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## Drugs: An Educational Challenge

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DRUGS: AN EDUCATIONAL CHALLENGE  
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SPECIAL COLLECTIONS

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By  
Linda Sue Culver

//

Submitted for Honors Work  
In the School of Nursing  
Illinois Wesleyan University  
Bloomington, Illinois  
1970

Accepted by the School of Nursing of Illinois  
Wesleyan University in fulfillment of the requirement  
for departmental honors.

April 20, 1970  
Date

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April 22, 1970

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April 28, 1970

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(The above statement also appears in the Faculty Handbook,  
page IV-18).

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Modern society has become "pill conscious" which has produced a society of drug takers and abusers. Wherever man turns he finds advertisements for cold remedies, headache tablets, hay fever medications, medications to cure over-indulgence via antacids, and many, many more. Children are brought up with the philosophy that if you have a headache take an aspirin, or if you do not feel perfect there is a pill to cure the feeling.

Almost every man, woman and child in America has taken a drug to cure something or to feel better and many of these people have become drug abusers in one sense or another. They drink too much coffee and tea, which contains caffeine, or they smoke too much, or they turn to the friendly neighborhood drugstore for a quick cure for an upset stomach or headache.

Open almost any American medicine cabinet and one will probably find a large supply of brand name drugs, as well as a good supply of prescriptions. These drugs have made our lives much more comfortable, but they may have also established a drug habit.

Today's adolescent has learned from experience that drugs relieve pain and make one feel good. The adult generation has accepted the use of alcohol, aspirin, Tums, etc., but it has

and is condemning the use of other drugs that the adolescents are turning to, in order that they, too, may "feel good," e.g.: L.S.D., speed, pep pills, nutmeg, S.T.P., T.H.C., glue-sniffing, narcotics, etc. .

Adolescents are turning to these "condemned" drugs for many reasons. They may be thrill-seekers, or attempting to gain status and be with the "in crowd," or trying to defy authority. Some of these drugs produce sensual stimulations and are used for this reason. Others may use drugs to relieve anxiety, which is not much different than the adult's reasons for abusing barbituates, tranquillizers, and sedatives. Many use them to escape a world they cannot accept or feel that it is too painful or ugly to survive in unless they take something to dull the sharp edges. Many feel a sense of alienation and use drugs to find a temporary meaning to life. Of course, there are those who defend their abuses by stating they are using them for a religious experience, as it gives them a mystic experience. Along these same lines, there are some people who believe that the use of drugs enhances their aesthetic appreciation or expression.<sup>1</sup>.

It has become an accepted fact that drug abuse is on the upswing by all sectors of society, making itself felt and known in almost all homes in the United States and other parts of the world.

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<sup>1</sup>•Frank K. Johnson and Jack C. Westman, "The Teenager and Drug Abuse," Journal of School Health, Vol. XXV111, No. 12, p. 652.

In order to adequately analyze and objectively decide about drug usage, the modern adolescent needs accurate, unbiased information about all aspects of drug usage.<sup>2</sup>

Most teenagers and parents are inadequately informed about drugs and respond positively to an open, educationally sound-orientated approach that respects their rights to have access to important knowledge and their ability to appropriately handle this knowledge. The health professions and educators bear the responsibility of promoting greater self-awareness and knowledge of the variety of experience available in life to the adolescent.<sup>3</sup>

"Of particular importance is the need to develop realistic techniques for informing young people."<sup>4</sup> Today's adolescent is in a paradox because they need to know the inherent dangers of drug abuse, but they often already seem to know a great deal more about the wide varieties of drugs, their reactions, and sensations, than their teachers. On the other hand, they often have little insight into the social and emotional dangers of drug abuse.

Illinois Superintendent of Schools, Dr. Raymond Page, has stated:

Drug education is a responsibility of the school and a conscientious teacher can teach drug education effectively. The teachers should receive proper preparation and training to carry out this task. Furthermore, the school must insure that adequate time is provided to allow drug instruction to take place. There must be close-co-operation between educational institutions and law enforcement agencies.

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<sup>2</sup>•See glossary of definitions.

<sup>3</sup>•Johnson, op. cit., p. 653.

<sup>4</sup>•American Academy of Pediatrics Committee of Youth, "Drugs Abuse in Adolescence: The Use of Harmful Drugs a Pediatric concern," Pediatrics, Vol. 44, No. 1, (July, 1969) p. 131.

Education should present the scientific facts about drugs to youth. It must also point out the serious damage that can result from even experimental use of some drugs.<sup>5</sup>

This is the philosophy which greatly influences drug education in the state of Illinois. The state has assumed the responsibility, but many problem areas are in evidence about drug education.

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<sup>5</sup>. Letter from Superintendent Ray Page, Office of the Superintendent of Public Instruction, Superintendent Mitchell Ware, Division of Narcotic Control Department of Public Safety, And Regional Director Otto Heinicke, Federal Bureau of Narcotics and Dangerous Drugs, United States Department of Justice, October 31, 1969.



Review of Literature

Drug education is an intregal part of health instruction and should be included in this area of a child's education. School health is "the process of providing learning experience for the purpose of influencing knowledge, attitudes or conduct relating to individual and community health."<sup>6</sup> Thus the school is working with health concepts in health instruction which is: "the organized teaching of procedures directed towards developing understanding attitudes, and practices relating to health and factors affecting health,"<sup>7</sup> "the pupil should acquire the information, attitudes and practices which enable him to care for his own health, protect the health of his family and assume responsibility for community."<sup>8</sup>

Health supervision is a shared responsibility between the parents of the child and the school, with the major responsibility resting with the parents. Parents, however, are often unwilling or unable to take this responsibility for many reasons. The school must then take this responsibility which rests upon their responsibility to the student due to:

1. The obligation of the school to aid in maintaining the pupil's optimum fitness to learn.

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<sup>6</sup>Alma Nemir, The School Health Program, (Philadelphia: W.B. Saunders Co., 1959), p. 326.

<sup>7</sup>Report of the National Conference on Coordination of the School Health Program, Teamwork in School Health, (American Association for Health, Physical Education and Recreation, Department of the National Education Association, 1962), p. 3.

<sup>8</sup>Nemir, op. cit., p. 327.

2. The obligation of the school to maintain conditions that promote healthful living while pupils are under the school's jurisdiction.

3. The obligation of the school to help assure optimum health for each individual.

4. The obligation of the school to enable young people to make intelligent decisions about personal, family, and community health.<sup>9</sup>

5. Responsibility for helping to develop the optimal physical and emotional health of each student.<sup>10</sup>

The major objectives of health instruction are:

1. To provide reliable information concerning fundamental health problems.

2. To stimulate the development of a scientific, critical and intelligent attitude towards personal and public health problems which will help pupils to abandon and avoid false beliefs and unscientific practices.

3. To stimulate the development and continuation of desirable personal health practices.

4. To develop social responsibilities for health.

5. To stimulate pupils to take an active part in the improvement of home, school and the community environment.

6. To help the pupil to become intelligently self-directing in health matters.

7. To build within each student an awareness of himself and his possibilities in relation to his development.<sup>11</sup>

These objectives are designed to give the student a solid foundation of health knowledge, understanding, values,

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<sup>9</sup>Report on the National Conference on Coordination of of the School Health Program, op. cit., p. 1.

<sup>10</sup>Helen C. Padzur, "Innovation: the School Nurse as a Mental Health Specialist," The Journal of School Health, XXXIX, No. 9, (September, 1969), p. 449.

<sup>11</sup>Nemir, op. cit., p. 331.

interpretations and practices which will enable him to evaluate and utilize his environment to obtain and live a healthful life. It should arouse interest, engender compelling motives and stress the development of good habits, and attitudes, as well as the acquisition of knowledge.<sup>12</sup>.

The need for health education has become an accepted fact in American education, but parents, teachers and school boards must be supportative of efforts to give this type of education to every student. Schools are often handicapped in this area, however, because of lack of funds, administrative support, or qualified personnel to teach.<sup>13</sup>. Concerning the drug problem, there is also an element of disbelief and a lack of comprehension of the fact that there is a problem.<sup>14</sup>. Other schools, on the other hand, are extremely supportative in all areas of health education, but especially in the area of drug education believing that: "Only education will save the life or health of a child tempted to experiment with drugs.

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<sup>12</sup>.National Committee on School Health Policies of the National Conference for Cooperation in Health Education, Suggested School Health Policies: A Charter for School Health, (New York, Education Council, 1946), p. 15.

<sup>13</sup>.Francis U. Everet, "Upgrading School Health Instruction: Supportative Efforts of the National Health Council," Journal of School Health, Vol. XXXVIII, No. 7, (September, 1967), pp.330-331.

<sup>14</sup> Phylis C. Barrens, "Drug Abuse: The Newest and Most Dangerous Challenge to School Boards," The American School Board Journal, (October, 1969), p. 14.

If properly educated most youngsters (follower personalities excluded) will react with reason when that temptation arises." They furthermore believe: "That it is better to educate than try to rehabilitate."<sup>15</sup>

If it is accepted that drug education is necessary, the question then arises of who should be responsible for this education within the school system? Both the school nurse and the teachers bear this responsibility as a team.

The school nurse contributes to the health team and the program in an advisory capacity, contributing to the planning of curriculum, acting as a resource person, and helping to evaluate the program. She helps the teacher interpret information for his benefit and that of the class, establishing good rapport with both students and the teacher. Her special knowledge about children and health are also utilized in outlining and promoting educational programs which help to guide teachers and parents in understanding children and their problems.<sup>16</sup> The school nurse does have a responsibility to have a good background in and to understand normal growth and development and their clinical deviations.

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<sup>15</sup>. Ibid., pp. 15-17.

<sup>16</sup>. A Report of the Project on Improved Education Sponsored by the National Conference for Cooperation In Health Education, The School Administrator, Physician and Nurse in Health Education in the School, (New York, The Metropolitan Life Insurance Company), pp. 26-27.

She must also understand the long range goals of education and how she can promote these goals in her district.<sup>17</sup> Her major role here, is in striving for preventative medicine in health matters.

Preventative medicine has become one of the cornerstones of world health. Drug education is now being viewed as a possible preventative measure of drug addiction. This philosophy has stemmed from many things, but can probably be contributed to the fact that the cure rate of addiction is extremely low, thus making prevention of great importance.

The State Department of Illinois Public Instruction has encouraged a school health program, whereby the school nurse can become an accredited nurse-teacher consultant. This is bringing the nurse into greater student contact in the classroom, thus expanding her role as a health teacher. She is, therefore, beginning to play a greater role than that of an advisor. The teacher, however, remains the greatest force in a child's learning. In order to adequately instruct a person about drugs the teacher will need a broad background of information in this area.<sup>18</sup> Knowledge alone, however, will not and does not insure successful or even meaningful drug education. The teacher's attitude and approach have a major influence on the success of a program. He should be honest,

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<sup>17</sup>.Elizabeth C. Stobo, "Trends in Preparation and Qualifications of the School Nurse," American Journal of Public Health, Vol. 59, No. 4, (April, 1969), p. 670.

<sup>18</sup>.Hester Beth Bland, Health Instruction and The Concept Approach," Journal of School Health, Vol. XXXVIII, No. 1, (January, 1968), p. 52.

open and objective, not dependent upon emotionalism or sensationalism, and should remember that censure and negative admonitions break communication. Combining honest and factual information with the ability to admit a lack of information is also a necessary ingredient. The teacher must also be aware of the pros and cons, as well as, the most current information because sometimes the student is more knowledgeable than he is and will know when the teacher is feigning knowledge.<sup>19</sup> Above all the teacher must remember why he is giving this information to the student: "To help the student make rational and sound decisions about drugs, by providing accurate information and a variety of views."<sup>20</sup>

Trying to teach about drugs can be extremely frustrating for a teacher, because he often sees it as a much more important issue than the student. One should be striving for conceptual learning. As most instructors know the student can and will learn enough facts to pass an exam and then unconsciously forget everything, but if one is striving for concepts the student must actively think, not just memorize. Scientific facts often fail to impress the students, especially in areas involving standards of conduct. The teacher often has a strong advisory in the student's peer group, in that their motives and standards of behavior are often more appealing and

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<sup>19</sup> Shirley Harman, "L.S.D., A Meaningful Approach to Drug Education," Journal of School Health, Vol. XXXVIII, No. 6, (June, 1968), p. 52.

<sup>20</sup> Dorothy Nowalk, "Innovations in Drug Education," Journal of School Health, Vol. XXXIX, No. 4, (April, 1969), p. 236.

meaningful than that of the authority figure, the teacher. These strongly held beliefs are seldom if ever, changed by aggressive, one-sided attacks which necessitate the objective presentation of all sides of the issue, presenting both positive and negative information.<sup>21</sup> Above all, both the nurse and the teacher must realize their own view points on this subject and realize that they do react subjectively and that this influences their reaction to and presentation of the subject matter.

Course content varies from school to school, but there are major areas of concern for all schools which can be incorporated into a written curriculum guide. Course content and depth is dependent upon many factors including: amount of time available, teacher's knowledge and availability of information. Probably the most important considerations are the maturation levels, personalities, and previous drug knowledge of the student group.<sup>22</sup>

Harman has suggested the following concept areas which would be included in a drug outline: physiological affects, misconceptions, research knowledge and gaps in knowledge, psychological effects, possible benefits and risks and the legal implications of drug usage.<sup>23</sup> These areas can be vastly expanded to include such areas as definitions, types of drugs,

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<sup>21</sup>.A. Habaum, "Teaching Adolescents About Smoking, Drinking, and Drug Abuse," Educational Digest, (June, 1967), pp. 28-29.

<sup>22</sup>.Harman, op. cit., p. 387.

<sup>23</sup>.Ibid., p. 386.

and the sociological implications of drug abuse. She has also stressed the importance of the incorporation of all knowledge pro and con making the decision about drugs as an individual matter for the student.<sup>24</sup> It is, however, a well known fact that the teacher is not and probably cannot be totally objective in his presentation of the material.

Teachers have found opportunities to discuss this problem in almost every classroom situation and have used various modes of communication. Some of the most successful methods have been small informal discussion groups, organized debates and films, with less emphasis on the direct lecture. Guest experts have also proved valuable, in that the student is often more receptive to an acknowledged expert who establishes good rapport with the class.

The establishment of good rapport between the instructor and the students is one of the major ingredients of a successful program. Both sides need to be able to communicate effectively and receptively or the effort is worthless.

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<sup>24</sup>•See appendix for model course outline.



### Purpose

This study was designed to evaluate the drug education program of Maine Township High School East from the point of view of the freshman students currently enrolled course.

It was thought that an evaluation of this program might aid the administration and the instructors involved in the program, in evaluating their program and techniques. It was also hoped that this evaluation would help to support the hypothesis: That students view drug education programs as a necessary part of their education.

### Procedure

Permission to administer a questionnaire to the freshman health classes of Maine Township High School East, Park Ridge, Illinois, was sought by the researcher from the Principal, Mr. John Clouser. This special permission was and an advisor from the school's health department was suggested, if the researcher needed any further correspondence. The researcher worked in close cooperation with Mr. Bolton, a physical education and health instructor. After several conferences and telephone calls, the techniques to be used, and final plans were established.

The questionnaire was submitted to Mr. Bolton, for any additions or deletions and final approval.

Upon final approval it was administered by the researcher to 126 freshmen boys and girls on December 15, 1969. These were the students of three instructors, Mr. Bolton, Miss Kennickx, and Miss Kirk. All three used the same films, and similiar teaching methods in their mixed (male and female) classes.

The questionnaire was administered during a regular class period. The students were assured that this was not a test and the results of the individual questionnaires would remain confidential. They were also informed as to the purposes of the questionnaire, how the information would be used, and that a copy of the completed project would be submitted to the school.

### Problems

The major problem was in obtaining the desired permission to administer the questionnaire. This permission is only usually granted to students working on the masters level. However, in this case, permission was granted because of the school's active interest in the topic and desire to have an outsider evaluate the program.

Dear Student:

Your class has been chosen to be part of a study about drug education for a Department Honors Project in Nursing at Illinois Wesleyan University.

The prupose of this project is to evaluate the health course that you took during the last nine weeks and its effectiveness in relation to drug education. The questions are designed to evaluate concept and learning and teaching. The purpose is not to identify drug users or pushers. All of the information on each individual questionnaire is confidential, only the composite results will be available for study by the school or other students. There is no way for me or any other person to identify the person who answered the questionnaire.

Your honest answers will be appreciated. Thank you for your time and effort.

Sincerely,

Susan Culver  
Senior Nursing Major  
Illinois Wesleyan University

Instruction: Circle the appropriate answer or fill in the blank

Teacher:

Class period:

Class: Fr. So. Jr. Sr.

1. Were the topics covered in adequate depth? yes no
2. Should any topics be eliminated? yes no
3. If yes, which ones?
4. Should any other topics be added to the curriculum? yes no
  - A. Hard narcotics? yes no
  - B. Food which are used for pshchological effects? yes no
  - C. Other please identify.
5. Was accurate information given? yes no
6. Was it unbiased? yes no
7. Did you use a textbook? yes no
  - A. If yes, what is the title?
  - B. If no, should one be used? yes no
  - C. Reccommendiation for a text.

8. Did you have access to reference material? yes no
  - A. Did you ever use any reference material? yes no

All of the following questions refering to movies use letter references as follows:

- A. "L.S.D. INSIGHT OR INSANITY"
- B. "Drugs and the Nervous System"
- C. "Marijauna"

9. Were the films:
 

Hard to understand	Easy to understand	too elementary
A.		
B.		
C.		
10. Were they informative? A. yes no B. yes no C. yes no
11. Should they continued to be shown? A. yes no B. yes no C. yes no
12. Should more films be shown? yes no
13. Did only one teacher lecture? yes no
14. Were there any guest lecturers? yes no
  - A. If yes, who? (please give name and position)

15. Should other lecturers be included? yes no  
A. If yes, who do you think should be included: Lawyer  
Police, Doctor, Psychologist, Addict, or Ex-Addict,  
Other
16. Did you have any group discussions? yes no  
A. If yes, who were they led by? Teacher Students  
B. Who do you think should lead them? Teacher Students  
Both  
C. Should group discussions be: Added Continued  
Discontinued
17. Do you ever discuss the topic in other classes? yes no  
A. If yes, which class?
18. Do you ever discuss the topic with friends outside of the  
Classroom? yes no
19. Do you ever discuss the topic with your parents? yes no  
A. Do you share the information given in this class with:  
your parents? yes no  
other students? yes no  
other member's of your family? yes no
20. Do you think this course has given you sufficient knowledge  
to discuss the topic of drugs intelligently? yes no
21. Should this unit be continued in the curriculum? yes no
22. Has this course altered your opinion about drug abuse?  
yes no
23. If someone offered to let you try any of these drugs  
would you try them? yes no  
A. If yes, why?
24. Would you inform anyone of this offer? yes no  
parents? teacher? police? other students? other  
(please specify who)
25. Would you identify person who made the offer? yes no
26. If no, what is your reason:
27. Additional comments (may use back if necessary)

Research Results (Analysis of the Data)

1. Were the topics covered in adequate depth?    yes    no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	9	1	90	10
Girls	7	3	70	30
4				
Boys	9	1	90	10
Girls	4	3	55	45
6				
Boys	7	1	87	13
Girls	9	1	90	10

B

2B-3A				
Boys	4	11	27	73
Girls	3	4	43	57
4				
Boys	11	4	73	27
Girls	7	0	100	0

C

5B-6				
Boys	10	0	100	0
Girls	10	1	91	9

The majority of the students stated that the topics were covered in adequate depth, although, it is interesting to note the one reversal of thought in ~~4B~~ class. The boys of that class stated that the topics were not covered in enough depth.

2. Should any topics be eliminated?    yes    no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	0	10	0	100
Girls	0	10	0	100

4				
Boys	0	10	0	100
Girls	0	7	0	100

6				
Boys	0	8	0	100
Girls	0	10	0	100

B

2B-3A				
Boys	0	15	0	100
Girls	1	6	14	86

4				
Boys	0	11	0	100
Girls	0	7	0	100

C

Boys	1	9	10	90
Girls	0	12	0	100

Only two students stated that any topics should be eliminated from the curriculum.

3. If yes, which ones?

The two students which stated that things should be removed from the curriculum did not state the exact item or items which they stated should be removed from the curriculum.

4. Should any other topics be added to the curriculum?  
 yes no  
 A. Hard narcotics? yes no  
 B. Foods which are used for their psychological  
 effects? yes no  
 C. Other please identify.

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	6	4	60	40
A.	4		40	
B.	4		40	
Girls	4	6	40	60
A.	4	1	40	10
B.	2	2	20	20
4				
Boys	7	2	70	20
A.	6	4	60	40
B.	6	4	60	40
Girls	6	1	86	14
A.	7	0	100	0
B.	2	2	28	28
6				
Boys	8	0	100	0
A.	7	1	87	13
B.	7	1	87	13
Girls	9	1	90	10
A.	9	1	90	10
B.	8	2	80	20

B

2B-3A				
Boys	10	15	66	33
A.	10	2	66	13
B.	4	4	27	27
Girls	3	4	43	57
A.	1	0	14	0
B.	3	0	43	
4				
Boys	6	8	40	60
A.	7	3	47	20
B.	5	3	33	20
Girls	4	3	57	43
A.	2	1	29	14
B.	4		57	



	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
<u>C</u>				
Boys	6	3	50	30
A.	5	1	42	8
B.	5	2	42	20
Girls	8	5	66	34
A.	7	0	58	0
B.	6	1	42	8

The majority of the students believed that more things needed to be added to the curriculum. A greater per centage states that the topic "hard" narcotics should be added than the topic of foods. No one identified another area they believed should be added.

5. Was accurate information given?    yes    no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	10	0	100	0
Girls	10	0	100	0
4				
Boys	10	0	100	0
Girls	7	0	100	0
6				
Boys	7	1	87	13
Girls	8	2	80	20

B

2B-3A				
Boys	13	2	87	13
Girls	6	1	86	14
4				
Boys	15	0	100	0
Girls	7	0	100	0

C

Boys	8	1	80	10
Girls	12	0	100	0

Only nine (9) students stated that the information was inaccurate.

6. Was it unbiased? yes no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	6	2	60	20
Girls	3	7	30	70
4				
Boys	7	3	70	30
Girls	5	2	72	28
6				
Boys	3	5	38	62
Girls	4	6	40	60

B

2B-3A				
Boys	5	10	33	66
Girls	4	3	43	57
4				
Boys	6	9	40	54
Girls	5	1	72	14

C

5				
Boys	8	2	80	20
Girls	3	8	25	67

In A's Classes, 54% of the students stated that the material was unbiased, while 46% believed that it was biased. Of B's students, 47% stated that the material was unbiased and 53% stated that it was biased. The statistics were similiar in C's class with 53% of the students stating that the material was unbiased and 47% stating that it was biased.

7. Did you use a textbook?    yes    no
- A. If yes, what is the title?
- B. If no, should one be used?    yes    no
- C. Reccommednations for a text.

All of the classes used the following texts:

Blue Cross and Blue Shield, "Drug Abuse: The Chemical Cop-out," April, 1969

Kiwanis International, "Deciding About Drugs," 1969

Curtis, Lindsay, L.S.D.: Trip for Trap, Dallas, Alcohol Narcotics Education INC., 1969.

Relin, Louis, and Sharoff, Robert, A Doctor Discusses Narcotics and Drug Addiction, Chicago, Budlong Press Co., 1968.

In addition to these, A, used his own specially prepared outline on drugs.

8. Did you have access to reference material? yes no  
 A. Did you ever use any reference material? yes no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	10	0	100	0
A.	5	5	50	50
Girls	9	1	90	10
A.	6	4	60	40
4				
Boys	10	0	100	0
A.	9	1	90	10
Girls	7	0	100	0
A.	6	1	86	14
6				
Boys	7	1	87	13
A.	3	1	38	13
Girls	9	1	90	10
A.	8	2	80	20

B

2B-3A				
Boys	15	0	100	0
A.	11	4	73	27
Girls	6	0	86	0
A.	6	1	66	14
4				
Boys	11	2	74	16
A.	11	2	74	16
Girls	7	0	100	0
A.	6	0	86	0

C

Boys	9	1	90	10
A.	7	3	70	30
Girls	10	1	83	8.3
A.	10	0	83	0

Only seven (7) students were not aware of the fact that reference material was available for their use. The majority of the students stated that they had used the reference material available.

9. All of the following questions refering to movies used the following letter references:

- A. "L.S.D. Insight or Insanity"  
 B. "Drugs and the Nervous System"  
 C. "Marijauna"

	<u>Hard to</u> <u>understand</u>	<u>Easy to</u> <u>understand</u>	<u>Too</u> <u>elementary</u>
<u>A</u>			
2B-3A			
Boys A.		10	
B.		10	
C.		9	1
Girls			
A.	2	8	
B.		10	
C.		10	
<u>4</u>			
Boys			
A.		10	
B.		9	1
C.		10	
Girls			
A.		10	
B.	1	6	
C.		6	1
<u>6</u>			
Boys			
A.		8	
B.	1	7	
C.		6	2
Girls			
A.		10	
B.	2	7	1
C.	1	9	
<u>B</u>			
2B-3A			
Boys			
A.		15	
B.	2	13	
C.	1	14	
Girls			
A.	1	5	1
B.	1	4	2
C.		6	1

		<u>Hard to</u> <u>understand</u>	<u>Easy to</u> <u>understand</u>	<u>Too</u> <u>elementary</u>
4				
Boys				
	A.	1	14	
	B.	3	9	3
	C.		14	1
Girls				
	A.		7	
	B.		7	
	C.		7	

<u>C</u>				
Boys				
	A.	1	9	
	B.		10	
	C.		9	1
Girls				
	A.		12	
	B.	1	11	
	C.		12	1

The majority of the students felt that the films were easy to understand. Eighteen (18) students believed that some of the films were too elementary and sixteen (16) stated that they were too difficult to understand. Seven (7) students believed that B was too easy while eleven (11) stated that it was hard to understand. Four (4) believed that C was too elementary while two (2) students stated that it was hard to understand.

10. Were they informative?    yes    no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys				
A.	9	1	90	10
B.	9	1	90	10
C.	9	1	90	10
Girls				
A.	7	3	70	30
B.	9	1	90	10
C.	10	0	100	0

4				
Boys				
A.	10	0	100	0
B.	9	1	90	10
C.	10	0	100	0
Girls				
A.	7	0	100	0
B.	6	1	86	14
C.	7	0	100	0

6				
Boys				
A.	8	0	100	0
B.	8	0	100	0
C.	8	0	100	0

B

2B-3A				
Boys				
A.	12	3	80	20
B.	11	4	73	27
C.	14	1	93	7
Girls				
A.	5	2	71	28
B.	7	0	100	0
C.	5	2	71	28

4				
Boys				
A.	13	2	87	13
B.	15	0	100	0
C.	15	0	100	0
Girls				
A.	7	0	100	0
B.	7	0	100	0
C.	7	0	100	0



	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
<u>C</u>				
Boys				
A.	9	1	90	10
B.	10	0	100	0
C.	9	1	90	10
Girls				
A.	11	1	92	8
B.	10	0	83	0
C.	12	0	100	0

The majority of the students stated that all three films were informative, but 10% felt that film A was non-informative. An even smaller per centage, 7% rated film B this way and only 4% felt film C was non-informative.

11. Should they continue to be shown? A. yes no  
 B. yes no C. yes no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys				
A.	10	0	100	0
B.	9	1	90	10
C.	9	1	90	10
Girls				
A.	9	1	90	10
B.	10	0	100	0
C.	10	0	100	0

4

Boys				
A.	10	0	100	0
B.	9	1	90	10
C.	10	0	100	0
Girls				
A.	7	0	100	0
B.	6	1	86	14
C.	6	1	86	14

6

Boys				
A.	8	0	100	0
B.	8	0	100	0
C.	8	0	100	0
Girls				
A.	10	0	100	0
B.	9	1	90	10
C.	10	0	100	0

B

2B-3A				
Boys				
A.	14	1	93	7
B.	13	2	87	13
C.	12	3	80	20
Girls				
A.	6	1	86	14
B.	6	1	86	14
C.	5	2	71	29

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
<u>C</u>				
Boys				
A.	8	2	80	20
B.	9	1	90	10
C.	10	0	100	0
Girls				
A.	12	0	100	0
B.	11	1	92	8
C.	11	1	92	8

The majority of the students stated that the films should be reshown. Some, however, stated that the films should not be reshown. The results of the negative answers are as follows: A. 5%, B. 87%, C. 67%.

12. Should more films be shown?    yes    no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	9	1	90	10
Girls	9	1	90	10
4				
Boys	9	1	90	10
Girls	7	0	100	0
6				
Boys	8	0	100	0
Girls	10	0		

B

Boys	13	1	87	7
Girls	7	0	100	0
4				
Boys	15	0	100	0
Girls	5	2	72	28

C

Boys	10	0	100	0
Girls	10	2	84	16

The majority of the students stated that more films should be shown, but 3% of the students stated that no more films should be added to the curriculum.

13. Did only one teacher lecture?    yes    no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	10	0	100	0
Girls	9	1	90	10
4				
Boys	10	0	100	0
Girls	6	1	86	14
6				
Boys	8	0	100	0
Girls	10	0	100	0

B

2B-3A				
Boys	14	1	93	7
Girls	0	7*	100	0
4				
Boys	11	4	73	27
Girls	5	2	72	28

C

Boys	8	2	80	20
Girls	11	1	92	8

The majority of the students stated that only one teacher lectured, although a small per centage stated that there was more than one teacher lecturing. The researcher was informed that the teachers often co-lectured which could explain some of the descrepancy.

\*This cannot be explained by the researcher.

14. Were there any guest lectures? yes no

There were no outside lecturers in this course at this time. The researcher was informed by A that they are planning to add guest lecturers in the future.

15. Should other lecturers be included? yes no  
 A. If yes, who do you think should be included:  
 A. Lawyer, B. Police, C. Doctor, D. Psychologist,  
 E. Addict or ex-addict

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	6	4	60	40
A.	0		0	
B.	2		20	
C.	2		20	
D.	0		0	
E.	5		50	
Girls	8	2	80	20
A.	0		0	
B.	2		20	
C.	0		0	
D.	1		10	
E.	8		80	
4				
Boys	9	1	90	10
A.	3		30	
B.	4		40	
C.	4		40	
D.	0		0	
E.	9		90	
Girls	7	0	100	0
A.	0		0	
B.	3		45	
C.	4		55	
D.	1		10	
E.	7		100	
6				
Boys	7	1	87	13
A.	0		0	
B.	2		25	
C.	5		62	
D.	0		0	
E.	7		100	
Girls	10	0	100	0
A.	0		0	
B.	1		10	
C.	5		50	
D.	2		20	
E.	8		80	

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
<u>B</u>				
2B-3A				
Boys	10	5	66	33
A.	1		7	
B.	6		40	
C.	2		13	
D.	2		13	
E.	7		46	
Girls	6	1	14	86
A.	0		0	
B.	2		28	
C.	2		28	
D.	2		28	
E.	4		57	
<u>4</u>				
Boys	15	0	100	0
A.	1		7	
B.	3		21	
C.	4		28	
D.	1		7	
E.	10		66	
Girls	4	3	57	43
A.	0		0	
B.	2		28	
C.	3		43	
D.	3		28	
E.	4		57	
<u>C</u>				
Boys	10	0	100	0
A.	2		20	
B.	5		50	
C.	5		50	
D.	2		20	
E.	8		80	
Girls	12	0	100	0
A.	0		0	
B.	5		42	
C.	3		25	
D.	2		16	
E.	11		92	

The majority of the students stated that additional lecturers should be added. They believed that they should be added as follow:



5.5% felt that a lawyer should be added, 21% a police representative, 26% a doctor, 13% a psychologist, and 68% stated that an addict or ex-addict should be included as a lecturer.

16. Did you have any group discussions? yes no  
 A. If yes, who were they led by? Teacher Students  
 B. Who do you think should lead them? Teacher  
 Students Both  
 C. Should group discussions be: Added Continued  
 Discontinued

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	9	1	90	10
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	1	8		
B.	2	2		5
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	1	8		
Girls	9	1	90	10
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.		10		
B.		2		8
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	1	8		
4				
Boys	10	0	100	0
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	0	8		2
B.	1	2		6
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	4	6		
Girls	7	0	100	0
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	2	0		5
B.	0	1		6
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	1	6		0

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
6 Boys	8	0	100	0
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	1	0		7
B.				8
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	3	5		
Girls	9	0	90	0
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	2	2		6
B.	1			9
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	1	9		
B				
2B-3A				
Boys	9	4	60	27
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	6	4		
B.	0	4		7
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	4	5		4
Girls	7	0	100	0
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	2	0		5
B.	1	1		5
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	2	5		0

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
<sup>4</sup> Boys	14	1	93	7
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	7	3		3
B.	1	0		13
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	2	10		
Girls	7	0	100	0
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	0	1		5
B.	2	0		5
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	0	7		0
<sup>6</sup> Boys	7	3	70	30
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	2	4		1
B.	0	1		6
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	2	5		
Girls	8	4	67	38
	<u>Teacher</u>	<u>Students</u>		<u>Both</u>
A.	2	4		2
B.				10
	<u>Added</u>	<u>Continued</u>		<u>Discontinued</u>
C.	7	5		

The majority of the students stated that they had had group discussions and that these had been led by both the students and the teachers. The students felt that this practice should be continued and that both should lead the group.

17. Did you discuss the topic of drugs in other classes?  
 yes no  
 A. If yes, what classes?

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	5	5	50	50
Girls	0	10	0	100
4				
Boys	2	8	20	80
Girls	2	5	28	72
6				
Boys	1	7	13	87
Girls	1	9	10	90

B

2B-3A				
Boys	3	12	20	80
Girls	3	4	43	57
6				
Boys	5	10	33	66
Girls	2	5	29	71

C

Boys	3	6	30	60
Girls	1	11	8	92

Over 22% of the students stated that they discussed this topic in other classes which includes: English, Sciences, History and Math.

18. Did you ever discuss the topic with friends outside of the classroom?    yes    no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	9	1	90	10
Girls	10	0	100	0
4				
Boys	8	2	80	20
Girls	7	0	100	0
6				
Boys	6	2	75	25
Girls	8	2	80	20

B

2B-3A				
Boys	11	4	73	27
Girls	6	1	86	14
4				
Boys	11	3	73	20
Girls	7	0	100	0

C

Boys	7	3	70	30
Girls	11	1	92	8

Over 85% of the students stated that they discussed this topic with other friends, but 15% stated that they did not discuss this topic.

19. Do you ever discuss the topic with your parents?  
yes no

A. Do you share the information given in this  
Class with:

a. your parents? yes no

b. other students? yes no

c. other members of your family? yes no

A

		<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A					
Boys		6	4	60	40
	a.	6	4		
	b.	7	3		
	c.	7	3		
Girls		6	4	60	40
	a.	3	5		
	b.	5	4		
	c.	5	4		
4					
Boys		8	2	80	20
	a.	7	3		
	b.	7	3		
	c.	6	4		
Girls		7	0	100	0
	a.	4	3		
	b.	7	0		
	c.	5	2		
6					
Boys		7	1	87	13
	a.	5	3		
	b.	6	2		
	c.	6	2		
Girls		7	3	70	30
	a.	7	2		
	b.	7	2		
	c.	8	2		



B

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	8	6	54	40
a.	4	11		
b.	10	5		
c.	6	9		
Girls	6	1	86	14
a.	5	2		
b.	6	1		
c.	3	4		
4				
Boys	11	1	73	7
a.	10	5		
b.	13	1		
c.	14	1		
Girls	6	1	86	14
a.	5	2		
b.	6	1		
c.	7	0		

C

Boys	6	2	60	20
a.	8	2		
b.	8	2		
c.	6	4		
Girls	8	4	67	33
a.	5	5		
b.	9	3		
c.	9	3		

The majority of the students stated that they discuss the topic of drugs with their parents, but 23% of the students stated that they did not discuss the topic. Of those students sharing this information 55% stated that they shared it with their parents, 71% shared it with other students, and 67% stated that they shared the information with other members of the family.

20. Do you think this course has given you sufficient knowledge to discuss the topic of drugs intelligently?  
yes no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	10	0	100	0
Girls	8	2	80	20
4				
Boys	9	1	90	10
Girls	6	1	86	14
6				
Boys	7	1	87	13
Girls	10	0	100	0

B

2B-3A				
Boys	11	4	73	27
Girls	6	1	86	14
4				
Boys	14	1	93	7
Girls	6	0	86	0

C

Boys	9	1	90	10
Girls	12	0	100	0

The majority of the students stated that they had received adequate information, but less than 10% believed that the information was inadequate.

22. Has this course altered your opinion about drug abuse? yes no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	6	4	60	40
Girls	3	7	30	70
4				
Boys	2	8	20	80
Girls	2	5	28	72
6				
Boys	3	5	38	62
Girls	3	7	30	70

B

2B-3A				
Boys	6	9	40	60
Girls	4	3	57	43
4				
Boys	7	7	47	47
Girls	0	7	0	100

C

Boys	7	3	70	30
Girls	7	4	47	27

The majority of the students stated the course did not alter their opinion on drug abuse, however, 35% of the students stated that the course had altered their opinion about drug abuse.

23. If someone offered to let you try any of these drugs would you try them? yes no

A

	yes	no	%yes	%no
2B-3A				
Boys	2	8	20	80
Girls	6	4	60	40
4				
Boys	10	0	100	0
Girls	1	5	14	72
6				
Boys	0	8	0	100
Girls	2	2	20	20

B

2B-3A				
Boys	4	11	27	73
Girls	1	6	14	86
4				
Boys	0	14	0	93
Girls	0	7	0	100

C

Boys	3	6	30	60
Girls	0	12	0	100

Over 22% of the students answering this question stated that they would try some of these drugs if they were offered.

A. If yes, why?

There were only two answers to this question and both stated that they believed marijuana to be harmless and that they would try this drug. One person stated that she felt that the drug helped to expand your knowledge of yourself.

24. Would you inform anyone of this offer? yes no  
 A. Parents? B. Teacher? C. Police? D. other  
 students? E. Other?

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	7			
A.	4	2	70	20
B.	0			
C.	2			
D.	3			
Girls	6	4	60	40
A.	2			
B.	1			
C.	1			
D.	5			
4				
Boys	7	3	70	30
A.	3			
B.	2			
C.	3			
D.	1			
Girls	5	2	72	28
A.	3			
B.	1			
C.	1			
D.	2			
6				
Boys	4	4	50	50
A.	2			
B.	0			
C.	0			
D.	3			
Girls	8	2	80	20
A.	2			
B.	1			
C.	1			
D.	0			

B

2B-3A				
Boys	7	8	46	54
A.	4			
B.	0			
C.	2			
D.	5			

		<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
Girls		6	1	86	14
	A.	4			
	B.	1			
	C.	2			
	D.	2			
<sup>4</sup> Boys		9	6	60	40
	A.	2			
	B.	0			
	C.	0			
	D.	6			
Girls		7	0	100	0
	A.	5			
	B.	0			
	C.	1			
	D.	1			
<u>C</u>					
Boys		7	3	70	30
	A.	1			
	B.	0			
	C.	3			
	D.	6			
Girls		10	2	66	16
	A.	4			
	B.	2			
	C.	0			
	D.	5			

The majority of the students answering this question stated that they would inform someone of this offer, but 29% stated they would not inform anyone. Of those who stated that they would inform someone they would inform the following: Parents 28%, Teacher 7%, Police 13%, and other students 19%.

25. Would you identify the person who made the offer?  
yes no

A

	<u>yes</u>	<u>no</u>	<u>%yes</u>	<u>%no</u>
2B-3A				
Boys	4	5	40	50
Girls	4	6	40	60
4				
Boys	8	2	80	20
Girls	4	2	55	28
6				
Boys	6	2	75	25
Girls	5	5	50	50

B

2B-3A				
Boys	7	9	46	60
Girls	5	1	72	14
4				
Boys	6	6	40	40
Girls	5	2	72	28

C

Boys	7	3	70	30
Girls	5	7	42	58

The majority of the students stated that they would identify the person, but 40% stated they would not identify the person.

26. If no, what is your reason?

Not everyone who answered no to this question gave an answer; of those who did, the following reasons were given:

"He can be what he wants."

"If someone is on it I'm not going to snitch."

"It's none of my business."

"If he wants to use drugs it's his own private affair."

"I don't snitch on people."

"Because why should you get them into trouble it's not their fault they use drugs?"

"It's up to the individual whether or not they use drugs."

"Wouldn't want to get involved."

"Not if the person whould hurt your family."

"Depends on how well I knew the person."

"He might get caught."

"Don't want to get them into trouble."

"If I were friends with the person I would try to make him stop."

"Why should the person get into trouble because he told me about it."

"Wouldn't want to get involved."

"It's none of my business whether or not someone wants to use drugs."

"Let the police learn who it is."



Recommmendations for Further Study

1. Further evaluation of this school's drug education program on the Junior level. (Have a health course during the Junior year.)
2. Investigation into greater education in the lower grades.
3. Investigation and preparation of course outlines on drugs and their effects that a school, teachers, and nurses can draw upon for reference and study.
4. Possible preparation of a course on the college level on drugs for all students, teachers and other persons who will be dealing with the youth of America.
5. Preparation of college courses for those who are presently teaching these topics.
6. Better preparation of all teachers of health in drugs, through college courses or seminars.
7. Investigation and preparation of programs for the general public and parents about drugs and their effects on their children.

## Conclusions

The students of this school indicated that this course should be continued as part of their education; this then supports the hypothesis that students view these courses as a necessary part of their education.

This study has shown, however that the instructor must remain objective and examine what he is teaching, as well as how he is teaching. This is an extremely difficult thing and will entail a constant feedback of information from each class.

In the researcher's opinion, teaching such a topic as dynamic as this should not be attempted before gaining a thorough background in all areas of drug usages. These three instructors have done a lot of self-study, but the school should continue to encourage further study and if possible, alot funds for each study.

The Chicago area has had several symposiums on drug usages, which any person would benefit from if he attended. If these teachers could have their schedules arranged so that they might prove to be a valuable learning and teaching tool for them.

It is also the researcher's opinion that every teacher should avail himself of at least a rudimentary knowledge of drugs. This is especially true for the nurse-teacher consultant who will probably come in contact with many adolescent drug users in her contact with the student. She needs a thorough

knowledge of all aspects of drug use and abuse, as well as how and where to get help for the student. She will also need to do a self-assessment of her opinions and feelings on this topic, if she is to become an effective agent of preventative medicine.

## APPENDIX I

### OUTLINE

#### I. DRUGS

- A. Brief history of drugs and their use
- B. Legal use of drugs
  - 1. Medicinal
  - 2. Non-prescription drugs
- C. Laws about drugs
  - 1. Harrison Narcotics Act
  - 2. Federal Laws
  - 3. State Laws
- D. Definitions (see glossary)
- E. Dependence
  - 1. Physical
  - 2. Psychological
  - 3. Withdrawal Illness
    - a. Definitions
    - b. Symptoms
    - c. Types--Cold turkey and methadone

#### II. STIMULENTS

- A. Definition
- B. Medical Use
- C. Effects on the Body
- D. Types

#### III. DEPRESSANTS

- A. Definition
- B. Medical Use
- C. Effects on the Body
- D. Alcohol and Depressants Being Mixed
- E. Types

#### IV. HALLUCINOGENS

- A. Definition
- B. Non-Medical Use
- C. Effects on the Body and the Mind
- D. Types of Hallucinogens

V. SOLVENTS AND GLUE-SNIFFING

- A. Definition
- B. Non-Medical Use
- C. Effects on the Body
- D. Types

VI. NARCOTICS

- A. Definition
- B. Source
- C. Effects
- D. Medical Usage and Non-Usage
- E. Physical and Psychological Dependence
- F. Withdrawal Symptoms
- G. Treatment

VII. SYNTHETIC NARCOTICS

- A. Differences and Similarities
- B. Medical Uses
- C. Physical and Psychological Effects
- D. Types

VIII. TREATMENT

- A. Cure Rates
- B. Mental Health Clinics and Psychiatric Hospitals
- C. Out-Patient
- D. Clinics Run By Ex-addicts
- E. Lexington Federal Hospital
- F. Methadone Clinics

IX. PARENTAL INFLUENCE ON DRUG USAGE AND EXAMPLE

X. EFFECTS ON THE NON-DRUG USER

- A. Drain on Potential of Society
- B. Economic Drain and Effects on Both Society and the Individual
- C. Family of User
- D. Responsibilities of the Citizen
  - 1. Legal
  - 2. Moral

XI. EFFECTS ON THE LIFE OF THE USER

- A. Life Long Influence on Future
- B. Legal Implication and the Meaning of a Record

GLOSSARY

Abuse or drug abuse: refers to the illegal, usually self-administered misuse of a wide variety of chemicals and other substances; may also refer to over use of legal drugs.

Acid: L.S.D.

Acid head: a person who uses L.S.D.

Addiction: (W.H.O.) A state of periodic or chronic intoxication produced by repeated consumption of a drug, natural or synthetic. Its characteristics include: 1. an overpowering desiring or need (compulsion) to continue the drug and obtain it by any means; 2. A tendency to increase the dose; 3. A psychic (psychological) and general physiological dependence on the effects of the drug; 4. An effect detrimental to the individual and society.

Amphetamine: A drug that directly stimulates the central nervous system, producing excitation, alertness, increased initiative, activity, and the ability to go without sleep for protracted periods of time. Medically used to treat narcolepsy (overwhelming attacks of sleep), depression and to control weight gain. Abused because of their ability to produce a temporary elevation of mood and produce euphoria. Large doses produce: excitability, restlessness, enlarged pupils, sleeplessness, heavy perspiration, and unclear speech. Also known as: pep pills, wake-ups, eye openers, co-pilots, truck drivers or bennies.

Bag: Activity of thing one likes.

Barbituates: Colorless, white crystalline powders that have a more or less bitter taste. They depress the nervous system, producing a feeling of relaxation, the relief of tension, and produce sleep. Abused because of their ability to dull a person's awareness of the environment and ability to make a person feel relaxed and sociable. They produce dependency and withdrawal symptoms. Large doses make a person less alert, slow to react, may cause sluggishness, depression, sometimes the person becomes quarrelsome, has slurred speech, mental and emotional instability. Also known as: yellows, yellow-jackets, nimbles (Nembutal) reds, pinks, redbirds, red devils, seggy(Seconal)blues, blue birds, blue devils or blue heavens (Amytal).

Bennies: Bensidrine (amphetamine)

Bhanga: Marihauna or marijauna

Big: popular

Blow your mind: Become psychotic

Bombed: Intoxiated (drugs or liquor)

Boost: Steal money or goods to be sold to a fence; person dealing with stolen goods.

Bread: Money

Brick: A kilogram of marihauna

Burned: The recognition of an undercover agent, so that his identity is known by the drug group

Bufotenine: An hallucinogenic substance found in amanita muscarina, a crimson spotted mushroom. It is an old world halluncinogenic which was used to provide a glowing world of fantasy and to prepare the youth for battle.

Busted: Arrested

Can-lid: One ounce of marihuana

Cannabis: Marijauna or marihuana

Cap: Capsule of a drug especially L.S.D.

Charas: A form of marijauna that usually oomes from the Near East

Cocaine: An alkaloid derived from the leaves of the coca shrub. It gives added energy and the ability to endure fatigue. A moderate dose produces a state of mild stimulation, the pulse is stronger and more rapid, the blood pressure increases, respirations increase and are deeper, and the activities of the brain increase. The person is more talkative and active, more alert mentally, feels exhilarated and happy. With increased doses depression sets in and the person may die due to respiratory failure. An overdose may cause he adaches, dizziness, excitement, palpitations, fainting or convulsions.

Connecting: Obtaining drugs

Connection: A source for drugs

Cop: to purchase drugs; to steal

Cube: Sugar cube of L.S.D.

Dabbler: Infrequent user of drugs; experimenter

Dealer: Supplier of drugs

Dexies: Dexidrine--amphetamine

Dig: Appreciate: enjoy; understand

Dime Bag: A quantity of marihauna that is sold for \$10.00

DMT: A synthetic derivative of tyrptamine, a short acting hallucinogenic, with a trip that lasts between 30 minutes and six hours. Other derivatives of tyrptamine are known as: DET, MMOA, STP, 68, and joy juice.

Drop a cap: Take a dose of L.S.D.

Drug: Any substance (other than food) which, when introduced into the body, alters the structure of function of the body.

Dynamite: Heroin which is unexpectedly potent; undiluted

Fuzz: A police officer

Garbage: Heroin cut to make it weaker

Gassed out: Over come emotionally by an experience

Glue-sniffing: Inhalation of volatile organic solvents, especially those of toluene found in plastic cement glues, other products inhaled are: paint thinner, lacquers, gasoline, aeresol freezing solutions, benzene, carbon tetrachloride, and ethyl alcohol. These vapors are usually inhaled in either a handkerchief or a paper bag. Inhalation of such vapors commonly results in an initial experience of light headedness and exhilaration, leading to intoxication, dizziness, slurred speech, staggering, irritability, rash, foolish and even dangerous actions, and a possible loss of consciousness. The glue-sniffer commonly has inflamed eyes, irritated nose and lung tissue, and a loss of appetite and weight, may constantly feel sick. These solvents are potentially damaging to the brain, liver, and hemtopoietic systems. Death may result from aphyxsiation. It may develop into a psychological dependence. Perhaps the greatest significance of glue-sniffing is that it may be the earliest sign of a child with emotional disorders and anxieties who is turning to drugs for relief.

Goof-balls: Barbituates



Goofing: Smoking marihuana

Groovy: Enjoyable

Habit: A condition resulting from the repeated consumption of a drug. Its characteristics are: 1. A desire (but not a compulsion to take the drug for the sense of improved well-being which it engenders. 2. Little or no tendency to increase the dose; 3. Some degree of psychic dependence on the effects of the drug, but an abstinence syndrome; 4. Detrimental effects, if any, primarily on the individual.

Hallucination: A perception of sight, smells, or sounds or touch, that have no existence in reality

Hallucinogen or hallucinogenic: A hallucinatory chemical, drug or agent, specifically chemical which most prominent pharmacologic action is on the central nervous system. It elicits in normal subjects, optical or auditory hallucinations, depersonalization, perceptual disturbances, and disturbances of thought processes.

Hang-up: Psychological problem; mental block

Happy cigarette: marihuana cigarette

Hashish: The resin of marihuana, one of the strongest forms, usually from the Near Eastern form.

Head: Regular user of a drug

Hemp: Marihuana

Heroin: A semi-synthetic derivative of morphine, a constituent of the unripe seed pods of the opium poppy, Papaver somniferum. It is odorless, bitter, white crystalline powder that produced physical and psychological dependence; It produces the effects of: a blunting of the senses, euphoria, stupor, lack of appetite, temporary impotence, and coma. The user is subject to tolerance necessitating increased doseages, and withdrawal symptoms. These symptoms are often severe. The early ones are: yawning, sweating and rhinorrhea (runny nose), which may lead to more violent symptoms: violent muscle spasms, pilomotor disturbances, dilation of the pupils, vomiting, diarrhea. Cure of narcotic addiction is very difficult and seldom lasting. There are no legal uses of this drug. Also known as: Horse, H. joy powder, junk, and smack.

High: Intoxicated (drugs or alcohol)

Ibogaine: A drug found in the root of the taberhate ihoga, which produces mild hallucinations. Also known as the Congolese ordeal plant

Joint: Marihuana cigarette

Juice head: User of liquor

Junk: Heroine

Junkie: One who uses heroine

Key: A kilogram of marihuana

Kick: Thrill; new or novel experience

Lid: About one ounce of marihuana

Lid popper: Amphetamines

L.S.D.: D-lysergic acid diethyl amide-25--A colorless, odorless, tasteless compound originally derived from ergot, but now chemically synthesized. Common effects after ingestion of as small a dose as 1/280,000 of an ounce are: distortion of perceptions, intensifications of sensations, illusions, distortions of time and distance, delusions, hallucinations, distortions and intensifications of color and sound perceptions, impulses towards violence and suicidal acts. It usually produces marked dialation of the pupils, requiring the use of sun glasses even at night. Some users have reported the occurence of nausea, anorexia (lack of appetite), vasomotor changes, headaches, pappatations, tremors, and transient insomnia. Disturbances in the electroencephlograms and grand mal seizures have occured in some users. There is some clinical evidence of hereditary chromosomal breakage. A bad trip can result in some very bad experiences and sensations including: frightening hallucinations, anxiety states, severe depression with suicidal impulses, and confusion. Flash-backs consisting of one or more recurrences of symptoms of symptoms in all their original intensity may also occur. The user may develop a "missionary complex" where he feels that everyone, particularly his friends and loved ones, must use the drug; and the user becomes persuasive and persistent in encouraging such use. There is no legal production of this drug in the U. S., therefore, the user can not be assured of the strength and purity of the drug. Also known as: acid or 25.

Mainline: An intervenous injection of a drug (usually heroine or speed--metamphetamine)

Man: Policeman or enforcement officer

Manicure: To clean the waste material from marihuana

Marihuana or Marijuana: A crushed mixture of leaves and the flowering tops of the unpollinated female wild plant known as cannabis sativa. The active ingredient, tetrahydrocannabinol is found in the resin of the plant. This drug affects the user's mood and thinking powers. He finds it harder to make decisions that require clear thinking and finds that he is more open to other's suggestions. He may also have the feeling of hilarity, appear careless, have a disturbance of sensation and perceptions, impaired judgment, memory, be irritable and confused. It may release inhibitions. Physiological effects are: Ataxia, (inability to co-ordinate movements), lowering of the blood sugar, often resulting in an increased appetite, and a desire for sweets, lowering of over-all body temperature, moderate depression of blood pressure, inflammation of mucous membranes and conjunctiva. There is a moderate dilation of the pupils and the reflexes are slowed. This drug is usually smoked in a homemade cigarette, but it may be ingested. Upon inhalation, it produces an initial stimulation characterized by euphoria, exhilaration, talkativeness, and hilarity, which is often followed by a period of depression and fantasy. This drug does not produce physical dependence, but may produce a psychological dependence. American and Mexican marihuana contain relatively low amounts of the tetrahydrocannabinol, but Indian and Asian forms are much stronger often precipitating psychotic reaction.

Mary Jane: Marihuana

Methedrine: A synthetic adrenline in the amphetamine family.

Mescaline: A drug obtained from a cactus plant, Mescal, which has a very unpleasant taste and is, therefore, usually mixed in orange juice or hot cocoa. The effects are similar to those of L.S.D. producing a trip lasting up to 10 hours. The usual hallucinations consist of a spectacular kaleidoscope of richly colored visions. Also known as: Big Chief

Metamphetamine: A form of amphetamine that is widely abused and is known as speed. The drug produces nervousness, restlessness, insomnia, tremors, impairment of judgment, aggressiveness. It may also produce euphoria and arouse sexual interest or it may produce frightening hallucinations, paranoia, and delusions of persecution. Continued use may result in a paranoid mental condition or permanent brain damage. The user usually progresses from oral to sniffing to intravenous injections of the drug. Also known as: Crystal or speed

Meth Monster: User of methadrine

Morning glory seeds: (Ololuiqui) At least three species of morning glory, the Mexican Rivea, corymbosa, Impomea violacea, and the American Impomia tricolor, produce seeds which contain lysergic acid derivatives, about 1/20 as strong as L.S.D. The bitter hard, black seeds are soaked in water to soften them and then chewed. As few as 15 seeds may in some cases, produce hallucinations. It may also have great effects on the individuals psychological balance of the id, ego, and super ego

Narco: Narcotic enforcement officer

Nickel bag: A quantity of marihuana sold for \$5

Nutmeg or mace: These household spices, which are derived from the seed of the plant Myristica fragrans, contain myristan, which may produce psychic effects similiar to marihuana when ingesten in large amounts--the equivalent of two whole grated nutmegs. It is rarely abused because of its severe side effects: dry mouth and thirst, palpatations, vertigo (dizziness), agitation, and nausea. The intoxicated state usually clears in about two days

Pad: Apartment or dwelling

Panic: Sudden shutting off of a drug supply

Peyote or Peyotol: A drug which comes from the cactus, Lophophoro williamse, whose active ingrediant is mes-caline. The button like heads of the plant are dried and either eaten as is or brewed into tea. These buttons have a bitter, gritty taste which sometimes produce nausea. Other effects include: vertigo, chest pains, and poor coordination. The hallucinations are similiar to those of mescaline. Also known as: moon, the bad seed, and P.

Pot: Marihuana

Pot party: Communal use of marihuana

Psilocybin: A drug derived from the psilocybe mushroom whose effects are very similiar to those of L.S.D. but weaker. It was originally used by the ancient Indians of Mexico to attain a spiritual communion with the supernatural.

Physical drug dependence: (formerly called addiction) has the following characteristics: A. Tolerance: The body as a protective measure, develops resistance to the substance, therefore, progressively larger doses are required to overcome this tolerance and produce the desired effects. B. Withdrawal illness: The body adjusts to the substance and when forced to do without it reacts with withdrawal symptoms that are extremely painful. With proper medical treatment, these are likely to subside after about three days of intense suffering.

Psychological drug dependence: (formerly called habitation) also known as a psychic dependence: It may range from a persistent desire for the substance to an undeniable compulsion to get and take the substance at any cost. It may well be more complex than physical dependence and more difficult to cure.

Pusher: Supplier of drugs

Rap: Rapport

Reefer: Old term for a marihuana cigarette

Reception: Marihuana party

Roach: Unsmoked remains of a marihuana cigarette

Scoring: Successfully obtaining drugs

Shoot: Mainling drugs of I. V. (intervenous injection)

Shrink or Shrinkhead: Psychiatrist

Skin popping: Subcutaneous injection of drugs (under the skin)

Smashed: Intoxicated (drugs or alcohol)

Snorting: Taking drugs intranasally, like snuff

Stash: Hidden cache of drugs

Stramonium: (Jimson weed): The dried leaf, flowering or fruiting tops and branches of Datura stramonium which contains a mixture of hyoscyamine, hyoscyne, and atropine. Ingestion of this plant or its parts produces hallucinations, and symptoms of atropine poisoning: dry mouth, great thirst, difficulty in swallowing and talking, blurry vision, dilated pupils and photophobia (sensitivity to light). Death may result. This drug is used medically for the symptomatic relief of asthma.

Stick: Marihuana cigarette

Speed: Methedrine

Speed freak: User of methedrin

Stone head: Drug bum; inveterate user

Stoned: Intoxicated

Straight: Sober not under the influence of drugs or alcohol

STP: A combination of amphetamine and mescaline. The induction and entire trip are much rougher than that of L.S.D. suggesting that it may be more dangerous.

Tea: Marihuana

Tea shades: Dark glasses used when taking pot and L.S.D. due to dialated pupils which are sensitive to light.

Teonanacatl: Sacred mushroom. A mushroom that is the source of the halucinogenic alkaloid psilocybin, which is approximately 1/200 as strong as L.S.D. Much larger doses are required to attain similiar effects as L.S.D.

T.H.C. Tetrahydrocannabinol, the active ingrediant in marihuana which has now been chemically synthesized.

Trip: The drug experience: There is an alteration in the physical senses, colors appear more vivid and may begin to form unusual pattern, walls may wave back and forth in gentle rhythm, and flat objects suddenly leap forward into the third dimension. The person may believe that his senses have become keener. One strange paradoxical effect is the ability to feel two opposit emotions at once, such as, happiness and sadness or elation and depression.

Turned on: Under the influence of drugs

Up-tight: Anxious; disturbed

Weed: Marijuana

Zonked: Intoxicated

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