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Drug Use and Abuse: Suggestions for Teaching in the Junior High School

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DRUG USE AND ABUSE:
SUGGESTIONS FOR TEACHING
IN THE JUNIOR HIGH SCHOOL

by
Ardiccio Daniel Morales

A Project Report
Submitted to the
Faculty of the Graduate College
in partial fulfillment
of the
Specialist in Education Degree

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Ardiccio Daniel Morales

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INTRODUCTION

The purpose of this study is to provide information about drug use and abuse that is directly related to classroom teachers in the junior and middle schools (grades 6-9). This unit will contain an outline of successfully employed classroom procedures geared to the recognized dangers found in the physiological, psychological and sociological dimensions of drug abuse.

This unit will also supply various activities both inside and outside the classroom, which will aid the student in becoming aware of current drug problems.

Justification

There is no doubt that the abuse of the dangerous drugs is on the increase among our youthful population. The increasing evidence of the past year indicates that this is no passing fancy. Recently, students have been telling us that this should be quoted as forty percent of the student population, with particular emphasis in the rise in the smoking of marihuana.

It is the misuse and abuse of these drugs which are causing our present difficulties. Misuse means using a drug for purposes for which it was not intended. Abuse means using the drug in quantities that are considered beyond the medically prescribed limits of safety.

The goal for drug abuse education should be to prevent students and adults from entering into a pattern of drug abuse. Experience with the narcotic addict has certainly taught us that once addicted, the individual finds rehabilitation a long, difficult, and expensive process. If the goal of drug abuse education is prevention, then the basic target population should be the present "non-users" of drugs. It is important that the non-user develop the kind of social attitudes which will result in mature decisions about drugs.

Education for prevention is a long-range problem. One-shot approaches, overnight solutions, are not going to be effective. We must help students be aware of the nature of drugs, their use, and the effects of their abuse on the individual. Effective under-

standing of drugs and attitudes toward drug use must begin very early in the students' education program. This is where the educational system and the school teacher can make an effective contribution to the prevention of drug abuse.

Today, knowledge of drugs and their abuse is being learned on the streets and it is much better that we begin to open up these discussions in the classroom in an objective, unemotional manner. It is important that the problem begin to be discussed from teacher to student and student to student and to bring it out of the school washroom and the uninhabited tenement house. This public discussion of the problem in the classroom and by the adults in the community is the most important immediate contribution that can be made to help non-users from getting involved in drugs.

Within the schools drugs cannot be isolated as a separate course. Drug education must be incorporated into health education and preferably into education for family living. It should start in kindergarten and be interwoven continuously into the curriculum through the 12th grade.

During the middle grades, third through sixth, children will begin to ask why people behave in certain ways. They need to learn the various roles drugs have in our society. The earlier descriptions of possible side effects can now be expanded with more information on actual physical and psychological effects.

The average sixth grader has watched approximately 8,000 hours of television in his life. These are hours of passive observation

with no active participation. A child becomes accustomed to savoring synthetic experience rather than engaging in direct encounters with events and people. Drug-induced experience is also synthetic; it is not an encounter with reality but an escape from it.¹

In some cases in which the writer has had contact with the students in the school, it has been brought to his attention that the students try to escape from difficult problems, or critical phases in their life through the use of drugs. The students have explained to the writer how in the beginning they will experience with the use of drugs, a kind of peaceful and relaxing atmosphere in which they escape from the realities of life. Later this experience becomes a threat to their very existence. What in the beginning was an avenue of escape has now become a rough road to destruction.

With junior high school students the emphasis should be on the moral, social and legal aspects of personal behavior. They should be learning new ways of interpersonal relations, communication, recreation, creative expression and personal awareness. Personal responsibility for these aspects of life must again be stressed. At this time, if not earlier, discussion on the various types of social and legal controls on drugs should be held. Emphasis should be given to how laws are made and changed, plus respect for the law.

Many young people are impatient, demanding, and extremely resentful of any approach to personal development which smacks of

¹Sidney Cohen, M.D., "The Drug Scene," P.T.A. Magazine, Vol. XI, (January, 1971), p. 20.

moralizing, scare tactics, misinformation, half-truths or a condescending attitude. Teachers feel that developing programs for these youth is extremely difficult because of the students feelings of self-importance and persecution. But we should remember that the majority of our youth are extremely intelligent and capable of understanding with an amazing capacity for investigation, responsibility and respect.¹

Many young people will ask, why study drug abuse? The frequent plight of "escapism" so vague in man's 20th century culture, is supporting an increasingly larger consumption of both the legal and illegal drug industries. Stated more simply, the drug scene is "what's happening" today. Particularly for our contemporary youth, drug abuse has become the accepted, in-group behavior pattern, drawing a large majority of the youngsters into established cliques of "where it's at." Although many reported surveys claim there is a recent marked decline in illegal drug use, their documented authority seems much less convincing when compared with the growing numbers of police records and backed up court proceedings for the illegal possession and selling of drugs.

The need for release and escape from the troublesome pressures of daily life is commonly assessed as the major cause of our existing drug problem. Certainly, this is one of the more important underlying motives, and is unfortunately compounded by the lack of other

¹Alton V. Dohner, "Drugs Are Not the Problem," Compact Vol. IV, No. 3, (June, 1970), p. 21-22.

accepted alternatives, as well as the powerful force found in the "like Mother, like daughter" syndrome. More often than not, however, this escape route motive should be more accurately labeled as a secondary cause of drug abuse, rather than the primary motive. Introduction to the drug scene on the younger levels usually originates from a combination of peer group pressure teamed with a desire to experiment with the unknown. Seldom are the possible consequences adequately considered, since the user rationalizes himself into believing the first trial to be a one-time fling. Before long, a psychological or physical dependence emerges in the form of needing a fantasized escape from the outside pressures as well as from the truth about one's self. Frequently these people are initially unstable and insecure, thus making any effort to stand alone and "go straight" all the more difficult. In addition, the correction of any existing emotional problems within the individual's personality is severely hindered by the compounding complication of drug abuse. Viewed in this manner, then, drug abuse in its formative stages is chiefly a manifestation of the more encompassing problems that face the individual. Only later does it become an integral part of the complexity of problems within the personality, causing further difficulties which must be remedied.

Obviously, one major target in our educational system which needs improved development is an effort to make the youth of today more aware of the possible consequences and dangers involved in drug use. In order to effectively combat the growing dimension of this

problem, the educational discourse must be properly scaled to each level of maturity, so as not to alienate any child's appreciation of its detrimental importance. The fundamentals must be discussed in simple terms as early as possible, if not within the pre-school home environment, then certainly within the elementary classroom atmosphere. In the adolescent age group, with its present trend toward anti-establishment, the attitudes and language must be geared to the teen's own lingo and slang. This will help to alleviate the "generation gap" and, in so doing, more readily allow acceptance of the ideas presented. If youth can perceive a "groovy" adult who provides understanding and concern in "hip" terminology, they will be more likely to open up to his assistance and turn away from the corrupting peer group influences. Conversely, if the adult is viewed as a prototype of the "square" establishment, youth will reject his detached warnings, and "turn on" to the security found in the advice of their own contemporary friends.

In addition to discussions about the actual results produced from the use of drugs, the youth must be allowed a two-way communication concerning the other facets of the problem. For example, the lack of other available alternatives to release inner tension; the growing schism between parents and children so evident in the "generation gap;" the increased tensions involved within the grade oriented classroom atmosphere; the search for stability and security, have forced the youth to search for more meaningful outlets. If the youth's opinions and complaints can be voiced and accepted, then

perhaps a solution which is satisfactory to both sides of the problem can be discovered.

This involves not only education, but open-minded interest from parent as well as child. Programs to educate the adults must be initiated to correlate with those formed in the early grade school levels. The influences of the pill-popping, booze-oriented materialistic family unit must be confronted as having a real and profound effect on the attitudes of the maturing child. Assistance and guidance must not only be available, but used, to bridge the communication gap that presently exists in the majority of home environments, replacing it with an atmosphere of love, understanding and concern. Herein lies the key to the answers which will solve the majority of our existing and not yet conceived drug abuse problems.

Description of Study

This study will be limited to the teachers and students of the junior high and middle schools. For our consideration we will include 6th, 7th, 8th and 9th grades as the group encompassed in junior high and middle schools. We will gear our study to this segment of the school only, as we feel these may be the most crucial years in educating our youth for the decisions which must be made with regard to drug experimentation. These are the formative years, the daring years, the period between childhood and young adulthood. It is in this "tween-age" that the youth feel a tremendous need to demonstrate how grown up they have suddenly become. Experimenting with drugs or accepting a dare to try a drug is typical of this status-seeking age.

Teachers in junior high or the middle schools will soon discover that a strong stand against drugs will not influence the students to the extent that it did in the elementary school. Students will ordinarily listen and pay attention, but will silently challenge the teacher's information or authority. Pupils at this level must be involved in the complete learning process, as a great deal of growth, both physical and intellectual, occurs during these years. To be able to successfully educate throughout this period will require a great variety of learning experiences.¹

Some of the more important learning experiences include:

¹E. J. McClendon, Drug Use and Abuse for Michigan's Schools, Lansing: Michigan Department of Education, 1970, p. 60.

1. To learn the scientific knowledge regarding drugs and other substances of abuse.
2. To discover, list and visualize for himself the hazards, effects and after effects of drug abuse.
3. To have facts on which to base decisions where peer pressures may move him against his own judgment.
4. To be able to distinguish the powerful force of drugs for good or evil depending on their use.
5. To acquire skill in sorting out scientific information and conflicting reports and drawing sound conclusions.
6. To prompt the learner to decide for himself that experimentation with drugs or use of drugs is too hazardous to be worth the risk involved.
7. To establish in his mind the relationship between the action taken and the consequence to be expected when dealing with critical human problems.¹

To help with the discussions the following terms will be defined:

Junior High School--For our study we will consider the junior high school, the curriculum, program and activities of the 7th, 8th and 9th grades.²

Middle School--We will study the organization of the curriculum to satisfy the students need which will include grades 6, 7 and 8.³

¹Ibid., p. 62.

²Alvin W. Howard and George C. Stoumbis, Schools for the Middle Years, (Scranton, Pennsylvania: International Textbook Co., 1969), p. 99.

³Ibid., p. 163.

Drug Use--The use of drugs only under medical prescription for therapeutic purposes.

Drug Abuse--The excessive and habitual use of drugs.

Drug Addiction--A condition whereby the body and the mind of the user develops a continuing need for the drug.¹

¹McClendon, Drug Use and Abuse for Michigan's Schools, p. 15.

CHAPTER II

ABUSED DRUGS

The purpose of this chapter is to present a review of selected drugs which are most commonly used by the medical profession and misused by the drug abuser. This chapter will describe the pharmaceutical name as well as the common name of each drug. A complete description of the drug is also very important for the students to know. Chapter II will explain about the classification of drugs and about the implications of drug traffic.

Classification of Drugs

There are various classifications of drugs. Below is a brief description of the classification of drugs as used by the Michigan Department of Education in the book A Teacher Resource Guide for Drug Use and Abuse for Michigan's Schools, written by Dr. E. J. McClendon, Deputy Superintendent of Schools of Highland Park, Michigan. His classification follows:

- a) Hallucinogens--LSD, marihuana, etc.
- b) Other hallucinatory drugs--mescaline, psilocybin, psilocyn, DMT, STP, etc.
- c) Stimulant drugs--amphetamines and others.
- d) Depressant drugs--barbituates, tranquilizers and other sedatives.
- e) Volatile hydrocarbons--glue sniffing and other inhaled toxic substances.

Another brief classification of drugs is the one used by James Cassens in his book The Christian Encounters Drugs and Drug Abuses in which he classifies them as follows:

- a) LSD--the psychedelic drug
- b) Marihuana--the communal drug
- c) Amphetamines and barbituates--the up and down drugs
- d) Heroin--the hard stuff¹

The detailed classification of drugs that will be used for this study is taken from the "Dial-A-Drug" wheel created by W. R. Spence, M.D. and published by Spenco Corp., Salt Lake City, Utah. This classification is used to help the student learn about the various drugs.

The following points will be discussed for each drug.

- a) scientific name
- b) slang name
- c) medical classification
- d) medical uses
- e) symptoms of abusers
- f) form, taste, smell
- g) routes of administration
- h) legal source
- i) penalty for illegal possession

¹James Cassens, The Christian Encounters Drugs and Drug Abuse (St. Louis, Missouri: Concordia Publishing House) 1970, p. 5.

AMPHETAMINE

Scientific Name:	Benzedrine, Biphphetamine.
Slang Names:	Bennies, Benzies, Peaches, Hearts, Speed, Pep Pills, Wake-ups, Uppers, Cartwheels, Skyrockets, Co-pilots, Bombido.
Medical Classification:	Stimulants.
Medical Uses:	For weight reduction, mild depression and narcolepsy.
Symptoms of Abusers:	Excitability, rapid and unclear speech, restlessness, tremors, insomnia, sweating, dry mouth and lips, bad breath, itchy nose, dilated pupils, increased pulse and blood pressure, hallucinations, psychoses.
Form, Taste, Smell:	Tablets and capsules; bitter; odorless.
Routes of Administration:	Usually oral; injectable.
Legal Source:	Prescription.
Penalty for Illegal Possession:	DACA ¹

¹DRUG ABUSE CONTROL AMENDMENT: regulates manufacture and distribution of stimulants, sedatives and hallucinogens. First conviction, crime is a misdemeanor with fine up to \$1,000 and/or imprisonment up to one year. Subsequent convictions, crime is a felony with fine up to \$10,000 and/or imprisonment up to three years. Under circumstances, judges may impose more lenient penalties. Hereafter will refer to as DACA.

CHLORAL HYDRATE

Scientific Name:	Noctec, Beta-Chlor, Somnos.
Slang Names:	Mickey Finn (combined with alcohol), Knock-Out Drops, Mickey, Peter.
Medical Classification:	Sedative.
Medical Uses:	For sedation and sleep.
Symptoms of Abusers:	Similar to strong alcohol intoxication, drowsiness, slurred speech, confusion, incoordination, respiratory depression.
Form, Taste, Smell:	Capsules and liquid; pungent taste and smell.
Routes of Administration:	Oral.
Legal Source:	Prescription.
Penalty for Illegal Possession:	DACA.

COCAINE

Scientific Name:	Cocaine (U.S.P.)
Slang Names:	Snow, Dust, Flake, Happy Dust, Heaven Dust, Star Dust, Girl, Bernice, Corine, Cecil, C.
Medical Classification:	Local anesthetic.
Medical Uses:	Occasionally for local anesthesia in oral-nasal surgery.
Symptoms of Abusers:	Excitability, anxiety, talkativeness, increased pulse rate and blood pressure, dilated pupils, headache, nausea and vomiting, hallucinations, may be violent and dangerous.
Form, Taste, Smell:	White flaky powder; bitter; odorless (numbs lips and tongue).
Routes of Administration:	Usually mixed with heroin and injected; also sniffed and ingested.
Legal Source:	Illicit.
Penalty for Illegal Possession:	Harrison Narcotics Act ¹

¹Harrison Narcotics Act: Regulates manufacture, distribution and possession of narcotics. Penalties range from 2 years to 40 years imprisonment and fines up to \$20,000.

DEXTRO-AMPHETAMINE

Scientific Name:	Dexedrine, Synatan, Appetrol.
Slang Names:	Dexies, Hearts, Speed, Pep Pills, Wake-ups, Uppers, Footballs, Oranges, Skyrockets, Bombido (in injectable form).
Medical Classification:	Stimulant.
Medical Uses:	For weight reduction, mild depression and narcolepsy.
Symptoms of Abusers:	Excitability, rapid and unclear speech, restlessness, tremors, insomnia, sweating, dry mouth and lips, bad breath, itchy nose, dilated pupils, increased pulse and blood pressure, hallucinations, psychoses.
Form, Taste, Smell:	Tablets and capsules; bitter; odorless.
Routes of Administration:	Usually oral; injectable.
Legal Source:	Prescription.
Penalty for Illegal Possession:	DACA.

DIMETHOXYMETHY-AMPHETAMINE (STP)

Scientific Name:	No legal retail market.
Slang Names:	STP, DOM, Serenity, Tranquility, Peace.
Medical Classification:	Hallucinogen.
Medical Uses:	None.
Symptoms of Abusers:	Similar to LSD: anxiety, confusion, tremors, euphoria, depression, hallucinations, dilated pupils, increased pulse rate and blood pressure, psychoses, possible chromosomal damage.
Form, Taste, Smell:	White crystalline powder; tasteless; odorless.
Routes of Administration:	Oral, dissolved on sugar cubes, tablets, stamps, etc.
Legal Source:	Illicit.
Penalty for Illegal Possession:	DACA.

DIMETHYLTRYPTAMINE (DMT)

Scientific Name:	No legal retail market.
Slang Names:	DMT.
Medical Classification:	Hallucinogen.
Medical Uses:	None.
Symptoms of Abusers:	Similar to LSD: anxiety, confusion, tremors, euphoria, depression, hallucinations, dilated pupils, increased pulse rate and blood pressure, psychoses, possible chromosomal damage.
Form, Taste, Smell:	White crystalline powder; tasteless; odorless.
Routes of Administration:	Oral, dissolved on sugar cubes, tablets, stamps, etc.
Legal Source:	Illicit.
Penalty for Illegal Possession:	DACA.

ETHYL ALCOHOL

Scientific Name:	Beer, Wine, Whiskey, etc.
Slang Names:	Booze, Alcohol, Liquor, Drink, Cocktail, Highball, Nightcap, Moonshine, White Lightening, Mountain Dew, Fire Water.
Medical Classification:	Sedative.
Medical Uses:	For mild sedation and appetite stimulation.
Symptoms of Abusers:	Slurred speech, incoordination, confusion, tremors, drowsiness, agitation, nausea and vomiting, respiratory depression.
Form, Taste, Smell:	Liquid; burning; alcoholic.
Route of Administration:	Oral.
Legal Source:	Varies by state and age.
Penalty for Illegal Possession:	

HEROIN

(DIACETYLMORPHINE)

Scientific Name:	No legal retail market.
Slang Names:	Horse, H, Smack, Boy, White Stuff, Harry, Joy Powder, Scar, Doojee, Junk, Cotics, Dope, Hard Stuff, Stuff, Sugar, Blanks, Flea Powder, Goods, Lipton Tea.
Medical Classification:	Analgesic (Pain Reliever).
Medical Uses:	Not used in U.S.A.
Symptoms of Abusers:	Lethargy, drowsiness, confusion, euphoria, slurred speech, flushing of skin on face, neck and chest, nausea and vomiting, chronic constipation, constricted pupils, respiratory depression, scars or abscesses at injection sites.
Form, Taste, Smell:	White powder, usually diluted with sugar and dissolved; bitter; vinegar-like odor.
Route of Administration:	Usually injected, sometimes ingested or sniffed.
Legal Source:	Illicit.
Penalty for Illegal Possession:	Harrison Narcotics Act.

LYSERGIC ACID
DIETHYLAMIDE (LSD)

Scientific Name:	No legal retail market.
Slang Names:	LSD, Pearly Gates, Heavenly Blue, Royal Blue, Wedding Bells, Acid.
Medical Classification:	Hallucinogen.
Medical Uses:	Psychiatric experimentation only.
Symptoms of Abusers:	Trance-like-state, anxiety, confusion, tremors, euphoria, depression, hallucinations, dilated pupils, increased pulse rate and blood pressure, psychoses, possible chromosomal damage.
Form, Taste, Smell:	White crystalline powder; tasteless; odorless.
Routes of Administration:	Oral, dissolved on sugar cubes, tablets, stamps, etc.
Legal Source:	Illicit.
Penalty for Illegal Possession:	DACA.

MARIHUANA

Scientific Name:	Cannabis Sativa.
Slang Names:	Pot, Grass, Weed, Hashish, Joint, Stick, Reefer, Roach, Mary Jane, Texas Tea, Rope, Ashes, Jive, Hay, Loco Weed, Mezz, Viper's Weed, Sweet Lucy, Gage, Griego, Bhang, Ganja.
Medical Classification:	Hallucinogen.
Medical Uses:	None.
Symptoms of Abusers:	Mood swings, euphoria, excitability, hallucinations, increased pulse rate and blood pressure, nausea and vomiting, odor of burned rope on breath.
Routes of Administration:	Usually smoked, also sniffed or ingested.
Legal Source:	No legal source.
Penalty for Illegal Possession:	Marihuana Act (similar to Harrison Act).

MESCALINE

Scientific Name:

Slang Names: Peyote, Mescal, Mescal Buttons,
Hikori, Hustari, Seni, Mescal
Beans, Wakowi, Anhalonium.

Medical Classification: Hallucinogen.

Medical Uses: None.

Symptoms of Abusers: Resembles LSD: anxiety, confusion,
tremors, euphoria, depression,
hallucinations, dilated pupils,
increased pulse rate and blood
pressure, psychoses.

Form, Taste, Smell: Cactus plant top; bitter; odorless.

Routes of Administration: Oral.

Legal Source: Authorized only for members of
Native American Church (Indian).

Penalty for Illegal
Possession: DACA.

METHAMPHETAMINE

Scientific Name:	Desoxyn, Methedrine, Ambar.
Slang Names:	Meth, Pep Pills, Speed, Uppers, Wake-ups, Businessman's Trip, Skyrockets, Bombido (injectable form).
Medical Classification:	Stimulant.
Medical Uses:	For weight reduction, mild depression and narcolepsy.
Symptoms of Abusers:	Excitability, rapid and unclear speech, restlessness, tremors, enlarged pupils, sleeplessness, sweating, dry mouth and lips, bad breath, itchy nose, psychoses.
Form, Taste, Smell:	Tablets and ampules; bitter; odorless.
Routes of Administration:	Usually oral; injectable.
Legal Source:	Prescription.
Penalty for Illegal Possession:	DACA.

MORPHINE

Scientific Names:	Morphine Sulfate (U.S.P.)
Slang Names:	Morpho, Morphie, M, Emsel, Unkie, Hocus, Miss Emma, White Stuff, Hard Stuff, Junk, Coties, Dope, Goods, Stuff.
Medical Classification:	Analgesic.
Medical Uses:	For relief of pain.
Symptoms of Abusers:	Similar to Heroin: lethargy, drowsiness, confusion, euphoria, slurred speech, flushing of skin on face, neck and chest, nausea and vomiting, chronic constipation, constricted pupils, respiratory depression, scars or abscesses at injection sites.
Form, Taste, Smell:	White powder, tablets and capsules; bitter; odorless.
Routes of Administration:	Usually injectable, oral.
Legal Source:	Prescription.
Penalty for Illegal Possession:	Harrison Narcotic Act.

ORGANIC SOLVENTS

Scientific Names:	Model Airplane Glue, Gasoline, Aerosols, etc.
Slang Names:	Sniffing, Glue sniffing.
Medical Classification:	No medical allocation.
Medical Uses:	None.
Symptoms of Abusers:	Similar to alcohol intoxication: slurred speech, blurred vision, incoordination, ringing in ears, nausea and vomiting, hallucinations, psychoses, liver, nerve and blood damage, respiratory depression.
Form, Taste, Smell:	Liquids, colloids and aerosols; hydrocarbon taste and odor.
Routes of Administration:	Inhaled.
Legal Source:	Retail stores.
Penalty for Illegal Possession:	None.

PENTOBARBITAL

Scientific Name:	Nembutal.
Slang Names:	Yellow jackets, Yellows, Nimbie, Nimby, Goof Balls, Barbs, Downers, Candy, Peanuts.
Medical Classification:	Sedative.
Medical Uses:	For sedation and sleep.
Symptoms of Abusers:	Similar to alcoholic intoxication: drowsiness, confusion, incoordination, tremors, depressed pulse rate and blood pressure, mildly dilated pupils, respiratory depression.
Form, Taste, Smell:	Capsules, tablets and liquid; bitter; odorless.
Routes of Administration:	Oral.
Legal Source:	Prescription.
Penalty for Illegal Possession:	DACA.

SECOBARBITAL

Scientific Name:	Seconal.
Slang Names:	Red Birds, Red Devils, Pinks, Goof Balls, Downers, Candy, Peanuts.
Medical Classification:	Sedative.
Medical Uses:	For sedation and sleep.
Symptoms of Abusers:	Similar to alcoholic intoxication: drowsiness, confusion, incoordination, tremors, depressed pulse rate and blood pressure, mildly dilated pupils, respiratory depression.
Form, Taste, Smell:	Capsules, tablets and liquid; bitter; odorless.
Routes of Administration:	Oral.
Legal Source:	Prescription.
Penalty for Illegal Possession:	DACA.

Implications of Drug Traffic

Controls other than price are virtually non-existent on the purchase of the simpler drug substances. Controls on possession and use are limited to those imposed by certain social, family or religious groups (i.e., no gum chewing in school, family does not drink beer, etc.). It is socially accepted to have one or two drinks at a party or at a family gathering. Tobacco is also used in our society as a status symbol.

With a prescription from a physician drugs such as barbiturates, tranquilizers, and amphetamines may be purchased and used as directed. They are often sold illegally and in large quantities in many cities to young teenagers; these drugs are usually in pill or capsule form and are known by a variety of names. Considerable law enforcement effort is being expended by some cities to fight this problem of illegal drug sale and traffic.

Laws enacted by some states and communities have made sniffing various common volatile substances such as airplane glue illegal. Many times the young experimenter will try sniffing gasoline fumes which will produce new sensory experiences.

The Harrison Act of 1914 made illegal possession or sale of narcotic drugs such as opium, heroin, morphine, codeine and cocaine punishable under federal law. The "dangerous drugs" such as amphetamines, barbiturates, tranquilizers, hallucinogens, (except marihuana) all controlled by the Drug Abuse Control

Amendments of 1965 and 1966, are illegal to possess or sell. These drugs may, however, be possessed under prescription for personal use or for another member, or for the administration to an animal in the household. In cases of severe pain morphine may be prescribed by a physician for relief.

Marihuana, although not a true narcotic, legally is defined as such. The Marihuana Tax Act of 1937, and other restrictive legislation based their penalties on the premise that Marihuana may be considered a "stepping stone" to harder drug abuse and its purchase and possession marked an individual as one likely to become a heroin addict; therefore, purchase and possession of it bring heavy penalties. Possession of LSD for personal use does not according to federal law involve a penalty; however, since legal use is permissible for medical research only, the drug must be forfeited to authorities. Since opinions regarding the use of certain substances continue to vary and conflict and research into the nature and use of these substances is continually progressing, existing laws are being examined and challenged. Today that which is illegal may in time become legal.

Traffic in drugs is also an international problem. According to some magazine articles a high percentage of the nation's heroin originates in Turkey. Obviously then, Turkey is the key to the problem of drugs. The farms in that country cultivate and export a white substance called opium. By various processes this substance becomes a base for heroin. Then the route of commerce transports the heroin through to France and from there it is

smuggled through United States customs by international traffickers, who supply the individual dealers in this country. It would, indeed be difficult to control this traffic unless more police force and narcotic agents could be assigned to this tremendous task. The United States government is presently attempting to cut off this source of supply by purchasing the entire Turkish crop and assisting with the development of alternative sources of income for Turkish farmers.

According to some magazines Mexico is also a country which produces marihuana and other drugs. In order to control the flow of drugs into the United States necessary custom regulations had to be established. Now the problem is how to control the miles and miles of border. After some diplomatic pressures, Mexico and the United States are collaborating on controls to prevent marihuana from entering from that source.

The story of Vietnam is different. Before the war the supply from Vietnam was small inasmuch as there was no strong direct import from this country to the United States. Now, however, the problem has reached higher proportions in the sense that our troops in Vietnam have easy acquisition to drugs. The servicemen do not have to inject the heroin but can smoke it in the belief that by smoking it they will not become addicted. The problem arises when our servicemen are ready to return to the States. The supply of heroin in Vietnam was plentiful and the price was cheap. Now that the soldier has acquired the habit he must satisfy his need for the drug. In the United States he

finds the drug is not plentiful, nor is it cheap. He also finds that many rules and regulations are enforced by the government against the use of drugs. Medical facilities and counseling facilities to cope with the problem of "kicking" the habit have been few. Now, however, the enormity of the problem has been recognized by the military and civilian authorities. Returning servicemen are screened for drug use and rehabilitation facilities are being developed.

CHAPTER III
PHYSIOLOGICAL, PSYCHOLOGICAL AND SOCIOLOGICAL
ASPECT OF DRUGS

In this chapter we will study the physiological aspect of drugs considering that the use of drugs will produce certain biological changes which can be observed and measured. In the psychological section we will also study the reasons why certain individuals might try and possibly become regular users of marihuana or other dangerous drugs. In the sociological section we will study the impact of drug usage on the population and some of the treatments that have been suggested to help the individual overcome this crisis.

Physiological Aspect of Drugs

Numerous natural and synthetic chemical substances may be taken in various ways by man.

1. Smoking is the common process of ingestion used with the marihuana and opium drug substances.
2. Cocaine powder can be deeply inhaled thru the nostrils.
3. Barbiturates and amphetamine consumption can be accomplished by swallowing pills or capsules.
4. LSD is most often combined with another substance for swallowing (i.e., sugar cubes).
5. Heroin and morphine euphoria may be attained by intravenous injection.

The greatest effect caused by drugs occurs in the brain when substances modify mood and behavior. Some substances affect the total central nervous system and in some cases the effects extend to the respiratory and circulatory systems as well. The stronger drugs such as heroin, morphine, etc. seem to affect the total person--body, mind and spirit. Many of these substances such as alcohol, barbiturates, etc. are chemicals that depress the central nervous system.

Some substances (e.g., amphetamines) which modify mood and behavior act as stimulants. A small amount or mild form of these drugs makes the user more alert, more awake. In larger amounts or stronger form these can produce a highly stimulated condition which in turn can produce hyperactivity and heightened reactions to stimuli and a possibly dangerous "let-down" when the effects wear off rather suddenly.

Other substances (e.g., LSD, marihuana) which have not been fully determined by scientific study as to the effects, seem to produce an expansion--and also a distortion--of consciousness and awareness. In some individuals the use of drugs will produce a physical dependency, due to the fact that in mild forms these can produce beautiful visions and increased alertness. In stronger forms or for some other people the effects can produce ugly, unpleasant visions, distortion of reality and in some cases even extreme mental illness.

The most climactic factor in predicting the behavior of

those who use these mood and behavior-modifying substances is the INDIVIDUAL himself--his personality, his needs, his inhibitions, his resentments, his values, his ambivalences--what he is with himself and others. Personal needs, conscious or unconscious, are often "met" by the effects; certain inhibitions need to be reduced or lost; in other words, what the individual actually wants to get or how he wants to feel or what restraints he wants to lose, effects the way he behaves. Still another important point is what the individual expects to happen will happen; what he expects to feel he will feel.

Another important influence on behavior and one which must be known if behavior is to be predicted in the social situation in which use takes place--other persons present their actions and reactions. The individual may be impelled by how others are acting, what behavior seems to be possible in this specific situation, what is valued, what is required, and what is likely to be admonished.

The critical factor is not the situation as it is objectively perceived, what the group agrees is happening and other people behaving, but how each individual sees it or perceives it. Of the various things people do, the individual perceives or "picks up" only certain things (e.g., sees a person smoking, but does not notice that he wears a green tie, scratches his ear repeatedly, and is rude to children). From a group of people doing different things, only certain ones

attract his attention (e.g., sees "everyone" as drinking beer, while only about half really are).

The comportment of some individuals in some situations with some substances is somewhat predictable. A few individuals develop abnormal needs for a substance (i.e., addiction, dependence), and their behavior can thus be predicted as being that necessary to obtain the substance in the simplest way. The comportment of some individuals in use situations is most unpredictable and unexpected. Human deportment is complex and not always completely predictable; use of substances that modify mood and behavior tends to make behavior for most people more haphazard and therefore, less predictable.

Psychological Aspect of Drugs

In this section we will study the reasons why certain individuals might try, and possibly become, regular users of marihuana, narcotics or other dangerous drugs. For some young users the drug experience is primarily a test of courage; the modern counterpart of an Indian brave going alone into the wilderness in search of game.¹ Drugs often are used symbolically by youth as a means of searching out the meaning of life.

The result attained from usage of these drug substances may be described as pleasant and desirable. One generally sought condition is a leisurely, relaxed disassociation with reality (i.e., marihuana and barbiturates). Another response

¹Cassens, op.cit., p. 20.

desired is an exact reversal (i.e., an increased state of physical and mental excitement as a result of amphetamine use). Peer group pressure is often a basic motive behind some drug substance usage such as alcohol and tobacco, fulfilling desires for experimentation and acceptance.

Whereas the original utilization of drug substances is to alter the existing mood, the decision for its continuation involves:

- a) If, in fact, the existing mood was altered, and
- b) Whether the experienced change proved to be desirable, therefore, worth repeating.

Once the use of drug substances reaches the state of mental or physical dependence, the addict's motive for continuation becomes one of evasion of the displeasure and/or agony of withdrawal symptoms. In this way the pleasure-seeking drive may be destroyed with the replacement of the fear of discomfort.

In small amounts drugs cause a person to relax, to "unwind" to lose tension and anxiety, and even to "get to know himself." In larger amounts or in stronger forms the depression allows a progressive loss of inhibitions, of judgment, of memory, and perhaps individuality. The growth process begins with a simple desire for "fun and adventure," progressing to a more predominant necessity, and finally reaching the climatic point of mandatory necessity. The alleviation of mental and/or physical discomfort is frequently the underlying motive behind drug usage. The feeling of rejection and alienation are compensated in drug usage

and manifested by societal and personal retribution.

The feelings of adventure and defiance are challenged by confrontation of the legal and moral codes of societal structure. The use of drugs when lacking solid emotional or physical motivation carries with it a tone of mystery and curiosity.

A relevant factor worthy of emphasis rests with the identification of original motive as contrasted to the motive of continuation. The increased use of drug substances diminishes the individual's decision-making capacity to determine the difference between need and desire for the drug substance. Consequently, the frame of orientation is centered around drug obtainment, therefore, diminishing the consideration and debate of its usage.

The psychedelic drug substances commonly called hallucinogens are not limited to the simple structure of the stimulant-depressant cycle, but create more extensive and varying degrees of mind alteration.

The newly discovered synthetic hallucinogens are exemplified by the accidental discovery of lysergic acid diethylamide and dimethyltryptamine. Other hallucinogenic drugs may be found in the plants and resources of nature and have been integrated into rituals of various cultures. Although the present scientific knowledge is limited, the major concern is with its altering effect on the mind. Unlike most other drug substances, there is little evidence that hallucinogens foster the characteristics of physical dependence and increased tolerance. Knowledge of the far-reaching effects of these potent chemicals on the total individual is somewhat limited due to the immature and undeveloped research thus far completed.

As is typical of most drug substances the hallucinogens have a variety of enticing characteristics. A frequent motive is a craving to delve the mysticism surrounding the "unknown." The diversifying personal effects of societal pressure have segregated hallucinogen users into two basic classifications; those characterized by an initiative for experimentation in originality and uniqueness, and those characterized by a tendency towards conformity. Middle class standard provides a catalyst for the rebellious adolescent drug substance user who thrives on the challenge of testing legal authority. Felicity, a strong motivational force for today's youth, often lies at the base of drug substance experimentation. A hope of enrichening one's self-perceptions frequently attracts the individual to experimentation with hallucinogenics.

The diverse dangers of hallucinogenic use are contingent upon the unique individual character and previous personal experience. The current body of knowledge surrounding hallucinogenic use strongly emphasizes the inconceivability to foreseeing the result of the drug experience upon the individual. Description in reference to the ensuing sensations stresses the mind and perception exaltation. The psychedelic experience may be considered favorable when the responses are centered around pleasurable memories and occurrences. Psychiatric assistance may become necessary to overcome the sordid contrasting effect which may range from minor anxiety to severe psychosis. Simultaneous occurrence of these opposing feelings is a common phenomenon. Suicidal tendencies, although uncommon, have been an observed tragedy of hallucinogenic drugs.

Recent initiative has been taken to unfold the unalterable long-range influence of these drug experiences. Inaccurate perceptions of time, distance and speed have consequently placed marihuana in the "more dangerous" hallucinogenic rather than depressant category. Marihuana, a derivative of the hemp flower and plant, is usually dried and rolled into cigarette-like "joints" for smoking. Social setting for the novice as well as the experienced user is one of sharing profitable knowledge for maximum euphoria. Although commonly smoked in a group-centered atmosphere, isolated enjoyment may provide additional satisfaction to less socially motivated individuals. Despite the extensive legal penalties for possession and purchase of marihuana, its easy accessibility and growing glamour have enhanced its popularity.

The common conception that marihuana leads to experimentation with harder drugs is dependent upon such contingent factors as social situation and whether accessibility to harder drugs could be possible from the same source. Provided that social approval exists among the middle class people and college students, marihuana usage may be extended into the use of more powerful hallucinogenic substances. Lack of scientific experimentation and research has limited the knowledge concerning marihuana and its effects.

Psychological dependence may be induced by diminishing the desire for other activities and relationships for the repetition of the psychedelic experiences. An additional hazard encompasses the question of illegality resulting in possible police harrassment and embarrassment.

The beauty of positive (or pleasurable) effects diminishes the

threat of a negative experience. Although a general tone of societal skepticism is prevalent, individual decision involves a complex interaction of social and personal forces.

A "high" is drug language for a euphoric feeling which results from the use of narcotics, amphetamines or barbiturates. Heroin, like alcohol, is a depressant to the central nervous system. It is a mild anesthesia and, depending upon the dosage and the predisposition of the individual when he takes it, may simply relieve felt anxiety or depression or produce a moderate euphoria. Being high is in many ways a misleading term in that with stronger doses the addict nods or nearly goes to sleep. In small doses the drug masks fatigue, and it may, help produce a temporary lift in spirits, but again like alcohol in large doses it eventually produces a depression effect and eventually sleep, in some cases of overdose, or O.D., permanent sleep. The high experienced from amphetamines and marihuana is quite unlike the high obtained from heroin.

Withdrawal is one of the phases of drug usage. Once addicted to heroin, the addict increases the dosage until he realizes that he is hooked and decides to go through "cold turkey" or withdrawals. Once the heroin has worn off, the body begins to react in accordance with the strength of drugs taken as well as the length of time used. The nose begins to run and bleed, the stomach is wracked with nausea and vomiting, the mouth dries out, the eyes water and fill and diarrhea occurs. The veins ache from the need of more heroin. Death would be a welcome end to the series of convulsions that wrack the body. This is the type of agony the addict suffers for a period of three to seven

days. After the initial period the addict is weak, dehydrated, pale and in need of nourishment. There is, however, a method of detoxification which can be used instead of suffering the pains of withdrawal symptoms. The drugs used for detoxification depend on the height and weight of the addict as well as the length and dosage size of his last "run" or habit since the last time without drugs.

Sociological Aspect of Drugs

Social implications include and affect each one of us. We have problems. One of the major problems, if not the major problem, in this age, is the drug problem. President Nixon declared during the month of June, 1971, that the first and foremost social problem in our country is the problem of drug use and abuse. To help solve this problem he has created a new agency solely for the study and control of narcotics.

The problem of addiction is closely bound to the entire system of complex social problems which makes it impossible to treat it as an isolated phenomenon. As a nation we are adept at treating the symptoms, but fail to treat the basic disease. Poor health, poor living conditions, obsolete educational systems and generalized social disorganization are as much causes of drug abuse as any of the deep-seated psychic conflicts.

A new and vigorous attack on social problems will have more impact on the drug problem than the present so-called rehabilitative programs which are in fact carried out in some particular kind of program bias and enforced through legal machinery. The increase in educational and prevention programs should precede, not follow, the

building of treatment programs. Unless the community can cut off the sources of new potential addicts, treating active addicts is a futile exercise.

The drug addiction problem is a process by which the individual becomes completely dependent on drugs. The drug addicts are a people who share a set of personal characteristics. They tend to be petulant and manipulative, immature and perpetually unhappy people, with little control over their impulses and seem unable to gain satisfaction from the things that give most people pleasure. The drug user is often an extremely sensitive and vulnerable person who feels inadequate to any task except to "chase the bag" of heroin. The addicts are caught up in a never-ending cycle of prison, state mental hospitals and the path leading back to the "cooker," where the little white crystals, heated with water and injected into the blood stream, will transport him away from it all, if only for a few hours. The addict who has opened up finally admits to being afraid--knowing that he is immature, but not knowing how to change that, feeling inadequate to holding up under pressure and requirements of a job, family and life in general. His most ironic and poignant desire is wanting so very much that "square" life addicts so often put down. He finally admits to the awful feeling that once you are an addict, you can never really establish your place again in the larger society. Most addicts feel the road to addiction is a one-way street, for nobody ever really kicks for good until he is dead.

Society must provide treatment in order to cure the individual

from drug abuse. Among the treatments that have been suggested and received a certain amount of acceptance are: the Methadone Maintenance Program, the Therapeutic Community and the British System.

The Methadone Maintenance Program

The Methadone Maintenance Program is a method of treatment. Methadone is a synthetic narcotic very similar to heroin in its effects on the user. It gives a heroin-like high and is addicting, yet since 1964, methadone has been used in the rehabilitation of heroin addicts in a program developed by Drs. Vincent Dole and Marie Nyswander.

In a Methadone Maintenance Program the heroin addict is given a daily dose of methadone usually in a glass of orange juice. The dosage is not enough to get him high, but sufficient to satisfy his physical need for a narcotic. Why do advocates of this program substitute one addicting drug for another? Because they feel it is very difficult for a heroin addict to overcome drug addiction. They view addiction as a disease that for most addicts can be arrested, but not altogether cured. Their major concern, therefore, is not with taking the addict off drugs entirely, but rather with rehabilitating him so that he can lead a relatively normal life.

Dr. Vincent Dole and Dr. Marie Nyswander found a new way of using methadone to control serious heroin addicts. They discovered that when increasing doses of methadone were given, the addict reached a certain level, consequently the addict lost his hunger. The addict no longer had a craving for heroin. If, however, he took heroin at that level he could still get a high from it. Dole found out that

if the addict went above that level he reached what was called "blockade" and at this level even though the patient took pure heroin nothing happened. After the blocking dose for the patient has been stabilized there is no need to continue increasing the methadone dosage. Once the patient is stabilized on methadone he can neither get high nor become sedated from it. If the methadone treatment were suspended, the patient would suffer withdrawal symptoms.

Other properties of methadone are:

- 1) It is fully effective by mouth, thus there is no need to inject it.
- 2) It is long acting. A single dose, once the patient is stabilized, will last 24 to 36 hours.
- 3) It is a harmless drug. No medical, surgical effects of any significance have been noted.

Methadone is, however, effective only with the heroin or opiate addicts.

Once on the methadone maintenance program, rehabilitation is judged by the following:

- 1) Patient not using heroin.
- 2) Patient staying in the program.
- 3) Work or school evaluation records.
- 4) Police records.

Over 2,000 patients have entered this program and 80 percent are still in the program under treatment. The 20 percent that dropped out did so because of being a psychotic, an alcoholic, or using other drugs in an excessive way so that they could not cooperate with the program.¹

¹"Methadone Treatment" [Tape] Educational Resources, Inc., Orange, New Jersey, 1970.

The Therapeutic Community

Another method of treatment is known as the Therapeutic Community. This concept was developed by Chuck Deiderich in 1958, when he started an organization called "Synanon" in California. Deiderich had not been a heroin addict, but he had been an alcoholic. He was able to stop drinking through the help he received from Alcoholics Anonymous. He started Synanon with the feeling that many of the ideas and techniques he had learned from Alcoholics Anonymous would be valuable to heroin addicts in overcoming their addiction. Synanon differed from Alcoholics Anonymous in that it was to be a residential therapeutic community. A therapeutic community is an enclosed environment staffed by former addicts. The basic concept is that former addicts are best able to understand the problems of heroin addicts and are best able to help him overcome his need for heroin. The therapeutic community will restrict the addict from a totally self-centered life revolving around heroin usage. In contrast the community will offer a family environment in which he is to share in daily tasks and be an active and productive member of the community family. He is also expected to give up drugs completely. To many the feeling of belonging and feeling of responsibility produced in the participants the desire to overcome the need for drugs. The basic approach is that no addict is cured unless he wants to be.

Basic to the therapeutic community is the Encounter Group, a method of group therapy. Every member of the community meets three times a week with 8 to 15 other members to confront themselves and each other. In these encounter sessions the members are asked to look

at some very hard truths about themselves and their use of drugs. They are asked to be honest about themselves and their feelings about others and to express their emotions freely. These groups are generally run by former addicts who themselves have been through the program.¹

The British System

There is still another system of treatment of addicts and this is the British System. This British System differs radically from that of the United States. The addict can obtain heroin legally. He is not treated as a criminal as in the United States, but rather as someone who is ill and in need of care.

Until 1960, there was no heroin problem in England. At that time it could be obtained from physicians. This privilege was soon abused by people obtaining more than could be used and then selling it to youngsters who wanted to experiment with the drug. Some doctors prescribed the drug indiscriminately and by the late 1960's the addict population had jumped from 6,000 to 8,000. By 1968, officials realized that something had to be done and they developed what is termed the "British System."

Rather than allow just any physician to prescribe heroin to a patient, they limit the distribution to specialized clinics usually set up in teaching hospitals. These clinics are staffed by physicians, psychiatrists, psychologists and others who work on rehabilitating addicts. In order to obtain heroin now an addict must register with such a clinic. He receives his heroin directly from a doctor. Besides distributing heroin the clinic also provides medical care and counseling

¹"The Therapeutic Community," [Tape] Educational Resources, Inc., Orange, New Jersey, 1970.

services. They also have recreational facilities and the addict is encouraged to spend as much time as possible in the clinic and off the streets.

The British see a number of advantages to this system:

- 1) Physicians and psychiatrists are able to keep a close eye on the addict.
- 2) The chances of overdosing, the greatest cause of death among addicts in the United States are significantly reduced as the clinics regulate the purity and strength of the heroin that the addicts receive.
- 3) As the government distributes heroin to addicts, there is little need nor likelihood for a well organized black market trade to develop, thus the addict need not commit crime in order to buy the drug, nor is there any incentive to turn non-users into heroin addicts.
- 4) Finally, it is hoped that through the addicts' contact with and support of the personnel of the clinics, he will be motivated to help others stop using heroin altogether.¹

Obviously, no one program of control of drugs can be called successful. Neither severe punishment for drug addicts nor excessive permissiveness is the answer. It is believed that the problem of drugs must be treated as a two-way program; psychologically as well

¹"The British System," [Tape] Educational Resources, Inc., Orange, New Jersey, 1970.

as medically. The drug addict must not be considered a criminal, but as an individual who has chosen the usage of drugs to find happiness and satisfaction in life.

CHAPTER IV

STUDENT ACTIVITIES

Since the school reflects the thinking and the position of the community in relationship with the modern issues, it is necessary that the community be made aware of the different programs and approaches that the school will take in dealing with drug use and abuse. Many times the reason for the failure of a new program is the ignorance of the community as to the goals and directions of the new program. In order to avoid this lack of communication, it is suggested that a community-wide campaign must be presented first. Such a campaign will be geared to make the community aware of the necessity of knowing the facts, data and activities on the drug scene. We cannot take for granted that the community will accept an innovation without full knowledge of what the innovation is all about. The school will study and use their methods available in order to be successful in the campaign, and then will offer instruction to parents and friends of the school system.

In addition to using all types of news media such as television, newspapers, radio, news releases, P.T.A. and school newsletters, etc. the school will call together interested citizens to form a panel or committee. This panel will together study what approach would be the most beneficial in providing information to the community.

The Michigan Department of Education has published a Teacher Resource Guide for Drug Use and Abuse which could be an outline for activities to be practiced in the middle and junior high schools.

This booklet was prepared by Dr. E. J. McClendon, Deputy Superintendent of Schools of Highland Park, Michigan. This booklet provides topics which could be discussed and analyzed in sessions with the students and parents.

This chapter will be divided into the following sections to explain the activities that could be performed in the classroom and the community.

Activities Inside the School

Activities Outside the School

Police and the School

Inside the School

1. A successful junior high school drug program requires student involvement. The involvement should encourage the individual as well as the group response. The primary focus of each project should be concerned with the possible preventive procedures placing less emphasis on the available corrective measures. This approach will maintain a cooperative search for understanding rather than provoking a hostile atmosphere of defensive students. The creative freedom induced by independent discovery must have priority over the traditional method of dictating established conclusions to the class. This will build a productive student interest in the problem while it broadens the maturity of their decision-making process.

2. Original projects suggested by the students should be given special consideration. The teacher must provide continual assistance in defining the range of student research. An effective way to intro-

duce the study of drug use and abuse might be a class field trip to visit a nearby hospital or center for drug users. This enables the students to view the problem on a realistic, firsthand level and will stimulate their concern for further discussion of the issue. An actual confrontation with the problem proves much more enlightening than does the indirect textbook approach.

3. Classroom debates provide an unusual learning technique. The students should be allowed to decide what issues they will cover. This gives them an opportunity to discover facts that interest them the most and simultaneously develops their ability to express their opinions to others. A formal debate between parents and students, for example, might be organized to confront such contemporary issues as the "generation gap" and perhaps initiate further insight into understanding the situation.

4. School-wide and city-wide campaigns against drug abuse generate active student participation. Interested volunteers can be chosen to organize committees or begin clubs which function as core groups to gain public attention. Artistic talent can be used to attract outside support by creating a variety of colorful posters and creative charts. Additional participation may be gained from theatrical productions of contemporary plays which deal with the problems of drug abuse.

5. Specific research in chemistry and biology should provide guidelines for drug study. A display case showing the actual substances and instruments typical in drug abuse will acquaint the students with their appearance and will familiarize them with what to

avoid. Biological experiments concerning the effects of drug compounds on animals such as rats or mice gives an awareness of the possible consequences resulting from human experimentation. A follow-up study of the occurring chemical changes which may alter many vital life functions allows penetration into the known dangers of drug abuse.

6. Adequate counseling must be one of the most important activities in the program of drug use and abuse. A student body president from a large high school in California feels an improved counseling program is playing a key role in diminishing drug usage. What is needed in high schools across the country is a new kind of counseling--someone to whom a young person can talk when in trouble. Teachers, it is felt, could fit this description of someone to whom a student can talk when in trouble, but when the problem is drugs, the teacher's position is especially difficult. If the teacher discovers a student is using illicit drugs, it is generally felt that the teacher is legally obligated to report this to the police. If the students know that confiding in a teacher could get them into trouble with the law, they will hardly open up their problems to school personnel.

Lack of absolute confidentiality between student and teacher effectively keeps many students from turning to teachers who might otherwise be able to help them with their problems. Some schools are thus experimenting with an ombudsman--someone, often not a teacher, in whom the students can confide without fear of reprisal.

7. Develop parent-student seminars in the schools, with the students inviting and encouraging their parents. If parents take as searching a look at their own attitudes and behavior with regard to

drugs--and why they are using drugs--as do the schools in looking at how they can provide meaningful stimulation for students, the result should be many happier homes and closer-knit families.

8. A grade or class in the junior high many present an assembly program about drugs. This program could consist of slides, movies and pictures of drug usage in their community.

In addition a display window could be set up in which the different types of drugs such as pills, liquids, powder and plants could be displayed. Many consultants, especially those from the police, could bring displays showing drugs in different forms. Research is needed to determine the effect of the display on the students of the junior and middle schools.

9. The students of either the junior high or middle schools could develop and present a play. This play could have three acts. The following is a brief explanation of what each act could include.

The first act for example, could present a girl 12 to 14 years old in her home environment. This act would show the relationship between the girl and her parents; how tension develops, problems of anxiety and misunderstanding and the collapse of the family unit. As the girl becomes unable to cope with this environment, she eventually starts seeking close relationships outside the home.

The second act would present the girl attending a party, finding there school friends smoking, drinking and using marihuana. This act shows how she starts down the long road of drug addiction. This second act will also demonstrate her relationships with new and a different type of so-called friends, as well as the process of her

changing personality. The act closes showing the girl in complete and utter despair as the full realization of her drug addiction encompasses her.

The third act will show her attempts at withdrawal (cold turkey), her suffering in the hospital and the slow route back to recovery.

10. Films, filmstrips and other visual media should be used with limitation. Carefully selected filmstrips and movies, for example, provide dramatic knowledge in a relaxed classroom atmosphere and induce enthusiasm for further research. The films are the obvious way of instruction. Films may be shown and then followed by a discussion. This is the usual way. A new innovation can be introduced if the teacher will show part of the film, pick out the important points and discuss these, then continue the film and repeat this process. A single scene may provide the platform for an entire discussion period. This will present a more meaningful tool of education and understanding of the topics in the film.

Small group discussions give the student an opportunity to share his opinions and utilize his resource of ideas gained from required reading material. Written and oral reports may also be a useful channel for dispersing an exchange of pertinent facts found in books and articles. Collections of pamphlets, newspaper clippings, and magazine articles instigate a generally less beneficial response, but may have some minor worth for the more ambitious students. The valuable goals found by conducting surveys and tabulating the results of questionnaires, contribute an organized body of factual information

pertinent in determining the primary future necessities of the drug abuse problem.

Outside the School

1. A valuable method of learning is achieved by organizing direct contact with the various professionals in the field. Lectures and interviews with people directly engaged in the issue will allow the students to digest the total picture. For instance, talking with a local policeman or judge discloses the legal aspects, while the issues concerned with medical rehabilitation can be gained from a doctor, psychologist, or pharmacist. Discussions with college students and actual drug users shed additional knowledge on the difficulties soon to be faced by the junior high youngsters. It is important for the instructor to strictly confine his lecture approach to the relevant problems of this age group, thereby maintaining avid student interest. If the discussions are too advanced or too elementary the benefits will be lost.

2. By broadening the scope of these school-oriented activities, many projects can be designed to benefit the whole community. The class should take an active role in the local government by publicly voicing their opinions and suggesting possible improvements of drug control in the surrounding areas. City council meetings provide an excellent, expedient opportunity for the students to demand better recreational facilities, examine the revision of existing law enforcement and urge the development of modernized rehabilitation centers. Perhaps the class could even initiate a city-wide crusade to locate and destroy the locally growing fields of wild marihuana.

3. Another activity in which the students are encouraged to participate is a visit to a court room session where persons accused of drug offenses are being tried.

4. The students can visit the agencies in charge of the programs on drug awareness such as the county health department, etc. A program of drug abuse education which appears to center on youth alone will be turned off by the students because they do understand that in their homes drugs are abused equally by their parents. It is important for workers in juvenile agencies to understand that youth are seriously involved in drug abuse, but to understand equally that their adult parents are also involved and are inherently part of the problem of trying to work with the youthful population.

Controlling the problem of drug dependence requires the total effort of all agencies and citizens in a community. This is a problem that cannot be solved by the established agencies alone because every individual in the community is potentially a dropout to drug dependency, and every family and every non-user is needed to help the drug-dependent individual become self-sustaining again. Volunteer involvement is vital and without it we will lose the fight.

5. Another way to reach the community will be to have the students canvass the area. They will be divided into separate groups, each group being responsible for canvassing a different zone. For the safety of the students the canvassing should be done in groups of three to four students. Each student will be provided with a questionnaire to be completed at the time of the interview. At the end of

each day, the students will tabulate their results.

The actual visitation of the homes could be done during the school hours. People not contacted during the day due to work, etc. could be interviewed at night.

An example of the questionnaire for both the parents and the teenager follows. The students could graph the results of the survey in a fashion comparable to that used by David Popoff¹ in reporting a survey of readers of Psychology Today.

¹David Popoff, "Feedback on Drugs: Trip or Trap," Psychology Today, Vol. 3 (April, 1970), p. 51-52.

QUESTIONNAIRE FOR TEENAGERS

1. Do you see any difference between marihuana and alcohol?
2. Have you ever taken drugs to get high?
3. Do you know anyone who takes drugs?
4. Have you ever experimented with drugs to see what it's like?
5. Do your younger brothers or sisters have access to drugs?
6. If you wanted drugs could you get them easily?
7. Have your parents ever asked you directly, "Are you using drugs?"
8. Is it possible to get high on something in your parents' medicine chest?
9. Do your parents take too many pills?
10. What are the reasons young people take drugs?

QUESTIONNAIRE FOR PARENTS

1. Do you see any difference between marihuana and alcohol?
2. Has your child ever been high on drugs?
3. Do your children associate with any drug users?
4. Have you ever experimented with drugs to see what it's like?
5. Do you think your children under 13 have access to drugs?
6. If your children wanted drugs could they get them easily?
7. Have you ever asked your child if he or she uses drugs?
8. Is there anything in your home that your children could get high on?
9. Do you believe you take too many pills?
10. What are the reasons young people take drugs?

Police and the School

The police as part of the community will cooperate and explain their function in relationship to drug usage. In this section we will consider the police involvement in drug use and abuse.

- 1) The Police Department gather evidence to lead to the arrest of drug users and more particularly dealers in illicit drugs.
- 2) The Police Department uses the preventive approach-- to try and stop drug use before it starts.

The police are not so much interested in the arrest of drug users inasmuch as being an addict is not a criminal offense, but are concerned with the people who make a business of procuring and distributing drugs to people who are in the market to buy them.

The police get information on people such as these from whatever source possible. They do, of course, obtain much of this information from their own observation while on patrol. Citizens who are interested alert the police. Informants make observations for the police and through this method the police investigate further. Many times when it is impossible to get an addict to testify against their source, a policeman will go into an area disguised and buy illicit drugs, take them to a laboratory, have them tested and analyzed. When it is proven that these drugs are in violation of law then they make the arrest.

The police are also greatly handicapped by being constantly aware of people's civil rights and civil liberties. They must comply with the constitutional provision which guarantees a person freedom

from unreasonable searches, seizures and freedom from self-incrimination. The police must, therefore, work within the confines of these constitutional rights.

The Police Department does become involved in the educational aspect as well as the legal in the following ways:

1. Adolescents Against Addiction has been started in East Harlem, New York. This is a program where young people have been involved in disseminating information and literature relative to the problem of drug addiction.
2. A narcotic seminar program is held in schools. These are discussion groups with a member of the police force, some ex-drug addicts and students in either junior high or elementary school. No teachers or other adults are admitted.
3. The New York City Police Department has a "Speaker's Bureau" whereby any group, club, classroom, etc. could call and someone would be sent to speak on the drug problem.
4. Some police departments maintain a van which is a mobile demonstration project in drug addiction. People can file in and out of the van, listen to qualified personnel from the Narcotic Squad, discuss the ramification of drug use and show exhibits of what drug paraphernalia and actual drugs look like.
5. The police also have regular conferences with school officials on a quarterly basis to discuss problems relative to the better operation of both organizations.

The Police Department also calls on the schools for help in the drug

problem. Every teacher must confer with their administrator when a drug problem is suspected. A report from a teacher, however, about a student using drugs is worthless unless that student is willing to go to court to testify against a violator of the law. Information such as this can only be used as reference so the police can start an investigation of their own.

Resources and Consultants:

Local police agencies, specialty divisions involved in narcotic education and prevention could be contacted as well as the others listed below:

- A. Area police department
- B. Area sheriff's department
- C. Area district Federal Bureau of Investigation
- D. Federal Narcotic Bureau
- E. District attorney's staff
- F. Suburban police department
- G. Area school system specialist
- H. Community and neighborhood agencies
- I. Outside interested individuals (reformed addicts)
- J. State Department of Education
- K. University consultants

Parents, through example, attitude, and dialogue, play a major role in drug education. It is for this reason that some authorities believe parents should be alerted to their role in the drug problem. Parents, the community, and exciting, challenging schools brimming

with communication and involvement can do much in guiding students to intelligent decisions, encouraging them to "turn off" drugs and to "turn on" to music, nature, other people, community service and the rich variety of experiences which should and can be theirs in schools.

CHAPTER V

EVALUATION AS FEEDBACK AND GUIDE

As the children or adolescents in a group grow and learn, it is totally impossible for any teacher to know just what is most needed by each and everyone. As a general principle we must accept that the majority of students want to learn. Then, if a student wants to learn, why do teachers meet so much resistance and have to work so hard to get children and youth to learn? The key is really fairly simple. Everyone wants to learn that which has personal meaning for him and which he sees as making him a more adequate person. He resists when teachers make two mistakes: when they neglect to take the learner's perceptions into account to guide him to what seems truly relevant to him; and when they insist on using a curriculum and materials which have become traditional and rigid and often remote from real life.¹

The manner in which a teacher handles his system of evaluation can have a great deal to do with whether a given student will become so fearful that he has to cover up, or so confident that he can look at himself with clear, insightful eyes. Teachers need to be aware of all the outcomes of the evaluative process, those which contribute positively and those which are defeating.²

The first requirement is a thoughtful look at the fundamental

¹Fred T. Wilhelms, Evaluation as Feedback and Guide (Washington, D.C.: Association for Supervision and Curriculum Development, NEA) 1967, p. 77.

²Ibid., p. 82

purpose of the school and the major derived goals.

The second step must be a new look at the curriculum to see how well it squares with the major purpose of helping each child to live more effectively in his world.

The third step in initiating a program of diagnostic teaching is to take a fresh look at the diversities of the children in our schools. Meeting individual differences has been a major verbalized concern of our schools for forty or fifty years.¹

Definition of Evaluation

A broad and basic definition of "evaluation" should be determined at this time. It may be defined as a continuous effort to inquire into the effects of utilizing educational content and process according to clearly-defined goals.²

There are two ranges of evaluation: the highly informal which consists of judging, estimating, or forming opinions; the more formal level which involves carefully collecting and categorizing data. One may judge informally that people's attitudes have changed in a certain direction by simply observing one or two behavioral cues, or he may undertake a formal evaluation of attitude change by conducting interviews and observations or administering attitude inventories.

What to Evaluate

1. An acknowledged presence of values and valuing--a conscious recognition of the evaluator's values. Does the student

¹Ibid., p. 85.

²Ronald C. Doll, Curriculum Improvement: Decision-Making and Process (Boston, Mass.: Allyn and Bacon, Inc., 1970) p. 379.

consider the use of drugs right or wrong?

2. Orientation to goals--setting a goal is a must. For example, a complete and thorough program subscribes to many goals: information-getting, understanding, skill-development, feeling and perceiving, critical thinking and attitude change.
3. Comprehensiveness--evaluation must be as broad as the above-mentioned goals and must make use of numerous and varied media.
4. Continuity--evaluation is often erroneously implied to be last in an educational enterprise, but should actually be made frequent and recurrent, continual if not continuous.
5. Diagnostic worth and validity--the instruments used must have validity as well as reliability.
6. Integrate findings--the ultimate object is NOT to leave data in an unintegrated state, but to combine significant information so that the real meaning is evident. Organization and interpretation of data are important jobs in evaluation.¹

What We Expect the Student to Know

1. Items of specific information including definitions of terms in the field, i.e., drugs and facts about them.
2. Sequences or patterns of items of information including sets of rules, procedures or classifications for handling

¹Ibid., p. 380-382.

or evaluating items of information.

3. Interfield relations, i.e., relation between the knowledge claims in the field and those in other fields; what we might call the interfield syntax. Does the study of drugs help the student understand the sociological and psychological problems of our society?

Attitudes

Motivation (attitudes - values - affect)

1. Attitudes toward the subject. If the students are interested in the subject they will by their own initiative do research on the subject.
2. Attitudes toward the field as a whole.
3. Attitudes toward material to which the field is relevant.
4. Attitudes toward learning, reading, discussing, inquiring in general.

Practice

Some evaluation practical techniques:

1. Small group conferences--four to six students who are interested.
2. Private conferences with each student whom we suspect of drug usage.
3. Follow up--changes of habits and character are often separate variables, being simply long-term changes on cognitive and affective scales.

4. Effects on the teacher--a new curriculum may have very desirable effects on updating a teacher's knowledge of pedagogy, with subsequent pay-off in various ways including the better education of other classes at a later stage. Similarly, it may have very bad effects on the teacher, perhaps through induction of fatigue, or through failing to leave her feeling of status or significant role in the classroom.¹

5. What kind of questions will be asked the student?

- a) knowledge of facts
- b) attitude toward drugs
- c) knowledge of consequences of drug usage

¹Ibid., p. 74-78.

MATERIALS ON DRUG ABUSE

SUGGESTED FOR STUDENTS

BOOKS
for Student Reading

- Clark, Janet. The Fantastic Lodge. The autobiography of a girl drug addict. Edited by Helen MacGill Hughes. Boston: Houghton Mifflin, 1961.
- Ebin, David. The Drug Experience. First person accounts of addicts, writers, scientists and others. New York: Grove Press, 1961.
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- Harms, Ernest. Drug Addiction in Youth. First edition. Oxford, New York: Pergamon Press, 1965.
- Merki, Donald J., Ph.D. Curriculum Guide on Drug Addiction. Grades 7-9. Tane Press, Dallas, Texas, 1970.
- Michigan Department of Education. Drug Use and Abuse (Teacher Resource Guide - Michigan Schools), 1970.
- Leech, Kenneth. Drugs for Young People; Their Use and Misuse. Oxford: Religious Education Press, 1967.
- Vogel, V. H. and Vogel, V. E. Facts About Narcotics and Other Dangerous Drugs. Science Research Associates, Chicago, 1967.
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PERIODICALS

- Bland, H.B. "Problems Related to Teaching About Drugs," Junior School Health 39:117-19; February, 1969.
- Clark, M. "Dangers of Drug Abuse," Educational Digest 34:15-18; October, 1968.
- "Drugs and Narcotics: Illusions and Realities," Senior Scholastics 94:5-10; March 21, 1969.
- "Drugs Are Not the Problem," Compact, IV, No. 3, July, 1970.
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16 MM FILMS

DISTANT DRUMMER: BRIDGE FROM NO PLACE _ C _ JH, SH - 22 min.
 NIMH - Third in a series of three films examines the present status of treatment for drug addiction, rehabilitation of addicts, and promising research projects. Narrated by Rod Steiger.

DRUG ABUSE...ONE TOWN'S ANSWER _ C _ JH, SH - 23 min. - Aims-Film tells the story of the Awareness House concept, as begun in Fort Bragg, California--why it started, how it started, and how it works.

HIDE AND SEEK _ C _ JH, SH - 14 min. - CMC - Film depicts the anguish and despair of a teenager caught by the narcotic habit and unable to shake it. The events shown in the film are actual experiences, with the narration by the addict himself.

THE HIGH: DRUGS AND YOU _ C _ JH, SH - 18 min. - Coronet - A personable student "pusher" a teenager who graduates from marihuana to "speed" and "freaks out" and another who tries "hard stuff" are among the realistic portrayals which give genuine insights into the drug scene while avoiding a moralistic tone.

THE LITTLE PUSHER _ C _ I, JH - 25 min. - Universal - Outstanding film on juvenile addiction prevention from the Dragnet television series produced and directed by Jack Webb.

MARLUANA _ C _ JH, SH - 34 min. - B/FA (2 copies) - Narrated by Sonny Bono, film examines the reasons some teenagers give for smoking "pot" and rationally exposes these reasons for what they are.

THE PEOPLE NEXT DOOR - B&W - JH, SH - 79 min. - B/FA - CBS Playhouse Special as seen on TV examines the tragic consequences associated with the generation gap as two families become involved in the drug problem. (Useful also in Psychology and Family Living Courses).

FILMSTRIPS

DRUG ABUSE SERIES _ JH, SH - EBF

Three captioned filmstrips designed to alert students to the dangers of drug, alcohol, and smoking habits and advices how such habits may be controlled.

NARCOTICS SERIES _ C _ JH, SH - McGraw

Four captioned filmstrips

Narcotics and You - Part I
 Narcotics and You - Part II
 Dangers of Narcotics - Part III
 Drinking, Drugs and Driving - Part IV

MISCELLANEOUS MEDIA

USE AND MISUSE OF DRUGS _ JH, SH - Eye Gate

Twenty transparencies and thirty student booklets describe the use and misuse of prescription and over-the-counter drugs.

DIAL-A-DRUG _ JH, SH - Tane - Kit contains one 22" DIAL-A-DRUG WHEEL, one 8" DIAL-A-DRUG and two guides. Included is information on 16 kinds of drugs, such as Pharmaceutical name, Trade name, Slang name, Medical classification, Medical uses, Symptoms of abusers, Form, taste and smell, etc.