) prepared with their written lists (the lists should also be brought to, and used at, the actual intervention). Rehearsals help the participants to realize they are not alone and they alleviate tension and fear while providing mutual support. They also establish an atmosphere for change and inspire the belief that *it is possible* to do something about the problem. At the first rehearsal, a review of the characteristics of chemical dependency may be appropriate.

## Select A Chairman

One person should "direct" rehearsals and the intervention itself. A chapter advisor or chapter officer would be a good choice if they were part of the team. A sibling or parent, though they might be a member of the intervention team; is usually not suited for this role.

The chairman's primary responsibility is to ensure that the intervention does not turn into just another fruitless confrontation. Team members should agree to follow the chairman's directions.

## Review Incident Lists

Members of the team should read their previously prepared incident list aloud, and the team should approve the item as written or revise it as necessary. If an item has a value judgment, a generalization, a subjective opinion, or have overtones of hostility, it should be revised. *Concern* is the *only* emotion that should be communicated.

## Establish The Order Of Presentations

Someone must present their list first, someone second, etc. When it's their turn, team members should read each item on their list as rehearsed. Establishing an order prevents pauses and keeps the victim from interrupting and sidetracking the process. Start with someone who has a close influential relationship. The chairman should write down the presentation order and bring it to the intervention (don't depend upon your memory).

## Determine Appropriate Responses To Victim's Comments

Taking part in the intervention is only part of the commitment. You must follow through on what you say. Many people involved with the victim are used to giving ultimatums *and* are also used to backing down. This must *stop*. Don't say something you won't back up. Responses must be realistic and firm.

If the victim stands up and threatens to walk out, someone must be prepared to say. "Please sit down and hear us out". If the victim verbally attacks a team member, that member must be prepared to continue reading his or her list – all the way to the end. If the victim bursts into tears and vows to reform, do not stop the intervention. The team should be prepared and committed to move on to the conclusion of the intervention.

The goal of any intervention is to have the victim acknowledge he has a problem and to agree to seek treatment.

# *Brother To Brother*

…talks frankly about

# HOW TO PREPARE AN EFFECTIVE INTERVENTION: INSURING SUCCESS

To insure intervention success, leave nothing to chance – not even the smallest detail. Take the best advantage of your situation to provide the greatest probability of success:

*When?*

Schedule the intervention for a time that the user or drinker is not under the influence, but soon after a drinking or using episode.

*Where?*

Choose a place that won't arouse too much anxiety in the victim and is not subject to interruptions.

*Victim's Attendance*

Insure that someone is responsible for getting the chemically dependent person to the intervention site. The person Should say only what is necessary to cause the victim to attend.

*Treatment Facility*

Someone should be responsible for making reservations at a treatment facility (or two facilities if alternatives will be offered to the victim).

## The Introduction is Important

The chairperson, or other designated person, should ask the dependent person for the commitment to listen to what the team has to say. The introduction might go something like this: "John, we're all here because we care about you and want to help. This is going to be difficult for you and for us, but one of the requests I have to start out with is that you give us the chance to talk and promise to listen, however hard that may be. We know it's not going to be easy. Would you help us by just listening?".

## The Common Thread of Success

There are five characteristics that are present in all successful interventions. They are:

1. The involvement of meaningful persons in the life of the chemically dependent person.
2. Specific events and behaviors that cause concern are developed.
3. The victim is confronted with specific incidents/examples of his destructive behavior in a non-judgmental way.
4. The victim is offered specific treatment choices, such as "this center" or "that hospital". (If a person flatly rejects treatment, the team should ask, "What if you start using/drinking again, even just one more time?" They would make an agreement that if the abuser begins using/drinking again, he would accept help in a treatment facility. They would make him stick to it.)
5. When the person agrees to accept help, it is made available *immediately*.

If a team sticks to these steps, the chances are eight in ten of succeeding. However, what if the person does walk out, or what if the victim is “too far gone” for help? Has the intervention failed?

No, it has not! Properly done, the intervention has worked even if the victim refuses help or walks out. It has been successful because:

A. The team members are forever changed. They know they are not alone and that help and support are available.
B. The family or group relationship with the victim is changed. The guilt, fear, shame, and secrecy are *gone*. Team members know what dependency is, and they know it’s not their fault. The victim has a problem.
C. The victim’s relationship with his abuse problem is changed. The intervention has forced an opening in his wall of defenses and he now has to admit to knowledge of an abuse problem. He can never fully deny or completely rationalize that no problem exists.

The effects of intervention are *positive*. Intervention cannot make the situation worse.

# *Brother To Brother*

…talks frankly about

# PREPARING AN EFFECTIVE INTERVENTION: A CASE STUDY

To better assist you in planning and preparing for an intervention, presented below is a case study of a typical intervention. The person about to be intervened upon is ED, who has a drinking problem; the intervention could just as easily be about a drug problem. His fraternity brother, Tom, has spent the last several weeks learning about chemical dependency – reading books and articles and talking with people who know about chemical dependency. Tom also spoke with Ed's faculty advisor, Mr. Johnson. After reviewing University policy, Mr. Johnson agreed to assist in the intervention with Ed. The University's health center will cover treatment costs, and Ed's student status will be waiting for him when he returns.

This is the intervention team that Tom gathered:

Mr. Johnson, who will also serve as chairperson.
Joe, Ed's younger brother (16 years old).
Howard, a classmate and close friend of Ed, who is in a different fraternity.
Rob, chapter president and fraternity brother to Ed and Tom.

The intervention is scheduled for 10:00 a.m. on Saturday morning in Mr. Johnson's office. Mr. Johnson asked Ed to come in to discuss Ed's faltering grades. He will arrive at ten, and Joe, Rob, Tom, and Howard will walk through the door together at 10:15. The team has met twice to rehearse the intervention and finalize their lists.

Promptly at 10:15, Ed looks up to see Joe, Rob, Tom, and Howard enter Mr. Johnson's office.

**Ed:** "What's going on?"

**Mr. Johnson:** "I'll tell you in a minute, Ed. Tom, come on in and help the others get situated. Rob and Joe, it's nice to see you again."

**Ed:** "I'd think it was my birthday, except that everyone has such a long face. Come on, someone, clear up the mystery."

*The team members are seated and ready to begin. As chairperson, Mr. Johnson begins.*

**Mr. Johnson:** "Ed, I want you to know that this is going to be tough for all of us. I did want to talk about your grades, but the more important reason for this meeting is the one that brought your friends here. I'm relieved that we can finally bring it out into the open. None of us had any desire to withhold anything from you, and in fact, we were uncomfortable doing so. But we wanted to be sure to do this right."

"Now I'm going to ask you to do something for us, and that's to give us a chance to talk. Promise to listen, however difficult that may be. We know it's not going to be easy for you. Would you help us by just listening?"

**Ed:** "What's this all about?"

**Mr. Johnson:** "We've been getting together over the past few weeks because we all care about you and are deeply concerned about what's been happening to you. If you'll hear us out, I'm sure you'll understand why we feel as we do. We're here to talk about your drinking, and all we ask is that you hear us out. Will you do that?"

**Ed** (glaring): "I can't believe this. I thought you wanted me here to talk about grades."

**Mr. Johnson:** "We're going to table that for right now, because this is really more important."

**Ed** (turning to face Tom): "I suppose you're behind this. You've been after me for months about my drinking."

**Tom:** "We're all here together because we all care about you, Ed. Rob and Joe and Mr. Johnson and Howard and I all care about you very much."

**Mr. Johnson:** "Ed, this is really quite serious. I understand that you might be feeling angry right now, but if you decide not to participate, or to keep interrupting, then there could be serious consequences."

**Ed:** "are you telling me that my student status is at stake?"

**Mr. Johnson:** "Just listen. That's all we ask. Go ahead Rob."

*Rob reaches into his pocket and takes out his list. He looks nervously at his fraternity brother before beginning.*

**Rob:** "Ed, you know that I've always liked you. Nobody could have had a better or more considerate fraternity brother. I remember all of your help when I was getting acclimated as an associate member – especially the tutoring you arranged for both of us in chemistry. But lately I've been really worried about you. When we have dinner at the chapter house on Mondays and the bar is open, you never make it to dinner without several drinks. You're intoxicated at dinner and usually get into an argument. Last Monday you almost threw a glass at me. That's not like you Ed."

**Ed:** "Rob, I was just kidding…"

**Rob:** "I was very uncomfortable. Remember I left early? That was why."

**Ed:** "Well, if that's all…"

**Rob:** "It isn't. Last month I brought Sam, a new rushee, over to meet you. It was obvious that you had already been drinking, but you opened another can of beer anyway. Before long, you were stumbling around and slurring your words. I was really embarrassed, Ed. And after that the chapter didn't hear from Sam again."

**Ed:** "Surely, you don't think that's my fault!"

**Rob:** "Then there was last winter formal. You and Joan were supposed to go with Linda and I. Joan called and said that you had the flu, but as we found out later, the truth was, you were passed out on the couch. You'd been drinking since early afternoon."

*And so it goes, item after item. By the time Rob has finished reading, Ed is sitting in stony silence. Then Howard begins.*

**Howard:** "Ed, you're the best bridge partner I've ever had. And you've been a good friend for years. But I'm concerned about your drinking too."

**Ed** (sarcastically): "Well, Howard, we've tipped a few together, as I recall."

**Howard:** "Ed, the last time we got together for a game you arrived intoxicated. It was obvious to everyone there. Then you proceeded to down a few more beers over the next hour or so. You couldn't concentrate on the game, and you started telling some long involved story that went nowhere. You played out of turn and finally we had to call it quits."

**Ed:** Okay, so I got distracted. There's been a lot on my mind lately."

**Howard:** "Two weeks ago, when you asked to borrow my car because yours was at the station being serviced. I had to say no. That's because the last time I let you have it, you left it in a parking lot downtown overnight. And you didn't even remember *which* parking lot. Tom told me that you came back to the house in a cab and that you had been drinking."

**Ed:** "I found your car the next day, didn't I? Besides, I thought Tom and I agreed to keep that between the two of us. So much for secrets!"

**Howard:** "Remember the last time you invited me over to the chapter house for a party? You were rude to my date. She decided to brush it off, but she was really upset."

"I had seen you drinking earlier. You drank several beers in a row and then a few minutes later had another. I know you didn't see me watching. I'm really concerned about you."

**Ed:** Great. Now people are spying on me. Are we almost through here?"

**Mr. Johnson:** "Ed, please hear us out. We know it isn't easy. It's tough on all of us."

*Ed folds his hands across his chest and stares at the ceiling. He is still staring at the ceiling when Howard finishes reading and the turn passes to Joe.*

**Joe (**Ed's 16 yr. old brother): "Ed, this is hard for me. I'm afraid that you're going to get mad at me. As brothers, we've already had our share of differences. But I really care about you, and I can't sit back and watch you do this to yourself, our parents, and your friends."

*He takes a deep breath before beginning to read.*

**Joe:** "Ed, remember last summer when we took that camping trip? You kept getting out of the car, supposedly to check the trunk and find out what was rolling around in it. I know that every time you stopped you were sneaking a drink. By the time we got to the campsite, you were drunk."

**Ed:** "Joe, that's not fair. I thought we had a great time."

**Joe:** "Well, we didn't. At least I didn't. I spent the whole weekend worrying if you were going to stumble into the campfire or get lost in the woods. You were drunk most of the time, Ed. I couldn't wait to get back home."

**Ed:** You just wanted to be back here with your friends. I know it's hard for a teenager to spend a weekend with his older brother."

**Joe:** "That's not true! Ed, it's not any fun when you're drinking. Can't you see what your drinking is doing to all of us?"

**Mr. Johnson:** "Joe please keep reading your list. What's next on your list, Joe?"

*Joe is visibly upset. In a moment, he takes another deep breath and starts reading again.*

**Joe:** Okay, here goes. Last summer I came home late and brought two friends to the house. I admit we made too much noise. Anyway, the next thing I know you were standing in the kitchen in your pajamas. And you were shouting at me, in front of my friends. Everyone could tell you were drunk. You were drunk in front of my friends!"

*As Joe goes on reading, Ed pretends not to listen, he shifts in his chair, looks at his watch, reties his shoelaces. He avoids the eyes of everyone in the room. When Joe finishes, Tom takes his list from his pocket and puts it on the table in front of him.*

**Mr. Johnson:** "Lets listen to what Tom has to say. Ready Tom?"

*Tom stares down at his list as if trying to memorize it. Everyone waits quietly. Finally he looks up at his fraternity brother.*

**Tom:** "I accepted you as a fraternity brother two years ago because of your good qualities. You agreed to uphold the fraternity's ideals, principals and by-laws, but lately I've been tempted to suggest that you move out of the chapter house. Last week you had too much to drink and broke the glass to our new trophy case. The week before you damaged a door during another drinking episode. When I confronted you at the time, you shoved me out of the way. In the time I've known you nothing like this has ever happened."

*Ed looks down from the ceiling at Tom, and some of the defensiveness comes out of his posture.*

**Ed:** "Tom, I'm really sorry. I don't know what got into me. I swear it will never happen again."

**Tom:** "I just want you to get better so things can be the way they used to be. Ed, for the last four months you've been behind in paying your chapter bill. You've been borrowing money regularly. The more alcohol you drink, the more financial trouble you seem to be getting into."

*Ed squirms in his chair as Tom continues reading.*

**Tom:** "Three weeks ago, after mid-terms, when we went out for a snack, I had to sneak the car keys out of your jacket and hide them so you wouldn't insist on driving. You had finished off a six-pack by yourself. I wasn't about to get in the passenger seat."

**Ed:** "I'm a safe driver. Have I ever had an accident?"

**Tom** (speaking very softly): "Not yet. But a week ago you came awfully close. Remember when the biker went by our driveway? If we hadn't been outside and yelled…. You'd been downing some beer that afternoon. If we hadn't reacted as quickly as we had, you would have hit that rider. And you might have killed him."

*For the first time, Ed has nothing to say and is looking down at the floor.*

**Mr. Johnson:** "We're almost through, Ed. I know this is uncomfortable, but we're almost through. Everyone has one or two more things to say to you. When they're finished, we can all talk."

**Rob:** "I never know what condition I'm going to find you in at the chapter house. We used to get along great, and now there's so much tension."

**Howard:** "Ed, I value your friendship, and I can't stand to see this happening. Until things change, I can't have you over to our house anymore."

**Tom:** "Ed, your drinking is affecting me, too. I feel like I'm watching over you. Your behavior is affecting all of us."

**Rob:** "Tom is right, Ed. You have become chemically dependent, and the dependency is affecting us. Chemical dependency is a sickness, but you don't have to stay sick. You can get better, and we'll stick by you."

**Joe:** "Ed, please say yes. We all care about you, and we don't like to see you like this. You're not the same person I used to know. I'm ashamed to ask people over to the house when you're home because I never know what shape you're going to be in. I feel like I don't have a brother anymore."

**Mr. Johnson:** "Ed, you've got to get your performance back up. But I don't think you can until you accept some help for your drinking problem."

*Ed covers his face with his hands. After a moment or two, he looks up and into the faces of everyone in the room. When he speaks, it is barely a whisper.*

**Ed:** "Good Lord, is it possible that everything you're saying is true? Have I really been such a jerk?"

**Tom:** "We're not here to call you a jerk or to blame you for anything, but to get some help."

**Ed:** "Well, just what is it you want me to do? Do you want me to pack my things and move out? Is that what you want?"

**Tom:** "No, it's not what we want. We want you to get better."

**Mr. Johnson:** "Ed, alcoholism is a disease. With help, you can get well again."

**Ed:** "I don't understand. What do you mean, a disease? I can stop drinking whenever I want to. And I will, starting today. You'll see!"

**Mr. Johnson:** "The people who will help you can tell you more about the disease. Quitting drinking is a lot harder than you think. Besides, there's more to it than that."

**Ed** (resolutely): "Mr. Johnson, you know that when I make up my mind to do something, I do it. I mean what I'm saying; I'll never take another drink in my life."

**Mr. Johnson** (looking Ed straight in the eye): "We're not here to have you promise you'll quit. We're here to have you agree to accept help."

**Ed:** "What are you talking about – Alcoholics Anonymous or something like that? Some club for drunks and derelicts?"

**Mr. Johnson:** "I think you'd be surprised by the kinds of people who go to A.A. But that's not what we want you to start. You can go to Park City Hospital, or you can go to North Treatment Center. They're expecting you at either place today."

**Ed** (obviously stunned): "*Today?* Wait just a minute. We have to talk about this some more. Besides, I can't go today. We need to talk about my grades Monday."

**Mr. Johnson:** "Your grades can wait until you've started recovery. Besides, when you get back in a month, your performance will probably be twice as good."

**Ed:** "A month? Did I hear you say a month?"

**Mr. Johnson:** That's how long the treatment program lasts. You go in today, and you come out 30 days from now."

**Ed:** "I can't go there for a month."

**Tom:** "I'll visit as soon as they'll let me. All your fraternity brother will support you."

**Ed:** "But it will take time to get ready and pack, and you probably have to make a reservation or something . . . can't it wait until Monday?"

**Tom:** "Your suitcase is already packed and ready to go. It's in the trunk of my car. If you need any other clothes, I'll make sure you get them."

**Mr. Johnson:** "And if you go today, your student status will be waiting for you when you return."

**Ed:** "And if I don't?"

**Mr. Johnson:** "That's the only alternative you have, Ed, unless you want your life to continue to unfold with the kind of stories we have related today."

*Tears are filling Ed's eyes. Rob moves to stand behind him and puts his hand on his shoulder.*

**Rob:** "Ed, this is going to help. You'll get better."

**Ed:** “I can’t believe this is happening. Why didn’t anybody say anything about this earlier? Why didn’t anybody tell me what I was doing to you?”

**Tom:** “We all tried, but you didn’t believe us. I understand now why that was. You couldn’t see how sick you were. You didn’t know. It’s all right, Ed.”

**Mr. Johnson:** “Now we’ve got a decision to make. Which will it be, Ed? Park City or North?”

*Early that afternoon, Ed checks into North Treatment Center. Rob and Tom are there for support. The intervention has been a success. Ed will get the help he needs.*

# *Brother To Brother*

…talks frankly about

## OTHERS WHO WILL HELP

Although we can be prepared and successfully interveners, we are not trained in the treatment of users or drinkers. Treatment is required and it must be left to those who are professionals. The list below provides several sources. In your local telephone yellow pages, look under "Drug Abuse – Treatment Centers". There are normally many listings. Another primary source should be your local Campus Counseling or Crisis Center.

| ORGANIZATION | REMARKS |
|---|---|
| Care Unit Hospital Program<br>1-800-854-0318 (U.S.)<br>1-800-422-4427 (CA) | Largest privately operated treatment organization in U.S. Centers located in many U.S. cities. |
| Hazeldon Foundation<br>Box 176<br>Center City, MN 55012-0176<br>1-800-328-9000 (U.S.)<br>1-800-257-0070 (MN) | World's largest source of educational material on chemical dependency. |
| Cocaine Hotline<br>1-800-COCAINE | Counselors on duty 24 hours a day – staffed by professionals. |
| The Johnson Institute<br>7151 Metro Blvd. #250<br>Minneapolis, MN 55439-2122<br>1-800-231-5165 (U.S.)<br>1-800-247-0484 (MN) | Provides reference to appropriate agencies in your area. |
| Narcotics Anonymous<br>(See local "White pages" in Telephone directory) | Self-help treatment program modeled on successful AA program. |
| Alcoholics Anonymous<br>(Use local telephone directory) | Well-known for a very successful treatment program for alcoholics. |
| Al-Anon Family Groups<br>(Use local telephone directory) | Support program for family and friends of alcoholics. |

| | |
|---|---|
| Nar-Anon Family Groups<br>(Use local telephone directory) | Support program for family and friends of narcotics users. |
| National Clearinghouse for<br>Alcohol Information<br>P.O. Box 2345 Dept.#10<br>Rockville, MD 20852 | Write to obtain a listing of counseling and treatment centers in your state. |
| Look under “Drug Abuse” in local<br>Telephone yellow pages. | Lists many local organizations that work with alcoholics<br>And drug abusers. |
| PRIDE (Parents Resource Institute<br>For Drug Education) | Provides information on how to deal with abuse problems. |
| NIDA (National Institute on Drug Abuse)<br>1-800-662-4357 | Gives information on local treatment facilities. |
| Alcohol & Drug Abuse Education Program<br>U.S. Office of Education<br>400 Maryland Ave. S.W.<br>Washington, DC 20202 | Write to obtain information on education and treatment materials. |

## BOOKS

| | |
|---|---|
| Roads to Recovery<br>(Edited by: Jean Moore)<br>New York: MacMillian, 1985 | Lists and provides description of several hundred residential treatment centers nationwide. |
| Intervention<br>(By: Vernon Johnson)<br>Johnson Institute, 1986 | Complete description of the intervention process. |

# *Brother To Brother*

… talks frankly about

## REFERENCE MATERIALS

Combating substance abuse is a joint effort of many individuals, groups and organizations throughout our society. Theta Xi has utilized resources from the organizations and publications listed below in helping to formulate the "Brother to Brother" program.

Care Unit
18551 Von Karmen Ave.
Irvine, CA 92715

Hazeldon Foundation
Box 176
Center City, MN 55012

Intervention
(By Vernon Johnson)
Johnson Institute, 1986

Up Front, Inc.
5701 Biscayne Blvd #602
Miami. FL 33137

"To Whom It May Concern"
SAE Leadership Foundation
P O Box 1856
Evanston, IL 60204

Bacchus of the United States Inc
University of Florida
Gainesville, FL 32611

Student Alcohol Information Center
Auburn University
Auburn, AL 36849

The cooperation of each of the organizations listed above is greatly appreciated.

# *Brother To Brother*

…talks frankly about

# SUPPORT DURING THE TREATMENT PROCESS

### Recovery – A Continuing Process

As we have indicated in our previous discussions, chemical dependency is not curable, but it can be effectively arrested. A victim is always susceptible to returning to chemical use. Thus, a chemically dependent person is always described as "recovering", not "recovered". The recovery process is life-long.

### Supportive Role of Brothers

Fraternity brothers can serve a vital supportive role when treatment begins. You need to let the victim know that you want him to succeed in treatment. This must be clearly communicated. The chapter must be willing to adjust the time requirements and participation level of the brother receiving the treatment to accommodate his counseling sessions.

### Recognize Responsibility

Since the recovering person is susceptible to relapse, the fraternity chapter, and all its members, must realize that the victim's abstinence from all alcohol and drugs is required. Again, their supportive role is important, and any temptations for the victim to use or drink must be avoided.