



From: Rick

To: IELTS Prep Group

Subj: IELTS Reading lesson 3-21-2018

Lesson Objective

The student shall be able to use "power words" as part of their oral vocabulary, read and comprehend both social and business language and demonstrate effective oral communication skills

Section One

Vocabulary

Match the correct word in column A with the definition in column B, then use in a sample sentence

Evaluation Criteria: Ability to understand definitions of English vocabulary

Column A	Column B
VOCABULARY	DEFINITION
1. ADDICTION (noun)	A. to restore to a condition of good health, ability to work, or the like
2. ABUSE (verb)	B. (esp of drugs) an excessive dose
3. CO-DEPENDENT (noun)	C. Any opium like substance.
4. JUDGMENT (noun)	D. of or relating to a relationship in which one person is physically or psychologically addicted, as to alcohol or gambling, and the other person is psychologically dependent on the first in an unhealthy way.
5. PRESCRIPTION (noun)	E. a direction, usually written, by the physician to the pharmacist for the preparation and use of a medicine or remedy
6. OPIOID (noun)	F. The ability to judge, make a decision, or form an opinion objectively, authoritatively, and wisely, especially in matters affecting action; good sense; discretion.
7. OVERDOSE (noun)	G. to treat in a harmful, injurious, or offensive way:
8. PREVENTION (noun)	H. The state of being enslaved to a habit or practice or to something that is psychologically or physically habit-forming, as narcotics, to such an extent that its cessation causes severe trauma.
9. REHABILITATE (verb)	I. The act of preventing; effectual hindrance.

Section Two

Reading Comprehension and Pronunciation skills.

Evaluation Criteria: Ability to effectively read and comprehend written English in a social or business environment.

ARTICLE A

What is Drug Addiction?

Source

1. Addiction is a disease that affects your brain and behavior. When you're addicted to drugs, you can't resist the urge to use them, no matter how much harm the drugs may cause.

Drug addiction isn't about just heroin, cocaine, or other illegal drugs. You can get addicted to alcohol, nicotine, opioid painkillers, and other legal substances.

At first, you may choose to take a drug because you like the way it makes you feel. You may think you can control how much and how often you use it. But over time, drugs change how your brain works. These physical changes can last a long time. They make you lose self-control and can lead you to damaging behaviors.





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3. Effect on Your Brain

Your brain is wired to make you want to repeat experiences that make you feel good. So you're motivated to do them again and again.

The drugs that may be addictive target your brain's reward system. They flood your brain with a chemical called dopamine. This triggers a feeling of intense pleasure. So, you keep taking the drug to chase that high. Over time, your brain gets used to the extra dopamine. So, you might need to take more of the drug to get the same good feeling. And other things you enjoyed, like food and hanging out with family, may give you less pleasure.

When you use drugs for a long time, it can cause changes in other brain chemical systems and circuits as well. They can hurt your:

- Judgment
- Decision making
- Memory
- Ability to learn

4. Who's Most Likely to Become Addicted?

Each person's body and brain is different. People also react differently to drugs. Some love the feeling the first time they try it and want more. Others hate it and never try again.

Not everyone who uses drugs becomes addicted. But it can happen to anyone and at any age. Some things may raise your chances of addiction, including:

- Family history. Your genes are responsible for about half of your odds. If your parents or siblings have problems with alcohol or drugs, you're more likely as well. Women and men are equally likely to become addicted.
- Early drug use. Children's brains are still growing, and drug use can change that. So taking drugs at an early age may make you more likely to get addicted when you get older.
- Mental disorders. If you're depressed, have trouble paying attention, or worry constantly, you have a higher chance of addiction. You may turn to drugs as a way to try to feel better. Together, these brain changes can drive you to seek out and take drugs in ways that are beyond your control.
- Troubled relationships. If you grew up with family troubles and aren't close to your parents or siblings, it may raise your chances of addiction.

5. Signs of Addiction

You may have one or more of these warning signs:

- An urge to use the drug every day, or many times a day.
- You take more drugs than you want to, and for longer than you thought you would.
- You always have the drug with you, and you buy it even if you can't afford it.
- You keep using drugs even if it causes you trouble at work or makes you lash out at family and friends.
- You spend more time alone.
- You don't take care of yourself or care how you look.
- You steal, lie, or do dangerous things like driving while high or have unsafe sex.
- You spend most of your time getting, using, or recovering from the effects of the drug.
- You feel sick when you try to quit.



When to Get Help

If your drug use is out of control or causing problems, talk to your doctor.

Getting better from drug addiction can take time. There's no cure, but treatment can help you stop using drugs and stay drug-free. Your treatment may include counseling, medicine, or both. Talk to your doctor to figure out the best plan for you.

ARTICLE B

History Shows We Can't Arrest Ourselves Out of a Drug War

Source

1. (CNN)America's opioid abuse epidemic seems unstoppable. In 2015, the American Society of Addiction Medicine reported that there were 20.5 million Americans living with a substance abuse disorder, including 2 million involving prescription pain relievers, and 591,000 involving heroin. With 64,000 deaths reported from overdoses in 2016, and over 50,000 of those deaths specifically from opioids, the number of Americans struggling with addiction has continued to rise.



But response from the federal government has been moderate at best. In October 2017, President Donald Trump declared the opioid crisis a public health emergency. This launched a 90-day federal mobilization against the problem, but it didn't allocate additional funds or outline how, specifically, the battle was going to be waged.

The most recent federal budget wasn't much better. The Department of Health and Human Services reported that, for 2018, \$3 billion was available to address issues ranging from the opioid crisis to "serious mental illness." But where this money will go remains unclear. Beyond discussions of an anti-drug ad campaign and vague promises to advance better practices for pain management, there have been few policy clarifications since Trump declared the emergency over four months ago.

2. Attorney General Jeff Sessions has done little to help, either. This month, Sessions unveiled a new task force that would target the epidemic. But Sessions' new group, led by Mary Daly, a former US attorney who supervised narcotics units in Virginia and New York, is focused almost exclusively on law enforcement, and not on treatment or rehabilitation. Prosecuting opioid crimes, investigating opioid-related health care fraud, and increasing funding to state and local law enforcement are necessary measures, but, as we learned in the 1980s, we can't arrest our way out of the drug war.

With 174 Americans dying of an overdose each day, the opioid crisis seems terrifying, but it doesn't have to be. The thing is, we've been here before. America experienced a major heroin epidemic over four decades ago, between 1967 and 1976. But when the federal government instituted large-scale reforms, including widespread support of methadone maintenance programs, rates of overdose deaths plunged. Studying the lessons of the past could help us battle the drug epidemic today, and it could keep our focus on where it matters most: on the substances that are needlessly killing thousands of Americans every year.

3. As historian David Courtwright notes, by 1970, there were roughly 634,000 heroin addicts nationwide. User demographics were also shifting. In the late 1960s, most addicts were young, urban African-American and Latino men. But by 1970, white suburbanites and Vietnam veterans had joined their ranks, and overdosing was a problem among active military members as well. In the spring of 1970, officials in Vietnam reported two overdose deaths a month. By that fall, the number had risen to two a day.

1971 was a turning point in the American battle against heroin addiction. Heroin was a problem not only because of the number of people dying — 1,000 New Yorkers died from an overdose in 1970 alone — but also because it caused other problems as well, including a rapid uptick in crime. Concern grew to the point that, by that year, Americans listed heroin as the third largest national problem, after the Vietnam War and the economy.

President Richard Nixon, first elected in 1968, was a well-known hard liner on drugs. He ran on a platform of law and order, and actively tied drug use to criminal behavior. But by 1971, Courtwright said, Nixon was "pragmatic" about heroin. His administration pursued a multitrack series of drug policy efforts, which included new enforcement programs and diplomatic efforts, but also focused extensively on demand reduction and treatment. He started SAODAP (the Special Action Office for Drug Abuse Prevention), a new office to oversee the effort, and asked its director, Jerome Jaffe, to concentrate federal resources on battling heroin.



- Between 1970 and 1974, the budget for federal drug prevention efforts rose from \$59 million to \$462 million, and over 60% of that money went toward demand reduction. This money allowed methadone maintenance clinics — where opioid addicts got methadone, a substance that mimics heroin's effects without the euphoria, allowing them to slowly wean themselves off the drug — to open across the country, and the number of methadone patients increased from 9,000 in 1971 to 73,000 in 1973. By 1976, as Courtwright cites, heroin deaths had been reduced by 80% through a large-scale, multimillion-dollar treatment system. The change was difficult and expensive, but within less than a decade, the heroin epidemic had abated.

Though the rates of addiction and death are similar, we're not seeing the same kind of coordinated federal response today. Instead, the Trump administration is letting the opioid crisis linger as it turns its attention to another drug: marijuana.

- Ten weeks after Trump declared the public health emergency, Sessions revoked the Obama administration's Cole memo, which permitted state legalization laws to stand. Sessions' antagonistic feelings toward the drug are well-known: He has repeatedly condemned its use and suggested that cannabis is "only slightly less awful" than heroin.

This was a surprising claim, since there are no recorded deaths from marijuana overdose, and legalization receives bipartisan support. According to a Gallup Poll, 64% of Americans support recreational legalization, and even more support medical marijuana. Effective medical marijuana programs have also produced a dramatic reduction in opioid deaths: A recent study found that states allowing medical marijuana to treat chronic pain saw opioid mortality rates drop by 20%. It's hard to understand why Sessions would resurrect an unpopular war on pot, even as the nation reels from an ongoing opioid overdose epidemic.

- But history provides a lesson here as well. At the same time America was undergoing its last heroin epidemic, marijuana decriminalization laws were passed nationwide. Between 1973 and 1978, a dozen states decriminalized personal possession, reducing marijuana's penalty to a civil fine. This was done with the federal government's tacit support: In 1975, a white paper released by the White House's Drug Abuse Task Force declared that the federal government's primary responsibility was the treatment and rehabilitation of "hard" drug users -- heroin addicts, mostly -- and not "soft" drug users like marijuana smokers. Though these laws were later overturned during the "Just Say No" 1980s, they proved that the federal government could emphasize a strong anti-drug stance by simultaneously treating the deadliest drug of the moment, while recognizing states' rights to enact their own laws. And though little has come from revoking the Cole memo, Sessions' antagonism toward popular marijuana laws, alongside the Trump administration's reticence to combat overdose deaths, stands in direct contradiction to the way we effectively tackled the heroin epidemic of the past. Their actions suggest that this administration is more interested in waging a rhetorical war against pot and arresting everyone committing an opioid-related crime than treating and rehabilitating the Americans who need help the most.

It doesn't have to be this way. Recent history shows a strong federal commitment to tackling opioid overdose deaths can exist alongside respect for popular, voter-driven cannabis initiatives at the state level. Something can be done to reduce overdose deaths, but only if our government wages the correct fight.

ARTICLE C

What Substance Abuse and Domestic Violence Statistics Tell Us

[Source](#)

- According to the American Society of Addiction Medicine, substance abuse occurs in conjunction with intimate partner violence anywhere from 40 to 60 percent of the time. Additionally, approximately 20 percent of abusive males admit to consuming some type of drug and/or alcoholic beverage before acting aggressively toward their partners. They also define "intimate partner violence" using Futures Without Violence's description of "a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats."



- Furthermore, while an estimated 85 percent of domestic violence victims are female, with women having a five to eight times greater chance of being victimized than men, there is also a true and real concern about abuse in lesbian, gay, bisexual, and



transgender (LGBT) relationships. In fact, the National Coalition Against Domestic Violence reports that one out of every two lesbians will experience some type of domestic violence in their lives and two out of five gay and bisexual men will as well—a rate which they point out “is comparable to the amount of domestic violence experienced by heterosexual women.”

3. The National Resource Center on Domestic Violence reports statistics relating to domestic violence and substance abuse that are just as grim. For instance, they indicate that some studies have found that as many as 50 percent of men in batterer intervention programs have some type of substance addiction. Moreover, violence on their part is eight to eleven times more likely on days in which they've consumed alcohol.
4. Substance abuse doesn't just affect the abuser, either. The National Resource Center goes on to explain that somewhere between 25 and 50 percent of all female victims have some sort of substance abuse issue themselves, with an additional 55 to 99 percent of substance-abusing women being victimized at least once in their lives. In this way, being abused can increase your risk of developing a substance addiction and developing a substance addiction can increase your risk of being abused.
5. Risk Factors Associated with Substance Abuse and Domestic Violence
In addition to there being warning signs of a relationship's propensity toward being violent in conjunction with a substance addiction, there are factors that can place you at higher risk of being either an abuser or an abusee.

The American Psychological Association reports that, based on research, you are at greater risk of **being a victim** of partner-related violence if you are:

- Young and/or Female
- Not very well educated
- Low income or living in a low-income area
- Dependent on drugs or alcohol

On the other hand, some factors that put you at risk of **becoming an abuser** in the relationship include:

- Being young
- Having a low income and/or low achievement academically
- Being depressed or angry, or having feelings of insecurity
- Being physically or mentally abused yourself
- Having limited friends
- Believing in very clearly defined gender roles