

Summer 1970

A Drug Abuse Curriculum Guide for Franklin Pierce High School

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A DRUG ABUSE CURRICULUM GUIDE FOR
FRANKLIN PIERCE HIGH SCHOOL

A Thesis
Presented to
the Graduate Faculty
Central Washington State College

In Partial Fulfillment
of the Requirements for the Degree
Master of Education

by
Lonny D. Wildman
July, 1970

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ACKNOWLEDGMENTS

The writer would like to express his gratitude and appreciation to the members of his committee, Dr. Everett Irish and Dr. Donald Goetchius. To the chairman, Dr. Wilma L. Moore, special thanks are in order for the many hours of guidance and support so freely given. Also, many thanks to my wife, Joan, and daughter, Dannielle, for their continued support and patience.

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CHAPTER I

STATEMENT OF THE PROBLEM

I. INTRODUCTION

The following statements are heard from parents, students, teachers, and the general public. "I didn't think it could happen here." "I thought this was strictly a city problem." "I still don't believe it, not our kids." "What happened? . . . What did we do wrong?" (36:1). Drug abuse is many things. It is the heroin user injecting his high, the Methedrine user high on "speed," the high school student smoking "pot," the junior high school student "sniffing" glue. It is also the adult starting his day with an amphetamine for a needed "pick-me-up" and taking diet pills before lunch, then ending it with several cocktails to "unwind" and a barbituate to put him to sleep. At a national A.A.H.P.E.R. convention the following satirical composition was handed to some of the conferees:

We are advised to wake up with caffeine,
Keep going on Nicotine,
Move bowels on Serutan,
Kill pain with aspirin,
Stay alive on Geritol,
Drown worries in alcohol,
Grow slender with Metrecal,
Adjust the stomach with Tums,
Lift your arches with steel,
Hold your belly with a two-way stretch,
Write an examination on Benzedrine,
Quiet tension with tranquilizers,

Dispel nagging backaches with kidney pills,
Go to sleep on barbiturates,
Start the new day with bubbling alkalizers to
get rid of yesterday's brown taste,
To make way for today's. (Author Unknown)

"There is much still to be learned about the problem and particularly about how to be more effective in discouraging drug abuse" (40:2).

The scope of today's drug problem is summarized in a recent report of the Washington State Governor's Task Force on Drug Abuse by Stanley Yolles, Director of the National Institute on Mental Health, December 1969.

The widespread social problem of drug abuse in the United States is no longer restricted to any one part of our population. It is found at all social and economic levels, in the core city and in the suburbs. It is no longer restricted to the young. It involves the junior executive and the housewife, the professional individual as well as the "ne'er do well" (12:3).

Drugs are easily accessible to most students in suburban school districts. Many secondary school students already have considerable information and misinformation about drugs. Most of this information has been acquired from magazines, motion pictures, and newspaper articles. However, much of what students "know" has come from their peer groups. Students' lack of understanding of the dangers of drug abuse makes it imperative that they be apprised of what the physical and mental effects of drug use and abuse can be. Equally important, students must realize that drug abuse can be recorded on personal data records which may result in discrimination in employment and restricted entrance into some colleges.

Reaching teen-agers on drug abuse is not easy, due, in part, to the vast amount of misinformation that has come their way. But they can be reached if the instruction is sufficiently comprehensive, and if preaching is avoided in favor of a presentation that will encourage them to make a wise choice should they one day face the pressure of "going along with the crowd" (37:59).

Many teachers and parents are terrified by students' use of drugs and they become concerned when they cannot make their own fright "rub off" on the students.

A growing number of health and education officials are concerned that neither home nor school is making much of an effort to deal with the hang-ups that turn a lot of kids to drugs (19:4).

II. STATEMENT OF THE PROBLEM

The purpose of this study was twofold: (1) to identify the need for a drug abuse program at Franklin Pierce High School, Tacoma, Washington; and (2) to develop a drug education curriculum guide.

III. DEFINITION OF TERMS USED

The definition of terms as used in this paper are as follows:

Addiction. Addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug and involves tolerance, psychological dependence, usually physical dependence, an overwhelming compulsion to continue using the drug, and detrimental effects on both the individual and society.

Drug dependence. Drug dependence is a state arising from repeated administration of a drug on a periodic or continuous basis.

Physical dependence. The body learns to live with a drug, tolerates ever increasing doses, and reacts with certain withdrawal symptoms when deprived of it.

Tolerance. The body's ability to adapt to the presence of a foreign substance is referred to as tolerance.

Psychological dependence. This term indicates an emotional or mental adaptation to the effects of the drug.

Drug. A drug is a substance that has an effect upon the body or mind.

Abuse. Improper or incorrect use, or misuse, of a drug is referred to as abuse.

Sedative, barbiturate. These are drugs which relax the body's central nervous system.

Stimulants, Amphetamines. These are drugs which stimulate the body's central nervous system.

Volatile chemicals. These are chemicals containing solvents which will depress the central nervous system when inhaled.

Tranquilizers. Tranquilizers are drugs which can be used to counteract tension and anxiety without producing sleep or significantly impairing mental and physical function.

Hallucinogens. Drugs which cause distortions of sense perception, dream images, and illusions or delusions.

IV. HYPOTHESES

1. There is a need for drug education at Franklin Pierce High School, Tacoma, Washington.
2. There is a need for a drug education curriculum guide at Franklin Pierce High School, Tacoma, Washington.

V. SIGNIFICANCE OF THE STUDY

The writer has been teaching health education for three years. His awareness of the growing drug abuse among youth in general and the apparent increase of drug abuse in the community and school in which he teaches prompted him to pursue the problem. In trying to find guides and materials appropriate for high school students, it was discovered that few guides were available. The writer recognized his own need for guidelines and materials thus he undertook this study.

VI. PROCEDURE

In order to develop a drug abuse curriculum guide for Franklin Pierce High School it was necessary to develop a

questionnaire which would determine if there was a need for drug education. The questionnaire was developed and administered to the students at Franklin Pierce High School. Other factors taken into account in preparing this paper included the following: study of drug and curriculum development literature, preparation of an outline, review of related studies, tabulation and analysis of the data, and development of the curriculum guide.

Certain resources and facilities at the University of Washington, Central Washington State College, and Franklin Pierce Public School District in Tacoma, Washington, were used extensively in the conduct of this study. Those which were essential to the success of the study included the Department of Physical Education, Central Washington State College, and the Curriculum Director of the Franklin Pierce Public Schools. The students of Franklin Pierce High School provided invaluable information and/or services.

The source of the data for this study was a questionnaire directed to all pupils of Franklin Pierce High School. A letter containing instructions for administering the drug usage questionnaire was given to the history teachers of Franklin Pierce High School. The questionnaire was given to those students who wished to participate in the survey. Participation was not mandatory.

Interviews were held with the Health Curriculum Advisor in the Tacoma Public Schools, the Health Curriculum Advisor in the Portland Public Schools, the Health Education

Director in the Seattle Public Schools, and the Health Education Specialist of the Oregon Department of Public Instruction. Each of these persons was asked for pertinent material for the development of a drug abuse curriculum guide.

These people have been deeply involved in developing an innovative drug usage program for kindergarten through twelfth grade. It seemed to the investigator that these people could identify many of the problems which would be encountered in the development of a drug abuse curriculum guide.

The data from the questionnaire were tabulated, recorded, and analyzed. Summaries, conclusions, and recommendations were made.

VII. SUMMARY

The literature directly related to this study was very limited as most institutions are in the process of developing a curriculum. The writer reviewed literature which was related to curriculum development and literature which dealt with a general knowledge of drugs along with the sociological, psychological, physiological, and legal effects of drugs. The questionnaire which was administered to the student body of Franklin Pierce High School indicated a need for a drug abuse curriculum guide.

CHAPTER II
REVIEW OF LITERATURE

Literature directly related to the area of a drug abuse curriculum guide was difficult to obtain. The apparent reason for this is that most of the institutions which are directly involved with drug abuse education are in the planning stages of such curricula.

It is this writer's observation that the majority of people who work with curriculum speak of "curriculum development" as opposed to the finished product, "a curriculum." Curriculum is defined by Harold T. Johnson, author of Foundations of Curriculum, as

1. The design of a social group for the educational experiences of their children. But incorporated in this design is
2. subject content and
3. educative experiences that extend beyond the confines of subjects and study skills to include the guidance of children through many activities.
4. A provision for understanding social functions and for individual academic-emotional-physical needs and social needs in a democratic society.
5. A written form of group consensus as to methods materials, scope, and sequence (21:3).

This writer suggests that a curriculum guide should include a comprehensive historical foundation. The historical aspect of curriculum development as related to drug abuse curricula shows that education has contributed little towards solving the drug abuse problem. In the past, law enforcement officials have carried the brunt of the drug

abuse education. This concept of historical foundations is also stressed by Mary Louise Seguel when she states,

If the curriculum maker is moved by that curiosity that takes shape as a sense of history, he will discover that curriculum making is consciously conceived (35:1).

A comprehensive drug curriculum guide should include philosophical foundations such as values, ideals, and ideologies of the students. These foundations represent points of view of students which guide the development of a curriculum. The psychological development of students should also be considered in the development of a curriculum. Harold T. Johnson states that, "The psychological foundations strongly influence the content and arrangement of the experiences provided for learners" (21:4).

The schools' curricula serve the purpose of society in various ways such as a "preserver" and "transmitter" of our cultural heritage. The part of the curriculum which is called the social foundations must make the curriculum an instrument for the student's individual social development.

Each school should respond to the particular unique pressure from within the community. Times change but often the curricula of schools do not. There are many people and institutions within our culture which have an effect upon school curricula; the primary effect is from families which are an integral part of the schools. The family has the primary responsibility for the education of the child. The church also has some influence upon school curricula. Religious beliefs sometimes conflict with school requirements

or school policy. Government as an institution may affect the curriculum of a school in a variety of ways. For example, one governmental agency may have the power to regulate the funds made available; another agency may have regulatory powers over curricula. The curricula of public schools are also affected by institutions of higher learning which prepare the teachers for public schools. These teachers often contribute significantly to curriculum development.

The teaching methods to be selected by this writer will use the best current knowledge concerning the nature of the learner and the learning process. "A wide variety of learning experiences must be provided to meet individual differences" (31:29). Emphasis should be placed upon the development of reasoning and problem solving skills. It is impossible for a student to master every learning skill which he will someday need. The ability to transfer this knowledge from one specific area to another will be a desirable outcome.

Areas often overlooked in curriculum development are the needs and interests of the students. The desire to learn in a particular situation where there is an intrinsic interest is much more meaningful than having to develop extrinsic interests. Vaughn S. Blanchard states that, "Heed should be taken in regards to a society which has changed quite radically since we were children" (5:59).

It is the writer's belief that the drug abuse curriculum guides of most schools will be similar in content. The

successful curriculum will be the one in which the instructor is frank, avoids moralistic positions in favor of scientific ones, and also provides opportunities for "student interaction through question and answer periods, research projects, and small group meetings. . . ." (15:49).

In the development of this drug education curriculum guide for Franklin Pierce High School, the writer will classify drugs of abuse into five general categories: narcotics, stimulants, depressants, hallucinogens, and volatile chemicals. "Drug Abuse: Escape to Nowhere, a Guide for Educators," a publication by French Kline and Smith Laboratories and the National Education Association have divided substances of abuse into five categories also: "narcotics, sedatives, tranquilizers, stimulants, and hallucinogens" (36:27). The California State Department of Education has divided the drugs which are commonly abused into "barbiturates, amphetamines, volatile chemicals, marihuana, L.S.D., and narcotics" (22:9). Today's Education classifies the drugs of abuse as "marihuana, the up and down drugs, narcotics, and L.S.D." (40:36).

The first classification to be considered will be narcotics. Medically defined, "narcotics are drugs which produce insensibility or stupor due to their depressant effect on the central nervous system" (37:27). The term narcotic refers to opium and pain killing drugs made from opium. Today's Education identifies these drugs as "heroin, morphine, paregoric, and codeine" (40:49). When the abuser

of a narcotic becomes addicted, his body requires repeated and larger doses of the drug to attain the desired results. The California State Department of Education in their "Guide for Teachers" states that, "The narcotic that is most subject to abuse among young people today is heroin" (22:47). Heroin is a derivative of morphine, which is a derivative of opium, which is extracted from a poppy seed which is grown in such countries as India, Turkey, and Mexico. Heroin was first developed in Germany as a substitute for morphine because it was thought to be non-addicting. The California drug abuse guide states, "Ironically, heroin was first promoted as a non-addicting substitute for morphine and as a possible cure for morphine addiction" (22:48). The appeal of morphine-like drugs lies in their ability to reduce sensitivity to both physical and psychological stimuli. This is also expressed by A Federal Source Book: "Generally, there is a feeling of relaxation and of being high, this accompanied by an awayness, or pleasant, dreamlike state" (1:23). The physical dangers, other than the danger of physical addiction, is the danger of an overdose which may cause death. Another physical problem may be viral hepatitis. The California state guide relates, "It is known that heroin users may transmit viral hepatitis" (22:49). When the heroin user develops a dependence for the drug and is not able to obtain the drug, withdrawal symptoms appear. A Federal Source Book states, "Stopping the drug provokes withdrawal sickness some twelve to sixteen hours after the last injection" (1:24). Taking

the addict off heroin is not as difficult as keeping him off the drug. He usually needs counseling, job training, and rehabilitation. A narcotic which is being prescribed by physicians is methadone. "This consists of the substitution of methadone, a narcotic, under close supervision" (1:24). If the patient on methadone shoots heroin he will experience no effect from the heroin. A method which is popular in Britain to cure the heroin addict is to license the addict and to prescribe heroin when it is needed. The primary benefit of this system is that it has prevented the detrimental effects which organized crime has on the heroin addict. The legal controls of narcotics in the United States comes from the Harrison Act of 1914. "It has served as a model for most state laws" (40:50). The Harrison Act provides that illegal possession of narcotics is punishable by fines and/or imprisonment.

The second classification to be considered will be stimulants. "Easy availability, either through legitimate prescription sources or black market, and relatively low cost combine to give this area of abuse widespread appeal to students" (25:6). The drugs are prescribed by doctors for an individuals' problems and this causes a feeling that the drugs may not be as dangerous as narcotics. The primary stimulants which are abused are the amphetamines. The amphetamines are often referred to as "speed" or "bennies." The drug's effect on the individual is to stimulate the central nervous system. "Self administered in larger than therapeutic

amounts, it may induce feelings of euphoria and actual intoxication" (22:15).

The World Health Organization's expert committee characterizes amphetamine dependence as:

1. Desire or need to continue taking the drug;
2. Consumption of increasing amounts to obtain greater excitatory and euphoric effects or to combat more effectively depression and fatigue, accompanied in some measure by the development of tolerance;
3. Psychic dependence on the effects of the drug; and
4. General absence of physical dependence so that there is no characteristic abstinence syndrome when the drug is discontinued (22:17).

Amphetamines do not cause a physical dependence. This is substantiated by Today's Education which states that, "Amphetamines and other stimulant drugs such as Benzedrine and Dexedrine do not produce physical dependence as do the narcotics" (40:43).

The third classification to be considered is depressants. This group includes a wide variety of drugs which have a depressant effect upon the central nervous system. Within this group, "Drug Abuse: An Escape to Nowhere" states that "most commonly abused products are the barbiturates" (36:32). The abuser of barbiturates usually takes the drug orally but can take it intravenously. The effects of barbiturate abuse closely resembles intoxication from alcohol. The barbiturate abuser can easily administer an overdose which may cause convulsions. "Convulsions which may follow withdrawal can be fatal" (40:44). Both state and Federal laws control the illicit use of depressants.

Classification four is that of the abuse of volatile chemicals. The literature shows that the volatile chemical which is most commonly abused in suburban communities is airplane glue. The effects of glue upon the body are similar to the effects of a general anesthetic upon the body. If adequate amounts of glue are inhaled the abuser experiences an intoxication similar to that of alcoholic intoxication. The individual abuser may develop a dependence upon glue as stated by the California state guide: "Evidence exists that habitual glue sniffing leads to the development of tolerance and psychic dependence" (22:21). Other areas of abuse in the category of volatile chemicals are gasoline and solvent sniffing. These chemicals cause mild to severe symptoms of intoxication.

The fifth and final classification of drug abuse is that of hallucinogens. The primary hallucinogens which are abused are marihuana and L.S.D. Marihuana comes from the flowering top and other parts of the Indian hemp plant, *cannabis sativa*. This plant grows wild in "North and South America, Africa, Southeast Asia, and the Middle East" (14:11). The plant's drug effects have been known for several thousand years and have been used for thousands of years. Marihuana is taken into the body in several ways but "in the United States it is assimilated most frequently by smoking" (22:25). Marihuana smokers refer to these cigarettes as reefers, sticks, weeds, or joints. "The intoxicating substance which gives marihuana its activity is generally considered to be a

tetrahydrocannabinol (T.H.C.) derivative; it is found primarily in a resin form" (36:38). The effect that marijuana has on different individuals varies. This is also stated by Helen H. Nowlis in her book entitled Drugs on the College Campus:

The subjective or psychological effects of cannabis, particularly at lower dosage levels, are dependent upon the personality of the user, his expectations, and the circumstances under which he takes the drugs (32:96).

The physical effects of marijuana are similar to those of the use of alcohol; like alcohol, it tends to loosen inhibitions. Current information indicates that marijuana has few detrimental effects on physical health. On the other hand, the psychological effects may be detrimental to the user. This is also pointed out in "Drug Abuse: An Escape to Nowhere": "Psychic dependence and the drug's effects may lead to extreme lethargy, self-neglect, and preoccupation with marijuana that precludes constructive activity" (36:39). Occasional use of marijuana may lead to its regular use and to a psychological dependence. Once established, psychological dependence is very difficult to break.

In addition to marijuana, the most frequently abused hallucinogen is L.S.D. (lysergic acid diethylamide). "L.S.D. was synthesized in 1938 from lysergic acid present in ergot, a fungus that grows on rye" (36:40). L.S.D. primarily affects the central nervous system, which produces changes in mood and behavior. A tolerance may be developed after several

days of usage, but "physical dependence does not occur. . . ." (36:41). This is also stated in Today's Education: "L.S.D. is not physically addicting in the ways which narcotics are. That is, the body does not develop a physical need for L.S.D. or physical sickness when it is withdrawn" (40:45). In general the psychological effects of L.S.D. consists of changes in perception. This change in perception is known as a trip. Walls may appear to move, colors seem much brighter, or unusual patterns may unfold before the user. "Psychological changes induced by the drug can persist for indefinite periods" (36:42). Researchers have found that, "even in carefully controlled studies responses to the drug cannot be predicted" (40:46). Because of its unpredictability, users refer to good trips and bad trips.

A number of investigations are in progress studying the effects of L.S.D. on chromosomes. Chromosomes give hereditary information to the cells and guide reproduction. No conclusive evidence has yet linked L.S.D. to human birth defects. "Some researchers have reported fetal damage when L.S.D. was given to pregnant rats and mice, and others have described human birth defects in newborns whose mothers said they took L.S.D." (40:46). Dr. James L. Goddard, former Commissioner of Food and Drugs, states that "medically unsupervised use of L.S.D. is analogous to playing chemical Russian roulette" (36:43).

Summary.

A modern-day drug abuse curriculum should be flexible enough to meet the needs of the present-day student. Many aspects of curriculum development must be considered in developing a drug abuse curriculum guide. A comprehensive historical foundation, philosophical foundation, the psychological development of the students, and the social foundations of the community all must be considered in the development of a curriculum guide. The primary pressures put forth by the family, church, and governmental agencies must also be considered. Areas of consideration in the selection of methods to be used in the teaching of the subject are the learning process and the nature of the learner, the students' ability to transfer the knowledge which has been learned, and the interests of the students. The drugs of abuse have been categorized into five general categories: narcotics, stimulants, depressants, hallucinogens, and volatile chemicals. The origin, psychological, physiological, sociological, and legal effects of the drugs which are abused must also be considered. A drug abuse curriculum guide should be student centered as opposed to teacher centered.

CHAPTER III

ANALYSIS OF DATA

I. INTRODUCTION

This drug use survey was undertaken to identify the need for a drug education program at Franklin Pierce High School in Tacoma, Washington. Analysis of these data is based upon an item-by-item tabulation of the student responses to the drug use questionnaire. The suburban high school surveyed includes grades ten, eleven, and twelve. The total enrollment of Franklin Pierce High School is 1,129 students. The data were secured from 888 or 78 percent of the students at Franklin Pierce High School.

II. EXPERIMENTATION WITH ILLEGAL DRUGS

The data from question number one revealed that 274 or 31 percent of the respondents have used and/or experimented with some form of illegal drugs. The other 614 respondents or 69 percent indicated that they have not used or experimented with any form of illegal drugs (see Figure 1, page 21).

III. USE OF ILLEGAL DRUGS

Item number two was divided into four parts: A, B, C, and D. Respondents were directed to answer this portion

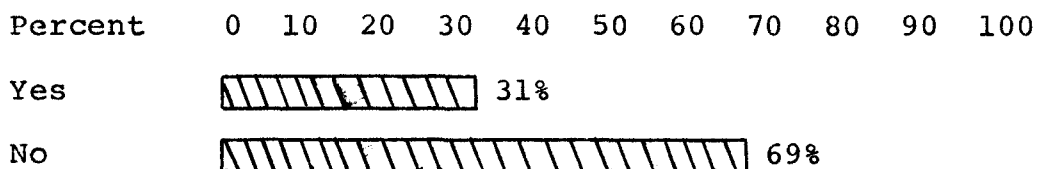


FIGURE 1

EXPERIMENTED WITH ILLEGAL DRUGS

of the questionnaire only if they had answered "yes" to item number one.

In item number two, part A asked: "How often have you used or experimented with the drugs?" "Once" was marked by 23 percent of the respondents, "Occasionally" by 52 percent, and "Frequently" by 25 percent. This indicates that 77 percent of the respondents answering yes to item number one were using illegal drugs to some extent (see Figure 2).

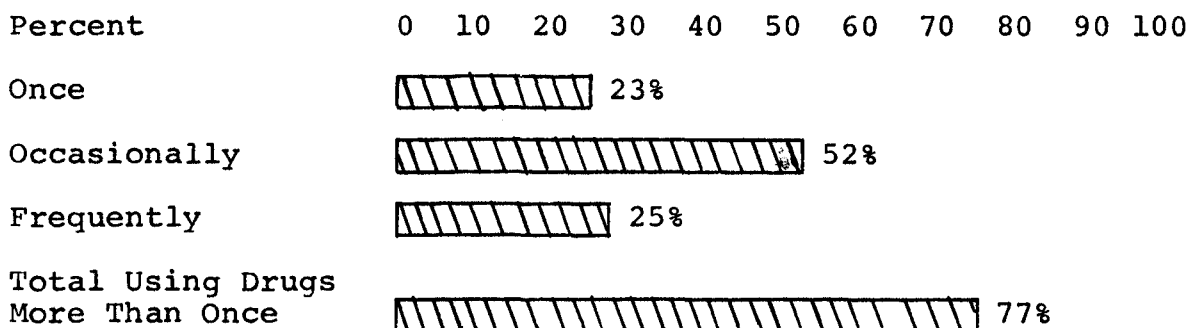


FIGURE 2

HOW OFTEN HAVE YOU USED OR EXPERIMENTED WITH DRUGS?

IV. USE OF ILLEGAL DRUGS

Part B of item number two asked where the student first used an illegal drug. The questionnaire listed five possible choices. The choices and the percentage of students marking

each item follows:

At School	3%
At a Movie	3%
Teenage Center	2%
Neighborhood Party	14%
Other	78%

No provision was made for the respondent to identify "Other."

V. WHO OR WHAT FIRST INFLUENCED DRUG USAGE?

Part C of item number two asked who or what influenced you to first try drugs. The questionnaire listed seven possible choices. The choices and the percentage of students marking each item follow:

Junior High Boy	5%
Junior High Girl	2%
Senior High Boy	34%
Senior High Girl	15%
Adult Friend	5%
Adult Stranger	2%
Other	37%

Part C of item number two made no provision for the respondent to identify "Other."

VI. WHY DID OR DO YOU USE DRUGS?

Part D of item number two asked why did or do you use drugs. The questionnaire listed seven choices. The choices and the percentage of students marking each item follow:

Curiosity	70.0%
To Feel Older	.4%
My Friends Do	2.6%
For Fun or Kicks	20.0%
To Spite My Parents	1.5%
To Relax	4.0%
On a Dare or Bet	1.5%

Everyone who responded to the questionnaire was directed to answer question number 3, A through H. Question A asked how many drugs in the following list do you believe may be harmful when mis-used: stimulants, depressants, sedatives, L.S.D., marihuana, glue sniffing, and S.T.P. The choices and the percentage of students marking each item follow:

All	63.0%
Some	36.5%
None	.5%

Question B asked if the student should report to authorities the name of a person who mis-uses illegal drugs. The students were given three choices. The choices and the percentage of students marking each item follow:

Yes	46.1%
No	22.5%
Maybe	35.5%

Question C asked if the student would report to authorities the name of a person who mis-uses illegal drugs. The students were given three choices. The choices and the

percentage of students marking each item follow:

Yes	17.7%
No	42.2%
Maybe	44.4%

Question D asked if the student believed that the use of illegal drugs should be an individual's personal choice. The students were asked to respond yes or no. The following are the percentages of their responses:

Yes	70.3%
No	31.8%

Question E asked if the student had any previous instruction in drug education at school. The students were asked to respond yes or no. The following are the percentages of their responses:

Yes	75.1%
No	24.9%

VII. DESIRE TO LEARN THE EFFECTS OF DRUGS UPON PEOPLE

The data from question F revealed that 76.7 percent of the students who responded would like to have more information about the effects of drugs upon people. Only 24.3 percent did not want more information. This indicates that a drug abuse curriculum is needed at Franklin Pierce High School. The desire to learn about drugs and drug abuse is the key to a successful drug abuse program (see Figure 3, page 25).

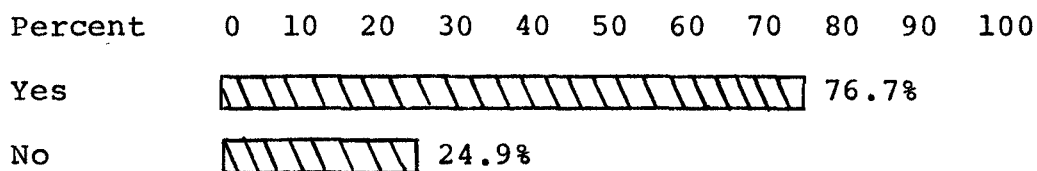


FIGURE 3

WOULD YOU LIKE TO HAVE MORE INFORMATION ABOUT
THE EFFECTS OF DRUGS UPON PEOPLE?

VIII. SCARE TACTICS USED IN DRUG ABUSE EDUCATION

Question G asked the students if they thought that scare tactics used in drug abuse education are effective.

The percentage of students marking each item follows:

Yes	39.3%
No	60.7%

IX. USE OF ILLEGAL DRUGS AT SCHOOL

Question H asked the students if they ever use illegal drugs while at school. The percentage of students marking each item follows:

Yes	12.4%
No	87.6%

X. SUMMARY

The need for a drug abuse curriculum has been shown by the data from the questionnaire which was administered to the students at Franklin Pierce High School. A copy of the questionnaire which was given to the students is found in Appendix A, page 79. The data compiled from the drug use

questionnaires submitted to the students of Franklin Pierce High School support the hypothesis that there is a need for drug abuse education at Franklin Pierce High School.

CHAPTER IV
DRUG EDUCATION CURRICULUM GUIDE

The data from the drug use survey revealed that 77 percent of the responding students use illegal drugs to some extent. Further, 76.7 percent of the respondents indicated they would like more information about drugs. These data substantiate the need for a drug education curriculum guide at Franklin Pierce High School.

The writer has developed this guide for use in grades ten, eleven, and twelve. It is not suggested that some of the ideas and/or materials are inappropriate for other grade levels. However, the writer's primary interest is in grades ten, eleven, and twelve.

The majority of those arrested for abusing drugs are in their teens and early twenties, and the problem of drug abuse appears to be increasing; experimentation with marijuana, L.S.D., barbiturates, and amphetamines is occurring (28:34).

This substantiates the need for drug education.

I. OVERVIEW

Drug education has changed from simply the abuse of narcotics and their effects to the abuse of the "soft drugs," hallucinogens, and volatile chemicals. "Today drug education encompasses an appreciation of the medical properties of drugs as well as the problems of drug abuse and misuse" (38:161). Drug education should be presented objectively

with emphasis on the sociological, psychological, physiological, and legal effects the drugs will have on the student.

"Critical evaluation of what is read relating to drugs should be a part of each student's education since students will read sensational articles within the classroom and outside of it" (38:161). "Drug education is a preventive measure; it will compete with the factors which give rise to problems with drugs--the increase in new drugs, in stress, and in depersonalization" (38:161).

II. COMPETENCIES

Competency I.

"Students appreciate the value of drugs and understand the interaction of drugs within the body" (38:162).

Competency II.

"Students use drugs in a sensible manner which will contribute to long-range good health for themselves and for those in their community" (38:162).

III. PRE-TEST ON DRUG ABUSE

1. List the five general classifications of drug abuse.
2. Under which general classification is "speed" found?
3. Under which general classification are "goofballs" found?
4. Physiologically, what are two effects of heroin?
5. Heroin is synthesized from _____, which is synthesized from _____.
6. List two "over the counter" drugs.
7. List two prescription drugs.
8. List two illicit drugs.
9. When is the abuser of a narcotic "hooked"?
10. State what the effects would be if an individual were prosecuted for possession of "weed" or "tea" in the State of Washington.
11. What are the physical reactions of a long term abuser of amphetamines?
12. Are amphetamines physically addicting?
13. Are barbiturates physically addicting?
14. What is L.S.D.?
15. Does L.S.D. cause birth defects?
16. What is a bad "trip"?
17. Are individuals more creative under the influence of L.S.D.?
18. Is the possession of L.S.D. illegal in the State of Washington?
19. Define the term hashish.
20. What are some mental health problems related to drug use and abuse?

IV. LESSON PLANS

Lesson No. 1

- Objectives: 1. To discuss reasons for studying drug education as a unit in the total health education program.
 2. To summarize the history of the derivation and usage of drugs in our society.
- Materials Needed: None

Content	Method
<hr/>	
I. Introduction:	
A. Reasons for studying drug abuse	Class discussion
1. Need for drug education	
2. Not because of the number of persons who are addicts, but because of the possibility of an increase in their numbers and because of the profoundly degenerating effects upon any individual and society in which addiction becomes established.	
3. The problem is growing rapidly in the Franklin Pierce School District. 31% of the population are abusing drugs.	
4. The health of the individual is affected.	
5. Problem of individual and national concern.	
B. Areas of student interest.	Class decision
II. History	
A. "I knew that every hour of comparative ease and comfort its treacherous alliance might confer upon me now, but I did not, could not, conceive the mental hell into whose fierce corroding fires I was about to plunge" (37:15).	Quotation: read to class

Content

Method

<p>"Thus, a young English immigrant, William Blair, described his experiences with opium. His account which was far from the first to describe the agonies of opium addiction, had little, if any, impact on the American public (37:15).</p>	Teacher lecture
<p>B. How opium was first used.</p>	
<p>1. Stone age</p>	
<p> a. For religious rites</p>	
<p> b. In preparation for battle</p>	
<p>2. Opium used for medical purposes</p>	
<p> a. Inducing sleep</p>	
<p> b. Relieving pain</p>	
<p>3. Opium also used as an agent of indulgence</p>	
<p> a. Escape from boredom and loneliness</p>	
<p> b. Anxiety, gloom, despair</p>	
<p> c. Escape from reality. From Homer's Odyssey:</p>	Teacher reads to class
<p> "A drug potent against pain and quarrels and charged with the forgetfulness of all trouble, whoever drank this mingled in the bowl, not one tear would he let fall the whole day long, not, if mother and father should die, not if they should slay a brother or a dear son before his face and he should see it with his own eyes."</p>	
<p>4. Opium was being used in American colonies as early as the 18th century.</p>	Teacher lecture
<p> a. Physicians used opium as therapeutic agent</p>	
<p> 1) Pain reliever</p>	
<p> 2) V.D. treatment</p>	
<p> 3) Tetanus</p>	
<p> 4) Childbirth</p>	

5. Discovery of opium alkaloid
 - a. Morphine (1805)
 - 1) Used to cure the opium habit, result that opium addicts were merely transferred from one addicting drug to another.
 - 2) Morphine became preferred over opium because of a greater potency.
6. Hypodermic needle, most important factor influencing spread of narcotics, 1856.
 - a. Used vastly in Civil War to relieve pain of war wounds.
 - b. Soldiers addicted went home after the war.
7. Home use of opium and morphine bought off the shelf in drug stores.
8. Heroin synthesized from morphine, 1898.
 - a. Was used to cure morphine addicts, changed them into heroin addicts.
 - b. Heroin firmly established the hypodermic needle.

Assignment: Have students make one-page paper on the history of drugs in the United States; library research.

Lesson No. 2

- Objectives: 1. To discuss ways in which drugs contribute to the future well being of self and others.
2. To compare and contrast the types of drugs available and their usage.
- Materials Needed: Film: "Our Pill Filled Lives," Projector

Content	Method
<p>I. Value of drugs to mankind</p> <ul style="list-style-type: none">A. Relief from pain and suffering<ul style="list-style-type: none">1. Surgery2. Dentistry3. InjuryB. Increases life expectancyC. Control and cure of diseases<ul style="list-style-type: none">1. Mental2. Physical	Film: "Our Pill Filled Lives"
<p>II. Types of drugs</p> <ul style="list-style-type: none">A. Over the counter<ul style="list-style-type: none">1. Aspirin preparations, antihistamines2. Cough and cold remedies3. Vitamins, laxatives, antacids, etc.B. Prescription<ul style="list-style-type: none">1. Antibiotics, barbiturates, sleeping pills2. Amphetamines, diet pills, pep pills3. Insulin, steroids, cortisone type4. Analgesics, Pain relievers5. TranquilizersC. Illicit drugs<ul style="list-style-type: none">1. Heroin2. L.S.D.3. Marihuana4. Glue and other solvents	<p>Guest Speaker: Local pharmacist to speak on drugs sold "over the counter"</p> <p>Assignment: List all the drugs you can find in your home</p>

Content

Method

III. Drug usage

A. Drugs affect individuals differently

Teacher lecture

1. Psychological

a. Attitudes

b. Emotions

2. Physiological

a. Age, body weight

b. Body chemistry

c. Allergies

3. Precautions regarding use

a. Overdose

b. Sharing prescriptions

c. Self medications

d. Adequate storage and disposal

Lesson No. 3

- Objectives: 1. To analyze the problem resulting from the use of narcotics upon the individual.
 2. To emphasize that any use of narcotics not under medical supervision is illegal and subject to criminal prosecution.
- Materials Needed: Film: "Narcotics, Why Not?", projector, handout sheets on illicit drugs.

Content	Method
I. Abusive substances A. Narcotics B. Depressants C. Stimulants D. Hallucinogens E. Volatile chemicals	Teacher lecture
II. Abusive pattern of addiction A. Physical dependence B. Tolerance C. Psychological dependence D. Addiction	
III. Narcotics classification is made up of: A. Morphine, Opium, Heroin, Codeine 1. Some narcotics are used as pain relievers a. Codeine, b. Morphine 2. Characteristics of each a. Description b. Depressant effects c. Withdrawal	

Content

Method

- B. Exempt narcotics preparations under the law
1. Codeine in cough syrup
 2. Paregoric in medical prescriptions

Film: "Narcotics, Why Not?"

Assignment: Each student is to bring a newspaper or magazine article on drug abuse for class discussion and development of a class resource notebook. Be prepared to give the main point or summary of your article. Collect as many other articles pertaining to drug abuse as you can.

- C. The opiate primarily subject to abuse today is heroin. The person who uses heroin jeopardizes his health and runs the risk of dying from an overdose.

Describe the immediate and possible long-range effects of the use of heroin on the system. Stimulate the class discussion.

Invite the school nurse to talk with the students about the skin as a protective covering of the body and the dangers attendant upon puncturing the skin and injecting any foreign substance into the body.

Content

Method

- Invite a biology teacher to discuss the effects of a strong depressant upon the body functions.
- D. Heroin causes total drug dependence, a condition which causes the victim to become a slave to the drug. Discuss with the class both physiological and psychological dependence on drugs. Assign class readings in current periodicals and books on drug dependence, including case histories of users. Have each student report his findings to the class.
- E. "Heroin is a total outlaw in the United States. Its use by anyone at any time is illegal except for authorized research. The abuse of narcotics creates health and social problems of major proportions in our time, and these problems become the responsibility and concern of all citizens" (22:96). Have all the students in the class collect and report on articles in newspapers, magazines, journals, or other publications that deal with heroin abuse or addiction. Have a small committee interview Pierce County officials on the problem of heroin addiction in Tacoma and report back to class.

Content

Method

F. "Rehabilitation of those persons who have become dependent upon drugs is prolonged, difficult, and not always effective" (22:98).

Assign reading in current periodicals on various modern approaches to the treatment and rehabilitation of persons who have become dependent upon narcotics.

Have the class choose a committee to examine the British approach to the treatment and rehabilitation of narcotic addicts. Have the committee report its findings and lead a panel discussion on the subject.

Lesson No. 4

- Objectives:
1. To contrast the effects of a stimulant and a depressant upon the body.
 2. To emphasize the medical use of stimulants, tranquilizers, and depressants as being safe under medical supervision.
 3. To emphasize the abusive potential of these drugs.
- Materials Needed: Film: "Bennies and Goofballs," projector, handout sheet on slang terms.

Content	Method
<p>I. Slang terms or language of the drug abuser.</p> <p>A. Reference to some of these terms will be made during lecture and class discussion.</p> <p>B. Read through terms and keep it with us for easy reference.</p>	Handout sheet, page 42.
<p>II. Introduction to stimulants or amphetamines</p> <p>A. First became available for medical use during the 30's.</p> <p>B. Stimulate the central nervous system.</p> <ol style="list-style-type: none">1. Have ability to combat sleepiness and fatigue. <p>C. Amphetamine abuse will cause (22:42)</p> <ol style="list-style-type: none">1. Jitteriness2. Irritability3. Unclear speech4. Tension, withdrawal5. Unable to organize thinking <p>D. Physical effects (22:42)</p> <ol style="list-style-type: none">1. Increased heart rate2. Raise blood pressure3. Cause palpitations4. Dilate the pupils5. Dry mouth & sweating6. Diarrhea	Film: "Bennies and Goofballs." Lecture

Content	Method
<ul style="list-style-type: none"> E. Are stimulants addicting? <ul style="list-style-type: none"> 1. Stimulants are not physically addicting. <ul style="list-style-type: none"> a. Body does develop tolerance. 2. "Stimulants can cause psychological dependence" (40:43). F. Socially accepted examples, diet pills. G. Medical uses <ul style="list-style-type: none"> 1. Counteract excessive drowsiness, obesity, relieving mild depression. H. Examples of stimulants <ul style="list-style-type: none"> 1. Cocaine <ul style="list-style-type: none"> a. Categorized under narcotic b. Description & misuse 2. Amphetamines <ul style="list-style-type: none"> a. Abuse, pep pill, bennies 3. Benzedrine, Deramyl, Dexedrine, Methedrine. 	<p>Teacher lecture and class interaction.</p>
<ul style="list-style-type: none"> III. Introduction to depressants or sedatives. <ul style="list-style-type: none"> A. "Sedatives belong to a large family of drugs manufactured for medical purposes to relax the central nervous system, of these the best known are the barbiturates" (40:44). B. Effects of barbiturates: <ul style="list-style-type: none"> 1. Resemble drunkenness 2. Slurred speech & staggering 3. Ability to think is impaired 4. Irritable & angry C. Are barbiturates addicting? <ul style="list-style-type: none"> 1. "Barbiturates are physically addicting" (40:44) <ul style="list-style-type: none"> a. The user will experience withdrawal if the drug is withdrawn abruptly. 	

Content	Method
<ul style="list-style-type: none"> D. Socially accepted examples E. Medical use <ul style="list-style-type: none"> 1. Control of epilepsy, high blood pressure, insomnia, illness requiring sedation F. Examples <ul style="list-style-type: none"> 1. Amytal, allonal, barbital, phenobarbital, seconal, nemutal. 	<p>Have students research tranquilizers from available information found in their homes including their parents. A short paragraph relating their findings should be written.</p>
<ul style="list-style-type: none"> IV. Introduction to tranquilizers <ul style="list-style-type: none"> A. Medical use for mentally disturbed B. Abuse has not become a serious problem C. Illegal if taken without medical prescription 	

HANDOUT SHEET FOR LESSON NO. 4

Language of Drug Abuse

In the world of drug abuse, there is a special language, a description that covers almost every aspect of the abuser's life as affected by his habit. There are, of course, variations in this lexicon as one moves from one part of the country to another and from one part of the community to another. In addition, it is a language which changes often. The language of drug abuse is often picked up as contemporary slang by non-abusers, particularly teenagers. For this reason, use of many of these terms cannot be considered evidence of drug abuse. What follows is a compilation from several sources. It is not all-inclusive, but it is indicative of what students are using as a drug abuse jargon.

Acid - LSD
Acid head - an abuser of LSD
Artillery - equipment for injecting drugs
Bag - container of drugs
Bagman - a drug supplier
Barbs - barbiturates
Bennies - benzedrine tablets
Bernice - cocaine
Blanks - poor quality narcotics
Blasted - under the influence of drugs
Blow a stick - to smoke a marijuana cigarette
Blue devils - amytal tablets
Boxed - in jail
Bread - money
Bull - police officer
Burned - to receive phony or badly diluted drugs
Busted - arrested
Candy - barbiturates
Cap - a container of drugs
Cartwheels - amphetamine sulfate
Charged up - under the influence of drugs
Chipping - taking small amounts of drugs on an irregular basis

Chippy - an abuser taking small, irregular amounts
Clear up - to withdraw from drugs
Coasting - under the influence of drugs
Coke - cocaine
Cokie - a cocaine addict
Connect - to purchase drugs
Connection - a drug supplier
Co-pilots - amphetamine tablets
Cop - to purchase drugs
Cop-out - to confess, to alibi
Cut - to adulterate a narcotic by adding milksugar
Dealer - a drug supplier
Dexios - dexedrine tablets
Dime bag - a ten-dollar purchase of narcotics
Dope - any narcotic
Dropped - arrested
Dust - cocaine
Fix - an injection of narcotics
Flake - cocaine
Floating - under the influence of drugs
Footballs - oval shaped amphetamine sulfate tablets
Fuzz - the police
Geetis - money
Gold dust - cocaine
Goods - narcotics
Goofballs - barbiturates
Grass - marihuana
Hearts - benzedrine or dexedrine
Heat - the police
Hemp - marihuana
High - under the influence of drugs
Hit - to purchase drugs, an arrest
Hooked - addicted
Hop head - narcotic addict
Hopped up - under the influence of drugs
Horse - heroin
Hot - wanted by the police
Ice cream habit - a small, irregular drug habit
Job - to inject drugs
Jive - marihuana
Joint - a marihuana cigarette
Joy powder - heroin
Junk - narcotics
Junkie - narcotic addict
Kick - to abandon a drug habit
Lipton Tea - poor quality narcotics
Lit up - under the influence of drugs
Locoweed - marihuana
Mainline - to inject drugs directly into a vein
Make a buy - to purchase drugs
Man - the police
Mary Jane - marihuana
Meth - methamphetamine, usually injected for rapid results

Monkey - a drug habit where physical dependence is present
Mutah - marihuana
Needle - hypodermic syringe
Nickel bag - a five-dollar purchase of narcotics
Off - withdrawn from drugs
On a trip - under the influence of LSD or other hallucinogens
Oranges - dexedrine
Paper - a prescription or packet of narcotics
Peaches - benzedrine
Peanuts - barbiturates
Piece - a container of drugs
Plant - a cache of narcotics
Pop - to inject drugs
Pot - marihuana
Rainbows - tuinal, brand of amobarbital sodium & secobarbital sodium capsules
Reader - a prescription
Red Devils - seconal, brand of secobarbital capsules
Reefer - a marihuana cigarette
Roach - the butt of a marihuana cigarette
Rope - marihuana
Roses - benzedrine, brand of amphetamine sulfate tablets
Sam - Federal narcotic agents
Scat - heroin
Score - to purchase drugs
Shoot up - to inject drugs
Slammed - in jail
Sniff - to sniff narcotics through the nose
Snow - cocaine
Speed - methamphetamine, usually injected for rapid results
Speed-ball - an injection which combines a stimulant and depressant, often cocaine mixed with morphine or heroin
Spike - the needle used for injecting drugs
Square - a non-addict
Stash - a cache of narcotics
Stick - a marihuana cigarette
STP - a highly potent hallucinogen
Stuff - narcotics
Texas Tea - marihuana
Trip, tripping - being high on hallucinogens, particularly LSD
Truck drivers - amphetamines
Turned off - withdrawn from drugs
Turned on - under the influence of drugs
Uncle - Federal narcotic agent
Wake-ups - amphetamine
Washed up - withdrawn from drugs
Wasted - under the influence of drugs
Weed - marihuana
Weed-head - marihuana user
Weekend habit - a small, irregular drug habit
Whiskers - Federal narcotics agent

Whites - amphetamine sulfate tablets

White stuff - morphine

Works - the equipment for injecting drugs

Yellow-jackets - nembutal, brand of pethobarbital capsules,
solid yellow

Lesson No. 5

- Objectives:
1. To provide a current, accurate and balanced view of L.S.D. use through presentation of the film "LSD-25."
 2. To contrast the differences between the hallucinogenic drugs and those previously discussed.
- Materials Needed: Film: "LSD-25," projector.

Content	Method
Introduction to Hallucinogens	Film: "LSD-25"
I. Hallucinogens--LSD	
A. A powerful man-made chemical D-lysergic acid diethylamide generally called L.S.D.	Teacher lecture
1. First developed in 1938 from one of the ergot alkaloids	
a. Ergot is a fungus that grows as a rust on cereals.	
B. Effects	
1. Produces strong mental reactions in people.	
2. Strong distortions in their physical senses, in what they see, touch, smell, and hear.	
C. L.S.D., except for medical purposes is illegal in the United States	
D. Average dose of L.S.D., usually a speck, lasts from 8 to 10 hours	
E. Physical effects	
1. Increases pulse and heart rate	
2. Rise in blood pressure	
3. Dilated pupils	
4. Shaking of the hands & feet	
5. Irregular breathing and nausea	

Content

Method

- F. Is L.S.D. physically addicting?
1. L.S.D. is not physically addicting
2. Strong psychological dependence
- G. "L.S.D. is a potent drug still in the investigational stage. Legal use can be authorized only by the Federal Drug Administration" (22:91).

Question & interaction
Explain the recent Federal drug abuse laws that restrict new drugs to investigational use until they are proven to be safe and effective.
Call for three or four volunteers and request them to watch newspapers for reports concerning the use of L.S.D. or similar type drugs. When several reports have been collected have the pupils read the reports to the class & lead a discussion on the effects of L.S.D.

Organize the class into small groups and direct each one to think of reasons why any young person might use L.S.D.
Discuss the reasons listed.

Content

Method

Assign several students to study the following statement to determine its meaning and have them explain their findings to the class: "Users call LSD a consciousness-expanding drug. However, instead of expanding consciousness, this drug actually diminishes it" (22:94).

Select members of the class to role-play a situation in which a boy is invited to a party and, while he is at the party, friends of his try to persuade him to take L.S.D. After the presentation, have the class discuss relating the problems that would be faced by any student who might find himself in a similar situation.
Teacher lecture

II. Mescaline--hallucinogen

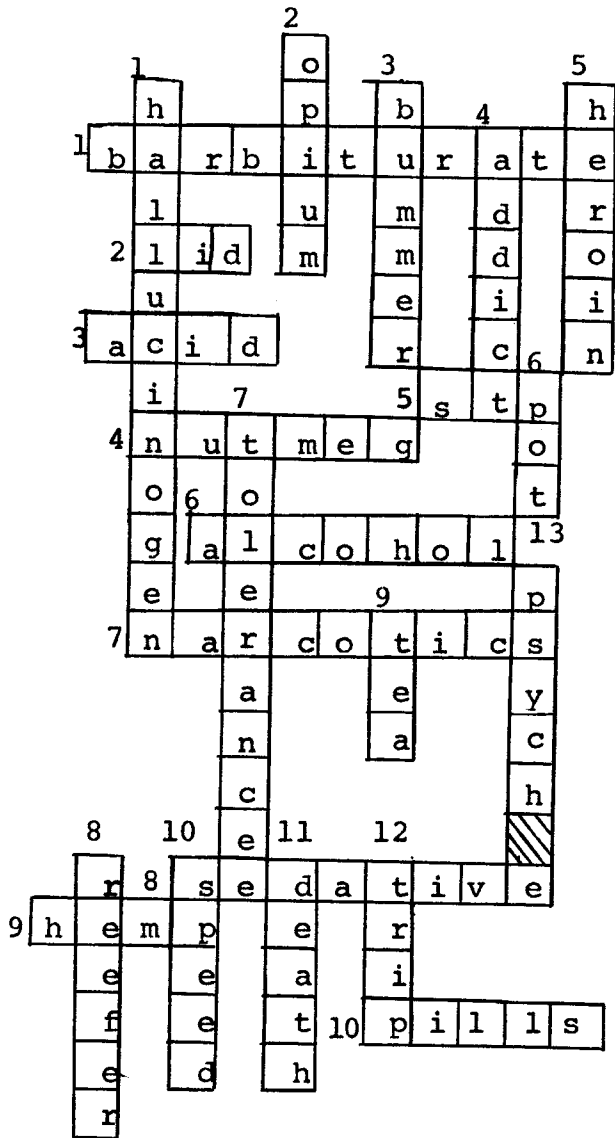
- A. Derived from the Mexican cactus, Peyote.
- B. Available on the illicit market as a crystalline powder in capsules.
 - 1. Usually taken orally.
- C. Not as powerful as L.S.D.
 - 1. Hallucinogenic effects are produced

Lesson No. 6

Objectives: 1. To introduce non-drug substances frequently encountered in drug abuse.

Materials Needed: Pamphlet entitled "Glue Sniffing Problem."

Content	Method
I. Definition of volatile chemicals A. These are chemicals containing solvents which will depress the central nervous system when inhaled. B. Examples: Glue, gasoline, paint thinner, lighter fluid, solvent.	Teacher lecture
II. How volatile chemicals are abused A. Sniffed or inhaled directly from the container or plastic bag	Read several case histories to the class from "The Glue Sniffing Problem", pp.12-15, American Social Health Association.
III. Primary effect of volatile chemicals on the user A. Reactions vary, according to the particular chemical used and the amount inhaled. Generally volatile chemicals produce a "high" similar to that produced by alcohol. Users can experience hallucinations and extreme mental confusion.	Crossword puzzle, page 50.
IV. Physical effects of volatile chemicals. A. Volatile chemicals can cause serious and permanent damage to many parts of the body. "Injury can result to the brain, heart, liver, kidneys, and bone marrow" (45:1).	Teacher discussion Question & interaction



DOWN

1. Medical term for mind expanding or psychedelic drug.
2. "Raw" hard drug obtained from the poppy.
3. Term used to describe bad psychedelic experience.
4. Name for person hooked on any sort of drug.
5. Drug of choice of main-line hard drug user.
6. Common name for marihuana.
7. Increased dosage of drug to get same effect
8. Name for marihuana cigarette.
9. Another form of marihuana.
10. Common name for methedrine.
11. Possible result of psychedelic trip.
12. Term used to describe psychedelic experience.
13. Portion of human affected directly by action of LSD.

ACROSS

1. Professional name for goofball.
2. Five match boxes of marihuana cigarettes.
3. One of many common names for LSD.
4. One of mildest psychedelic drugs.
5. Drug discovered in Haight-Ashbury 4 times more powerful than LSD.
6. Most common dangerous drug.
7. Sleep producing drug.
8. General term for drugs.
9. Source of marihuana.
10. Bennies are called pep _____.

Content

Method

- H. Marihuana is derived from a plant which is grown in many parts of the world. "In the United States marihuana is usually used in cigarette form. Its use in any form in this country is illegal" (22:88).
- I. The marihuana smoker usually becomes intoxicated and irresponsible and may inflict harm on himself or those near him.
- J. "Those who use marihuana wish to entice others into using them often rationalize that substances are non-addicting and therefore harmless" (22:90).

Form small research committees and give each committee responsibilities for reporting on topics such as: How is marihuana grown and marketed? For what purpose is marihuana used and in which country is it used the most? To what extent is marihuana used in the United States? Describe the effects of marihuana on the human body and explain the relationship of marihuana smoking and the general health of the body. Encourage class discussion and invite any questions. Have a committee make a bulletin board display that shows how motor control, perception, and judgment may be impaired when marihuana affects the brain. Explain the nature and meaning of rationalization. Discussion to explain how they rationalize.

Lesson No. 8

- Objectives:
1. To develop an awareness of the seriousness of the drug problem through exposure to current newspaper and magazine articles.
 2. To work with a group in preparation for a debate on legalizing marihuana.
- Materials Needed: Clippings and articles brought by students; resource materials pertaining to marihuana for class use.

Content	Method
I. Problems of drug abuse. Use current articles as a basis for content.	Class discussion with each student contributing from his source. Students shall be asked for a brief oral presentation of their article, thus directing discussion to other class members.
II. Class book on Drugs of Abuse This will enable the student to become aware of various problems within the community, state, and nation.	Class committee 1. All clippings, articles, printed materials can be arranged by this committee and filed or pasted into a notebook to be used for reference by all classes. 2. Students are encouraged to locate items from day to day so that reference book can be kept up to date.

Content	Method
III. Preparation for debate: "Should marihuana be legalized?"	Two groups assigned to begin preparation for debate. Resource materials are available in class. Chairman should be selected to enhance organization within the group.

Lesson No. 9

- Objectives:
1. To provide an opportunity for the students to discuss the pros and cons of legalizing marihuana.
 2. To involve the students in an informal review utilizing all the information on drugs of abuse.
- Materials Needed: Four flashlights, College Bowl game questions, movable chairs, blackboard, and chalk.

Content	Method
I. Debate: "Should marihuana be legalized?" 20-minute time limit	Class has been divided into two groups: pro and con on the debate topic. Each side presents their arguments; it is then opened up to both groups for rebuttle.
II. Review of material pertaining to the five classifications of drug abuse. Questions are made up to give comprehensive coverage of the material presented in class.	College Bowl Game Procedure: 1. Class is divided randomly into 4 groups. 2. Groups are arranged so that all can see the teacher who will be acting as the moderator. 3. Each group should have a leader who is given a flashlight. The leader turns on the light as soon as his group knows the answer.

Content	Method
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4. When all are ready, questions are asked and points are awarded for correct answers and penalties are given for incorrect answers.
5. Winning team is the one with highest point value when the bell rings.

Lesson No. 10

- Objectives:
1. To evaluate the reasons leading individuals to drugs.
 2. To evaluate and interpret the causes of drug addiction and the importance of avoiding them.
 3. To identify with individuals who are exposed to drugs through role-playing.
- Materials Needed: List of role-playing situations

Content	Method
<p>I. Factors and reasons leading to individual involvement in drugs</p> <ul style="list-style-type: none">A. Experimentation<ul style="list-style-type: none">1. Curiosity2. KicksB. Peer pressure<ul style="list-style-type: none">1. Security2. Prestige<ul style="list-style-type: none">a. To "go along with the gang"b. To be more adult3. Excitement4. Escape from reality5. FadC. Escape mechanism<ul style="list-style-type: none">1. Forget troubles2. Fears3. Parent conflicts4. RelaxationD. Accidental or medical<ul style="list-style-type: none">1. Uneducated2. Use during illness for painE. Mass media exposureF. Insecurity (neurotic person)G. Psychopath (emotionally disturbed)	<p>Develop "minute-dramas" of unfinished stories or stories with questions.</p> <p>Role playing, page 58.</p> <p>Students give examples of how to avoid involvement in drugs. Discuss the importance of avoiding associations with individuals or groups whose behavior is questionable.</p> <p>Discuss the importance of maintaining personal standards of behavior in group and individual activities.</p>

ROLE-PLAYING SITUATIONS FOR LESSON NO. 10

- A. Strict parent discovers a drug supply belonging to student.
- B. Student taken into custody by the police for possession of illegal drugs.
- C. Student in a courtroom standing trial for just happening to be at a party where some friends, unknown to him, were using drugs and everyone was arrested. The judge is very conservative.
- D. Student has been caught giving a "joint" to a friend in the school hall--by his favorite teacher.
- E. The coach discovers the student smoking "grass" in the lavatory.
- F. A student's best friend confided to the student that he thinks he's hooked on "H".

Lesson No. 11

- Objectives:
1. To evaluate the value of drugs and to identify the action of drugs within the body.
 2. To discuss the effects of drug addiction on the individual's personal life.
 3. To identify methods of treatment and rehabilitation for drug addiction.

Materials Needed: None

Content	Method
I. Effects of drug abuse on general health and social behavior	
A. Barbiturates, (depressants), more dangerous than amphetamines	Teacher lecture
1. Incessive use causes all three characteristics of narcotic addiction.	
a. Tolerance	
b. Physical depression	
c. Psychological depression	
2. Effects on central nervous system as a depressant	
a. Symptoms similar to excessive intake of alcohol	
b. Abuser staggers badly, slurred speech, coma-like sleep	
3. Average abuser of barbiturates	
a. 20-30 capsules per day shows withdrawal symptoms	
b. Convulsions can be fatal	
c. After five days of symptoms, abuser falls into long sleep	
B. Amphetamines (stimulants)	
1. "No physiological dependence is developed, but psychological dependence and tolerance are developed" (40:43).	

Content

Method

2. Abuser can withdraw from pill if he chooses.
 - a. Physical withdrawal symptoms are mild.
 3. Large dose of amphetamines may cause:
 - a. Insomnia, aggressiveness, hallucinations, suicidal impulses.
 4. "Normal dose 5-10 milligrams (medical)" (1:18).
 - a. "Abuse dose reaches over 150 mg./day" (1:18).
 - b. Legal market cost, ten cents per tablet.
 - c. Underground cost ten to twenty-five cents per tablet.
- C. L.S.D.
1. Acts on the central nervous system
 - a. Clinical experiment produces picture of schizophrenic.
 2. Tolerance developed within a few days
 3. L.S.D. concentrates in liver more so than the brain.
 4. "L.S.D. removes natural protective measures" (40:46).
 - a. Student at Berkeley jumping from window
 - b. Freeway walkers, etc.
 5. Chromosome damage
 - a. Time, August 11, 1967, pp. 60. "Not only does L.S.D. expose unstable trippers to the risk of a psychotic break. Not only does it break down the chromosomes in some blood cells. The latest evidence is that it causes cell changes suspiciously like those seen in Leukemia. (Mother passes them to unborn infant)."
 6. Other dangers of L.S.D.
 - a. Reoccurring trips, flashbacks

Have students abstract and critique a current article related to L.S.D.

Content	Method
<p>II. Other effects of drug addiction</p> <p>A. Addicts may lead useless lives.</p> <ol style="list-style-type: none"> 1. Generally unproductive and useless members of society 2. Cannot hold jobs 3. Beg, borrow, steal, cheat, and lie <p>B. Addicts are undependable.</p> <ol style="list-style-type: none"> 1. Deterioration of personal integrity and honesty 2. Not dependable as workers 3. Military will not accept them. <p>C. Addicts often turn to crime.</p> <ol style="list-style-type: none"> 1. Criminals do not always become addicts, but addicts usually become criminals. 2. Drug addicts must deal with criminal peddler. 3. Most addicts need ten to twenty dollars per day for caps; they often steal to secure money to support the habit. <p>D. Drugs and driving</p> <ol style="list-style-type: none"> 1. Impairs judgment, may stimulate or slow down central nervous system 2. Do not belong on highway 	Teacher lecture
<p>III. Rehabilitation of the addict</p> <p>A. Addicts spread addiction.</p> <ol style="list-style-type: none"> 1. Curing one addict may prevent the addiction of others. <p>B. Definite need for community help and understanding upon leaving a rehabilitation institution</p> <p>C. Halfway houses</p> <ol style="list-style-type: none"> 1. Housing and employment assistance to patients 	

Lesson No. 12

- Objectives:
1. To evaluate the position of the juvenile in relation to drug addiction.
 2. To interpret the situation of drug addiction and crime.
 3. To compare and contrast the juvenile and adult drug abuser and addict.
 4. To discuss the problem of the increasing strains and pressures "put on" our society due to the crime rate in relation to drug addiction.

Materials Needed: None

Content	Method
I. Drug addiction as related to juvenile delinquency & crime	
A. The juvenile becomes delinquent	Speaker: Juvenile Narcotics Division of Pierce County Sheriff's Office
1. Once addicted, juvenile often steals from own home.	
2. Resorts to shoplifting and housebreaking	
3. Has unfavorable influence on other youth	
4. Often drops out of school	
B. Many addicts become criminals.	Class discussion
1. Need money to obtain drugs	
2. Professional criminals engage in smuggling drugs.	
3. Buyers are criminals.	
4. Drug addiction itself is a crime in many states.	
II. Compare and contrast the juvenile and adult drug abusers.	Teacher-lead student discussion
A. Show relationships between juvenile and adult drug users.	
III. Discuss the nation's crime rate in relation to drug addiction.	Student interaction

Lesson No. 13

- Objectives: 1. To identify and summarize the ingredients of drug addiction.
 2. To identify the effects of narcotics.
 3. To discuss the possible outcome of a drug addict's life.
- Materials Needed: Tape recorder and tape, Film: "Hooked," projector, case histories,
 Pamphlet: "Hooked."

Content	Method
I. Drug addiction and the addicted	
A. Ingredients of addiction	
1. Psychologically maladjusted individual	
2. An available drug	
3. Mechanism bringing the two together	
4. Environmental conditions	
B. Characteristics of drug addiction	Film: "Hooked"
1. Becomes emotionally dependent	
2. Becomes physically dependent	
3. Withdrawal illness	
4. Develops a tolerance (has to have more to get the same effects)	
5. Undependable	
6. Uninterested in activities	
7. Lead useless lives; possible crime	
C. Two classes of addicts	Read case histories and discuss
1. Adult abuser	
2. Juvenile abuser	
II. The effects of narcotics on the human body	
A. "Judgment, self-control, and attention rapidly deteriorate and the user can become a mental degenerate" (45:5).	Pamphlet: "Hooked" available for students to read or check out
1. Loss of weight & appetite	
2. Over-doses can cause convulsions and death.	

Content

Method

III. Relate the possible outcomes of the drug addict's life.

Student paper

Lesson No. 14

- Objectives: 1. To compare and contrast the responsibilities of the addict and society in regard to treatment.
 2. To discuss the value of prevention as a means of treatment
 3. To identify the available cooperating community organizations.
- Materials Needed: Case histories, list of available treatment centers in Tacoma.

Content	Method
I. Treatment of addiction	Teacher lecture
A. Goal of treatment	
1. Help addict attain feeling of well being without drugs	
2. Help addict attain reasonable adjustment to his life problems	
B. Methods for combating addiction	Student brainstorming
1. Prevention	
a. Legislation, proper laws for control and enforcement	
b. Education	
c. Community planning	
1) Addiction proneness reduced by strengthening families	
2) Clear slums	
3) Improve housing and recreation facilities	
2. Cure of addiction difficult and often impossible	Teacher lecture
a. Emphasize that cure is difficult & often impossible	
b. Medical withdrawal or cold turkey treatment	
c. Underlying causes detected and removed	
d. Hospitalization	
1) Rest, work assignments	
2) Form normal habits of living	
3) Psychological treatment	

Content	Method
e. Follow-up of addicts	
1) Post-hospital care	
2) Occupational & group therapy	
3) Family & friends understanding & aid	
4) Social therapy, engage in healthful recreation and athletics, reading, hobbies, etc.	
5) Organizations: YMCA, YWCA, Church, Scouts, mutual aid groups.	
C. Available treatment centers	
1. Private hospitals	
2. Municipal hospitals	
3. Limited treatment for those in prison	
4. Other state and local facilities	
5. Federal facilities	
a. Fort Worth, Texas	
b. Lexington, Kentucky	

Lesson No. 15

Objectives: 1. To become aware of the legal aspects of drug abuse.
Materials Needed: Law Enforcement Manual on Drug Abuse (Pierce County Sheriff's Office)
Blackboard & chalk

Content	Method
<p>I. State and Federal laws and legislation concerning drugs of abuse</p> <ul style="list-style-type: none">A. Manufacture, sale, and distribution of illicit drugsB. Narcotics controls<ul style="list-style-type: none">1. Harrison Act and Marihuana Tax Act2. Narcotic Drug Control ActC. Stimulants and depressants, amphetamines and barbiturates<ul style="list-style-type: none">1. Drug abuse control amendments of 1965D. HallucinogensE. International control	Teacher lecture
<p>II. Illicit operations</p> <ul style="list-style-type: none">A. SmugglingB. Bulk peddlersC. Obtaining drug products by fraudD. Illegal sales<ul style="list-style-type: none">1. Pharmacists2. Physicians3. Other sources for illicit market	Class discussion on types of illicit operations
<p>III. Law enforcement</p> <ul style="list-style-type: none">A. Determining illegal possession, use, and source of drugsB. Arrest and conviction	Teacher lecture
IV. Suggestions for drug abuse prevention	Students list on board possible suggestions and solutions for drug abuse prevention from student's

Content

Method

ideas--brainstorming and
then discussion.

Lesson No. 16

Objectives: 1. To develop an awareness of mental health as it relates to drug abuse.
Materials Needed: None

Content	Method
<p>I. Desirable mental health</p> <ul style="list-style-type: none">A. Able to adjust to disappointments<ul style="list-style-type: none">1. Able to accept life's disappointmentsB. They have self-respect and respect for others.<ul style="list-style-type: none">1. They trust others and have lasting personal relationships.C. They have a sense of belonging in a group.<ul style="list-style-type: none">1. Possess a sense of responsibilityD. They face their problems as they arise and try to solve them.E. They try to adjust their environment whenever possible.F. They are able to plan ahead.G. They use all natural abilities and try to establish realistic goals.H. They usually can make their own decisions.	<p>Teacher should give examples and discuss them with the students.</p> <p>Teacher should use student brainstorming and list desirable mental health traits.</p>
<p>II. Mental health problems of young adults.</p> <ul style="list-style-type: none">A. Difficulty in breaking from family relations.B. Pressures for making acceptable grades.C. Little motivation & self-direction.D. Feeling of social inferiority or superiority.E. Many have their goals poorly defined.F. Their boy-girl relations may not be acceptable to family standards.G. They may desire marriage but their circumstances may make it impossible.	<p>Teacher should give examples & discuss with students their ideas on young adult problems.</p>

Content	Method
<p>III. Poor mental health resulting from needs not being met</p> <p>A. Frustration will result from needs not being met.</p> <p>1. May show hostility & anxiety</p> <p>B. Conflict</p> <p>1. Student must choose between two demands</p>	
<p>IV. Stress, fear, worry, threat to fulfillment of basic needs</p> <p>A. People react differently</p> <p>1. No emotional response or violent emotional response</p> <p>B. To overcome stress students must develop adjustment mechanisms.</p> <p>1. Reduce tensions by providing an indirect satisfaction</p>	<p>Students should give their ideas of a totally mentally adjusted person.</p>
<p>V. Controlling emotions</p> <p>A. Develop self-confidence, sense of humor, sense of personal worth, and a sound set of values</p>	
<p>VI. People who are not mentally healthy look for a substitute or a means to fulfill their basic needs.</p>	<p>Teacher should lead discussion on various methods.</p>
<p>VII. Mentally healthy individuals have various means of fulfilling their basic needs.</p> <p>A. Various means to fulfill their basic needs</p> <p>1. Athletics, drama, debate, band, student government offices, discipline problems in class, perfect grade cards, etc.</p> <p>2. Students who abuse drugs are trying to fulfill a basic need</p>	<p>Brainstorming, teacher leads discussion</p> <p>Project: Paper utilizing the students' methods of fulfilling their needs--parental help if possible.</p>

Lesson No. 17

Objectives: 1. To evaluate the students' knowledge of drug use and abuse.
2. To evaluate the drug education unit.
Materials Needed: Written tests, student evaluation form

Content	Method
I. Evaluation of drug knowledge	Written test
II. Evaluation of drug abuse unit	Student evaluation form (see Appendix B, page 81).

CHAPTER V
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

The need for drug education and the preparation of a drug abuse curriculum guide was the main focus of this study. This investigator was specifically concerned with the need for drug education at Franklin Pierce High School, Tacoma, Washington, and development of a curriculum guide for that school.

A drug use and attitude survey of the students at Franklin Pierce High School, Tacoma, Washington, was conducted. Of the total enrollment seventy-eight percent of those students responded.

The analysis of the questionnaire data led to the following findings:

1. The data revealed that thirty-one percent of the students responding have used or experimented with a form of illegal drugs.

2. Of those students who responded to question F of the survey, 76.7 percent indicated they would like more information about the effects of drugs upon people.

II. CONCLUSIONS

A need for drug education was shown from the results of the drug abuse survey. As a result, the drug abuse curriculum guide has been developed. This guide was developed with the intent that a health education teacher could use the guide without having to seek other sources. Many drug abuse curriculum guides are not used because the individual teacher often will not devote the necessary time and effort to obtain the resource material.

III. RECOMMENDATIONS

In the light of the preceding data and conclusions, the following recommendations are submitted for consideration:

1. A follow-up study be carried out to determine at which grade level (ten, eleven, or twelve) drug abuse is most prevalent.
2. A follow-up study to determine whether there is a greater amount of drug abuse among males or females.

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APPENDIX A
QUESTIONNAIRE

This survey deals with the use of, and attitudes toward, illegal drugs. Answering the questions is entirely voluntary --if you do not wish to take part in the survey, return this paper to your teacher now or leave it blank and turn it in with the rest of the class.

Please check: Boy Girl Grade

1. Have you ever used or experimented with any form of illegal drug?
2. If you answered "Yes", then answer these questions also:
 - A. How often have you used or experimented with the drugs?
Once Occasional Frequent
 - B. Where were you when you first used the drug?
At school At a movie Teenage Center
Neighborhood party Other situation
 - C. Who or what influenced you to first try drugs?
Junior High Boy Adult Friend
Junior High Girl Adult Stranger
Senior High Boy Other
Senior High Girl
 - D. Why did or do you use drugs?
Curiosity To spite my parents
To feel older To relax
My friends do On a dare or bet
For fun or kicks
3. Everyone should answer these questions:
 - A. How many of the types of drugs in the list below do you believe may be harmful when mis-used?
All Some None (Stimulants, STP, Depressants, Sedatives, LSD, Marijuana, Glue sniffing)
 - B. Should you report to authorities the name of a person who mis-uses illegal drugs? Yes No Maybe
 - C. Would you report to authorities the name of a person who mis-uses illegal drugs? Yes No Maybe
 - D. Do you believe that the use of illegal drugs should be an individual's personal choice? Yes No
 - E. Have you had any previous instruction in drug education at school? Yes No
 - F. Would you like to have more information about the effects of drugs upon people? Yes No
 - G. Do you feel scare tactics used in drug abuse education are effective? Yes No
 - H. Do you ever use illegal drugs while at school?
Yes No

APPENDIX B
STUDENT EVALUATION FORM

Student Evaluation Form

1. As a result of this drug education unit

A. Has your attitude changed towards drug abuse?

Favorably ___ Unfavorably ___ No Change ___
Comments:

B. Do you have a better understanding of abusive drugs?

Yes ___ No ___
Comments:

C. What is your attitude toward the narcotic addict?

Sympathetic ___ Hostile ___

2. Which of the following activities did you find most profitable? Number 1, 2, and 3 in order of preference.

- | | |
|------------------------------------|------------------------------|
| A. Committee work _____ | G. Oral reports _____ |
| B. Speakers _____
Specify _____ | H. Written reports _____ |
| C. Audio-visual aids _____ | I. Lecture by teacher _____ |
| D. Posters & charts _____ | J. Individual research _____ |
| E. Panels & debates _____ | K. Other, specify _____ |
| F. Class discussion _____ | L. Suggestions _____ |

3. What part of the drug education curriculum did you find to be of most value to you? Least value to you?

4. How do you feel about the amount of time spent on drug abuse?

Adequate ___ Too much ___ Too little ___

5. What audio-visual aids were of the most value?

6. What books and pamphlets were most informative?

7. Do you feel there was unnecessary duplication in the material covered in this class and that covered in another class or classes?

Yes ____ No ____

8. Did you enjoy the drug abuse curriculum? Why or why not?

9. At which grade level do you feel drug education should be taught?

APPENDIX C

FILMS

Selected Films for Drug Abuse Curriculum

Hooked

Churchill Films, 1965, 20 min., b&w, junior high school through college.

Young people ages 18 to 25 in what appears to be a security ring. They describe their experiences with drug addiction. The descriptions are uninhibited, sometimes shocking, and make frequent use of addicts' jargon. The young people speak with candor about what compelled them to use drugs, how drug abuse affected their relationships with others, and the disgust with which they now regard their drug experiences.

Narcotics--Why Not?

Charles Cahill and Associates, Inc., 1966, 15 min., b&w or color, junior high school through college.

An impressive film which presents a series of extemporaneous interviews with male and female residents of the California Rehabilitation Center. Both teen-agers and young adults relate how they were introduced to glue, stimulants, and depressants, marihuana, and heroin. They tell what it is like to be under the influence of dangerous drugs, discuss their regrets, and examine their hopes for the future. A realistic film which has an impact that could not be achieved from using actors.

Bennies and Goofballs

FDA, 1966, 20 min., b&w, senior high school through college.

A government-sponsored motion picture emphasizing the possible consequences of abusing amphetamine and barbiturate drugs. The film features the stories and voices of real addicts whose lives have been adversely affected by stimulant and depressant abuse. Hollywood's Paul Newman provides a credible supplementary narration, and Dr. James Goddard, FDA Commissioner, makes a brief appearance lending authority.

Marihuana

1968, 34 min., color, senior high school through college.

Presenting both sides of the marihuana controversy, this unique film effectively handles the individual choice aspect of marihuana usage during the teenage years, and the premise that these years are too exciting and too vital to be wasted on marihuana. Sonny Bono effectively relates his message to his youthful audience.

LSD-25

San Mateo Union High School District, 1967, 27 min., color, senior high school through college.

An excellent color film which provides a current, accurate and balanced view of LSD use. Emphasizing the unpredictability of the drug and its terrifying power, the film succeeds in discouraging LSD experimentation without adopting a preachy tone. It is also superior from a visual and technical point of view, and should hold the interest of the most sophisticated audiences.

The Circle

57 min., b&w, 1967.

This stark film portrays the experience of a drug addict who voluntarily enters a treatment center to kick his habit.

Drug Misuse and Your Health

25 min., filmstrip.

Problem, society, and psychology. Also physiological aspects. What are they? How are they used?

The Dangerous Drugs

1967, 22 min., color.

Portrays dangers from abuse of stimulants and depressants, accidents, physical dependence, ruined health, even death.

Drugs and the Nervous System

1966, 18 min., color.

The film explains how drugs affect many different parts of the body by working indirectly on the nervous system. It is designed to reach children at an age before many of them have begun to experiment with drugs.

LSD - Insight or Insanity

1967, 26 min., color.

This film documents the dangers in the unsupervised use of LSD, explains what medical science knows of the physiological actions of LSD, and counteracts a few of the erroneous claims made for the use of LSD. Narrated by Sal Mineo.

Mind Benders

1967, 25 min., color.

Objectively explores the potential therapeutic uses and the known hazards of LSD and other hallucinogens, as well as some of the motivation of abusers.

The Losers

1967, 31 min., color.

Fine exposition of the drug abuse problem in relation to teenagers; examines prevalence and habitual use of chemicals and drugs among young people from 12-21. Actual experiences are recounted by youths from both slums and "nice" neighborhoods.

Narcotics: A Challenge

1966, 25 min., b&w.

Directed at educators, narrated by Lowell Thomas, it provides basic information about narcotics and other drugs of abuse.

The Riddle

1966, 20 min., b&w.

Filmstrips drug abuse of any vestige of glamor. Camera follows actual glue sniffing, cough medicine drinkers, and heroin addicts into alley, tenements, and physicians' offices where their candid comments and bewildered responses clearly show the hopelessness of their lives.