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DEVELOPMENT OF INSTRUCTIONAL PROGRAMS FOR
STUDENTS: K-12.

The Ohio State University, Ph.D., 1971
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1971
DRUG EDUCATION: SOME GUIDELINES FOR DEVELOPMENT

OF INSTRUCTIONAL PROGRAMS FOR
OF INSTRUCTIONAL PROGRAMS FOR
STUDENTS: K-12

Dissertation

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By

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The Ohio State University
1971

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PLEASE NOTE:

Some Pages have indistinct print. Filmed as received.

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Introduction

Drugs have aided man in various ways throughout his history. From the earliest fermentation of juices to contemporary wonder drugs man has come to rely on substances outside of his body for improvement in his well-being.

Today man has a large stock of drugs from which to choose in his quest for better health or for a better feeling about the life he lives. Americans in particular have available to them substances which will help restore health, induce calm, speed up or slow down body processes, rid the body of unwanted microorganisms, lessen or obliterate feelings of pain, anxiety, and the ever-present self. Interestingly, these substances can be, and are, thought of at times as drugs, or as medicines, or beverages, or poisons. Indeed, at one instance a chemical may be viewed as all of these by a group of people, each of whom ascribes qualities to the substance.

Because of the large number of substances known as drugs and because of their easy availability, Americans are beginning to realize that drug use has become an accepted part of the culture. Marin and Cohen assert that drugs have become as American as violence or cherry pie and that "drugs are now as much a part of
growing up as friendship or making love."^1 Fort says it even more strongly, asserting that "we live in a drug-ridden, drug-saturated society."^2

There is ample evidence demonstrating extensive drug use. One study shows that the average household may have as many as thirty drugs in its medicine cabinet. The legal alcohol industry grosses over twelve billion dollars annually,** while about eight billion amphetamine tablets -- enough to provide each man, woman, and child in the United States with thirty-five doses -- and three and a half billion barbiturate capsules or tablets are produced annually.£ The smoking of vegetable products containing drugs is likewise heavy. Tobacco use is so widespread that one authority suggests that if present trends continue, about one million children now in

---


^5Yolles, Recent Research, p. 2.
school will die of lung cancer before the age of seventy. The U. S. Department of Health, Education and Welfare estimates that perhaps 20 million Americans have tried marijuana and that several million may be regular smokers.

With the use of a drug comes the concomitant possibility of misuse or abuse. Americans have demonstrated the validity of the generalization. It has been variously estimated that from six to eight million people in this country regularly abuse alcohol because of addiction to the drug, with millions more occasionally abusing the substance. One source has estimated that perhaps 100,000 Americans are addicted to narcotic drugs, with another 200,000 - 400,000 abusing the non-narcotic drugs other than alcohol and tobacco. Other authorities would triple or quadruple the number abusing non-narcotic drugs. The abuse of tobacco causes more deaths annually than abuse of any other drug, the most reliable estimate being around 400,000 from lung cancer, heart trouble, emphysema, and other tobacco-induced diseases.

The problems attendant to drug misuse have generated responses from citizens in all walks of life: the parent, the public official, the educator, the religious leader, the child, the spouse, the lay citizen -- all can lay claim to being affected

6 Fort, Pleasure Seekers, p. 39.
7 Yolles, Recent Research, pp. 1-2.
8 Joel Fort, "Drugs and Education," a lecture given to teachers of the Millbrae (California) School District, March 31, 1971, and attended by this writer.
by and concerned with drug misuse. Probing questions are being raised by all of these people about the use and misuse of drugs in our society. The question "Why?" is asked more frequently. When an answer is contemplated, it should be kept in mind that ingesting substances of various kinds into the body is not an isolated act. There are considerations of need, usefulness, effects, and values which come to bear upon each decision to take in an outside substance. Children are usually taught, in various ways, that all of these considerations are present when the decision to ingest is made. Adults, likewise, take into account these considerations, though repeated decisions about use throughout a lifetime may continually lessen the impact of these components on each judgment.

Because drug use is common in our society, because there is widespread misuse of drugs, because children must make decisions regarding the ingestion of substances into the body, society has called upon the school -- one of society's institutions for helping to educate the young -- to provide learning experiences for the reasonable use of those substances we call drugs.

Statement of the Problem

This study is designed to provide guidelines for curriculum decision-making in the realm of drug education.

Data on which these guidelines are based are to be derived (1) from an analysis of appropriate literature and (2) from an empirical assessment of the attitudes and opinions of a selected group of classroom teachers.
The methodology involved is a synthesis of philosophical-logical inquiry and empirical investigation.

Educators across the country are being called upon to institute drug education programs with an intensity that has increased along with public awareness of the manifestations of chemical misuse in the society at large.

Public expectations about drug education are not at all clear to many observers. To other observers the expectations are indeed clear enough, but they are so inconsistent that it is impossible to develop a comprehensive instructional program that would be at all satisfying to those making demands upon educators and the schools.

Nevertheless, the demands by the public must be dealt with by American educators, and a viable response must be given to the citizenry.

The instructional problem for the educator generally, and the drug educator in particular, is to bring to bear on the drug problem what he knows about the needs of society in this instance, the nature of the learner in the learning situation, and the integrity of information relative to the substances we call drugs. In short, the educator must construct a curriculum that incorporates the best of what we know about the process of learning.

The educator will likewise need to reconcile different approaches to the task. Some voices will insist that society at large needs redirection and that drug misuse will decrease only as larger social ills are corrected; others will insist that individual
responsibility cannot be lessened by pointing out society's problems. Some leaders will argue that information-giving about drugs is the major component of a drug education program; others will maintain that only by focusing on behavior can behavior be changed and that a focus on causal behavior is especially required. Others will maintain that it is not an either-or situation and both drug information and a study of behavior will have to be included in an adequate program.

Some educators will encourage a drug education program with an integrity of its own; others will encourage an integration of this body of information into other parts of a curriculum. Some will opt for a kindergarten to grade twelve sequence. Some will wish to focus a program at certain grade levels.

There will be those who will ask that value education be included in a drug education effort. There will be those who will shy away from becoming involved with value considerations.

All these factors -- and many more -- must be weighed by the drug educator. The problem is one of selecting and culling the best solutions from the many proposed and developing a curricular program which incorporates the best of the suggestions.

Significance of the Problem

Drug education has been an integral part of the public school setting for a long time. The state legislature has for many years required the teaching of the effects of alcohol and
tobacco on the human body. Public schools have met this general requirement, to a greater or lesser degree, in a variety of ways, usually as a part of a larger health education curriculum. Primary teachers for many years have helped younger children to be wary of putting unknown substances into their mouths. Other instruction has been incorporated into a science sequence or into a social science unit at various grade levels, both elementary and secondary.

In recent years, particularly the last three, schools have been increasingly looked to as one source for curbing drug misuse among the young. One manifestation of these expectations was a new law, passed by the Ohio legislature, effective in September of 1970, requiring "instruction in the harmful effects, and legal restrictions against the use of drugs of abuse, alcoholic beverages, and tobacco." Other states have recently passed similar laws.

Expectations and hopes of the American people for drug instruction are high. However, it is significant that there are few common agreements about the objectives of drug education. Some authorities aim for total abstinence from drugs, both legal and illegal; some cite their objective as abstinence from just illegal drugs; some hope for rational use of both legal and illegal drugs; some hope for rational use of just legal drugs. Others seek preventative objectives. Some seek to prevent drug abuse among the young, whether the drug be legal or illegal. Some seek to prevent both the use and abuse of the illegal drugs; some to
prevent the spread of the drug culture; and so the objectives go on.

Unfortunately, most teachers and administrators have done little thinking about the exact objective(s) of their drug education programs and even less thinking about correlating instructional methodologies and strategies to those objectives, specified or unspecified, that they have selected. There has been even less thinking about the scope and sequence of a drug education program and its relationship to other subject matter.

Perhaps that is the reason many writers are questioning the value of drug education. Some say flatly that notwithstanding courses, texts, movies, and assemblies about drugs, real drug education has not yet been tried. Others are not sure schools are equal to the task. Bruhn doubts that education of America's youth regarding the adverse effects of chemical agents will have measurable effects on their use and abuse, since it is the larger society's attitudes toward them that are the greatest barrier to abating their increasing use and abuse. Blum has put it another way:

I am not sure that in the drug field the schools are going to be able to make it because we have not noticed that the schools

---


10 John G. Bruhn, "Drugs and Adaptation," a paper presented at the National Drug Education Center, University of Oklahoma, March 22, 1971, p. 8. (Mineographed.)
are a proper force for the transmission of moral values. The schools teach technology and vocations very well because these are not moral educations. . . But I would like to suggest that at the moment, our education endeavors are a great delusion. Right now we are mixing morality and outright fantasy about drugs.  

Others look to the past and see that the sharp rise of the drug abuse problem indicates that the kind of drug instruction previously attempted has not produced the desired results. Others are wary about the future of drug education because "to a definite but unknown extent such education with prophylactic intent produces a powerful effect -- curiosity and desire for a direct drug experience."  

There may also be doubts about drug education because there has been little evaluative effort in the past upon which to make future decisions. Blum puts it this way:

In fact, I don't know of a single study in the United States which even evaluates any drug education that has ever been done. I don't know of a study where they have even tested the kids after they have given them a drug education course to see if they were awake.  

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14Blum, "If Your Child," p. 201.
The public, however, is demanding some kind of instructional effort on the part of its schools, and educational institutions are indeed accountable to the public for what it teaches or fails to teach.

Briefly put, the significance of the problem is that the subject under study needs considerably more thought and attention at a time when demands are being made by the public upon schools and professionals to do much more, to do it better, and to do it now.

Definition of Terms

There are semantic difficulties in talking about drugs. Largely this is so because a common vocabulary among those writing in the field has not been developed since most works have been published only very recently. Additionally, there are differences in meaning of some drug terms among medical personnel, legal personnel and law enforcement officers, and the public at large. What we will attempt to do in this section is to arrive at workable definitions of terms for use in this study.

The word drug is interesting in itself and serves admirably to demonstrate the various meanings that are possible. The man on the street is likely to think of a drug as either a medicine or an illegal narcotic. The legislator is likely to think of drug more broadly, but the term for him does not usually include alcohol and tobacco. Indeed the Ohio law requiring drug education in the schools mandates instruction about the effects of "drugs of abuse, alcohol and tobacco," indicating that legislators do not fully
accept alcohol and tobacco as drugs. Most states have similar laws showing different classifications for nicotine and alcohol.

Medical personnel, pharmacologists, and well-versed drug educators view drugs quite broadly. Dr. Dana Farnsworth of Harvard University suggests that many people define the word drug incorrectly because they attach immediate, emotional reactions to the word. He prefers seeing the word neutrally, as "denoting any chemical substance that changes the physical or mental state of a person who takes it." One drug education guide offers this definition: A drug is any substance, other than food, which affects body structure or function. Dr. Joel Fort gives the definition a slightly different twist. For him, drug refers to "any biologically active substance used in the treatment of illness or for recreation or pleasure."

Dr. Helen Nowlis feels it is important to define the term accurately. She quotes a definition by Laurie: A drug is any chemical substance that alters mood, perception or consciousness and is misused, to the apparent detriment of society. For Nowlis such a narrow definition is not descriptive enough. She prefers a

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15 Dana Farnsworth, "Drugs: Do They Produce Open or Closed Minds?" in What Everyone Needs, p. 217.
16 Kitzinger and Hill, Source Book, p. 3.
17 Fort, Pleasure Seekers, p. 4.
18 Nowlis, College Campus, p. 5.
broad interpretation and defines drug as "any substance which by its chemical nature alters structure or function in the living organism."\(^{19}\)

The above description of differences in defining a drug term should help the drug educator begin to understand that he may need to communicate at three different levels of understanding when he speaks of his program: the level of the professional already knowledgeable about drugs and their effects; the level of the legislator who stands on middle ground with some knowledge about drugs, albeit sometimes confused and contradictory; and the parent, who may view drugs with emotional feelings of awe and suspicion. Parenthetically, it might be well to note here that students close to the youthful drug scene are likely to align themselves very closely with the definitions proposed by the pharmacologists.

There are similar differences of view with the term drug abuse and with the terms drug dependence, addiction, and habituation. Fort notes that for many people drug abuse is a term used to refer to any use of a drug not used by them, or to a drug used by anyone whom they do not like.\(^{20}\) A California drug education guide holds that a drug may be said to be abused "when it is obtained illegally and self-administered to the possible detriment

\(^{19}\)Ibid., p. 7.

\(^{20}\)Fort, Pleasure Seekers, p. 8.
of the individual, of society, or of both."\textsuperscript{21} For Fort and Dr. David Smith of the Haight-Ashbury Free Clinic such a definition is imprecise and incomplete. They define drug abuse as the use of any drug to the point where it interferes with an individual's health, economic or social functioning.\textsuperscript{22}

Addiction -- or physical dependence on certain drugs, all depressants -- is an older term that is fast losing favor in some professional circles. Often two terms -- physical dependence and psychological dependence -- are substituted as being more appropriate to use. However, we may find that all these terms -- addiction, physical dependence, psychological dependence, joined by habituation and drug dependence -- may be used, partially because terms such as addiction and habituation are coded into law and as such are favored by legislative and law enforcement circles, while terms like drug dependence, physical dependence, and psychological dependence are favored by medically oriented groups.

Having studied the background picture, then, we can define these terms for our use:

Drug -- Any substance which by its chemical nature alters structure or function in the living organism.

\textsuperscript{21} Kitzinger and Hill, \textit{Source Book}, p. 3.

Drug Abuse -- Use of any drug to the point where it interferes with an individual's health, economic or social functioning.

Drug Misuse -- Taking a drug for not very specific or necessary reasons or not in the appropriate amount, frequency, strength, and manner.

Drug Use -- Taking a drug for its intended purpose, in the appropriate amount, frequency, strength, and manner.

Drug Dependence -- Result from periodic or continued use of certain drugs.

Physical Dependence -- State of the physiological systems which have been so modified by drug action that in order to function they now require continued administration of the drug and functions are interfered with if the drug is withdrawn.

Psychological Dependence -- Situation where the individual has learned to rely on a drug for certain effects which give him a feeling of well-being.

Overview of the Study

This investigation synthesizes ideas from the professional literature about drug education and assesses the attitudes and opinions of a selected group of classroom teachers, using the data from these sources to develop guidelines for implementing drug
education curricula adaptable to localized educational situations.

To meet this objective, Chapter II is a review of the literature, examining what authorities, both in and out of professional education, are saying. There will be a critical analysis of what is being said, drawing from the analysis major considerations to be dealt with in building an instructional program about drugs. Chapters III and IV present empirical evidence of the attitudes and opinions of a selected group of teachers about drugs, drug users, and drug education. And Chapter V states conclusions and recommendations that come from the study.

Summary

Drugs are an integral part of our society and because of their widespread use, there is a correspondingly large amount of misuse and abuse of various chemical agents. As the problem of abuse has continued to grow in society, the American people have turned to the schools as one institution that may correct, or abate, or change this unwanted behavior. Educators have worked with the challenge and are examining various approaches to instruction of the young about drugs. This study is designed to give direction to curriculum planners as they cope with the problems of drug education.

Chapter II is an examination of the professional literature, with an examination of drugs, drug users, some historical aspects of drug legislation, the development of drug education, objectives and instructional programs of selected educational agencies around the United States, and an analysis of what these objectives and programs mean.
CHAPTER II

REVIEW OF THE LITERATURE

There are several aspects of drug use in our society that merit attention. It should be valuable, for example, to get a sense of how drug use has developed historically in this country and how society has sought through the years to curb abuse by way of legislation and education.

It is equally important to have a fundamental knowledge about drugs currently used and abused by people. An examination of the possible causes for heavy drug use and abuse may aid in understanding those who are engaged in such activity. Additionally, a look at the objectives and instructional programs of selected educational agencies will provide a basis for decision-making about implementation of a particular instructional program.

An examination of selected literature in each of these realms of the total field is warranted to provide a basis for determining guidelines applicable to emerging drug education curricula.

A Perspective on Drug Use and Legislation

The opening sentence of the dissertation noted that drug use has been a part of man's existence throughout his history. Man early found out about alcohol, and ethanol was, of course, among
the first of the drugs to be abused. Forney hypothesizes that "not understanding the changes induced in them by the alcohol, man early attached mystical significance to these changes and alcoholic beverages understandably became part of 'religious' rites."¹

Marijuana in its various forms has been around equally as long as alcohol in man's history. According to United Nations estimates, marijuana consumption worldwide is second only to that of alcohol,² but its use may be more geographically widespread.³

In the United States alcohol and tobacco have been a part of the American scene since the early explorers and colonists set foot on the continent. The explorers, whether they were Spanish, English, French, or Dutch, all brought with them samples of their favorite alcoholic drink. The colonists likewise were given to the drinking of alcohol and early histories suggest that alcohol consumption was used for medical, social, religious, and recreational purposes. Tobacco was introduced to European culture by the early explorers who learned of it from the American Indians. The Indian nations attached a religious and civic connotation to tobacco smoking and the "peace pipe" was passed around many times among gatherings of Indians and explorers and Indians and early settlers.


Alcohol and tobacco were profitable commodities for the early settlers. Rum-running between points on the American continent, the European continent, and the West Indies became a highly profitable trade. Tobacco sales in Europe has continued to be profitable from the seventeenth century down to the present time.

It was immediately following the Civil War that this nation faced a new situation involving drugs. Narcotic drugs had been dispensed to soldiers during the war. Vast numbers received morphine and opium for battle-wounds and dysentery. People then referred to "soldier's illness," a condition we would call today either physical dependency on drugs or narcotic addiction. At the same time people in general viewed opium and its derivative as having important medical uses. Since these drugs, at mid-century, could be purchased legally and inexpensively in pharmacies and the better general stores, they were found virtually everywhere. Alone or as components in pharmaceutical preparations or patent medicines, they were in use in homes across the country to provide relief from headache, diarrhea, and angina pectoris.

At the time, no association was made between the hypodermic needle and drug addiction. The view was that drugs were to be taken orally, and in order to become addicted, one had to develop a hunger for them. During most of the nineteenth century there was little public moral condemnation of the use of narcotics. The estimates of

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physical dependency ranged from 100,000 to as many as 1,000,000 people, with one highly publicized estimate putting the number of addicts in the general population at one in 400, or about 190,000 people. (By comparison, estimates today range from 100,000 to 400,000 in a population that has doubled since the period of time under discussion.)

By the turn of the century public attitudes began changing about the reasons for physical dependency, and people began lining up in one of two camps, with some seeing addiction as a vice, while others saw it as an illness. Such a polarization of views set the stage for strong drug laws in the twentieth century.

Marijuana was introduced into this country late in the nineteenth century. It was used by a relatively small number of people from the poorer classes and sometimes by artists and musicians. As such it was thought to be no threat to society. By 1920 its use grew in southern cities and by the 1930's its use had spread to northern urban ghetto areas. The federal Bureau of Narcotics, however, had noted its spreading use and warned of the gravest consequences. Subsequent paragraphs will follow this development in more detail. Marijuana usage thrived during the 1940's and 1950's among musicians, particularly those traveling the road extensively, artists, off-beat groups, and ghetto residents.

The drug "problem," as we define it today, did not really surface until after publicity arose in the early 1960's concerning

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5Smith, Kline and French, Drug Abuse, p. 15.
the hallucinogen LSD.⁶ Reports out of Harvard told of strange experiments. Suddenly people seemed to discover that young people were trying LSD, marijuana, and numerous other mind-altering drugs. And the war was on between young people who wished drastic changes in society and symbolized their desires by partaking of forbidden fruit and those who desired to preserve older values.

Today's drug usage is unprecedented. More people are drinking more alcohol in more forms and in more places than ever before. The legal alcohol-beverage industry grosses over twelve billion dollars per year. Perhaps 200,000 Americans have a physical dependency on narcotic drugs. Eight billion amphetamine tablets and three and a half billion barbiturate capsules or tablets are produced annually. It has been estimated that more than twenty million Americans have tried marijuana.⁷ It is now reported by various news media that perhaps 85-90 percent of our college students use alcohol to some degree and over fifty percent have tried marijuana. Millions of people daily use aspirin and other home remedies to take care of unwanted feelings.

In an earlier paragraph it was noted that public sentiment vis-a-vis narcotic abuse shifted around 1900. Some members of the public viewed narcotic dependency as a vice, while others saw it as an illness -- a battle that has been going on since the early days

⁶See Farnsworth, "Drugs in Our Society," in ASHA, Teaching About Drugs, p. 111.

⁷See above, pp. 2-3.
of the American Republic in many matters of social concern and one that continues to this day. Slowly, the law enforcement point of view (vice) began to gain the upper hand over the medical point of view (illness). The first specific federal narcotics legislation was enacted with the Harrison Act of 1914, signaling a shift from personal to legal responsibility for the control of drug use. The Harrison Act was a tax act placing a tax on the manufacture, importation, or transfer of narcotic drugs. It forbade unauthorized possession, sale, or purchase of narcotic drugs and made violation of the statute a criminal act.

This action by the U.S. Congress and by supporters of the law enforcement point of view had its consequences. Physicians who had been used to prescribing narcotic drugs now found their options in this regard severely limited. Out-patient clinics which had previously tried to work with narcotic-dependent people (addicts) were closed by 1923 by federal authorities because of allegations of overdispensing on the part of clinics.8 Cut off from both legal drug supplies and clinic assistance, addicts turned to an underworld market as a source of supply. Supply, demand, and cost go hand in hand. To meet the rising cost of illegal drugs, addicts became increasingly involved in criminal activities. These activities were reported to the public at large. The public began associating drug dependency with crime and subsequently approved of crackdowns by police officials and narcotics agents on both pushers and the user.

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8See Smith, Kline, Drug Abuse, pp. 22-23.
A circular chain of events had been set in motion by the Harrison Act, and this motion has continued through the years up to the present.

The law enforcement point of view about drugs gained support in another quarter. The zenith of American attempts to control drug usage by law came with the passage of the Eighteenth Amendment to the United States Constitution, codified into law by the passage of Volstead Law in 1920. This law prohibited alcohol manufacture and sale. There was difficulty in enforcing the law because there was a substantial number of Americans who chose to defy the law more or less openly, more often than not with official connivance. For example, in the first eleven years of the Prohibition Bureau, 17,972 people were appointed to the agency, but 11,982 were terminated "without prejudice," and 1,604 were dismissed for bribery, extortion, theft, falsification of records, conspiracy, forgery, and perjury. Almost 15,000 people had received jail sentences for alcohol offenses in 1932 alone.9

Actually, a majority of Americans, including a large number who enjoyed alcohol, chose to obey the law. But an overwhelming majority must support a law of this kind for it to be effective. Such support was not forthcoming, and the Volstead Act was ended with the passage of the Twenty-first Amendment to the Constitution in 1933. Interestingly, alcohol, during the first two decades of the century, was often listed in state law as a narcotic. Often the law spoke of "alcohol and other narcotics" until the 1930's.

9Fort, Pleasure Seekers, pp. 68-69.
The first major law on marijuana was the Marijuana Tax Act of 1937. Legislation labeling marijuana as a narcotic remained on federal and state statute books until only very recently.

Drug control laws have been subject to debate for years because of the conflict over whether drug abuse should be thought of as a vice or as an illness. We have noted above that the American public saw narcotics addiction as an illness until about the turn of the century when the vice concept began to carry more weight. Shutting off the narcotics supply to drug dependent persons caused those persons to turn to crime to pay for illicit narcotics available in the underworld black market. The vice concept was then reinforced as the public noted the close association between drug dependency and crime. The public rarely sought to question the surface manifestation of the relationship.

There are some today who continue to insist that strong law enforcement is the answer to stemming the tide of rising numbers of drug abusers. Among these advocates can be counted law enforcement personnel (policemen, prosecutors, judges), a number of attorneys and doctors, a number of school teachers and administrators, and a sizable portion, perhaps the majority, of the American public.

One text about drugs, designed for use with high school students, strongly takes this point of view. Written by two teachers in a California high school and using a former narcotics officer for the Los Angeles County Sheriff's Office as a resource person, this text calls for more effective narcotics control by having larger and stronger law enforcement agencies, by creating boards
of qualified experts to help people, and by an educational process that will teach among other things that "Americans must rid themselves once and for all of the idea... that use of narcotics is a matter of 'personal freedom,' or that it is somehow disgraceful to 'fink' on anyone involved in selling narcotics."10

The text turns to alcohol for a discussion of the illness or vice point of view. Noting that there are two theories regarding the nature of alcoholism, and that one is that the alcoholic is the victim of a disease not too different from a nervous disorder, it says in part:

On the other hand, many students of alcoholism, including judges and police officials, are not so sure that this is a sound way of looking at the situation. They point out that the alcoholic knows by long experience whether he can drink and how much he can drink. After he becomes drunk, of course, he loses all judgment, but he is sober when he takes his first drink. At this sober stage, he is free to decide not to drink and thus to prevent whatever bad results may follow from drinking. If he does not make the right decision, he is responsible for whatever may occur afterward. More and more judges are now interpreting the laws in this way.11

This point of view is very clearly stated. It holds that each person is responsible for all of his actions and does not accept the contention that an alcoholic, or another drug-dependent person, finds himself less able to control his craving with each successive dose or drink, thereby reducing his potential for self-corrective action.

11Ibid., pp. 131-132.
Another source, a guide for drug education in California, seems to take both points of view and reconciles neither. At one point it declares that "the ultimate solution, if one exists, to the problem of drug abuse rests not in the control of drugs but in the development of human beings who are resistant to drug abuse."¹² Later, however, the opposite point of view prevails. "The most effective control measures thus far... are laws and accompanying enforcement procedures. These form the present bulwark of this country's control of drug abuse."¹³

One of the most vigorous and articulate opponents of the law enforcement approach of viewing drug abuse as a vice and a crime is San Francisco psychiatrist Dr. Joel Fort. He asserts that:

Due to the efforts of our politicians, two-thirds of whom are unfortunately lawyers, the belief has become deeply inculcated in the American mentality that the solution to problems lies with passing a law ("There ought to be a law against it") and then forgetting about it. The assumption of such legislation is that it will stop or deter the particular activity, e.g., drug use, and, if it fails to do so, will punish the individual and/or protect society from such antisocial behavior by imprisoning the offender.¹⁴

He argues, though, that most of the problems associated with heroin addiction are the result of our social and legal policies rather

¹²Kitzinger and Hill, Source Book, p. vi.
¹³Ibid., p. 57.
¹⁴Fort, Pleasure Seekers, p. 67.
than of the drug itself. He supports his claim by noting that legal policies force the addict to obtain his drug on the black market at extremely high prices, leading to crimes against property to get the needed money, and the policies then require the handling of detained users of the drug as criminals, thereby preventing rehabilitation.

Fort questions the propensity of Americans to think of themselves as law-abiding, and supportive of law, by noting that one of every six boys is now being referred to Juvenile Court, forty percent of all male children now living in America will be arrested for non-traffic offenses sometime during their lives, and ninety percent of all Americans have at some time during their life committed acts for which they could have been sent to jail or prison.

Continuing the attack, Fort points out that there are some two million arrests each year in the United States for the criminal offense of public drunkenness or intoxication on such charges as disorderly conduct, breach of the peace, and being drunk in a public place. He questions the advisability of this kind of law enforcement. He also contends that, contrary to what drug police agencies tell the public, there is very little violence connected with criminal charges placed against drug addicts.

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15 Ibid., p. 44.
16 Ibid., p. 107.
17 Ibid., pp. 112-114.
Fort then turns his attention to the law enforcement agencies themselves, or what he calls the "drug police." He has repeatedly accused Harry Anslinger, former commissioner of the Federal Bureau of Narcotics, of falsifying information given to Congress over a period of several years in hopes of getting more drug laws and a larger narcotics bureau. He quotes Anslinger and the Bureau to show their point of view. In one instance Anslinger described marijuana as the cause of crime, violence, assassination, insanity, mental deterioration, release of inhibitions of an anti-social behavior, and rape. In another situation Anslinger and the Bureau claimed that the Bureau's files are "punctuated with murders and atrocities committed under the influence of marijuana." In both instances, Fort charges, Anslinger and the Bureau were speaking nonsense and knew so at the time.

In probing deeper into the reasons for the vice-crime point of view among police, Fort cites a survey of narcotics officers who were asked to rank different groups on a scale of menace to the community. Heroin addicts, for example, were ranked as less of a menace than the Communist party, but more of a menace than syndicated crime, burglary rings, and confidence men. Marijuana users were ranked as less of a menace than the Mafia, white supremacists, and crooked real-estate operators. LSD users, however, were seen as more of a menace than the John Birch Society. In this same

18Ibid., pp. 69-70. For a direct confrontation between these two men, see the Playboy panel discussion entitled, "The Drug Revolution," Playboy, February, 1970, pp. 53-74 ff.

survey the narcotics officers were asked about ideal punishments, and marijuana users were lumped with prostitutes and income-tax evaders, with recommended sentences of from one day to one year in jail; while LSD users were grouped with drunks, beatniks, homosexuals, adulterers, and speeding drivers, for all of whom probation with no time in jail was recommended.20

Fort claims disbelief that "the people who have made our problems (the "drug police," in his terms) are absurdly put in charge of solving them; those who have fostered drug usage (again, for Fort, the drug police), lobbied for ever more fanatical laws, and made drugs seem more important than anything else in life have arranged to be assigned to 'stamping it out.'"21

Fort's recommendations are several. He would disband specialized drug-police agencies, relying instead on regular police intelligence and detective work against major suppliers, not at all against the users.22 He would have the criminal law focus on reducing the manufacture, cultivation and distribution of drugs.23 He would neither criminalize the users of drugs nor legalize drug usage. In the former regard, he feels that criminalizing the drug user is inhumane and in the same category as burning witches at the

20 Ibid., pp. 120-121.
21 Ibid., p. 218.
22 Ibid., p. 227.
23 Ibid., p. 225.
stake or putting mentally ill in dungeons. But he balks at legalizing all kinds of drug use, thereby turning a drug over to advertising and public-relations men, with the possibilities of results similar to alcohol and tobacco advertising. Aside from putting the whole drug situation in perspective, Fort notes that his recommendations would free police to move against serious crime plaguing society, would free the courts so that major criminal violations could receive speedier, less harried trials, would encourage new respect for the law on the part of the young and many adults, and would remove the economic profit of current drug laws devolving to prosecuting and defense lawyers and the drug policeman.

For Bruhn, the current prohibitory drug laws have not provided uniform alternatives in practice for controlling drug abuse or for rehabilitating abusers, and so need revision. For Lauter and Howe a law, such as a severe one against marijuana use with penalties ranging up to seven years in prison, "in the hands of troubled parents and teachers, or angry police and judges or even sympathetic counselors... may become a club with which to keep recalcitrant or rebellious young people in line -- or to send them away."

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24 Ibid., pp. 221-225.
25 Ibid., pp. 59-60 and p. 95.
26 Bruhn, "Drugs and Adaptation," pp. 2-3.
The drug educator is faced with the necessity of probing his own feelings about heavy drug usage. For his actions toward the drug user will depend in large part on these feelings. Though most of the debate in society at large revolves around the vice versus illness points of view, the drug educator might do well to think beyond these two positions. He might be helped by considering two additional views.

Marin and Cohen feel that "the abuse of drugs is not a legal problem, not even a moral one; it is at most a therapeutic concern, a problem of communal health." While they do not accept the vice concept at all, nevertheless they seem to go beyond the illness concept, at least in the traditional one-to-one doctor-patient sense. They seem to be asking for a sharing concern for the one in difficulty by all the other members of the community.

Keniston sees it somewhat differently. For him "the question of drug use is, in the last analysis, not a medical issue, but an existential, philosophical and ethical issue." Keniston, while rejecting the illness concept, does not endorse the vice concept elaborated upon earlier. Here he is saying that whether one chooses to or not to use drugs, in full consciousness of their possible bad effects and the legal implications of drug use, becomes an existential rather than a medical decision. Keniston would have counselors help students see the existential implications of their decision about drugs.

28Marin and Cohen, Drug Use, p. 65.
The drug educator must sort out these views about drug abuse—vice, illness, existential decision, or therapeutic concern—and determine where he stands. His effectiveness in relating to the drug abuser will be determined in part by the examination.

The Development of Drug Education

The first programs formalized enough to be labeled "drug education" began around the 1880's, at a time when the teaching of physiology and hygiene was made mandatory in many states. The impetus for this kind of instruction came on the wave of powerful propaganda conducted by the temperance movement. At the same time that this movement was promoting the concept that addiction, either to alcohol or narcotics, was a vice and a sin, it was also promoting an educational reform platform that wanted to require instruction on the effects of alcohol and narcotics. Many states acknowledged the great push and required the teaching about alcohol and narcotics as a part of the study of physiology and hygiene.

Most of the laws were broadly written, however, and the net results were two-fold. For those schools that attempted to follow the spirit of the law, the push for alcohol and narcotics education became a part of a broader health education program.

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For many schools, however, the compliance with the law ranged from token effort to none at all.

Drug education quietly continued throughout the first three decades of the twentieth century as a program largely dedicated to abstinence from alcohol and narcotics. At the beginning of the 1940's the National Education Association and the American Medical Association jointly put out a health education guide for educators. There was concern about drug usage — and most of the attention was focused upon alcohol. It was natural that alcohol should come under close scrutiny for it was then one of the most potent of drugs available and society had resumed its legal use a few years before. The guide warned that "the actual and potential damage to human health from alcohol in the United States is greater than can be justly charged to any other commonly used drug substance." It noted that a relatively large number of new admissions to hospitals for mental diseases were for alcoholic psychoses (a pattern that has continued through the years). To make sure that its message was clear, the guide defined alcohol as "a narcotic poison especially affecting brain and nerve cells."

Instructionally, the guide asked for a sensible approach to drugs. Using imprecise (by our standards today) language about

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31 Health Education, a report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, Second Revision (Washington, D. C.: National Education Association, 1941).

32 ibid., p. 70.

33 ibid., p. 160.
"alcohol, tobacco, and other narcotics," it asked that classroom effort about these substances be a part of the general work in training for sensible living practices and for protection of community health and welfare. It asked that teaching be by factual presentation and illustration, rather than by "exhortation."

At the junior high level the suggestion was made that tobacco be discussed for its effect on growth at a time when strength was needed by the body for development and for the "needless diversion of bodily processes required for repairing physical or mental injuries likely to be caused by tobacco." Turning to the "habit-forming" drugs, the suggestion was made that junior high teachers "not excite curiosity" but give information that these drugs were used by "unfortunate people who are quickly enslaved by them." Furthermore, the user's slavery was so great that "the user breaks every standard of reliability to get the drug."

At the senior high level, the NEA-AMA report asks that teachers teach "the advantages of abstinence from smoking until at least twenty-one years of age physically, mentally, morally (development of moral fibre in sticking to wise choices without fear of being laughed at)."

A year after this report was issued the American Association of School Administrators published a yearbook on health education in

\[34\text{Ibid.}, \text{p. 159.}\]

\[35\text{Ibid.}, \text{p. 161.}\]
American schools. Working with concepts and ideas that seem appropriate three decades later, the yearbook suggests that schools look to the society in general for an understanding of the drug situation. For example, it recognized that advertising "presents exaggerated claims and an intensified emotional appeal to the desires for social approval and personal fitness as a means of selling medicines, cosmetics, dentifrices, mouth washes, beverages, and foods." Consequently, it was felt that "boys and girls need to be helped to discriminate between honest and exaggerated advertising in this area." Likewise, it was felt that the schools could be effective in temperance education only to the degree that the "community attitudes and situations in respect to law enforcement, roadside bars, cabin camps, cocktail lounges, public dance halls, pool halls, and other commercialized recreation establishments" allowed it to be. Furthermore, if the home was not sympathetic to temperance education, then the best results could not be expected.

Turning to the problem of placing instruction about drugs in the curriculum, the yearbook committee felt that biology, health education, and social studies courses in high school offered the best opportunities for such teaching. Without specifically saying so, 

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37 Ibid., p. 82.

38 Ibid., p. 81.
AASA was recommending a natural integration into already existing instructional programs, a course still being recommended, though not always followed, by drug educators thirty years later. In the classroom itself it was felt important to engage a type of instruction likely to promote the desired results rather than a type which would produce antagonism and negative attitudes. Presentation of scientific information would meet this objective quite well. But while emphasizing the scientific facts, the teacher must also recognize that emotions and desires largely determine behavior and so the teacher should work to bring about positive attitudes on the part of the student.

The yearbook, forward-looking in most respects about drug education, is surely a product of its time in two instances. At one point it is made clear that

The teacher should not expect boys and girls to develop desirable health practices when she consistently exhibits poor practice in hygiene while wearing unhygienic shoes, talk good nutrition and lunch on hot dogs and soda pop, or preach temperance and toss off a few drinks to celebrate an athletic victory.39

In another instance there was a moral indignation about alcohol that was appropriate for the time. The tone was not in keeping with much of the rest of the presentation. It said in part:

Mental disintegration, moral irresponsibility, and social maladjustment follow in the wake of the use of alcoholic beverages. The increase in automobile accidents may be partially laid

39Ibid., p. 80.
at the door of alcohol. Sexual promiscuity is often a result of lack of control which follows consumption of alcohol. Crime, poverty, and delinquency are frequently associated with the use of alcohol and drugs. Young people should be made aware of the dangers involved so that they may avoid the use of harmful narcotics.40

A 1944 New York State unit on alcohol, tobacco, and narcotic drugs gives us a picture of the thinking then occurring about what was important to teach in the classroom about drugs. Certain basic information was seen as important for students to acquire and the list is reproduced below. It is interesting to note that marijuana is specifically mentioned, one of the few times that it was during the 1940's.

1.) The contributions of narcotics and anesthetics to human welfare; the dangers of self-medication.

2.) The effects of alcohol, tobacco, marijuana, and other narcotic drugs on the human organism and behavior; the reasons underlying their use.

3.) Sociological and economic effects of the use of narcotics; relationship of the use of beverage alcohol to accidents.

4.) Society's problems in relation to the excessive use of narcotics and the addict.

5.) Federal and New York State legislation regarding the production, sale, and use of beverage alcohol, tobacco, and narcotic drugs.

40 Ibid.
6.) The place of sound education and scientific research in solving personal and social problems of intemperance.\textsuperscript{41}

The Ohio Department of Education was not very active during the 1940's and 1950's in encouraging drug education in the schools. In one of its health education publications in 1946, no mention at all is made of drugs.\textsuperscript{42} A publication on health education in 1949 includes one line about drugs.\textsuperscript{43} By 1952 a very brief section dealing with stimulant and narcotic drugs is included.\textsuperscript{44}

About this same time (1951) the American Association of School Administrators came out with a revised edition of its earlier health education publication, first published in 1942. Gone were some of the forward-looking suggestions relative to drug education. Indeed, it might be said fairly that drugs, alcohol, and tobacco were largely ignored. The reasons for the deletions are not readily apparent.

From the early 1960's to the present time there has been significant recognition of the need for drug education. Some of the

\textsuperscript{41}Cited in Grout, Health Teaching, p. 302.


\textsuperscript{44}Ohio Department of Education, A Guide for the Teaching of Healthful and Happy Living for Children in the Elementary Grades (Columbus: Ohio Department of Education, 1952).
suggested programs and the accompanying objectives are discussed in a later subsection of this chapter. One point, however, needs to be reviewed here in connection with the development of a chronological sequence in events in drug education. That point is that the 1960's and now the 1970's no longer see much debate about the need for instruction about drugs. One of the more important questions currently is where such instruction should be placed in the curriculum. In 1966 the American School Health Association addressed itself to this problem by surveying special courses in sex education, drug abuse, VD control and others and decided that "under no circumstances should health instruction be fragmented into separate courses or compartmentalized into segments covering venereal disease, sex education, nutrition, or other special topics." Rather, it was felt that health education should be a "unified, integrated, cohesive program with proper concern for all aspects of personal, family, and community health." It is well to keep the matter of integration of drug education into other subject areas in mind while looking at subsequent parts of this chapter.

Determining Objectives of Drug Education

The introductory chapter to this study reviewed briefly some of the differences of opinion held by people about the objec-

Fred V. Hein, "Health Education and Drug Abuse," in ASHA, Teaching About Drugs, p. 102. Hein notes also that three separate organizations also took similar positions at their annual meetings in 1970: American Association of School Administrators; National School Boards Association; and the National Congress of Parents and Teachers.
tives for drug instruction. These differences arise from a myriad of reasons: the values and perceptions of the person or persons stating the objectives; the needs of the community as determined by the people through discussion or survey, or by the concerns of professionals in the community who have some knowledge of the drug situation locally; or a projection of the long-range consequences of unabated drug usage in the community. Other reasons could be listed, but the point has been made: people are going to feel strongly, for their own reasons, about the objectives of a drug education program. To gain perspective about the problem of determining major objectives for an extensive examination of drugs, a review of statements about drug education objectives that are current in the literature is crucial.

Mileff puts our task in perspective by writing:

Specifically, we need to ask ourselves: what shall be taught? when will it be taught? by whom will it be taught? how shall it be taught? Certainly there are no simple or single answers to any of these questions. The posing of the questions themselves is a necessary first step, however. Solutions to education problems demand the asking of the right questions. And these questions are the ones educators, parents, community leaders, and other interested professions have to ask, think about, and wrestle with in the pursuit of educational answers on drug abuse. These questions, in essence, are the guidelines for the development of curriculum, the assignment of staff responsibilities, and the allocation of time and money for the implementation of the program. If all the
answers to these questions are not immediately and easily forthcoming, some broad
generalizations can be offered for consideration at least.6

Some would respond quite simply to the question Mileff raises about what should be taught: teach facts. Garcia and Quigley state emphatically that the "most effective" drug education is that which "merely points out the fact that people voluntarily put into their systems, drugs, the content of which they do not know, the place of manufacture they do not know and the effect of which, temporary or permanent, they can only guess."7 This view is self-contained. Knowledge and information guarantees proper, or at least reformed, behavior. A number of other writers would concur that knowledge about drugs and their effects is valuable in the fight against drug abuse, though few would lean so heavily upon the factual approach alone as do Garcia and Quigley.

Nowlis is one who agrees that "one basic objective," out of several she lists, is "the achievement of accurate knowledge about drugs and of some understanding of the problems encountered in research on the behavioral effects of drugs."8 She notes that as far as this objective is concerned, drug education does not differ markedly from education occurring elsewhere in the formal curriculum.

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7Garcia and Quigley, Preventive Approach, p. 4.
8Nowlis, College Campus, p. 62.
Farnsworth affirms the necessity for information and gives a new twist to this objective. He wants such information-giving to state the reasons for drug-taking, rather than just reasons against it. He feels that proper knowledge, with both positive and negative aspects of drug use included, will have the practical effect of defusing the problem emotionally.\textsuperscript{49}

A large number of writers stress prevention of drug abuse as a primary goal of drug instruction efforts. Chinnock summarizes this view by writing that "with the overall failure of the punitive approach to the abuser and the addict, most educators now agree that the most hopeful answer in combatting drugs is a preventive approach."\textsuperscript{50} Another source underscores this view by noting that the educational objective of a drug abuse program is the same at the elementary, secondary, or college levels: prevention of the development of an actual drug abuse situation.\textsuperscript{51}

It is quite easy, of course, to state a general objective as being one of prevention. But prevention requires, needless to say, other adjunct objectives for implementation.

For Lane one aspect of drug abuse prevention is helping children build self-esteem. By developing an adequate self-concept children will not turn to drugs as a way out of uncomfortable

\textsuperscript{49}Dana L. Farnsworth, "Drugs: Do They Produce Open or Closed Minds?" in Newman, \textit{What Everyone Needs}, p. 229.

\textsuperscript{50}Frank W. Chinnock, \textit{Drugs: The Unsuspected Intruder}, p. 19.

\textsuperscript{51}Smith, Kline, \textit{Drug Abuse}, p. 55.
situations. Appell feels that drug abuse can best be prevented by improving and strengthening family life through education and opportunities for better living.

Others reverse the end and the means procedures outlined above. Rather than stating a preventive approach, they seek as a major objective the development of fully aware people who understand and appreciate the self; having developed such persons, they maintain, the problem of drug abuse will recede automatically. Two who might be representative of this view would be the committee members who developed the Stamford, Connecticut, drug education program and Ognibene, who outlined the importance of adequate support and counseling in the schools as a way of avoiding a drug abuse situation.

Fort approaches the statement of objectives for drug education in a very comprehensive way. In one lecture he listed five

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at the outset. First, there is the goal of knowing how mind-altering drugs work (factual information). Second, students need help in understanding the nature of advertising which stresses drugs in relationship to sex, youth and happiness. Fort sees the third objective as helping young people understand peer group pressure and how they should deal with it. The fourth objective is the provision of positive alternatives to drug use. Finally, Fort would hope that schools could help the student to make his drug usage as selective and as rational as possible. To meet these objectives Fort warns that a drug education program must desensationalize and demythologize drugs to counter the glorification and exaggeration of drugs by advertisers, drug policemen, politicians, and Learians.57

The curriculum worker reviewing the discussion of objectives to this point might well wonder why there should be any problem with selection from among them -- indeed, they all seem valid and so all would seem to be important enough to include in a school system's own list of goals. However, it should be noted that most writers tend to emphasize one or two objectives for a drug instruction program -- for good reasons. The objectives selected determine to a large degree what happens in the classroom. And most writers tend to emphasize a few objectives so that those matters that concern them most will be the first to be worked on for correction.


57 Fort, Pleasure Seekers, p. 228.
Most public schools (it will be shown) also limit their primary objectives to a very few. Though their list of goals may be several in number, many are similar and can be grouped together as a restatement of one primary objective. The curriculum worker, then, would do well to consider these matters while formulating his own ideas about a drug education program.

Turning to lists of objectives for consideration by schools, we find a number of objectives have been formulated for various levels of instruction. For example, the American School Health Association has set down in some detail a suggested curriculum. First, there is a listing of basic concepts which should carry throughout all grade levels.

**SUGGESTED CURRICULUM**

**Basic Concepts**

1. Drugs, in legal products, are medical tools that may have many benefits when properly used.

2. Drugs and other substances are used for many reasons.

3. Drugs and other substances, if misused, may be harmful.

4. Drugs may be classified according to their effects.

5. Production, distribution, and use of drugs are controlled by law.


7. Individual acceptance of responsibility is essential to the wise use of drugs.
8. Health is the result of the interaction of the physical with the intellectual, emotional, and social areas of human development.\(^{58}\)

It can be quickly seen that the first five of the eight concepts listed are informational in nature; the next two are rooted in behavioral concerns; and the last is a merger of behavioral and social concerns.

From these basic concepts there follows certain objectives. At the lower elementary level three objectives are stated:

1. To know and understand that drug products, household substances, and environmental factors affect health.

2. To make wise decisions and choices that contribute to good health.

3. To recognize that health can be affected by many factors.\(^{59}\)

Each of these three fall essentially into the informational category.

Following these objectives are those for the middle elementary years:

1. To know that drugs come from several sources. To appreciate their long history of use.

2. To understand the difference between prescription and nonprescription medicines.

3. To recognize that drugs as medicines have many uses, along with a potential for producing both good and bad effects.

\(^{58}\)ASHA, Teaching About Drugs, p. 2.

\(^{59}\)Ibid., pp. 3-19.
4. To know that many widely used substances contain drugs.

5. To know that misused and abused medicines, drugs, and other agents may have serious effects on the individual.

6. To identify common household products and to use them for their intended purposes.

7. To assume increasing responsibility for personal health.

8. To understand and appreciate the relationship of drugs to total health.

Again, this list of objectives takes essentially an informational approach to drug education. Moving to objectives for the early adolescent years we find them as follows:

1. To realize that behavior patterns influence present and future health.

2. To know and appreciate that progress in medicine has helped man to live longer and more comfortably.

3. To understand that the legitimate use of drugs and other substances is widespread.

4. To know that drugs are classified according to their pharmacologic action.

5. To know that drug products and chemical substances, when misused or abused, can cause serious problems, even permanent damage.

6. To understand that people misuse and abuse drugs for many reasons.

7. To recognize that health should be safeguarded throughout life; to develop practices that will protect and preserve health.

60 Ibid., pp. 29-38.

61 Ibid., pp. 39-76.
Five of the seven objectives stated here are essentially informational (factual knowledge about drugs) in nature, a situation consistent with the objectives outlined for the early elementary and middle elementary grades.

The objectives for the late adolescent years (secondary level) show some shift away from a largely informational process:

1. To understand the widespread use of drugs in modern living.

2. To know and appreciate that a healthy person usually does not need drugs as an aid to performing daily activities.

3. To recognize that drugs, when misused or abused, cause serious problems.

4. To know and employ resources for protection against illegal and unwise use of drugs.

5. To realize that drug control is complicated by many factors and considerations.

6. To comprehend the need for qualified personnel in drug control.

7. To know that individual responsibility is an important factor in effective drug control.\(^{62}\)

The shift is slight, however, and the program is still to be largely thought of as an information-based process.

The ASHA curriculum is considered by many people to be one of the better programs in drug education. It not only has a list of concepts and objectives, but also has suggested activities and possible media resources to meet those objectives. It can be readily seen that this program has been built upon two major goals: 1)

\(^{62}\)Ibid., pp. 77-97.
providing information about drugs and their effects and 2) illustrating drug use within a larger social context. There is little debate within drug education circles about whether meeting these objectives is valid. Obviously there is value in either goal. There is, however, considerable debate over whether a program similar to that proposed by the ASHA can also perform a preventive function since it does so little, in the view of some authorities, to modify behavior leading to drug abuse.

The drug education guide for the Stamford, Connecticut, schools provides a list of objectives that shows variance from that proposed by the ASHA. There are eight objectives, three of which are chiefly informational or factual in nature, the others relating to behavioral, social, and attitudinal matters. Those eight are:

1. To create an awareness of the total drug problem -- prevention, education, treatment, rehabilitation, law enforcement on the local, state, national, and international levels.

2. To inform the students of the effect on the body of narcotics, sedatives, hallucinogens and stimulants.

3. To relate the use of drugs to physical, mental, social, and emotional practices.

4. To encourage the individual to adapt an appropriate attitude toward pain, stress, and discomfort.

5. To develop the ability to make intelligent choices of attitude or action based on facts, and to develop the courage to stand by a person's own convictions.

6. To understand the personal, social, and economic problems causing the misuse of drugs.
7. To emphasize the need for seeking professional advice in dealing with problems related to physical and mental health.

8. To develop an interest in preventing illegal use of drugs in the community.63

A number of authorities would laud the Stamford approach, stressing that behavioral matters are the key to doing something constructive about the growing problem of drug abuse. Critics of the Stamford program would contend that students have too little opportunity to accumulate knowledge so essential to dealing substantively with behavior and attitudes.

The San Francisco School District has formulated three major objectives for its drug education program:

1. To guide pupils to understand the value systems and motivations which underlie the use, misuse and abuse of drugs and hazardous substances.

2. To provide opportunities for pupils to examine critically a wide range of factual information and expert opinion, and to distinguish between and evaluate them.

3. To discourage the experimental and recreational use of drugs.64

The first major objective seeks an understanding of behavior; the second is an attempt to provide a base of factual information; and the third is a preventive goal, most likely to succeed as a result of what happens in pursuing objectives one and two.

63Stamford Public Schools, Stamford Curriculum, p. 2.

From these major objectives come several other adjunct objectives set forth by grade level. For purposes of illustration we have selected objectives for Grades One, Five, Nine, and Eleven.

Grade One Objectives
To help pupils

1. Become aware that TV and radio commercials are intended to sell products rather than give reliable advice about healthful practices.

2. Recognize some ways in which advertising may be misleading.

3. Understand that guidance from parents, teachers and other responsible adults about food and drugs is superior to that disseminated by advertising.

4. Refuse to take gifts of any kind from strangers.

5. Protect younger children from harm caused by putting objects in their mouths.

Grade Five Objectives
To help pupils

1. Expand their understanding that drugs and other substances may be helpful and may be harmful.

2. Identify common drugs and other substances which are potentially harmful if unwisely or incorrectly used.

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65 Ibid., not paged.
3. To learn that wise decisions involve a thoughtful consideration of parental wishes, religious beliefs, scientific facts and expert opinions, self-understanding, social responsibility, and self-control.

4. Become acquainted with some of the laws about drugs.

5. Develop and maintain respect for these laws.

6. Communicate with their parents about their study of drugs and hazardous substances.

**Grade Nine Objectives**

To help pupils

1. Evaluate the nature and extent of cultural patterns of self-medication.

2. Understand the nature, extent, and seriousness of narcotic dependency.

3. Become acquainted with the laws which control the use and sale of alcohol, tobacco, drugs and other dangerous substances.

4. Understand the necessity for personal and social responsibility for preventing and resolving drug-related health and social problems.

5. Become aware of the relation between drug abuse and personal, family and social problems.
Grade Eleven Objectives

To help pupils

1. Understand that the misuse and abuse of alcohol, tobacco and drugs is an important contributing cause of chronic and degenerative diseases and disorders.

2. Become aware that many formerly incurable and fatal diseases and disorders are now preventable, controllable, or curable by the wise use of legitimate drugs.

3. Conclude that over-use and unnecessary use of any drug may threaten present and future health.

We can quickly see that the San Francisco adjunct objectives by grade level are far more varied and more substantial than those proposed by the American School Health Association. The San Francisco objectives require a more thoughtful approach to behavioral considerations on the part of students, teachers, parents, and the school community.

An even more pronounced movement away from the major objective of information-giving and toward the major objective of behavioral stability is that recorded by the South Bay Union School District in California. Their objectives are:

1. To build the self concept; good attitudes towards self.

2. To give instruction in decision making to children to enable them to make decisions.
3. To develop appreciation for the human body.

4. To develop responsibility to self and to others.

5. To build good citizenship — respect for the law.

6. To promote parent involvement.
   a. by creating an environment in the home where there is a positive value orientation
   b. by bringing enlightenment and correct information into the home... in order to help eliminate misinformation.

The preceding objectives lean heavily in the direction of helping the student understand himself. There would of necessity be some information giving from time to time, but the program, if it is to meet stated objectives, requires much self-examination and existential relationship between the self and others, between the student and his parents and peers. For those who stress the underlying behavioral aspects of drug abuse, the philosophy of the South Bay program would be a most satisfactory way of beginning to work with the situation.

Another approach is contained in the statement of goals in a program outlined for the schools in the state of Rhode Island. The lengthy list of objectives relies very heavily on an information-based process by which, it is hoped, young people would forego the

excesses of drug usage. Only two of the following thirteen items could be fairly categorized as working with behavior leading to the rational or irrational use of drugs. Here is the way the Rhode Island goals are stated:

1. To develop proper attitudes concerning narcotics and drug abuse, acquainting the pupils with the social problems and varying social attitudes relating to the use of addicting drugs.

2. To teach that illegal traffic in narcotics, drug abuse, and drug addiction are related to crime and delinquency.

3. To develop an understanding and appreciation for the value of narcotics to man making clear that there are legitimate medical uses for narcotic drugs.

4. To develop an understanding of laws (state and federal) and law enforcement as they relate to narcotics and drug abuse.

5. To develop an understanding of the dangers associated with narcotics and drug abuse -- the addicting nature of narcotic drugs and the habituating nature of some other substances.

6. To develop an understanding that mental and physical health can be attained and maintained only through one's own efforts rather than through improper use of drugs and narcotics and emphasizing ways of dealing with tensions that exclude the use of drugs.

7. To develop pupil, parent, and community interest in helping to solve the problem of narcotics and drug abuse.

8. To familiarize pupils with the significant historical data relative to narcotics and drug abuse.
9. To teach a clear and accurate vocabulary with definitions of terms and phrases related to the problem of drug abuse.

10. To develop pupil understanding of the chemical nature and the physiological effects of narcotic drugs and other harmful substances.

11. To acquaint pupils with the available facilities and the methods used for the treatment of narcotic addicts.

12. To develop an understanding of how drug use relates to safety.

13. To deter student involvement in narcotics and drug abuse.67

By contrast, the state of California has planned a program that is considerably broader than the one proposed by Rhode Island. The objectives seek to do several things: provide information about drugs, develop personal responsibility for individual actions, develop respect for the body and its functions, develop alternatives to drug use and, if one is to interpret the first objective literally as it is stated, encourage abstinence from all drugs. The California goals for the pupil are summarized in this way:

1. To develop respect for his body so that he will not allow it to be injured by smoking, sniffing, ingesting, or injecting into the body system any substances that have potentials for damage.

2. To acquire reverence for his brain and the infinite possibilities inherent in its development so that he is not prone henceforth to tinker with its intricate mechanism.

3. To develop interest and skill in several wholesome forms of recreation so that he need not look for synthetic self-satisfactions which would only serve to make him isolated and unhappy.

4. To learn that zest, adventure, and meaningful experience lie within his grasp in science, books, hobbies, arts and crafts, physical activities, and the outdoors.

5. To learn to take command of his own life, to assume responsibility for his own acts, and to meet his own problems squarely and courageously.

6. To develop sound convictions and worthwhile values as a basis upon which he can stand firm against those people who would sway him against his better judgment.

7. To know his worth as a human being so that he will not willingly participate in his own destruction.

Admittedly these seven objectives might be criticized by some as too highly moralistic in tone. Nevertheless, the most noteworthy of the California general objectives are those seeking to encourage alternatives to drug use. Only upon occasion does one find such alternatives noted in curriculum guides or source books. This question needs to be asked more often by administrators and teachers thinking about drug instruction: What alternatives to drug usage can be suggested that seem viable, relevant, and exciting to young people?

In a handbook designed to aid in the development of drug education programs, published under the auspices of the federal Bureau of Narcotics and Dangerous Drugs, there is an attempt to focus in on the roles of those attempting to meet the objectives of any program. There are statements of objectives for the administrator, the teacher, and both as they relate to the student, the community, and the subject matter. The role objectives are developed this way:

A. **Objectives for school administrators**

1. Obtaining information about drug problems in the nation, locality, community, school.

2. Increasing knowledge on national, state and local laws, and other legal aspects.

3. Provision of information and evaluation of programs in other school districts to combat drug abuse.

4. Development or promotion of programs to combat local drug abuse.

5. Gaining support for school/district drug abuse programs.

B. **Objectives for teachers**

1. Changes in teachers' knowledge, insights, attitudes, skills:
   a. Increase knowledge on drugs -- pharmacological, psychosocial, or legal -- or all three.
   b. Ability to discriminate between fact and fiction regarding drugs.
   c. Ability to recognize personality problems related to drug abuse.
d. Ability to evaluate written and audiovisual materials about drugs.

e. Ability to evaluate mass media advertising about drugs and to counter its effects relating to over-generalization of drugs as "cures" for social and personal problems.

f. Development of increased skill in encouraging wise decision-making.

g. Increased awareness of the nature of the youthful subculture and an accumulation of subconscious knowledge to assist in verbal and non-verbal communication skills.

h. A valid aspect of inservice training would be to encourage teachers to evaluate their own competence as drug educators, and to decide whether, because of their personal convictions, they might do a greater service to students by not assuming the role of drug mentor.

2. Changes in teachers' relationships with their students:

a. Development of more sympathetic attitudes toward youth, with increased understanding of the stresses and problems they face, and increased ability to propose rewarding alternatives to drug use.

b. Development of ability to show caring and concern for students who feel deprived of parental or other love.

c. Ability to convey drug information to students -- pharmacological, psychosocial, legal -- or all three.
d. Increased ability to communicate with students and to develop communicative skills.

e. Ability to contribute to students' sense of personal worth and integrity.

f. Development of students' decision-making abilities.

g. Strengthening student skills in evaluating such influences as commercial ads, news reports, novels, dramas.

h. Development of student sensitivity to the feelings of others.

C. Objectives in terms of parent and community relations

1. To increase public and parental awareness of the nature and scope of drug abuse in the local community.

2. To increase public and parental understanding of the tangible as well as intangible factors that contribute to drug abuse by youth.

3. To help teachers work with parents of drug abusers.

4. To demonstrate the serious concern of the school in drug education for youth, and the need for parental and community cooperation.

5. To encourage parental educational efforts regarding drugs in the home which have abuse potential.

Of particular interest is the admonition in B.1.h above that not all teachers attempt the role of drug mentor. The suggestion

here is that some teachers may do more harm than good to the broad objectives hopefully to be obtained in an adequate drug abuse prevention program.

This sample review of objectives developed by different groups points up major differences of opinion within the field of drug education. For some, information-giving is of primary importance. Factual information, it is reasoned, will help young people in the crucial decisions they make about the ingestion of chemical substances into their bodies. For others, study of behavior patterns is primary, since emotions and attitudes are the foremost determiners of what a person will do in a given circumstance. Occasionally, mention will be made of other primary objectives such as providing alternatives to drug abuse or prevention of drug abuse, the latter a highly generalized objective that always requires a statement of adjunct objectives to explain exactly how prevention is to be attained.

The central question, it seems, to be decided by the curriculum worker as he thinks about objectives for a drug education program is the weight to be given to the informational approach and that to be given to the behavioral approach. Hopefully, a careful balance between the two would be possible. As a rule, the review has shown, statements of objectives lean more heavily in the direction of information-giving, probably because this is the approach with which educators are most comfortable. It is important to realize the weight the decision-maker gives to each, for the
practices and methodology employed in the classroom stem from this basic decision.

**Classroom Strategies**

What to do in the classroom, how to do it, and when to do it are relevant concerns in drug education as in all other parts of the curriculum. This section will review some of the proposals put forth as responses to those concerns.

Nowlis and Mileff outline the general considerations that must be taken into account when planning for drug education is taking place. Since there are no ready-made recipes for effective drug education programs, the curriculum worker must work with the factors of educational philosophy and goals sought: local cultural patterns including social controls and the measure of tolerance for exploration and experimentation allowed young people; the nature of the community's drug problem; the kind of educational leadership available; teacher competence; and like variables.70

As the curriculum worker wrestles with these factors, he must at the same time make some decisions about the nature of the drug education emphasis: its placement in the curriculum, the scope and sequence of the instruction offered, and the kinds of methodology employed. Brickman speaks to these concerns when he writes that there will be "a growing demand for courses in drug

education, as there have been for consumer, driver, environmental, and sex education, and for black and other studies." He worries that a curriculum made up of such courses leaves little time for other educational experiences, though he admits that they may not be as "crucial or 'relevant' to the contemporary 'life style' of young people."71

Other writers agree that it is unwise to develop a unit and course to meet a drug abuse situation that is independent of other curriculum considerations and that is placed in a single grade.72 Hein points out that if curriculum courses were instituted solely on the basis of meeting all the physical, social and emotional problems encountered by the young, then we would likely be teaching nothing but health all day long and certainly for more than a year.73 He concurs with other writers that drug instruction must be included in a comprehensive approach that has breadth and depth, scope and sequence, coordination and cooperation. Such a comprehensive approach will allow instruction at various grade levels, from early elementary grades through secondary grades.


72 Among those who call for more broadly conceived programs are Martin R. Levy, "Background Considerations for Drug Programs," in Guidelines for Drug Abuse Prevention Education, p. 1; Kitzinger and Hill, Source Book, p. 79; Edward Mileff, "Role of School in Education Concerning Drugs," in Weinswig and Doerr, Drug Abuse, p. 27; ASHA, Teaching About Drugs, p. xiii; and Fort, Pleasure Seekers, pp. 227-228.

73 Fred V. Hein, "Health Education and Drug Abuse," in ASHA, Teaching About Drugs, p. 102.
While in years past drug education was thought of as beginning in the upper elementary grades or junior high school, now most authorities agree that such instruction ought to begin earlier.

There are several reasons for wanting to begin instruction about drugs earlier. First, it is now conceded that drug usage among young children is perhaps more widespread than ever before. Parents are themselves regular drug users and see drugs as being beneficial and helpful to children, so encourage use by their children. Drugs are no longer the strong, distasteful home remedies and prescription medicines of yesteryear. Tablets, pills, vaccines, and liquids are now flavored; children no longer resist drug-taking with the vehemence they used to employ. And some kinds of advertising about drugs are now directed toward the young.

Initiating drug instruction in the earlier grades may seem innovative only on paper, however. Curriculum guides ordinarily have placed formal teaching about drugs in grades five or six and above. Informally, drug education has been carried on for years by primary teachers. Young children have been helped to understand that ingestion of substances into the body may be either harmful or helpful and that unknown substances should be avoided unless parents or very well-known adults approve the ingestion. Some authorities now hope to build on this informal instruction to help young children understand drugs, their use, the advertising surrounding them, the misuse and abuse. The objectives of these programs have been reviewed in the previous section of this chapter.
The relationship drug education has to other parts of the curriculum is an area that has also received attention from various writers. There is a natural presumption that this instruction can be viewed as one part of education for health and most authorities cite health education as a natural location for drug education. One writer, agreeing that health education lends itself well to this kind of teaching, warns that there is a limitation to all health education: the behavioral outcome does not necessarily coincide with the knowledge input.\(^7^4\)

Farnsworth broadens the perspective most among those writing when he maintains that

\[\ldots\] drug use raises some of the most fundamental and compelling issues connected with human existence. It involves questions about freedom, creativity, the rights of society and the rights of the individual, the nature and attainment of happiness, and about each person's relations with others and with himself. Education concerning drug abuse starts as a particular facet of health education, but it goes far beyond that and involves biology, chemistry, sociology, psychology. Questions about drug use will arise in literature classes, in history, international relations, government and vocational guidance classes.\(^7^5\)

For Farnsworth, then, drug instruction becomes an all-school matter and all teachers need to be ready to deal with the questions that arise. Mileff agrees that drug education cannot be the sole

\(^{7^4}\)Charles M. Carroll, "Teaching About Drugs and Drug Abuse," in Garcia and Quigley, A Preventive Approach, p. 34.

\(^{7^5}\)Dana L. Farnsworth, "Drugs in Our Society," in ASHA, Teaching About Drugs, pp. 111-112.
responsibility of one teacher, but he would differ from Farnsworth in that he believes that it cannot be everyone's responsibility in the sense that everyone is "kind of" responsible but no one is directly responsible. Mileff would clearly designate that someone is in charge of drug use and abuse education. 76

The Albion, Michigan, schools have designed an instructional chart for both junior and senior high schools demonstrating the relationship drug education has to other subject areas. 77 In Figure 1 we see that drug education is shared in a major way by the science, home economics, and social studies department. Other subject areas have minor responsibilities. At the junior high level (Figure 2) four main areas of instruction share teaching responsibilities for drug education: general science, history, civics, and health.

Where such instruction occurs is important, though perhaps less so than how and under what conditions. To help in formulating plans about appropriate instruction, a California teachers' manual suggests these guiding principles for an adequate instructional program:

1. The instruction should be well planned.

2. Pupil and community needs should be considered.

76 Edward Mileff, "Role of School," in Weinswig and Doerr, Drug Abuse, p. 27.

FIGURE 1

SENIOR HIGH SCHOOL, ALBION, MICHIGAN
INSTRUCTIONAL CHART FOR DRUG EDUCATION

I. Major Areas of Instruction:

- **Science Department**
  - Biology Class
    - a. Identification
    - b. Effects on body

- **Home Economics Department**
  - Social-Psychology Class
    - a. Social psychological effects
    - b. Behavior & decisions

- **Teen Years Class**
  - a. Overall review of drugs - (use & abuse) - Types & effects on mind & body
  - b. Self-concept

- **Social Studies Department**
  - Government Class
    - a. Legal aspects of drug use & abuse
    - b. Old & current legislation
    - c. Financial aspects of drug use & abuse

II. Minor Areas of Instruction:

- **English**
- **Art**
- **Music**
- **Guidance and Administration**

- Themes Displays Analyze Term Papers music Counseling

III. Adult Areas:

- **In-Service Education**
- **Adult Education Classes**

- Teachers Administrators
FIGURE 2

JUNIOR HIGH SCHOOL, ALBION, MICHIGAN
INSTRUCTIONAL CHART FOR DRUG EDUCATION

DRUG EDUCATION

I. Main Areas of Instruction:

General Science
- a. Identification
- b. Sources
- c. Physical properties
- d. Effects on body chemistry

History
- a. Drugs throughout history
- b. Relation to medical history
- c. Recent discoveries

Civics
- a. Sociological effects
- b. Community responsibility
- c. Freedom vs. responsibility

Health (Mental)
- a. Physical effects
- b. Mental effects
- c. Self-concept
- d. Purpose & goals

II. Supporting:

Guidance
In-Service Education for Teachers
Assemblies
3. The best possible learning situation should be provided.

4. The teacher should be well prepared.

5. Objectives must be sustained.78

The planning of instruction will depend in large part on the objectives chosen, the degree to which the goals of the instructional program are consistent with the broader goals of the educational institution, both inside and outside of the classroom, the teacher's value system, the teacher's ability to be objective in an analysis of the perceived local drug situation, and the teacher's ability to be candid and flexible in a number of instructional situations. All of these situational factors, plus the inherent nature of the subject matter itself, blend together and become the body of the instructional program.

The second principle outlined above calls for consideration of pupil and community needs. One way to get pupil involvement is by inviting students to be a part of the initial planning of any program. An axiom now current in the field is that no drug education program can be successful without student input. Chinnock speaks to this concept when he notes that "one of the most common and serious errors made is the failure to get the young people involved at the planning stage." He goes on to say that involving youth "is the key to the success of any community program."79 Blavat

78 Kitzenner and Hill, Source Book, pp. 77-81.

79 Chinnock, Unsuspected Intruder, p. 18.
and Flocco concur by pointing to a program they attempted in a Los Angeles high school. Although the program they describe was altogether too simple in its philosophy and rationale, nevertheless they soon realized that a concerted effort would be needed from students, staff, community, and the local board of education.80

Prettyman and Jordan both speak to the need of involving the entire community in an educational effort of this kind. Prettyman would include the police, community centers, mental health agencies, the courts, municipal and state legislative bodies, as well as the schools, in this overall effort.81 Jordan speaks from practical experience as superintendent of schools in Coronado, Colorado. In his city the schools took the lead in establishing a community council that included physicians, dentists, clergy, major business leaders, and the presidents of the local civic clubs. It was only after working with these representatives that the schools were finally able to move ahead with the planned program. Jordan believes that "if you try it without them (community people), you are not going to succeed. Your community itself will reject your program unless you are willing to settle for only a program of information about drugs." Dr. Jordan feels such a prospect is ominous, for he goes on to say that "our experience has


demonstrated that information about drugs increases drug abuse if you stop there."®

The third principle cited earlier was provision of the best possible learning situations in the classroom. Good teaching requires thought about the instructional approach to be used in the classroom. Van Dyke has noticed that drug abuse education programs generally are based on one of two assumptions: that young people can be "scared away" from drugs or that young people will make rational, prudent decisions about drugs once they have an adequate informational base.®

Dr. Louise Richards, of the Drug Sciences Division of the Bureau of Narcotics and Dangerous Drugs, has listed seven principal approaches to teaching about drugs. They are:

1. The scare tactics approach.
2. The pro and con arguments approach.
3. The use of professional or experimental authority approach.
4. The encouragement of students to be student-teachers, transmitting information to their peers.
5. The conceptual structure approach utilizing the organization and elaboration of concepts.


6. The therapy techniques approach, such as encounter methods, attitudinal confrontation, or sensitivity training.

7. The entertainment approach, with the addition of humor and media to the drug abuse message.84

The scare approach is usually discouraged by authorities in the field.85 The Bureau of Narcotics and Dangerous Drugs recognizes that this approach is negative and breeds distrust of the total presentation about drugs. For example, the Bureau notes, a class of 50 students may have in it ten who have used a particular drug under discussion. These ten are likely measuring what the teacher knows by what they know empirically. At least 30 students will know the ten as users and be briefed by them as to the teacher's accuracy. About 40 of the 50 in the class are, therefore, in a good position to judge whether the teacher knows what he is talking about.86 Levy adds that exaggeration, distortion, and sensationalism are propaganda, not education, and have no place in the school.87 Yolles contends that scare techniques are not only detrimental, but are also detrimental to conveying factual information when the need to convey facts is present.88

84 Guidelines for Prevention Education, pp. 7-8.
85 Among those who warn against the use of scare tactics are Kitzinger and Hill, Source Book, p. 105; ASHA, Teaching About Drugs, xiii; and Smith, Kline, Drug Abuse, p. 57.
86 Guidelines for Prevention Education, p. 3.
88 Yolles, Recent Research, pp. 16-17.
Langer is one who defends the scare technique to some extent. Recognizing that this approach sometimes brings disrespect and incredibility, nevertheless he argues that this technique, based on valid information about hazards, has its place, if used ethically and intelligently, with groups who can benefit by it.89

The pro-and-con approach has both proponents and detractors. The intent of this technique is to present information factually and objectively, relying on the belief that students then will make wise, rational choices about the drugs used. There is good reason to adopt this technique and several authorities do.90 There are problems with the use of this technique, however.

Not all people, students included, will make rational decisions all the time. Langer worries that young children, unused to making individual judgments, may interpret this technique as really an invitation to experiment with drugs so that decisions can be made as to consequences on the individual doing the experimenting.91 Aubrey sees further problems. He recognizes the importance of straightforward, factual presentations, but is concerned at the point of throwing the floor open to discussion of the issues pro-and-con. He is concerned because such a discussion will


quickly go beyond the cognitive realm and center upon value-laden topics, topics which most teachers, he feels, are incapable or unwilling to handle. Consequently, he feels this approach does not ordinarily succeed.92

The use of professional and experimental authorities is widespread in schools. Sometimes doctors are invited to speak, with mixed results. Some doctors are knowledgeable about what drugs students are using, and some are not. Sometimes law enforcement personnel are used, again with mixed results. Some police content themselves with telling "scary" stories almost exclusively. They are interesting stories but seem unsuccessful in keeping young people away from drugs. The harshest critics of using police in the classroom contend that the police approach to the problem has a way of glamorizing drug use by calling attention to the attention afforded those who misuse drugs. Vogl feels that policemen bear a considerable handicap as an educator of the young. For example, police are responsible for enforcing laws they did not make, but which young people, including non-users of marijuana, consider unjust.93 Police also sometimes step out of their role and become experts on drugs themselves, explaining amphetamines and barbiturates, for instance. This explanation is done considerably better usually

92Roger F. Aubrey, "Drug Education: Can Teachers Really Do the Job?" Teachers College Record, Vol. 72 (February, 1971), p. 419

by pharmacists, recognized by society as professionals in the
field of drugs.

The use of ex-users or ex-addicts is an open question. Vogl cites a poll at an East Hampton, New York, high school wherein students were asked to rate a panel composed of a doctor, a clergyman, an attorney, a policeman, and an ex-addict. The ex-addict came out on top. On the other hand, Langer cites a study in the state of Michigan wherein high school students were asked to rate nine types of persons for their ability to advise on drugs. Drug users were at the median; personal physicians and university doctors were at the top of the list, while policemen, ministers, and school counselors were at the low end. Some authorities feel that ex-addicts or ex-users, properly trained, can be of service in an instructional program. The ex-user must have an understanding of the reasons for his own abuse, an ability to articulate those reasons, an ability to relate to the students, personally and professionally, and an understanding of how young people learn. The number of ex-users or ex-addicts who can qualify under these criteria is small.

The use of books, films, or pamphlets is helpful if suitable materials are available. Unfortunately, not very many good materials are. A high school in Los Angeles, conducting a week-

94 Ibid.
long workshop for students, passed out more than 55,000 pieces of literature. In a follow-up survey, only three students felt the pamphlets important.96

Using students as student-teachers in the classroom can be very helpful. Nowlis acknowledges that "young people have a knack for seeking out and attending to what is relevant to them at a given time and for ignoring what seems to be irrelevant."97 Langer notes that it has been found that the single most common reason for young people to stop using drugs is not a film or lecture on drugs, but rather a close call with death or other danger by themselves or someone in their crowd.98 Students can bring a sincerity and interest to this instructional approach if they are quite deeply involved.

The last three approaches listed by Richards have had scant discussion in the literature, but may be among the most fruitful for the drug educator. The conceptual approach goes beyond a mere statement of fact. It seeks an understanding of the fact in a social or personal context. Therapy techniques seem to be coming to more prominence in the drug education field. Largely this is true because most standard informational approaches have had little noticeable effects on the goal of reducing drug-ingesting behavior. Many leaders in the field are asking that schools develop ways of

97Nowlis, College Campus, p. 59.
working person-to-person. Therapy techniques are helpful in this regard. The entertainment approach has great potential, but this potential is yet to be realized. Most media attempts to educate about drugs to this point have been unproductive. Often prepared media materials are so unbalanced in their presentations that the effective teacher avoids their use.

There are those who are critical of most of the instructional approaches attempted. Wiener completed a significant study of drug use and abuse among young people in England. His conclusion, after analyzing his data, was that

... there is no guarantee that any sort of preventive education campaign among school children would be successful... The difficulty of education is that those who do become regular users, and who are the ones that any policy would be aimed at, might well be those who are most resistant to any form of education. In trying to reach them there is a danger that any campaign would have the reverse effect to that intended, and in fact create a larger problem... if a large-scale educational campaign is mounted this serves to elevate drugs to the equivalent status of cigarette smoking as a problem. Children might well then argue that if drug-taking is so widespread, it cannot be as harmful as the authorities make out, and also that they ought to try drugs if they don't want to be left out of it.99

He further states that "until more research has been carried out, any educational campaign in schools raises more problems than it is likely to solve."

Byrd also takes a very cautious approach to drug instruction of any kind. Fearing the worst, he contends that "poor instruction on the subject of narcotics addiction can create abnormal interests and curiosities about the subject and thus might be conducive of students' experimenting with drugs." There are alleged instances in drug education that reportedly have created additional interest in drug-taking after students have gone through drug instruction. Such incidents have not been verified by reliable information or studies. Supposing this were so, the professional still must ask the question: Would there be greater risk in not having an instructional program about drugs? Most authorities would answer this question affirmatively.

Blachly, a psychiatrist, looks at drug education in a different way. He acknowledges that educators assume that information dispensed will be used by students to make rational decisions. Likewise the educator feels that he has been responsible if he has presented all of the information fairly. After that it is up to the individual to make a conscious choice. For Blachly, it is unwise to provide education that is not sustaining just as it is unwise to feed a person food he cannot digest.

Blachly would deemphasize educational efforts in specific courses such as sex or drug abuse education. Rather, problem-

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solving behaviors that would preclude drug-seeking would be encouraged, such as occupational advancement, romance, or political activism. Furthermore, he feels, one should not glamorize drug-taking in various ways, both negatively and positively, but rather one should create the image that involvement with these unhelpful behaviors is an incredible bore, the pursuit of the weak-minded and those easily "conned." He suggests educational activities that will diminish the chances of participation in unhelpful behaviors. He would 1) initiate discussions as to why people hurt themselves and their friends and relatives; 2) initiate discussion and research on what makes persons susceptible or resistant to unhelpful behaviors; and 3) initiate classroom discussion and experimentation on how people change habitual forms of behavior.

Returning now to the instructional principles set forth in the California guide, we move to the fourth principle that advocates that teachers be well prepared. Obviously, well-prepared teachers in any subject area are better teachers because of it. Aubrey raises a very important issue when he questions whether teachers are well-prepared beyond the factual subject matter. He says:

To deal with the drug problem, sexual promiscuity, civil rights matters, and other heated issues of the day, a massive

102 Ibid., p. 30.
103 Ibid., p. 76.
104 Ibid., pp. 75-76.
effort on at least two fronts is necessary. The first front can be manned at the college or university charged with the training and preparation of teachers. At this level changes must occur in the actual experiential encounters of students rather than in content or subject matter. If students are someday "to teach" others about values, they must first learn to come to grips with the emotional ricochet such exchanges engender.\textsuperscript{105}

Aubrey's point is well-taken. Perhaps new teacher training is required to help teachers know how to explore values with their students. Various encounter sessions, therapy groups, and similar group experiences may need to be required before a teacher can be deemed ready to lead discussions around these value discussions. Tate sees another dimension that requires improvement. He feels teacher education programs should involve teachers in learning how to improve communication channels between students and their teachers.\textsuperscript{106}

Ognibene has inservice recommendations for teachers, counselors, and administrators. He would:

a. Create a greater awareness of students, their needs, and attitudes.

b. Stress the utilization of innovative and creative techniques which create student interest and involvement.

\textsuperscript{105} Aubrey, "Drug Education: Teachers," p. 421.

\textsuperscript{106} Constance P. Tate, "Inservice Education for Teachers," The Science Teacher, Vol. 37 (September, 1970) p. 49.
c. Emphasize the basic needs of love, understanding, belonging and acceptance for use in relating to students and in understanding student behavior.

d. Inform teachers about drugs and their effects.

e. Stress teamwork, cooperation, and a positive attitude in working with each other and with the type of exemplary behavior which we expect from them.  

It is his hope that by doing these things the educational staff can be better prepared to handle the drug crisis.

The fifth principle outlined in the California guide (p. 68) has to do with the carrying out of objectives. This has been discussed more fully in a previous section above (pp. 38-61).

Causal Factors in Drug Use Among the Young

A number of reasons can be cited for the popularity of drug use, both legal and illegal, with people of all ages. Indeed, there seem to be almost as many reasons as there are people. Dr. Dana Farnsworth of the Harvard Medical Center lists several reasons (from observation of college student drug use) why people use drugs: to relieve physical pain; to escape the mental pains of unhappiness, loneliness, alienation and depression; to make the user feel more self-confident; to achieve peer group identification; to test adult proscriptions; to experiment; to discover self-potential; to explore with curiosity; to take risks; to achieve insight into oneself; to enlarge mental scope, to open new areas in

the mind, and to reveal new dimensions of universal truth; and to avail oneself of drugs easily obtainable. These reasons are highly personal to the individual user, as Farnsworth sees the situation. For the drug user, "the fundamental promise of drugs is that things will be changed," both personally and socially as he relates to the world around him. In short, the user is trying to find a whole new life style and drugs appear to be a tempting short-cut to the immediate solution of problems.

Many writers look to factors outside the individual for explanation and understanding of drug use. Kenneth Keniston, Associate Professor of Psychiatry at Yale, contends that there are two primary pressures that are operating on students, particularly college students, today: the pressure toward cognitive professionalism, and the pressure toward psychological numbing. The first pressure demands that students perform well academically, postpone and delay emotional satisfactions until they are older, and refine and sharpen continually their cognitive abilities. As a result, Keniston feels, students today probably work harder than students in any previous generation. The second pressure, psychological numbing, operates at a great variety of levels. From childhood onward modern man is bombarded with the images and sound of television, films, radio, newspapers, paperbacks, neon signs,

108 Dana L. Farnsworth, "Drugs in Our Society," in ASHA, Teaching About Drugs, pp. 113-114.

109 This discussion of Keniston's views is taken from Kenneth Keniston, "Drug Use and Student Values," in Newman, What Everyone Needs, pp. 204-208.
advertisements and sound trucks, numbing him to many other sights and sounds of civilization. Additionally, Keniston acknowledges that modern man is exposed to a vast variety of ideologies, value systems, philosophies, political creeds, superstitions, religions, and faiths, further numbing man's responsiveness to the special spiritual and intellectual values of each one.

Cognitive professionalism leads to a search for meaning in other areas of life, while the fear of psychological numbing leads to a pursuit, even a cult, of experiences for their own sake. The use and abuse of psychoactive drugs by students is closely related to these two themes in student values, Keniston holds.

Brickman sees it another way. He thinks perhaps there is a relationship between "drug dedication," as he calls it, and the widespread rejection of reverence and tradition, coupled with attitudes of tolerance toward experience for its own sake." The vacuum in the lives of youth has been filled," he says, with "pot taking the place of patriotism. The intense drive to divest oneself from dependence upon parents and other elders has given way to conformity with the chronological age group. The highest values seem to be the satisfaction of curiosity and the yearning for 'kicks.'" Brickman notes that indeed "opium has become the religion of the people."¹¹⁰

Farnsworth lists some social factors for drug use besides the personal ones recorded earlier. Drug use has become a symbol of peer group identification and as such sometimes functions as a kind of tribal "coming of age" rite. Young people desiring group identification are under enormous pressure to join in drug usage if other members of the group are already drug users. Sometimes in these situations young people discover that those people they would like to emulate -- apparently the brightest, most creative, most sensitive -- are drug users. The pressure for them also to use drugs is enormous.111

Some observers point to "indulgent" behavior as a possible primary cause of youthful drug taking. Much discussion among drug educators suggests that at the present (time) there is no clearcut relationship between youthful drug use and "permissive" or "non-permissive" homes. In a comprehensive study of 1,093 students, Wiener found several interesting traits of drug users. He found no special "problem" situations in terms of size of family, privacy, and the like. The drug takers, when compared to the control group, felt that as a whole their parents were more lenient with them. Whether such leniency must be described as "permissiveness" depends upon definition of the term. Wiener also found that the drug users in the sample tended to spend a lot of time in the very places one would expect drugs to be available; spent more time with friends;

111Farnsworth, "Drugs in Our Society," in ASHA, Teaching About Drugs, p. 113.
had more parttime jobs and hence more money to spend each week on drugs; smoked more cigarettes; spent more time in mixed peer group company and were less nervous about peer group relationships; and seemed to have less respect for property than their control group counterparts. One interesting correlation was that 100 percent of student drug users had drunk alcohol other than at home, while only 76 percent of the control group had done so. Wiener concluded, on the basis of his study, that the more school children drink alcohol, the more likely they are to take drugs.112

Fort sees youthful drug use as a barometer and a commentary on the society, reflecting the failure of the family, the schools, and the leaders of the community to provide meaningful ingress for youthful energy, intelligence, and altruism.113 He feels that

Rarely is an individualistic, independent decision made by either young or old as to whether a particular mind-altering drug is really important, necessary, or desirable for them to use. Among other things, this fact shows us how little this society's institutions, including the families and schools, have inculcated individualism, or made it possible, despite the sometime lip-service that is given to this as an American ideal.

Newman warns against putting too much faith in societal causes for drug use. He lists war, racial troubles and other

112Wiener, Drugs and Schoolchildren, pp. 116-156.
113Fort, Pleasure Seekers, p. 220.
114Tbid., p. 196.
national crises as reasons often given. But he notes that Sweden, which has not been in formal war in 160 years and which has few interracial problems is currently witnessing a drug situation that proportionately rivals our own.\textsuperscript{115} Fort concurs that mind-altering drug use and abuse occurs in communist and capitalist, free and totalitarian, rich and poor societies, and "like the situation in the United States, which drug or which aspect of its use is singled out for attention depends not only on the objective situation, but also the vagaries of politicians and the mass media; and the poverty, disease, war, illiteracy, and suppression of human rights which pervade most of the world."\textsuperscript{116}

At the beginning of this section on causal factors of drug use, it was said that the reasons were as numerous as there were people using drugs. A number of authorities have offered opinions about drug use from their own perspectives. The perceptive educator must be cognizant of various factors as he works with young people who are close to the drug scene. He must not be quick to accuse or to ascribe a false reason for a student doing as he does. What is called for is individual attention to the circumstances surrounding each person's use.

**Drugs and Their Effects**

It is not within the scope of this study to go into detail about drugs and their effects. Educators who feel a need for


\textsuperscript{116} Fort, *Pleasure Seekers*, p. 13.
detailed information about drugs can turn to several excellent sources for such information. Those who read several sources, especially those with a title similar to something like "Drug Abuse" will frequently find that the two most common drugs of abuse, alcohol and tobacco, have been ignored.

What will be helpful in this section is to review some of the information which likely will provide the basis for protracted discussion about drugs in the classroom. Dr. Joel Fort is a leading exponent of the view that young people need to be told the truth about drugs — and the truth should be unvarnished, no matter how uncomfortable such information makes the educator feel. For Fort the truth means that young people would know that in terms of physical dependence risks, drugs would be listed with heroin first, alcohol second, and the barbiturates third; in terms of damage to the body, alcohol outranks heroin, for heroin produces no permanent damage to the body even with decades of heavy use (in marked contrast to alcohol); in terms of the overall consequence of drug abuse to society, Fort believes that a listing would be alcohol, tobacco, barbiturates and other sedatives, amphetamines, LSD and similar types, marijuana, and the opiates; that the leading death-producing drug comes from the use of tobacco.

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117 Fort, Pleasure Seekers, p. 99.
118 Ibid.
119 Ibid.; also Fort, "Drugs and Education," a lecture given to teachers on March 31, 1971.
120 Lecture, ibid.
that the leading drug in terms of producing psychoses is alcohol (10-15 percent in our state mental institutions are there because of permanent brain damage from alcohol usage), with amphetamines, LSD types, and marijuana following in that order;\textsuperscript{121} that the most commonly used illegal drug is tobacco (most states have laws against sales of and use of cigarettes by minors -- laws largely ignored), followed by alcohol and marijuana;\textsuperscript{122} and thousands of young people die or are disabled annually by aspirin abuse.\textsuperscript{123} Fort believes that many teachers and parents are unwilling to tell the truth in regard to the information presented above.

Fort also would have teachers be realistic by noting that most drug abusers are multiple drug users, a fact that requires special help and counseling for those involved in abuse.\textsuperscript{124} As a matter of general principle, Fort would like educators to affirm the idea that all drugs, when misused, are dangerous and that no drug of any kind can be said to be completely harmless and none can be said to be always or totally harmful.\textsuperscript{125}

Forney affirms that alcohol is a very potent chemical. He notes that ethanol easily passes through the tissues of the mouth

\textsuperscript{121}\textit{Ibid.}; also Fort, \textit{Pleasure Seekers}, p. 124.

\textsuperscript{122}\textit{Lecture}, \textit{ibid}.

\textsuperscript{123}\textit{Ibid}.

\textsuperscript{124}\textit{Ibid}.

\textsuperscript{125}Fort, \textit{Pleasure Seekers}, p. 98.
(not swallowing will still allow absorption if the alcohol is retained in the mouth), stomach and intestines by simple diffusion into the bloodstream. In fact, the absorption of alcohol by the stomach and small intestine is so rapid that little, if any, passes beyond the duodenum or small intestine.126

The information relative to the dangers of alcohol does not always settle well with adults. Many view alcohol mainly as a beverage, with little or no consideration of its chemical component. The result of this kind of thinking is the vigorous battle of words between the younger and older generations about the relative merits and dangers of alcohol and marijuana.

One text about drugs designed for use by high school students falls into this trap. The authors make comparisons that few young people would accept seriously. For example, this comparison is made:

Alcohol -- A great many people are able to use alcohol in moderation, and to have an occasional drink without marked effect on behavior. However, since it is easy to recognize drunkenness, a person who is intoxicated may often be "talked out of" rash behavior such as driving while drunk.

Marijuana -- It is difficult to use marijuana moderately, because the smoker must become intoxicated to get

the desired effect. It is often
difficult to recognize intox-
cation caused by marijuana. A
person under its influence is
not likely to be "protected" by
friends.  

Such a comparison is unfair on the face of it. Another example
should suffice to warn teachers away from this kind of instruction:

Alcohol -- Drinking alcohol does not make
a person lazy - at least not
after the effects of the alcohol
have worn off.

Marijuana -- The long-time user of marijuana
becomes lazy and shiftless. He
is likely to care little about his
future or anyone else's.  

The fallacy would be quickly demonstrated by any average student who
would be quick to point out that the authors of this text are
trying to compare an occasional user of alcohol with a regular,
long-term user of marijuana. The example simply will not hold for
most young people.

LSD has also sparked a considerable amount of controversy
and misinformation in the classroom. Chauncey and Kirkpatrick
relate horror tales by telling of the birth of a child of parents
both of whom had taken LSD several times. The child is described as
"grotesquely deformed. . . Its entire body and head were covered
with coarse black hair. It was in short a monster, scarcely human
in shape."  

The authors attribute the deformity to "acid" which

129 Ibid., p. 94.
has destructive effects on chromosomes and genes. Such a story is preposterous, of course. Research on possible damage to chromosomes by LSD is inconclusive at this point.

Fort, and others, point out that "no one can say that LSD doesn't or can't damage chromosomes, but they can, and should, display rationality and compassion rather than distorting and frightening." Many pharmacists and geneticists would concur, by noting that heavy doses of many chemicals into laboratory animals will cause similar chromosome damage.

Enough illustrations have been given in this section to show that a carefully-informed educator will enhance his usefulness in the classroom. To be well-informed, it is necessary that the educator read widely, checking out several sources for accuracy.

Summary

This chapter has been a review of the significant elements that make up drug education. An attempt has been made to show differing viewpoints held by authorities writing about drugs and instruction about drugs.

Each person working in the area of drug education curriculum must sort out what he knows and believes about drugs, their effects, the people who use drugs, the reasons for their using drugs, how people learn, and the objectives for an adequate instructional program -- and then he must rearrange his knowledge and beliefs to develop the effective program for his situation.

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Fort, Pleasure Seekers, p. 146.
CHAPTER III

PROCEDURES OF THE STUDY

Chapter III is an overview and explanation of the procedures utilized in this study designed to assess the level of teacher knowledge and attitudes about drugs, the people who use drugs, and drug education. To describe the way the study proceeded, this chapter is divided into the following five sections:

1. Definition of the Population Sample
2. Development of the Study Instrument
3. Administration of the Instrument
4. Tabulation of the Data
5. Summary

Definition of the Population Sample

The basic purpose of the survey was to assess the level of knowledge and attitudes of classroom teachers about drugs, the people who use drugs, and drug education. Information about teacher knowledge and feeling would be helpful, it was reasoned, in developing guidelines for drug education programs. It would function, in effect, as "benchmark" data to supplement the theoretical base derived from an analysis of theory and research reported in the literature.
To achieve this objective it was necessary to select a sample of educators who would be representative of Ohio classroom teachers and who would likely be willing to participate in a questionnaire survey. The sample selection was made in consultation with other staff members of the Division of Drug Education of the Ohio Department of Education.

There were various considerations in the selection process. First, it was determined that urban, suburban, and rural teachers should be included in the sample. Second, teachers participating in the survey should have had little or no service or advice from the Division of Drug Education during the school year of 1970-1971. Third, there should be a mixture of teachers working at various grade levels. Finally, there should be a target sample of 300 teachers, approximately 100 drawn from each category of urban, suburban, and rural, with two school systems representing each category.

The final determination of participants was made in accordance with the above-outlined criteria. Six school districts were selected: two were urban, each district being among Ohio's six largest school districts; two were suburban, one a residential, middle-class suburb of one of Ohio's largest cities, the other a parochial school system with a high incidence of suburban schools; two were rural, one in southwestern Ohio, the other in east central Ohio. Telephone conversations with the six individuals assuming responsibility for administering the survey instrument confirmed the willingness of the district to be involved in this study.
It was important that the teachers involved in the survey would have had little or no contact with in-service workshops, planning sessions, and programs conducted by the Division of Drug Education, Ohio Department of Education. In this way, the possibility of answering questionnaire items to the expectations of the staff members of the Division would be minimized. This criterion has been met.

Teachers who responded to the questionnaire came from various grade levels, with different subject matter interests. The teachers involved from the urban schools taught, for the most part, in buildings generally thought of as located in the "inner-city" or "changing neighborhoods." The one parochial system involved distributed the questionnaires to teachers working in buildings in suburban neighborhoods.

In the hope of obtaining an adequate cross-section of teacher views, 300 questionnaires were mailed out, with 50 to each of the two rural school districts, 50 to each of the two suburban school districts, and 50 to each of the two urban school districts. Of those distributed, 250 (83 percent) were returned.

Development of the Instrument

The intent of this study is to formulate guidelines which will be helpful in making decisions about drug education in local school systems. To gain an understanding of what those guidelines ought to be, a two fold approach was taken: a review of the professional literature to determine what authorities in the field
are saying; and a survey of classroom teachers to find out what they are thinking about the educational implications of drug-taking.

An adequate survey instrument was required to gather appropriate information from the teachers. Of the existing survey instruments, one recently developed by Dr. George Stricker of the Institute of Advanced Psychological Studies, Adelphi University, for use in evaluating the knowledge and attitudes of participants in the National Drug Education Seminars (Summer, 1970, sponsored by the United States Office of Education), emerged as the basic survey instrument for this study (see Appendix A, pp. 146-151).

The Stricker questionnaire was modified in several ways for use in this survey. The number of possible responses on the original questionnaire totaled seven, as follows:

1. This is a completely accurate statement.
2. I strongly agree with this statement.
3. I tend to agree with this statement but with reservations.
4. I really could not say.
5. I tend to disagree with this statement but with reservations.
6. I strongly disagree with this statement.
7. This statement is patently untrue.

The questionnaire was modified by reducing the number of possible responses to five as follows:

1. I strongly agree with this statement.
2. I tend to agree with this statement but with reservations.
3. I really could not say.

4. I tend to disagree with this statement but with reservations.

5. I strongly disagree with this statement.

The original Stricker questionnaire was a sixty-six item instrument. It was felt that such a lengthy instrument would be unwieldy for a survey of the kind needed for this study. Twenty-three items were selected from the original as being helpful. The selection of these items was based on the generalizations which evolved from an analysis of relevant literature. This method helped to establish additional content validity for the instrument beyond the validity claim Stricker made for the original instrument. Two other items were added to gather information about objectives and implementation of a drug education program, making a combined total of twenty-five questionnaire items (see Appendix A, pp. 152-154). Of the twenty-three items drawn from Stricker’s instrument, two were reworded with a slight modification. The modified instrument was administered to a group of ten teachers on a trial basis to assess clarity of items, ease of administration and scoring. This trial run suggested that the instrument was clear and useable.

The twenty-three items can be listed under three generalized categories. Five of them would fall under a general heading of "drug education program development." Twelve of them would fall under the heading of "attitudes toward drug users" and six would be headed as "drugs and their effects." From the items would come a good picture of the thinking of a sizable number of Ohio classroom teachers.
A separate answer sheet was prepared to accompany the questionnaire. The primary reason for the answer sheet was to allow for easy tabulation. The answer sheet also permitted compilation of helpful biographical information about the teacher responding to the survey.

Administration of the Instrument

Several items in a packet were mailed to the six individuals in the six school districts who had agreed to administer the questionnaire. Included in the packet was a cover letter to the test administrator, explaining the nature of the study and the general procedures to be followed when distributing the questionnaires to those teachers who would be involved in responding to the items; a separate statement of the purpose of the study, to be included, if requested, in the files of either the superintendent of schools of the district or the local board of education; a general explanation to the classroom teacher; the questionnaire; and the accompanying answer sheet. Copies of each of these items are included in Appendix A, pp. 152-154 and Appendix B, pp. 156-159.

Tabulation of the Data

The statistical tabulation of the questionnaire and biographical information was done by hand. As the tabulation was progressing, certain trends were identified. Final tabulation confirmed or rejected those trends.
The tabulation also included responses of a panel of five judges who are members of the State Training Team of the Division of Drug Education, Ohio Department of Education. In this way several comparisons could be made: the responses between and among the classifications of urban, suburban, and rural teachers and the panel of judges. These comparisons proved to be very significant in getting a status picture of the level of knowledge and attitudes.

Summary

Chapter III has included a description of the procedures used in surveying the knowledge and attitudes of 250 Ohio classroom teachers regarding drugs, drug users, and drug education. Chapter IV is a presentation of the results of the survey.
CHAPTER IV

THE RESULTS AND FINDINGS OF THE SURVEY

This chapter is an analysis of the results of a survey of 250 Ohio classroom teachers regarding their views about some of the effects of drugs, their attitudes toward drug users, and their perceptions about drug education programs. The results of the survey will provide a basis for comparing teachers' knowledge and attitudes with 1) those of a five-man panel from the Division of Drug Education, Ohio Department of Education, and 2) authorities writing in the professional literature.

An overview of the chapter is best given by an outline of the sections of the chapter:

1. The Population Included in the Survey
2. Teacher Knowledge of Drugs
3. Teacher Attitudes Toward a Drug Education Program
4. Teacher Attitudes Toward Drug Users
5. Teacher Objectives for Drug Education
6. Teachers' Thoughts About Implementation of a Drug Education Program
7. Summary of Results and Findings

The Population Included in the Survey

The sample population selected for the questionnaire
survey consisted of classroom teachers currently teaching in Ohio schools. To obtain a broad representation of opinion and attitudes, the sample population was selected within the following classification of schools: urban, suburban, and rural. This classification was used to permit comparison of attitudes of teachers who teach in different school settings.

Six school districts were a part of this survey. There were two districts participating in each of the three classifications. Each of the six districts in turn chose fifty teachers to participate in the study. Selection of teachers at the local level followed general guidelines set forth in cover letters sent to the six local districts (see Appendix B, pp. 156-159). Local survey administrators were asked to distribute the questionnaires in such a way that there would be a good cross-section of views, representing the thinking of teachers at various grade levels, age groupings, and past teaching experience.

Of the 300 teachers originally sought for participation in this study, 250 actually completed and returned the questionnaire. Rural teachers had the highest percentage of return with 90 of the intended 100 (90 percent) completing the task. Suburban teachers followed with 85 participating (85 percent). Seventy-five urban teachers participated (75 percent). The combined total of 250 out of 300 anticipated respondents represents an 83 percent return.

A diversity among survey participants was achieved. This diversity is shown in Table 1.
TABLE 1
BACKGROUND OF SURVEY RESPONDENTS BY SEX AND AGE

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<th>Sex</th>
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<td>Female</td>
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<td>30-39</td>
<td>40-49</td>
<td>50-59</td>
<td>up</td>
</tr>
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<td>63</td>
<td>39</td>
<td>12</td>
<td>18</td>
<td>11</td>
<td></td>
</tr>
<tr>
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<td>14</td>
<td>71</td>
<td>41</td>
<td>19</td>
<td>15</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Urban (75)</td>
<td>21</td>
<td>54</td>
<td>39</td>
<td>12</td>
<td>15</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Totals (250)</td>
<td>62</td>
<td>188</td>
<td>119a</td>
<td>43</td>
<td>48</td>
<td>28</td>
<td></td>
</tr>
</tbody>
</table>

*Ten rural respondents and two urban respondents failed to note age.

Teaching level and years of teaching experience were also broadly patterned (see Table 2). Tables 1 and 2 confirm that the sample was a good cross-section of teachers.

TABLE 2
TEACHING LEVEL AND YEARS OF TEACHING EXPERIENCE

<table>
<thead>
<tr>
<th></th>
<th>Teaching Level Grades</th>
<th>Teaching Experience</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>K- 3</td>
<td>4- 6</td>
<td>7- 9</td>
<td>10-12</td>
<td>1-4</td>
<td>5-10</td>
<td>11-20</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>32</td>
<td>27</td>
<td>16</td>
<td>15</td>
<td>38</td>
<td>24</td>
<td>11</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>28</td>
<td>31</td>
<td>21</td>
<td>5</td>
<td>30</td>
<td>35</td>
<td>15</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>18</td>
<td>22</td>
<td>21</td>
<td>14</td>
<td>33</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>78</td>
<td>80</td>
<td>58</td>
<td>34</td>
<td>101a</td>
<td>70</td>
<td>39</td>
</tr>
</tbody>
</table>

*Twelve teachers did not specify number of years of teaching experience.
An interesting pattern of responses to questionnaire items was recorded among the four classifications, including the panel of judges. The overall response is pictured in Figure 3. There is a similarity of responses between rural, suburban, and urban teachers, with the exception of three survey items which produced a dissimilar pattern of responses. The panel of judges disagreed more often with the teachers than the teachers did among themselves. An analysis of the individual items will point up this divergence of view in more detail in the separate sections of this chapter.

Teacher Knowledge of Drugs

Six of the questionnaire items relate to the cognitive aspects of drugs and their effects. Three of the six involve teacher knowledge about marijuana; two, knowledge about LSD; and one, knowledge about alcohol.

The preferred response for each item in this section of the study is that which has been determined by a panel of five judges, comprised of associates of the Division of Drug Education, Ohio Department of Education.

Item 3 of the questionnaire was the first of the cognitive items (see Table 3). It is clear that both teachers and the panel of judges agree on the preferred response to this item. Recognized authorities likewise dispute the claim of the Learians that there is enhanced creativity from LSD use.
FIGURE 3
LINE GRAPH SHOWING COMPARISONS OF OPINION AMONG FOUR CLASSIFICATIONS

Questionnaire Item No.: 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

RURAL TEACHERS

SUBURBAN TEACHERS

URBAN TEACHERS

RURAL - SUBURBAN - URBAN

PANEL OF JUDGES
TABLE 3

ITEM 3: IT HAS BEEN SHOWN THAT LSD STIMULATES OR ENHANCES CREATIVITY.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Suburban (81)</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Totals (249)</td>
<td>8</td>
<td>8</td>
<td>17</td>
<td>17</td>
<td>66</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly disagree with this statement.

The most that can be said for creativity and the use of LSD is that those who have tried LSD sometimes think or feel that their creativity has been enhanced, usually without empirical data to bolster their viewpoint.

Item 6 of the questionnaire inquired about the classification of marijuana pharmacologically. A clear majority disagreed with the statement that authorities no longer regard marijuana as a narcotic (see Table 4). The difference of opinion among the judges is noteworthy. One explanation might be the wording of the questionnaire item itself. There may be problems of interpretation over the words "total" and "competent" as in the phrase "total agreement among competent scientists."
TABLE 4

ITEM 6: THERE IS TOTAL AGREEMENT AMONG COMPETENT SCIENTISTS AND PHYSICIANS THAT MARIJUANA IS NOT A NARCOTIC DRUG EITHER PHARMACOLOGICALLY OR MEDICALLY.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Tend to Agree</th>
<th>Undecided</th>
<th>Tend to Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>8</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Urban (74)</td>
<td>3</td>
<td>4</td>
<td>11</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Totals (249)</td>
<td>15</td>
<td>6</td>
<td>26</td>
<td>11</td>
<td>70</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Three judges strongly agree with the statement; two judges strongly disagree with this statement.

Authorities in the field seem to be clear in their view that marijuana is not a narcotic drug pharmacologically.¹ Indeed the only real debate about marijuana classification seems to be whether marijuana should be classified as an hallucinogen or whether it stands by itself in a separate category of classification.

¹Substantiation for the view that marijuana is not a narcotic can be found in many sources. See Fort, Pleasure Seekers, p. 237; Kaplan, The New Prohibition, passim; Marin and Cohen, Understanding Drug Use, p. 115; Nowlis, College Campus, pp. 92-101; Smith, Kline, Drug Abuse, p. 39. One source can be cited that calls marijuana a narcotic (see Chauncey and Kilpatrick, Drugs and You, passim). However, the authors do agree that marijuana is not physically addictive and seem to be guilty of sloppy terminology by lumping all illegal drug use under the heading of "narcotics use."
It should be noted that fewer than one teacher out of five agreed with the view of authorities that marijuana should not be classified as a narcotic. Even while taking into account that some respondents may have been troubled by the words "total" and "competent," the researcher cannot help focusing on the fact that a clear majority of teachers still associate marijuana closely with the narcotics. This belief will obviously have a powerful effect on the classroom teacher as he or she attempts to work with student drug users, many of them occasional marijuana users. Ognibene, in a study comparing student attitudes toward drugs with counselor attitudes, found an interesting parallel to this study. A clear majority of secondary counselors polled (53 percent) disagreed with the statement that marijuana was not a narcotic drug either pharmacologically or medically. However, only 36 percent, about one-third, of the secondary students disagreed.² There is an obvious information gap operating between student and teacher knowledge about marijuana; in this case, it would appear that students are more knowledgeable than professional educators.

Item 7 of the questionnaire sought teacher attitudes towards alcohol consumption (see Table 5). A majority (54 percent) viewed alcohol as damaging to society, with 24 percent seeing alcohol as causing severe damage. The unanimous feeling of the judges was based on several considerations: 1) the largest group of people

TABLE 5

ITEM 7: FOR TOTAL AMOUNT OF DAMAGE DONE TO OUR SOCIETY, ALCOHOL IS MORE DANGEROUS THAN ANY OTHER DRUG.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>28</td>
<td>31</td>
<td>29</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>15</td>
<td>18</td>
<td>24</td>
<td>28</td>
<td>13</td>
</tr>
<tr>
<td>Urban (74)</td>
<td>18</td>
<td>21</td>
<td>22</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Totals (249)</td>
<td>61</td>
<td>24</td>
<td>75</td>
<td>30</td>
<td>29</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly agree with this statement.

physically dependent on a drug is constituted by those needing alcohol; 2) alcohol ranks second in the list of illegally used drugs (after tobacco); 3) the numbers of deaths attributable to alcohol consumption, including the alcohol user's physical deterioration and eventual demise and the innocent victims of highway accidents and criminal activity resulting from alcohol use; 4) the social effects of over-consumption (drug abuse) of alcohol resulting in billions of dollars lost as a result of property damage, employee absenteeism, and business transactions completed in an alcoholic haze; and 5) other day-by-day social consequences.

Teachers were also asked about what they knew about research on LSD and its effects (see Table 6). The largest number of responses indicate that teachers were not sure what they knew about LSD. Nearly one-third of the respondents (31 percent) felt they really could not say whether LSD research is conclusive or not.
TABLE 6

ITEM 13: INVESTIGATIONS INTO CHROMOSOMAL CHANGES, BIRTH DEFECTS, AND BRAIN CELL ALTERATIONS FOLLOWING LSD USE ARE NOT CONCLUSIVE.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>12</td>
<td>13</td>
<td>22</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>7</td>
<td>8</td>
<td>17</td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>8</td>
<td>11</td>
<td>11</td>
<td>15</td>
<td>22</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>27</td>
<td>11</td>
<td>50</td>
<td>20</td>
<td>79</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Three judges strongly agree, two judges tend to agree with this statement.

However, adding together those who tend to disagree or strongly disagree with the statement, a sizable group of teachers (38 percent) felt that the research is conclusive. This view was in striking contrast to the views of the judges. Three of the judges strongly agreed with the statement, a view supported by only 11 percent of the responses. The other two judges generally concurred that research is inconclusive.

One possible explanation for the kinds of responses elicited may be that the judges, reading books and articles dealing with drug research in depth, realize that much of the LSD research being conducted is not yet completed and that the initial studies on the topic appear to be in conflict, while the average classroom teacher, reading the popular newspapers and journals of the day with the stories of bizarre LSD-induced behavior, has either
accepted the validity of reporters' hypotheses or is not quite sure what to believe.

A similar pattern of being unsure about drug facts is seen in teacher responses to Item 20 of the questionnaire (see Table 7).

**TABLE 7**

<table>
<thead>
<tr>
<th>ITEM 20: EVEN WITH EXTENSIVE USE, MARIJUANA DEVELOPS LITTLE OR NO TOLERANCE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>No.</td>
</tr>
<tr>
<td>Rural (89)</td>
</tr>
<tr>
<td>Suburban (82)</td>
</tr>
<tr>
<td>Urban (75)</td>
</tr>
<tr>
<td>Totals (246)</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly agree with this statement.

Almost half of the respondents do not know whether marijuana develops tolerance or not. Almost one-third (30 percent) disagreed with the statement to a greater or lesser extent, the implication being that the teachers in this group believe that there is some kind of an addictive process related to marijuana use. Only 22 percent agreed, to a greater or lesser extent, that marijuana is not addictive. Most significant, only one out of ten agreed with the unanimous opinion of the judges that marijuana is not physically addictive.
The sixth item relating to facts about drugs asked teachers about the relationship between marijuana and heroin use (see Table 8). The judges could not come to unanimous agreement

**TABLE 8**

**ITEM 22: VERY FEW CHRONIC USERS OF MARIJUANA GO ON TO HEROIN USE.**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>13</td>
<td>31</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>22</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>8</td>
<td>3</td>
<td>27</td>
<td>11</td>
<td>70</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Two judges strongly agree, two judges tend to agree, one judge was undecided.

primarily because of the word "chronic." However, the weight of the judges' opinion is that of agreement with the statement. This is in startling contrast to the opinion of classroom teachers. Only 14 percent (35 out of the 250 sampled) agreed with the statement and sided with the opinion of the panel. It is noteworthy that 40 percent of the suburban teachers strongly disagreed with the statement. A high figure of this kind suggests that suburban teachers particularly are afraid that students using marijuana often will later become physically dependent upon heroin.
The idea that there is a strong relationship between marijuana use and heroin use is common among Americans. For several decades that kind of information has been repeated over and over by government officials, law enforcement officers, and politicians. At a news conference on June 1, 1971, President Nixon affirmed his view that those who start on marijuana are very likely to continue on the road to heroin.

Most authorities in the field challenge that kind of blanket generalization. It is generally thought that somewhere around five percent of marijuana users graduate into use of narcotic drugs. Statistics here are unreliable, however, because adequate research has not been done and an accurate count of the number of marijuana users and heroin abusers is not likely as long as both continue to be illegal.

In the six questionnaire items reviewed in this discussion of teacher knowledge about drugs, it has been shown that there was considerable divergence of view between classroom teachers and the panel of judges in three of the items. A large number of questionnaire items about drugs and their effects, particularly items pertaining to the amphetamines and barbiturates, might have shown even a greater disparity of thinking between teachers and those working in the field of drug education.

Teacher Attitudes Toward A Drug Education Program

Five items on the questionnaire dealt with aspects of drug education.
Item 2 queried teachers about using people experienced with drugs as resource persons (see Table 9). Almost half of the teachers registered some amount of disagreement, as did four of the five judges. Particularly noteworthy are the views of urban teachers. Those most likely to come into contact with ex-addicts or most likely to be in a situation where ex-addicts are available to serve as a resource person are the teachers least favorable to their inclusion in an educational program.

An explanation of the attitudes of urban teachers might be that some have already been close to a teaching situation where ex-addicts have been involved and were not particularly satisfied with the results. A number of urban teachers have pointed out that some ex-addicts can be helpful in an instructional program — if they are able to see the classroom as more than an arena for

### Table 9

**Item 2:** The only successful education and prevention programs are those which involve ex-addicts or ex-users.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>7</td>
<td>8</td>
<td>32</td>
<td>36</td>
<td>13</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>6</td>
<td>7</td>
<td>30</td>
<td>35</td>
<td>8</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>13</td>
<td>5</td>
<td>81</td>
<td>32</td>
<td>33</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Two judges strongly disagree with this statement; two judges tend to disagree; one judge tends to agree.
restaging a real-life drama and if they are able to relate what they have experienced to the goals and objectives of the educational effort.

Item 8 of the survey instrument seeks a reading of teacher attitudes toward group discussion, encounter, and interaction as satisfactory instruction methodology (see Table 10).

**TABLE 10**

**ITEM 8: SMALL GROUPS HONESTLY AND FREELY DISCUSSING PROBLEMS OF ADOLESCENTS WOULD DO MORE TOWARD SOLVING THE DRUG PROBLEM IN SCHOOLS THAN REACHING EVERY YOUNG PERSON WITH THE MOST COMPREHENSIVE AND HONEST INFORMATION ABOUT THE POTENTIAL DANGERS OF NON-MEDICAL DRUG USE.**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (88)</td>
<td>20</td>
<td>22</td>
<td>35</td>
<td>40</td>
<td>10</td>
</tr>
<tr>
<td>Suburban (83)</td>
<td>14</td>
<td>17</td>
<td>27</td>
<td>32</td>
<td>9</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>16</td>
<td>21</td>
<td>16</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Totals (246)</td>
<td>50</td>
<td>20</td>
<td>78</td>
<td>31</td>
<td>31</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly agree with this statement.

As the figures in Table 10 demonstrate, teachers in rural schools are more favorable to open discussion of adolescent problems than urban and suburban teachers. Rural teachers accepted this kind of teaching strategy to a large extent (62 percent tending to or strongly agreeing with the statement). About half of the suburban teachers accepted the strategy (49 percent), while only 42 percent of the urban teachers agreed with the statement.
The reason for the difference in opinion is not clear. It might be that rural teachers, teaching a smaller number of students with fewer distractions in the teaching situation, find it easier to talk freely with their students, while urban teachers, feeling more harried and anxious in the classroom, do not look with favor on an "open" classroom that might prove to be unmanageable.

Drug educators have turned to group instruction efforts as an alternative to formal classroom teaching. Pointing out that traditional lecture methodology has been notably unsuccessful in curbing the use of the two most abused drugs in the United States (tobacco and alcohol), many drug education specialists are suggesting that teachers must work with student attitudes and behavior if any change at all is to occur as a result of instructional efforts. Lectures, film and slide presentations, and instructional materials -- helpful as they may be in some settings-- do little to change behavior. Students talking about their problems can learn to analyze those problems. Hopefully, analysis can lead to solution by way of improving attitudes and behavior.

The correlation between drug use and societal problems was explored in Item 10 (see Table 11). A remarkable 85 percent of the respondents tended to or strongly agreed with the statement in Item 10. It would appear that teachers accept the premise that there is a strong correlation between environment and individual
TABLE 11

ITEM 10: EDUCATION ABOUT DRUGS IS MEANINGLESS UNLESS SOCIETY EVOLVES STRATEGIES TO DEAL WITH THE PHYSICAL, PSYCHOLOGICAL, AND SOCIAL CONDITIONS THAT PREDISPOSE TO DRUG DEPENDENCE.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>52</td>
<td>58</td>
<td>26</td>
<td>29</td>
<td>1</td>
</tr>
<tr>
<td>Suburban (84)</td>
<td>49</td>
<td>58</td>
<td>24</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>39</td>
<td>52</td>
<td>23</td>
<td>31</td>
<td>7</td>
</tr>
<tr>
<td>Totals (249)</td>
<td>140</td>
<td>56</td>
<td>73</td>
<td>29</td>
<td>9</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly agree with this statement.

behavior. Furthermore, the classroom instructors are sure that drug education is a sterile exercise if other considerations are not changed and upgraded.

The effectiveness of peer group persuasion was the focus in Item 15 (see Table 12). Again, with this item teachers showed

TABLE 12

ITEM 15: YOUNG PEOPLE CAN BE EFFECTIVELY INVOLVED IN PERSUADING OTHER YOUNG PEOPLE NOT TO USE DRUGS, BUT ONLY IF THEY HAVE BEEN CAREFULLY SELECTED AND TRAINED IN THE DANGERS OF DRUG ABUSE.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>38</td>
<td>42</td>
<td>42</td>
<td>47</td>
<td>0</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>37</td>
<td>43</td>
<td>36</td>
<td>42</td>
<td>4</td>
</tr>
<tr>
<td>Urban (73)</td>
<td>23</td>
<td>31</td>
<td>36</td>
<td>49</td>
<td>2</td>
</tr>
<tr>
<td>Totals (248)</td>
<td>98</td>
<td>39</td>
<td>134</td>
<td>46</td>
<td>6</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Two judges tend to agree; one judge strongly agrees; one judge tends to disagree; and one judge is undecided.
remarkable unanimity. Eighty-five percent supported the thrust of the statement, indicating that they had considerable faith in the ability of students to work with each other in a persuasive way. Three of the panel of judges share the views of the great majority of teachers; the other two did not.

The last item reviewed in this section has to do with the inclusion of community representatives in curriculum planning for drug education (see Table 13). No other item on the survey instrument drew such general agreement on the correct response.

Ninety percent of the classroom teachers responding felt that community involvement was an important factor in an effective drug education program. All five members of the panel of judges concurred.

### TABLE 13

**ITEM 17: SCHOOL PROGRAMS IN THE AREA OF DRUG EDUCATION CANNOT BE SUCCESSFUL WITHOUT CONTINUOUS COMMUNITY INVOLVEMENT.**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>59</td>
<td>66</td>
<td>24</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>56</td>
<td>66</td>
<td>22</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>44</td>
<td>59</td>
<td>22</td>
<td>29</td>
<td>5</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>158</td>
<td>63</td>
<td>68</td>
<td>27</td>
<td>9</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly agree with this statement.
A review of teacher attitudes in this section leads to the conclusion that teachers are doubtful about the value of ex-addicts in a drug education program; rural teachers favor small group discussions about adolescent problems more than their counterparts who are less than enthusiastic about this practice; teachers see no value in a drug education program which operates in a society that is not engaged in correcting social problems; they are enthusiastic about young people teaching other young people about drugs; and they are equally enthusiastic about community involvement in drug education programs.

Teacher Attitudes Toward Drug Users

Twelve items of the survey instrument were included for the purpose of determining teacher attitudes about people, particularly young people, who use drugs. The first item clearly represents the intent of this series of statements (see Table 14).

TABLE 14

<table>
<thead>
<tr>
<th>ITEM 1: YOUNG PEOPLE WHO ABUSE DRUGS ARE INADEQUATE OR IMMATURE INDIVIDUALS WHO NEED A CRUTCH TO COPE REALITY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>No.</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Rural (90)</td>
</tr>
<tr>
<td>Suburban (85)</td>
</tr>
<tr>
<td>Urban (75)</td>
</tr>
<tr>
<td>Totals (250)</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Tend to agree with this statement.
A majority (69 percent) saw validity to this statement in Item 1. And the panel of judges concurred. Indeed, it can be demonstrated repeatedly that many young people abusing drugs are seeking to escape the realities and problems they face. However, the fact that over half of the teachers and all of the judges accepted the statement with reservations implies acknowledgment that not all young drug abusers are inadequate or immature people and that the statement provides a too simplistic picture of the nature of drug misuse. There seem to be many reasons why people abuse drugs, with inadequacy being one of the foremost causes, though not the only one.

Item 4 of the survey seeks teacher opinion about the extent of drug abuse among school children (see Table 15). Most

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>2</td>
<td>2</td>
<td>14</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Suburban(85)</td>
<td>7</td>
<td>8</td>
<td>15</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>3</td>
<td>4</td>
<td>11</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>12</td>
<td>5</td>
<td>40</td>
<td>16</td>
<td>43</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Judges were unable to come to any agreement; each of the judges chose one of the five responses listed.
teachers felt that reports of drug abuse had not been exaggerated. Urban teachers in particular seem convinced that reports are not exaggerated. A full 67 percent registered some degree of disagreement with the statement. A clear majority of suburban and rural teachers likewise disagreed. The judges in this instance were quite divided in their opinion. The range of opinion among the panel may have resulted from the unreliability of statistics and information about student drug use. Since admission of drug use in many cases is tantamount to admission of criminal activity, researchers tend to discount reliability of information about drug use. Some of the panel of judges undoubtedly define drug abuse more narrowly than many classroom teachers do. For some teachers even occasional or experimental use of drugs (for the most part, the illegal drugs) constitutes drug abuse.

Involvement of young people in the development of drug education programs was another concept asked of teachers (see Table 16).

TABLE 16

ITEM 5: NO DRUG PREVENTION PROGRAM IN THE SCHOOL OR COMMUNITY WILL BE SUCCESSFUL UNLESS YOUNG PEOPLE ARE INVOLVED AT EVERY STATE OF PLANNING AND EXECUTION.

<table>
<thead>
<tr>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural (90)</td>
<td>36</td>
<td>40</td>
<td>41</td>
<td>46</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>19</td>
<td>22</td>
<td>31</td>
<td>36</td>
<td>13</td>
<td>15</td>
<td>15</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>20</td>
<td>27</td>
<td>27</td>
<td>36</td>
<td>5</td>
<td>7</td>
<td>18</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>75</td>
<td>30</td>
<td>99</td>
<td>39</td>
<td>21</td>
<td>8</td>
<td>39</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly agree with this statement.
There was agreement with the statement, ranging from rural teachers' views (86 percent registering some degree of agreement) to urban teachers (63 percent) to suburban teachers (58 percent). The panel of judges was unanimous in its strong agreement that no drug prevention program would be successful without involvement of young people. Indeed, drug educators regularly note that no successful program has been located anywhere in the United States without youth involvement -- and none is likely to be found.

Another item sought teacher judgment of youthful misuse of drugs in comparison with adult misuse of drugs (see Table 17).

| ITEM 9: SOCIETY SHOULD JUDGE ADULTS WHO MISUSE LIQUOR OR DRUGS BY THE SAME STANDARDS THAT IT JUDGES YOUNG PEOPLE. |
|---|---|---|---|
| Strongly agree | Tend to agree | Undecided | Tend to disagree | Strongly disagree |
| No. | % | No. | % | No. | % | No. | % | No. | % |
| Rural (89) | 42 | 47 | 27 | 30 | 2 | 2 | 11 | 12 | 7 | 8 |
| Suburban (83) | 33 | 39 | 16 | 19 | 6 | 7 | 14 | 17 | 15 | 18 |
| Urban (75) | 34 | 45 | 16 | 21 | 5 | 7 | 11 | 15 | 9 | 12 |
| Totals (247) | 109 | 44 | 59 | 24 | 13 | 5 | 36 | 14 | 31 | 12 |

Judges Preferred Response: Three judges tend to agree; two judges strongly agree.

A review of the results indicates that most teachers accept a common standard of judgment for both adult and youth misuse (68 percent), though some have reservations. Rural teachers were stronger in their feelings that there ought to be a more common standard
(77 percent). Suburban teachers were less sure about equal judgment (58 percent), a feeling perhaps reflecting a reluctance to include liquor as a drug.

The role of subversive elements was pursued in survey item 11 (see Table 18). The majority of teachers do not see

**TABLE 18**

ITEM 11: DRUG ABUSE IN YOUNG PEOPLE IS LARGELY THE FAULT OF SUBVERSIVE ELEMENTS.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>2</td>
<td>2</td>
<td>21</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>6</td>
<td>7</td>
<td>14</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>10</td>
<td>4%</td>
<td>46</td>
<td>18</td>
<td>50</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly disagree with this statement.

subversion as much of a factor in drug abuse. However, fifty-six teachers felt that there was an element of subversion involved and this group would likely be suspicious of young people who might be classified as political activists who also were drug users.

The relationship between drug use and intelligence was explored in item 12 of the questionnaire (see Table 19). Teachers were clear in their rejection of any idea that mostly less able students were involved with drugs. Particularly significant was the rejection of the statement by urban teachers. Seventy-one percent strongly disagreed that there was a close relationship
TABLE 19

**ITEM 12:** IT IS NOW KNOWN THAT DRUG USERS HAVE LOWER THAN AVERAGE I.Q.'S.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>8</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>15</td>
<td>6</td>
<td>9</td>
<td>4</td>
<td>34</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly disagree with this statement.

between drug use and a lower level of intelligence. The panel of judges concurred with teachers in strongly disagreeing with the statement.

Item 14 of the survey instrument explored the views of teachers relative to seeing heroin addiction as a disease or a criminal act (see Table 20). A two-thirds majority of teachers

TABLE 20

**ITEM 14:** HEROIN ADDICTION SHOULD BE CONSIDERED AS A DISEASE RATHER THAN A CRIME.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>31</td>
<td>34</td>
<td>39</td>
<td>43</td>
<td>1</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>23</td>
<td>27</td>
<td>32</td>
<td>38</td>
<td>9</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>31</td>
<td>41</td>
<td>26</td>
<td>35</td>
<td>6</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>85</td>
<td>34</td>
<td>97</td>
<td>38</td>
<td>16</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly agree with this statement.
viewed physical dependency as a disease rather than a crime, a position shared by the panel of judges. This finding is interesting because the professional in education may not share the view of the average citizen on this matter. From a recognition of the heavy emphasis currently placed on drug laws and law enforcement against drug use of some kinds, the researcher would come to the conclusion that the majority of Americans continue to see heroin addiction as criminal action, though there is some reason to believe that citizens are beginning to have second thoughts about treating the addict as a criminal. In this latter regard, it is clear that many Americans have difficulty ascribing criminal intent to military servicemen who are increasingly becoming dependent on a variety of drugs. Consequently, there will likely be a wholesale shift in public opinion away from the criminal view of addiction toward a medical view of physical dependency, a shift currently observable in public attitudes towards alcohol dependency. A review of American attitudes on this matter was included in Chapter II of this study (see pages 16-31).

Another item surveying teacher attitudes about drug users sought to relate drug abuse to a criminal element supplying drugs (see Table 21). A crucial factor in this item is that of the underlying cause of the abusive situation. More than half of the rural teachers agreed (to a greater or lesser degree) with the statement. They see criminals, perhaps an underworld network of organized crime, promoting drug use among the young. In contrast, fewer than half of the urban teachers agreed. Indeed an even
TABLE 21

ITEM 16: DRUG ABUSE AMONG YOUNG PEOPLE IS LARGELY THE FAULT OF CRIMINALS WHO MAKE A PROFIT FROM THEM.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (89)</td>
<td>11</td>
<td>12</td>
<td>39</td>
<td>44</td>
<td>1</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>9</td>
<td>11</td>
<td>29</td>
<td>34</td>
<td>7</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>6</td>
<td>8</td>
<td>25</td>
<td>33</td>
<td>5</td>
</tr>
<tr>
<td>Totals (249)</td>
<td>26</td>
<td>10</td>
<td>93</td>
<td>37</td>
<td>13</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Tend to disagree with this statement.

A larger number of urban teachers disagreed with the statement, a position supported by the panel of judges. There is a criminal element involved in drug distribution, to be sure; however, it is centered largely around the narcotics trade where the profit margin is higher. Young people who abuse drugs choose from a large number of drugs, many of which are not profitable to organized crime. Furthermore, it would be folly to attribute most drug abuse to the efforts of a small group of people. Rather, it would be more accurate to say that organized crime benefits from an unhappy situation largely caused by other factors.

Classroom teachers are agreed that narcotic addiction is now a part of different socio-economic levels (see Table 22). The panel of judges also strongly agreed that such is the case.
TABLE 22

ITEM 18: WITHIN THE PAST FEW YEARS NARCOTIC ADDICTION HAS SPREAD FROM THE GHETTO TO MIDDLE CLASS YOUTH.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (90)</td>
<td>60</td>
<td>67</td>
<td>19</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>55</td>
<td>65</td>
<td>17</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>49</td>
<td>65</td>
<td>19</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Totals (250)</td>
<td>154</td>
<td>65</td>
<td>55</td>
<td>22</td>
<td>15</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Strongly agree with this statement.

Teachers also saw alienation among the young as an important factor in the misuse of drugs (see Table 23). Since there

TABLE 23

ITEM 19: THE INCREASING DEGREE OF ALIENATION IS A BASIC CAUSE OF DRUG ABUSE.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Rural (89)</td>
<td>8</td>
<td>9</td>
<td>40</td>
<td>45</td>
<td>22</td>
</tr>
<tr>
<td>Suburban (85)</td>
<td>15</td>
<td>18</td>
<td>34</td>
<td>40</td>
<td>23</td>
</tr>
<tr>
<td>Urban (75)</td>
<td>13</td>
<td>17</td>
<td>26</td>
<td>35</td>
<td>23</td>
</tr>
<tr>
<td>Totals (249)</td>
<td>36</td>
<td>15</td>
<td>100</td>
<td>40</td>
<td>68</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Three judges tend to agree; one strongly agrees; one tends to disagree.

are many reasons why people misuse drugs, alienation, either at the personal or social level, would surely be a causal factor in
abusive situations. Fewer than one out of five teachers had reason to disagree with the thrust of the statement in item 19.

The next survey item was designed to test teacher attitudes about the issue of "permissiveness" at home and school (see Table 24). This issue has been widely discussed by a large assortment of individuals, such as public office holders, active politicians, psychologists, newspaper columnists, parents, and teachers. Over half of the teachers polled disagreed to some extent with the premise put forth in item 21 of the questionnaire. Urban teachers were strongest in their rejection of the thesis (63 percent).

The statement was worded strongly, citing permissiveness as the single most important factor in drug use among young people. The wording is a reflection of public attitudes sometimes espoused by those -- politicians, media columnists and reporters, law

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Undecided</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural (90)</td>
<td>5 6</td>
<td>23 26</td>
<td>9 10</td>
<td>29 32</td>
<td>24 27</td>
</tr>
<tr>
<td>Suburban (84)</td>
<td>9 13</td>
<td>19 23</td>
<td>13 17</td>
<td>32 38</td>
<td>15 11</td>
</tr>
<tr>
<td>Urban (74)</td>
<td>4 5</td>
<td>10 13</td>
<td>13 17</td>
<td>32 43</td>
<td>15 20</td>
</tr>
<tr>
<td>Totals (248)</td>
<td>18 7</td>
<td>52 20</td>
<td>35 11</td>
<td>93 38</td>
<td>50 20</td>
</tr>
</tbody>
</table>

Judges Preferred Response: Tend to disagree with this statement.
enforcement personnel and others -- who seek to capitalize on an unhappy situation. Teachers in the classroom, closer to young people in more ways than those attributing negative societal results to permissiveness, do not agree with such people. However, it cannot be argued that teachers have rejected altogether the permissiveness thesis by their responses in this study, for the questionnaire item did not seek the degree to which teachers felt that unstructured situations contributed to drug abuse among the young. An amplified discussion of this concern can be found in Chapter II (pages 83-84) of this study.

Another item on the questionnaire sought to establish a connection between involvement with productive activity and non-involvement in abuse of drugs (see Table 25). Teachers were not sure of their views on this matter, the results indicate. The panel of judges, by their own scattered responses, indicated, they, too,

| ITEM 23: PEOPLE WHO WORK FOR SOCIALLY BENEFICIAL GOALS Seldom Abuse Drugs. |
|--------------------------|---------|---------|--------------------------|---------|---------|
|                         | Strongly agree | Tend to agree | Undecided | Tend to disagree | Strongly disagree |
|                         | No. | %    | No. | %     | No. | %     | No. | %     | No. | %     |
| Rural (90)              | 11  | 12   | 23  | 26    | 31  | 34    | 20  | 22    | 5   | 6     |
| Suburban (81)           | 10  | 12   | 18  | 21    | 32  | 38    | 19  | 23    | 5   | 6     |
| Urban (75)              | 8   | 11   | 19  | 25    | 31  | 41    | 14  | 19    | 3   | 4     |
| Totals (249)            | 29  | 11   | 60  | 21    | 94  | 38    | 53  | 21    | 13  | 5     |

Judges Preferred Response: Two judges tend to disagree; one judge strongly agrees; one judge tends to agree; one judge is undecided.
were unsure of the most valid position. The largest block of teachers (38 percent) simply checked the "I really could not say" response. Almost the same number of teachers tended to agree and to disagree with the statement of item 23.

One of the alternatives to drug abuse frequently proposed by authorities in the fields of drug rehabilitation and drug education is that of individual involvement in socially beneficial goals. Activities frequently suggested include political involvement, athletics and recreation, support of the creative arts, travel, humanitarian endeavors, religious work, and marriage and family life. It is of considerable interest, then, that teachers are not at all sure that the alternatives suggested will reduce drug abuse.

Teacher Objectives for Drug Education Programs

Teachers responding to the survey instrument (see Appendix A, p. 152) were asked for their opinions of the primary objectives of a drug education program. With the results, a comparison could be made of objectives listed by teachers cooperating in this study with objectives outlined in Chapter II (see pp. 38-61).

The 250 teachers responding to the survey listed many objectives for a drug education program. The objectives they gave, though worded with slight variations, seemed to fall generally into seven broad statements of what ought to be done. Those objectives, listed by frequency of response, are:
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Number of Times Listed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanation of dangers of all drugs.</td>
<td>102</td>
</tr>
<tr>
<td>Presentation of factual information about all drugs to help in personal decision-making about the use of drugs.</td>
<td>70</td>
</tr>
<tr>
<td>Development of an awareness of the causes of drug abuse among all people, regardless of age, including both personal and societal factors.</td>
<td>31</td>
</tr>
<tr>
<td>Prevention of use of all drugs.</td>
<td>16</td>
</tr>
<tr>
<td>Prevention of drug abuse.</td>
<td>10</td>
</tr>
<tr>
<td>Elimination of drugs, except for medical purposes.</td>
<td>5</td>
</tr>
<tr>
<td>Statement of objective has not yet been formulated in my mind.</td>
<td>16</td>
</tr>
</tbody>
</table>

The first two objectives in the above list rely heavily on a factual approach to drug education. Together they represent the thinking of over two-thirds of the teachers (69 percent) participating in the survey. Though both rely heavily on an information base, nevertheless there is a significant difference between the two.
The objective mentioned most often by teachers was to provide an explanation of the dangers of all drugs. Almost half of the urban teachers (45 percent) listed this objective, followed in frequency by rural teachers (40 percent) and suburban teachers (36 percent). The intention of this objective is to warn young people in a dramatic way of the dangers surrounding the misuse of drugs. Hopefully, by fully realizing the potential harm that can be caused by drugs, young people will refrain from improper use.

Critics of this objective refer to it as a scare approach to teaching about drugs. They would contend that while there might be some short-term value in the use of fear, the long-range prospects of such a goal are not likely to be realized. Indeed, the long-term after-effects might be wholesale doubting of adult drug authorities by many young people who would come to feel that they had been earlier taught only one point of view in a dogmatic, doctrinaire fashion.

It was noted earlier in this study that a number of drug educators doubt the advisability of emphasizing this objective as the primary objective of an instructional program. Since 42 percent of the teachers participating in the survey have listed this objective, it is clear that there is a considerable gap between the goals deemed important by practitioners in the classroom and the goals sought by authorities in the field. Since the

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3For a fuller discussion of the "scare" approach, see Chapter II, pp. 70-72.
teacher traditionally establishes curriculum policy at the classroom level by articulating her own goals and objectives and then employing teaching strategies to obtain those goals, it seems realistic to predict that the "scare" approach will be used for some time to come, unless drug educators can convince classroom teachers to think differently about drugs and the people who use them.

The other objective most frequently mentioned by teachers is a presentation of factual information about all drugs to help in personal decision-making about the use of drugs. Implicit in this objective as stated are several assumptions. First, factual information would include a balanced presentation of both the benefits and the dangers of drugs. Second, there is the assumption that having accurate information about drugs will promote rational decision-making about drug use. Third, the objective assumes that teachers are well-informed about drug facts and the reasons for their use. Fourth, implicit in the objective is the assumption that people do indeed employ a rational process in deciding about the ingestion of drugs into the body.

Those who do not hold this objective to be primary in drug instruction would raise several doubts about the assumptions underlying it. Many teachers, they would contend, simply are not very knowledgeable themselves about drugs and in many instances would know less about the subject than the students in the class. Furthermore, they would question whether having accurate knowledge
about drugs would change behavior sufficiently to deter unwise ac-
tivity. Decision-making, they would point out, includes not only
objective information as a factor, but also the emotions, attitudes,
and values held by the person making the decision. Possessing
accurate information may alter attitudes and values -- but, then,
it may not. Putting heavy reliance on the factual approach is
akin to the proverbial eggs-in-basket style for the critics of
this educational objective.

In contrast to the 69 percent of teachers endorsing an
information-based objective, only 31 teachers, or 12 percent
espouse an objective that attempts to deal with the causes of
behavior leading to drug abuse. For this group classroom instruc-
tion can be effective only as young people begin to understand
why they, and others, behave as they do. Information about drugs
is important, these advocates hold, but information alone does
not change behavior. Rather, people change attitudes, perceptions,
and subsequent behavior as others in their peer group change the
same elements or as they, through a succession of new experiences,
alter their own perceptions and values. It is incumbent upon the
classroom teacher to foster the proper setting for new experiences
by encouraging group discussions, personal encounters, and people-
to-people interaction.

Critics of this objective are wary of it because, as they
point out, the experiences required for a change in behavior are
not easy to come by, cannot be staged in an unnatural setting,
and cannot be predetermined in the way of desirable outcome. For
these critics there is more stability and reliability in established instructional methodology.

It would serve the discussion at this point to return to the information contained in Table 10 (page 112). Asked to respond to item 8 of the questionnaire, a majority of teachers (51 percent) responded favorably to the proposition that small group discussions were of more value in solving the drug problem than providing accurate and comprehensive information about drugs. It is important to note that there is a significant discrepancy between the responses to the questionnaire item and the listing of objectives. Indeed, the discrepancy casts doubt as to whether classroom teachers, as a group, have really thought through to a consistent idea of what they are about and where they are going relative to instruction about drugs. This element alone casts significant doubt on the efficacy of drug education programs currently being offered in the schools of Ohio and perhaps elsewhere.

Other teachers in the survey stated other objectives. Six percent of the respondents saw the objective of instruction as the prevention of use of all drugs. Another four percent concurred in the elimination of drugs except for medical purposes. In the former instance the objective appears unrealistic in that

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Item 8 of the survey instruction included this statement: "Small groups honestly and freely discussing problems of adolescents would do more toward solving the drug problem in schools than reaching every young person with the most comprehensive and honest information about the potential dangers of non-medical drug use."
it would require the elimination of drugs such as caffeine in coffee, teas, and colas and the patent medicine preparations. Proposing an objective of this kind probably arises from 1) an inadequate definition of the term "drug" or 2) religious motivation from adherents to a faith that forbids drug use. In the latter instance, the objective suffers from the same considerations as the former, including a definition of what constitutes medical purposes.

Four percent of the survey participants urged as an objective the prevention of drug abuse. The objective is sound in itself, since all drug education should have this goal, but it is much too generalized to stand alone. Other corollary objectives must be stated as well to give meaning to this highly generalized one. Another six percent of the respondents simply indicated that they did not know what the statement of a primary objective ought to be.

**Teacher Thoughts About Implementation of a Drug Education Program**

Survey participants were asked about the kind of program that would have to be implemented to meet the primary objective each respondent was asked to state. To be completely fair to each respondent, implementation suggestions would have to be discussed individually. Such a procedure would be impractical in a study of this kind. It would be helpful, however, to list the suggestions of the teachers in order to analyze general patterns of response (see Table 27).
TABLE 27

IMPLEMENTATION SUGGESTIONS TO CARRY OUT OBJECTIVES OF A DRUG EDUCATION PROGRAM

<table>
<thead>
<tr>
<th>Implementation</th>
<th>Number of Times Listed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational programs with a continuing K-12 sequence.</td>
<td>51</td>
</tr>
<tr>
<td>Educational programs that involve students, parents, teachers and community as contributors to the success of the programs.</td>
<td>41</td>
</tr>
<tr>
<td>Educational programs that involve ex-addicts and/or ex-users.</td>
<td>41</td>
</tr>
<tr>
<td>Educational programs for parents and other adults.</td>
<td>39</td>
</tr>
<tr>
<td>Educational programs using lectures, films, speakers.</td>
<td>31</td>
</tr>
<tr>
<td>Educational programs that encourage student leadership in discussions, rap sessions, and encounters.</td>
<td>20</td>
</tr>
<tr>
<td>Educational programs that focus on concerns such as self-worth, values, ethics, rather than drugs.</td>
<td>17</td>
</tr>
<tr>
<td>Educational programs that stress the dangers of drugs.</td>
<td>7</td>
</tr>
<tr>
<td>Educational programs stressing laws and law enforcement.</td>
<td>3</td>
</tr>
<tr>
<td>Undecided.</td>
<td>46</td>
</tr>
</tbody>
</table>
From the table it can be seen that many teachers sense that a continuing effort is needed throughout the grade levels if major objectives against drug abuse are realized. Furthermore, this continuing effort must involve all elements of the school community if the program is to be successful. In this regard, it is interesting to note that rural teachers mentioned involvement of the total school community twice as frequently as either suburban or urban teachers.

The suggestion that ex-addicts and ex-users would be helpful is consistent with the views of a sizable number of teachers responding to item 2 of the questionnaire (see Table 9, page III). A small number suggested student leadership in drug education. However, almost all teachers (85 percent) had reacted positively to a questionnaire item (see Table 12, page III2) proposing the use of trained students in drug education.

A somewhat smaller number of teachers focused upon educational programs stressing discussions of concerns such as self-worth, values, and ethics. This implementation suggestion would be consistent with the small number of teachers who recognized an objective stressing causal behavior to be of primary importance.

Perhaps most significant, forty-six respondents admitted that they were quite undecided about what should be done.

Summary of Results and Findings

In this chapter an analysis was made of teacher responses to items on the survey instrument. Included were discussions
of the survey population, teacher knowledge about drugs, teacher attitudes toward a drug education program, teacher attitudes toward drug users, teacher objectives for drug education programs, and teacher thoughts about implementation of drug education programs to meet those objectives.
Summary of the Study

This study was designed to provide broad guidelines and understandings for curriculum decision-making in the realm of drug education. To meet this objective, a review of the relevant literature was conducted, highlighting the thinking of authorities about drugs and drug education, the nature and scope of an adequate instructional program about drugs, the objectives to be reached and the strategies available for meeting those objectives.

In addition to a review of the literature, an empirical assessment of the attitudes and opinions of a selected group of classroom teachers was made, with a view toward gathering information about what teachers knew about drugs, how they felt about those who use drugs, and how they would react to suggested curriculum considerations. A comparison between what is being said in the literature and what teachers are saying about drugs and drug education was then possible.

There is much discussion in America today, and the literature reflects it, about the wisdom of widespread use of marijuana and about reform of laws pertaining to marijuana use. It was noted
earlier in this study that there has been much misinformation about marijuana dispensed to the public through the communications media. The questionnaire survey of attitudes and opinions reported in the previous chapter indicated that many classroom teachers likewise are misinformed about the pharmacological classification of marijuana, its relationship to heroin use, and its effect on the human body.

There is considerable public discussion about the relationship between law and individual use of drugs. A review in a prior chapter of this study indicated that some authorities see drug abuse as a medical concern, others as a legal, therapeutic or existential concern. The survey of attitudes showed that teachers see drug abuse largely as a medical and therapeutic concern, rather than legal.

Many causes are suggested in the literature for the growing misuse of drugs. Teachers accept causal factors on two levels: personal and societal. On the one hand teachers recognize the alienation of a person from himself, others around him, and his own circumstances. On the other hand, teachers recognize that larger considerations of physical, psychological, and social conditions may predispose the individual to drug dependence.

The professional literature seeks broader thinking about philosophy and objectives for a drug education program and the instructional strategies that are required to conform to this philosophy and to meet stated objectives. The survey indicated that teachers are not clear whether they favor cognitive or affective
objectives or both. Furthermore, while they accept the concept of active involvement of all school community groups in development of a drug education program, they nevertheless are reluctant to advocate student involvement in the classroom situation itself.

Several broad generalizations can be safely stated from the context of the study. First, teachers, like the American public as a whole, need to be better informed about drugs, the effects of drugs on the body, the people who use drugs, and the culture and setting in which drugs are used.

Second, teachers are people-oriented to the degree that they want involvement of many people in planning a drug education curriculum, though they may not always carry through this intent by actively involving students in the on-going curriculum within the classroom. Teachers also see those involved in drug abuse as people needing help of a medical and therapeutic nature.

Teachers, as a group, recognize that there are many causes why people misuse drugs and support the changing of conditions to alleviate the personal and societal pressures leading to drug abuse.

Finally, teachers have not carefully related philosophy, objectives and teaching strategies into a comprehensive instructional program that will have a significant impact on the drug problem.

**Guidelines for a Drug Abuse Program**

A number of school personnel have been studying ways to implement a comprehensive drug education program. No outline of implementation that might be suggested would be satisfactory in all
school districts. Indeed, no attempt should be made to impose a tailor-made program developed elsewhere onto a local school district's curricular offerings. Each school district has its own needs which must be met in a fashion indigenous to that situation.

There are, however, some general guidelines that can be formulated:

1. Each school unit -- whether it be an entire school system, several schools in a cooperative effort, or a single building -- should first establish procedures for determining what the current situation is relative to the extent of drug usage in the community and probable causes for that use, focusing particularly on usage among the young, though not exclusively. Means will have to be developed whereby information will flow from several sources, both established sources such as law enforcement officials and community leaders and unattached sources such as the young themselves. Care will need to be taken to ensure that information gathered is accurate.

2. After sufficient data have been collected to ascertain that there is a recognized problem, a group of people will need to review the data to determine what ought to be the plan for moving against the problem. It is recommended here that each school unit develop an organizational plan that would permit representatives of
the total school community — students, parents, community leaders, interested adults, teachers and administrators — to participate in the development of a meaningful strategy, both in and out of the classroom, which will have an impact on the identified problem.

3. The representative committee should spend a considerable amount of time determining the specific objectives for the proposed program. It is likely that the representatives will bring with them attitudes, values, and opinions about drugs and drug users sufficiently diverse that a major task of the committee will be finding common ground to serve as a base for whatever kind of program is eventually established.

4. From the objectives cooperatively formulated, those directly involved in the school situation — students, teachers, and administrators — should select appropriate teaching-learning strategies which will make possible the attainment of the stated goals. This process, while largely in the hands of those directly connected with the educational endeavor, should by no means exclude community resource people or representatives who could make significant contributions to the process.

5. The classroom teacher will bear the most responsibility for meeting the objectives and carrying out teaching-learning strategies previously selected. Obviously, the teacher must be well prepared to work with students, many of whom may be as knowledgeable, or more so, about drugs as the teacher. School officials and
community leaders have a responsibility to ensure that teachers assigned to instruction about drugs are competent and prepared. Adequate preparation, whether achieved pre-service or in-service, should include considerable training in developing person-to-person relationships, improving communications skills, and understanding alternate life styles.

6. Those who are charged with the responsibility for a drug education program should have a recognition of the existential factors in both drug usage and drug education. Put another way, there should be ample recognition that it is people who use drugs, people who abuse drugs, people who are concerned about the effects of drug misuse, people who must select alternatives to drug use, and people who are involved in an instructional program about drugs. Consequently, throughout the planning for an adequate program, attention must be focused chiefly on what is best for people and secondarily on what constitutes appropriate instructional materials.

7. Finally, all who are involved in planning a drug education program should bear in mind that instruction about drugs is no panacea to an abusive situation. Conceivably, some school communities might find it more profitable planning for improvement of community social conditions or community services than planning for drug education. In other instances, school officials might spend the time better thinking through the rationale of all curricular offerings rather than focusing specifically on drug education. The thesis of this guideline is that many diverse factors come to
bear upon a drug abuse situation and improvement of any of these factors may do as much to prevent drug abuse as a program entitled "drug education."

Recommendations for Further Study

Completion of this study suggests several possibilities for further inquiry. Five that would be most significant are:

1. A comparison study of teacher responses to survey items reported in this study. Validation of the data would be helpful to those planning curriculum experiences in drug education.

2. A comparison study of instructional approaches dealing with drugs to determine effectiveness of different teaching-learning strategies. Almost no research is available which provides clues to the most appropriate strategies that might be employed in the classroom.

3. A comparison study of curricular offerings that are largely information-based with those that are chiefly behavior-based to determine which is most likely to achieve anticipated outcomes. Again, almost no research data is available along this line.

4. An analytical study of commercially and contractually-produced drug education programs that are currently coming to the attention of educators. A study of this kind would be helpful to the curriculum worker as he leads in the development of drug instruction.
5. A process analysis of a school-community committee working together to develop an appropriate drug education program. Such a study would be helpful to educational leaders who are planning to initiate a similar community study.
APPENDIX A

SURVEY INSTRUMENTS
Give your opinion about each of the items below by marking on the separate sheet the number, 1-7, which most accurately expresses your opinion. Use only a No. 2 pencil.

1. This is a completely accurate statement
2. I strongly agree with this statement
3. I tend to agree with this statement but with reservations
4. I really could not say
5. I tend to disagree with this statement but with reservations
6. I strongly disagree with this statement
7. This statement is patently untrue

1. Young people who abuse drugs are inadequate or immature individuals who need a crutch to cope with reality.

2. The only successful education and prevention programs are those which involve ex-addicts or ex-users.

3. Virtually every category of substance that has some effect on mood, feeling, or perception is being misused at this time.

4. It has been shown that LSD stimulates or enhances creativity.

5. The nature and extent of drug abuse among high school and elementary school children has been exaggerated.

6. Marijuana leads to sexual orgies.

7. No drug prevention program in school or community will be successful unless young people are involved at every state of planning and execution.

8. Like the heroin addict, the "speed freak" will do anything to obtain his supplies.

9. There is total agreement among competent scientists and physicians that marijuana is not a narcotic drug either pharmacologically or medically.

10. A drug is any substance that affects the structure and function of the living organism and all drugs act according to the same basic principles.

11. An important motive for drug use is a need to belong to a clique which happens to be engaged in drug use.
Give your opinion about each of the items below by marking on the separate sheet the number, 1-7, which most accurately expresses your opinion. Use only a No. 2 pencil.

1. This is a completely accurate statement
2. I strongly agree with this statement
3. I tend to agree with this statement but with reservations
4. I really could not say
5. I tend to disagree with this statement but with reservations
6. I strongly disagree with this statement
7. This statement is patently untrue

12. For total amount of damage done to our society, alcohol is more dangerous than any other drug.

13. Children should not be continually exposed to the idea that the stresses of daily life require chemical relief.

14. Marijuana leads to violent crimes.

15. Small groups honestly and freely discussing problems of adolescents would do more toward solving the drug problem in schools than reaching every young person with the most comprehensive and honest information about the potential dangers of non-medical drug use.

16. Each use of a drug involves a decision that the good which will come about through its use will overbalance the detrimental effects that may occur.

17. Today drug abuse is a problem of equal magnitude in upper, middle, and lower socioeconomic class children.

18. People who abuse drugs are trying to cope with overwhelming stress in their environment.

19. Society should judge adults who misuse liquor or drugs by the same standards that it judges young people.

20. Marijuana is harmless.

21. The principal reason for the ineffectiveness of most drug education efforts is that they make no distinctions among various patterns of use -- experimental, occasional, regular, compulsive.

22. An important motive for drug use is the obvious approval of drug use by legitimate adult sources.

23. Every pharmacologically active drug is dangerous at some dose in some individuals under some circumstances.
Give your opinion about each of the items below by marking on the separate sheet the number, 1-7, which most accurately expresses your opinion. Use only a No. 2 pencil.

1. This is a completely accurate statement
2. I strongly agree with this statement
3. I tend to agree with this statement but with reservations
4. I really could not say
5. I tend to disagree with this statement but with reservations
6. I strongly disagree with this statement
7. This statement is patently untrue

24. Marijuana use, although spreading throughout the country, is still primarily seen in Mexican-American communities.

25. Society's attitude to the use of a specific drug is the most important factor in determining the nature of abuse of that drug.

26. An important motive for drug use is a desire to experience God.

27. Education about drugs is meaningless unless society evolves strategies to deal with the physical, psychological, and social conditions that predispose to drug dependence.

28. Excessive drug use in a mother will affect any children she bears while on drugs.

29. Drug abuse in young people is largely the fault of Communist elements.

30. It is now known that drug users have lower than average I.Q.'s.

31. The number of people in the U.S. of all ages who have smoked marijuana is 20 million or more.

32. An important reason for drug use is easy access to drugs.

33. Public health experience shows that no social disease of man has ever been managed by attacking the disease directly. Massive frontal attacks on drug abuse will only intensify the problem.

34. Marijuana should be legalized.

35. In the final analysis, one must use drugs in order to really know their effects.

36. Investigations into chromosomal changes, birth defects, and brain cell alterations following LSD use are not conclusive.
Give your opinion about each of the items below by marking on the separate sheet the number, 1-7, which most accurately expresses your opinion. Use only a No. 2 pencil.

1. This is a completely accurate statement
2. I strongly agree with this statement
3. I tend to agree with this statement but with reservations
4. I really could not say
5. I tend to disagree with this statement but with reservations
6. I strongly disagree with this statement
7. This statement is patently untrue

37. An important motive for drug use is dissatisfaction or disillusionment with the prevailing social system.
38. The estimates of extent of heroin use throughout the general population are based entirely on speculation.
39. One of the main factors contributing to the drug problem has been its political exploitation.
40. Heroin addiction should be considered as a disease rather than a crime.
41. Young people can be effectively involved in persuading other young people not to use drugs, but only if they have been carefully selected and trained in the dangers of drug abuse.
42. When your child is found to be using drugs, an excellent source of help is your clergyman.
43. Drug abuse among young people is largely the fault of criminals who make a profit from them.
44. One important motive for drug use is the tendency of persons with psychological problems to seek easy solutions with chemicals.
45. School programs in the area of drug education cannot be successful without continuous community involvement.
46. In some countries, narcotic addicts can and do lead relatively normal lives.
47. It is almost always possible to obtain medical help on drug abuse without incurring legal penalties.
48. Within the past few years narcotic addiction has spread from the ghetto to middle class youth.
Give your opinion about each of the items below by marking on the separate sheet the number, 1-7, which most accurately expresses your opinion. Use only a No. 2 pencil.

1. This is a completely accurate statement  
2. I strongly agree with this statement  
3. I tend to agree with this statement but with reservations  
4. I really could not say  
5. I tend to disagree with this statement but with reservations  
6. I strongly disagree with this statement  
7. This statement is patently untrue

49. Children often abuse drugs as a means of attacking their parents.
50. Since feeling and subjective experience are influenced by and enhanced by drugs, we must attack the problem through emotional means, if we are serious about drugs and youth.
51. The increasing degree of alienation is a basic cause of drug abuse.
52. There is no generation gap in the abuse of stimulants and sedatives.
53. Even with extensive use, marijuana develops little or no tolerance.
54. The single most important factor in drug use by young people is permissiveness of parents and teachers.
55. When your child is found to be using drugs, an excellent source of help is the police.
56. Very few chronic users of marijuana go on to heroin use.
57. Drugs that are non-addicting are harmless because a person can stop at any time he wants to.
58. An important reason for drug use is the development of an affluent society that can afford drugs.
59. Most true drug abusers are multiple drug users.
60. The greatest danger of marijuana use is arrest for a felony.
61. Almost all heroin addicts have a basic character defect which leads to addiction.
62. The use and abuse of drugs is a private matter.
Give your opinion about each of the items below by marking on the separate sheet the number, 1-7, which most accurately expresses your opinion. Use only a No. 2 pencil.

1. This is a completely accurate statement
2. I strongly agree with this statement
3. I tend to agree with this statement but with reservations
4. I really could not say
5. I tend to disagree with this statement but with reservations
6. I strongly disagree with this statement
7. This statement is patently untrue

63. People who work for socially beneficial goals seldom use drugs.

64. There can be no single successful method of prevention or treatment of drug abuse for all individuals.

65. At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself.

66. It will soon be possible to use an assessment of personality traits to predict which kind of drug an individual will abuse.
Give your opinion about each of the items below by marking on the separate answer sheet the number, 1-5, which most accurately expresses your opinion:

1. I strongly agree with this statement
2. I tend to agree with this statement but with reservations
3. I really could not say
4. I tend to disagree with this statement but with reservations
5. I strongly disagree with this statement

1. Young people who abuse drugs are inadequate or immature individuals who need a crutch to cope with reality.
2. The only successful education and prevention programs are those which involve ex-addicts or ex-users.
3. It has been shown that LSD stimulates or enhances creativity.
4. The nature and extent of drug abuse among high school and elementary school children has been exaggerated.
5. No drug prevention program in the school or community will be successful unless young people are involved at every state of planning and execution.
6. There is total agreement among competent scientists and physicians that marijuana is not a narcotic drug either pharmacologically or medically.
7. For total amount of damage done to our society, alcohol is more dangerous than any other drug.
8. Small groups honestly and freely discussing problems of adolescents would do more toward solving the drug problem in schools than reaching every young person with the most comprehensive and honest information about the potential dangers of non-medical drug use.
9. Society should judge adults who misuse liquor or drugs by the same standards that it judges young people.
10. Education about drugs is meaningless unless society evolves strategies to deal with the physical, psychological, and social conditions that predispose to drug dependence.
11. Drug abuse in young people is largely the fault of subversive elements.
1. I strongly agree with this statement
2. I tend to agree with this statement but with reservations
3. I really could not say
4. I tend to disagree with this statement but with reservations
5. I strongly disagree with this statement

12. It is now known that drug users have lower than average I.Q.'s.
13. Investigations into chromosomal changes, birth defects, and brain cell alterations following LSD use are not conclusive.
14. Heroin addiction should be considered as a disease rather than a crime.
15. Young people can be effectively involved in persuading other young people not to use drugs, but only if they have been carefully selected and trained in the dangers of drug abuse.
16. Drug abuse among young people is largely the fault of criminals who make a profit from them.
17. School programs in the area of drug education cannot be successful without continuous community involvement.
18. Within the past few years narcotic addiction has spread from the ghetto to middle class youth.
19. The increasing degree of alienation is a basic cause of drug abuse.
20. Even with extensive use, marijuana develops little or no tolerance.
21. The single most important factor in drug use by young people is permissiveness of parents and teachers.
22. Very few chronic users of marijuana go on to heroin use.
23. People who work for socially beneficial goals seldom abuse drugs.
24. See answer sheet.
25. See answer sheet.
DATA AND ANSWER SHEET

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<td>m or f</td>
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Teaching Level:

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Years of Experience:

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<th>11-20</th>
<th>21 or more</th>
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<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Give your opinion about each of the items by marking on this answer sheet the number, 1-5, which most accurately expresses your opinion:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

24. What do you see as the primary objective of a drug education program?

25. What kind of a program must be implemented to meet your objective?

(FOR ADDITIONAL SPACE, PLEASE USE REVERSE SIDE.)
APPENDIX B

LETTER OF TRANSMITTAL

WITH ENCLOSURES
I am most appreciative of your willingness to help administer the enclosed questionnaires.

The questionnaires are a part of a study on drug education. They are designed to elicit responses from teachers to items about drugs and drug education. The responses will be compared to the perceptions about drugs and drug education held by recognized authorities in the field.

The following brief directions may assist you in administering the questionnaire and will provide for greater uniformity in the data received:

1. The survey is to be administered to fifty (50) teachers in your school system. The teachers should come from a variety of grade levels and should be randomly selected. Selection of only "special" teachers to complete the questionnaire would not be helpful to the overall study.

2. Teachers should be told that the purpose of this statewide study is to obtain data (knowledge, attitudes and opinions) about drugs and drug use that will be helpful in developing drug education programs.

3. Teachers should be told that their responses are completely anonymous, and no names need be written on the answer sheet.

4. Teachers should complete the questionnaire without discussion with other staff members, since their responses should reflect their own thinking.

5. Responses should be made on the answer sheet provided.

I trust you will find the questionnaire easy to administer. If you have any questions, please feel free to call me at 614-469-2407.

I am enclosing, in addition to the questionnaires and answer sheets, a general statement of purpose for your records and a letter for the teacher-participants.

Both the questionnaires and the answer sheets should be returned in the self-addressed, stamped return envelope enclosed for your convenience. It would be helpful to have the answer sheets by May 25, 1971.
Your assistance and cooperation are important to the success of this study, and I appreciate your helpfulness. Thank you.

Sincerely,

Charles E. Ballinger
Staff Associate

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Enclosures
Teachers:

This study attempts to explore attitudes, opinions, and knowledge teachers have about drugs and drug education. The success of the study will depend on the cooperation of classroom teachers in several Ohio school systems. That cooperation will require teachers to respond honestly to the questionnaire items.

You should know that teachers have been chosen randomly. No particular criterion has been established for selection of teachers to participate in the study. Indeed selection of "special" teachers to complete the questionnaire would not be helpful to the overall study.

Likewise, you should know that your responses are completely anonymous, and no names need be written on the answer sheet provided. I will not ask the administrators of this questionnaire for the names of the respondents.

Thank you for helping in the study.

Charles E. Ballinger
Staff Associate
Division of Drug Education
Ohio Department of Education
PURPOSE OF STUDY

This study will attempt to explore attitudes, opinions, and current knowledge teachers have about drugs and drug education. The success of the study will depend in large part on the cooperation of several school systems in the State of Ohio. That cooperation will require the administration of questionnaires to a randomly selected group of teachers of several grade levels in each local system.

The questionnaire items are drawn from a larger questionnaire developed by Dr. George Stricker of Adelphi University with support from the U. S. Office of Education.

The intent of the study is to compare the attitudes, opinions, and knowledge Ohio classroom teachers have about drugs and drug education with the attitudes, opinions, and knowledge leading authorities in the field of drug education have as evidenced in their writings in professional journals. From the comparison should come guidelines for helping administrators and classroom teachers develop sound drug education programs.

Charles E. Ballinger
Staff Associate
Division of Drug Education
Ohio Department of Education
SELECTED BIBLIOGRAPHY


Bruhn, John G. "Drugs and Adaptation." A paper presented at the National Drug Education Center, University of Oklahoma, March 22, 1971. ( Mimeographed.)


