Dealing with Drug Abuse

A Report to the Ford Foundation

THE DRUG ABUSE SURVEY PROJECT

STAFF PAPER 2

Drug Education

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Goals of Drug Education * Techniques of Drug Education for Students a Total School Involvement * Out-of School Drug-Education Programs * The National Media * Films and Audio Visuals & School Curricula * Education for Nonstudents * Sponsors of Current Efforts

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GOALS OF DRUG EDUCATION

"Prevention through education" has become the newest panacea of the drug-abuse field. Law enforcement has failed to stem the supply of illegal drugs, and rehabilitation efforts have thus far failed to reclaim many abusers. Everyone now talks of pouring money into education to stop the problem before it begins.

As of any educational undertaking, the first task of a drug abuse-prevention program is to define the goals sought. If objectives are not understood, developing the educational effort and the techniques to be used is difficult. At present, this is a major problem of drug education. No one is sure what goals are realistic or desirable, and proponents of massive efforts cannot agree on

what they hope to accomplish. The most that can be said is that there are a number of possible objectives for youth-oriented, drugeducation programs:

Stopping all experimentation with foreign substances

Keeping experimentation at the minimum and limiting it to relatively safe substances

Preventing casual experimenters from becoming habitual users

Preventing addiction or severe dependence

Reinforcing the anti-experimentation tendencies of those who have not yet tried drugs

Presenting information for students to use in making drug decisions for themselves

Increasing student understanding of the complex factors related to drug use, social attitudes, and policies

For adult audiences, the goals may be somewhat different- for parents, to give them the best information available, to heighten their concern about the effects of drugs, to make them less likely to panic if they find one of their children using drugs, to encourage them to lobby for more education, treatment, or law reform, or to teach them to communicate more openly with their children on the subject. For teachers, counselors, and other "gatekeepers" the object might be to train them to create an atmosphere of communication in their classrooms or to recognize student drug experimenters and abusers, deal with them sympathetically, and channel them into treatment if necessary. Teachers might also be equipped with the tools to stimulate objective discussion of the subject with their students.

The traditional goal of most parents, educators, community leaders, congressmen, and government officials has been to discourage young people from experimenting with illegal drugs at all. In the past, government and privately sponsored education efforts have tried to do this by emphasizing the horrors of addiction and lumping all drugs together as leading to the same ultimate doom. Virtually all experts now agree that such tactics have not proved effective. Indeed, in many cases, they have been counterproductive, causing disrespect, skepticism, and resistance to all advice on drugs. Despite the widespread implementation of this technique, youthful addiction and experimentation with illegal drugs have increased. Consequently, within the past few years there has been a change in emphasis, with more and more programs concentrating on an honest presentation of accurate, factual knowledge about the effects of drugs (insofar as such knowledge is available). The assumption is that drugs are obviously bad, and that telling the facts will be enough to convince young people not to experiment.

Although the approach may have changed, the aim of most public and private antidrug literature remains the same-to discourage young people from trying marijuana, psychedelics, amphetamines, barbiturates, and, above all, heroin. The theme of a nationwide government advertising campaign reflects the traditional broadside approach: "Why Do You Think They Call It Dope?" Many of the recent NIMH posters and television spots are along the same lines: "Will It Turn You On, or Will It Turn on You?" Most "model" curricula for elementary, junior, and senior high schools, even when they present the known facts about drugs fairly, push a strongly negative attitude toward all commonly abused drugs. The measure of success of such programs-although few try to measure success by any formula-is almost always assumed to be total cessation of drug experimentation and use.

In the late 1960's, however, this viewpoint ran into an embarrassing problem: no one was able to develop a factual scientific argument proving that marijuana was harmful. This development had its greatest impact on programs using the scare technique, but it also undermined programs based on the premise that telling the truth was an effective way of discouraging experimentation. This has put education in a difficult position. Most drug-education programs are ambivalent. They profess an honest desire to tell the truth-but only up to a point. When known facts run out or become controversial, as they almost certainly do when the subject comes up, the approach reverts to imposed value judgments, half-truths, or presumptions that the law is right-devices easily seen through by the skeptical young.

Increasingly, drug experts are coming to the conclusion that it is the goal that needs to be changed more than the technique, and that total cessation of all drug experimentation, however desirable in the abstract, is not a realistic goal for an education program. Some experts feel strongly that an education program aimed at stopping drug experimentation of every kind is bound to fail and so alienate students in the process that they will not listen to any of it. Drs. Thomas Ungerleider, Norman Zinberg, and Helen Nowlis, as well as Professor Kenneth

Keniston-to name a few experts-appear to define a different goal for drug education: to teach youths to make informed decisions about drugs and indeed about every other kind of chemical subtance they might ingest. This must include a concentration on teaching elementary students a fundamental respect for the human. body and the effects of chemical substances.

Teaching young people to make informed decisions on their own about illegal drugs is admittedly a more controversial goal than mechanically urging them to avoid all such drugs. A wholly honest "tell it like it is" approach may cause a decline in the use of heroin, amphetamines, and barbiturates, but it will almost certainly increase the likelihood that youthful listeners will feel more comfortable about trying marijuana and possibly some of the milder hallucinogens. Professor Zinberg reports on a candid talk about drugs to a Massachusetts high school. Before the lecture, 60 per cent of the students said they would not try marijuana; after the lecture, the figure dropped to 35 per cent.' This is not a universal occurrence, of course. For example, a before-and-after evaluation at a Temple University educational conference, presenting all points of view, found that attitudes toward marijuana shifted from favoring legalization to a neutral position, especially among undergraduates.

A truly factual drug-education program might also influence attitudes toward commercially advertised and even medically prescribed drugs. When, for example, people discover that some legitimate drugs directly cause more deaths annually than do most abused drugs, they may lose faith in the argument that they should avoid illegal drugs because there is no official quality control or pretesting for safety. Another problem with the factual method involves the source material to be used. Contradictory statements of "facts" could catalyze a "your guess is as good as mine" attitude, and this is an area in which contradictions are common.' Nor are the opinions of either laymen or experts always based on scientific fact. Often the opinion comes first and the facts are chosen to fit it.' An impartial factual approach assumes that an individual choice will be made on the basis of medical or scientific evidence regardless of what is forbidden by law. This is a difficult concept for many to accept, even though some young people from time immemorial have refused to obey a given law partly because it is the 'Law or have engaged in -risk-taking behavior -that appalls adults. Today's climate of individuality intensifies the likelihood that they will make their own choices about drugs as well. In some cases, it is precisely the fact that drugs are illegal and risky that constitutes part of their attraction. It may be, therefore, that the most useful educational approach is to give young people the facts upon which to make that choice, so that they will at least keep their risk-taking behavior within bounds. Regardless of the educator's views of what their attitudes should be, effective communication requires that they be dealt with as they are. One survey of elementary, junior, and senior high school students in California concluded that "students feel quite strongly about an individual's right to make decisions concerning his own use of drugs." In the senior high school sampling, 84 per cent of the users and 76 per cent of the nonusers surveyed responded positively to the statement "Decision to Use Drugs Is a Personal Decision."'

Even if one is willing to accept increased experimentation with some drugs as the price of decreased damage from other drugs, there are more serious problems. How, for example, can a young child be expected to assimilate all the facts about individual drugs and their effects upon the body and make a reasonable choice about using them? Experimentation with ingestion or inhalation of foreign substances is occurring from age seven on with increasing frequency. How can so young a child make an informed decision? Might he not lean too heavily on his emotions, impulses, and peer-group pressure? Clearly, the "responsible decision" model has its limitations, too.

Other goals for an education program may be identified when those who are to be educated are involved in the selection process. It is highly recommended by the U.S. Office of Education's Drug Education Branch, for example, that young people share more of the responsibility for specifying objectives. Such a partnership arrangement tends to enhance the credibility of a program by "plugging it into" the representative needs of its target audience.

The unfortunate fact is that we do not know whether an exclusively factual approach works with the very young, even to the extent of mitigating the most dangerous kinds of experimentations. Conversely, we do not know whether a concerted attempt by schools and media to control the behavior of the children by propagandizing against drugs and punishing their use works, either, even if it is justified on the basis that the child is not old enough to make a rational choice of his own in so potentially harmful an area. Because of all the problems and unknowns of the "rational choice" approach, relatively few programs have adopted it explicitly, even when they concede the problems of other methods. In general, drug-education programs at the national, college, high school, and elementary levels have not faced the difficult issues involved in deciding among these goals. They have been neither realistic nor frank with the students or themselves. In most situations, settling on the goals that are most realistic under the circumstances and acknowledging those goals to the target group would enhance the credibility of the drug education program. But even more importantly, it is necessary to articulate the precise objectives of any education campaign before it is implemented because they affect the way in which drug education is taught as well as the criteria by which its success or failure is evaluated. Until the precise aims of a program are clear to the sponsor and to the target population, the methodology cannot be sensitively selected and the program's effects cannot be accurately assessed. Such a practice would also allow us to begin to determine which techniques help to accomplish the objectives and which do not.

TECHNIQUES OF DRUG EDUCATION FOR STUDENTS

At present, we know almost nothing about how best to reach students on the drug issue; nor, until recently, have we tried very hard to find out. Only within the last few years have there been even rudimentary attempts to evaluate some of the school programs. Most of the pioneer efforts are very rough, and the outcomes rarely determine, or even significantly influence, the planning and allocation of resources.

Although there is now consensus that evaluation is needed, our lack of knowledge about the effects of existing education programs is not easily remediable. It is difficult to develop reliable evaluation techniques for the programs, although many methods are being tried. In some cases, students are tested before and after a drug course to see how much of the new information has been retained. Other surveys use attitudinal questions about whether participants are more or less willing to experiment with particular drugs after the program; in still other cases, selected students are interviewed intensively in an effort to probe deeply into their attitudes and reactions. Recent evaluative studies test the effectiveness of several factors simultaneously by administering varied instruments. Unfortunately, as Dr. Marvin I. Rosen suggests, existing "methodologies [are] inadequate for the questions being asked, and the designs of evaluation studies are inappropriate for the answers being sought."' Evaluations are often post hoc, rather desperate attempts to get information out of a program that was set up without regard to the need for it. Even when evaluation is designed into a program, it rarely includes long-range follow-up to determine the program's effects a year or more after its termination.

There are other problems. Little of the scant material that exists on evaluation has been pulled together and published, or even collected in one place. Valid and interesting work may exist unknown to almost everyone. In addition, only infrequent use has been made of the findings of educational-psychology research in designing learning programs on drug abuse for children of varying ages, although other areas have attempted to do so. For example, it is reported that $8 million was spent doing preliminary research on the psychology of learning before airing the Sesame Street program, which teaches reading concepts to preschool children.

Finally, there are institutional obstacles, and dedication to evaluation is often more froth than reality. The primary concern of many evaluators is that something be done, and they take a subjective view of the quality of the effort. Program staffs fear that objective study of their efforts will place future activities in jeopardy or believe that they are performing a service that cannot be measured. Some educators feel that evaluation produces only statistical data, which they equate with antihumanism. Program personnel often fail to specify their goals and the means utilized to attain them.

Dr. Helen Nowlis pointed out in 1967 that "at the present time there is no standard or widely

accepted model for planning an effective drug-education program. This is an area that urgently needs research, development and demonstration.'" This statement is still appropriate several years later. The underpinnings for a rational drug-education approach do not exist at the present time. Pronouncements abound on the kinds of programs that should be undertaken, and model curricula are easy to find, but hard data on the effect such programs have on students are virtually nonexistent. Given this situation, the two major priorities in this field are: (1) Well-designed and tested evaluation techniques to measure the attainment of specific goals (once they have been defined) in any school drug-education program. Different evaluative models would measure different goals-e.g., decreasing drug use, more information dissemination among the student body, substitution of less harmful drugs, rational drug use, less use in school, fewer acute health crises, more referrals of students to treatment, more use made of school personnel by students for advice. (2) A formal 'compilation of what evaluation data exist, which programs have been evaluated, what criteria have been used, and what results have been obtained. This information should be widely disseminated to members of the educational community as well as to those involved in drug programming (treatment, rehabilitation, intervention).

In the absence of this kind of information, we can only turn to the opinions of recognized "experts" in the field, without any real assurance, however, that they are right. Yet, there appears to be consensus (at least for the present) on the following points:

The common pattern of having physical education or health teachers set aside one unit in the curriculum to lecture on the dangers of drugs is virtually useless. See, e.g., the Report of the Mayor's Task Force on Drug Abuse Education in Washington, D.C.: "To this date, most current crisis-oriented programs cater to the biases of adults, and depend on the faulty theory of emphasizing information or lecture techniques."

A program must be ongoing, with the opportunity for recurrent discussions throughout the year. Even some of the new, well-motivated programs suffer from a "crisis" approach. An evaluation of programs conducted in four high school classes showed that "short-term programs, even though very sophisticated and intensive, may have little impact on the attitudes of students regarding the abuse of drugs." The study concludes that "the primary value of [the] project is that it adds a note of caution to those who would set aside a single day for drug education and be satisfied with the results.'" Although countless "one-shot" programs are sponsored nationally, there is little evidence that such programs have any lasting effect.

Different approaches have to be taken for students of different ages, cultural backgrounds, and levels of drug sophistication. The subtle variations among particular subcultures must be

recognized. Drug education of some general kind needs to begin in kindergarten, or even earlier, and should focus on the specific drugs of abuse by fourth or fifth grade. The program for teenage suburban experimenters with marijuana must be different from the program for ghetto heroin users. Each target group must be studied to determine what kind of message will reach it. The information must then be structured so that it relates closely to the students' sophistication and willingness to identify with the subject matter.

There must be open and free dialogue between students and the teacher or discussion leader in an atmosphere of tolerance for all points of view, free of moralizing and shock reactions.

Use should be made of the comments and experiences of youngsters who have actually used drugs, with confidentiality assured.

From junior high school on, students should be involved in planning and implementing the drug-education program to assure its relevance to the specific situation in that school. Again, the students' level of sophistication must be accurately assessed. Predetermined curricula are to be avoided unless they are clearly relevant.

Factual material must be absolutely accurate and honest. Where research does not yet provide clear answers, this must be admitted. Tobacco and alcohol abuse should be treated along with illicit drugs as part of the same over-all problem. The dangers as well as the benefits of legitimate drug use must be frankly acknowledged where they exist.

The curriculum should not be a passive one, relying solely on pamphlets, lectures, or films. There should be an emphasis on actual experimental data that let the students see the underlying methodology of drug research and the way conclusions are reached. Where possible, students should view actual experimentation with the effects of drugs on animals and, at higher grade levels, conduct these experiments themselves. In Dr. Louise Richards' view: "The expectation is that deeper understanding of the CNS [central nervous system] and effects of psychoactive drugs will result in more profound respect for the hazards of unsupervised use."'

Emphasis should be placed on the motivational aspects of drug use-why people use drugs, what they hope to accomplish and what they hope to escape, and how they can fulfill these needs in other ways. Interviews with high school students in California reveal a strong dislike for

repetitive programs focusing on information alone. The students greatly preferred continuing discussions on the reasons for drug use." Again, this is a way of actively involving the student in the learning process and making it a two-way engagement. Equal emphasis should be given to the reasons people do not want to take drugs. Dr. Helen Nowlis points out that college students often seem less interested in the legal and medical facts about drugs than in a personal, philosophical discussion about the limits on an individual's right to self-discovery and expression."

Education of any kind will have little or no impact on a youngster who is already deeply involved with drugs. A survey of students in nine high schools concluded that "students who have used drugs are not likely to be favorably impressed or to be changed by viewing ... drug abuse films. In all nine schools the pattern was the same: the students, after viewing the films, said they were likely to continue their behavior as users or nonusers of drugs.""

Alternative behavior patterns should be provided, for many users frequently give up drugs for something else. The "something else" varies but frequently takes the form of intense personal experiences, often of a religious nature, deep interpersonal experiences through the use of transcendental meditation or yoga, participation in sensitivity groups, or free-school activities. (See Staff Paper 6, below.) Such alternative programs, in order to be effective, should be attractive, easily available on a continuing basis, and organized with advice from the student body.

Given this consensus, however, a fundamental dispute still exists over whether the purely factual approach to drugs is more harmful than helpful to young "risk takers." Some experts believe that giving specific factual knowledge reinforces the antidrug propensities of persons not likely to abuse drugs anyway but actually contributes to the "seduction" of vulnerable high-risk groups by romanticizing the negativism that motivates their conduct." Movies, media advertising, rock music, underground newspapers, and commercial films that excite interest in specific drug use transmit the nonverbal message that users get attention and sympathy. Dr. Paul Blachley espouses a different kind of education, focusing on underlying behavioral responses and on why people consciously hurt themselves and those around them. He would convey the over-all image of the drug-abuser as a boring, weak-minded, easily "conned" individual, not as a daring and reckless adventurer. But the student survey quoted above concluded that none of the six drug films examined lured anyone into trying drugs who had not already done so.

Other studies highlight the need for additional investigation into the effects of drug education." Studies by Gilbert Geis (1969) and the California Department of Education (1970) determined

that short-term programs (four weeks or less) significantly increased student knowledge about drugs and caused more cautious attitudes toward drug use. However, several studies conducted at the Pennsylvania State University in 1970-71 "showed consistent relationships between better knowledge about drugs and pro-drug attitudes; better knowledge and the use of marijuana; and pro-drug attitudes and the use of marijuana.""

A still unsettled question is whether drug education should be integrated into a "life-problem" course that includes such other subjects as sex and relations with parents and peers. Dr. Norman Zinberg, for one, espouses the integrated model. There also appears to be pressure toward this broader model from many students. Even courses labeled "drug education" very often take a motivational approach that examines underlying values and behavioral problems. A comparison of eighth- and eleventh graders in California revealed that users know less about drugs and drug-related information than nonusers at the same grade level. The study concluded: "While the continued teaching of factual drug information might somewhat lessen student drug use, it could not do the job by itself, but when combined with an affective or attitudinal approach could be of real effect."" The Coronado Unified School District consequently led other schools in stressing the need for a comprehensive program covering values, valuing processes (decision-making), value orientations, and their possible effects on human behavior. Advocates of this approach recommend its use with parents, teachers, and students to increase mutual understanding and the ability to cope with the problems of everyday life.

Another fundamental question, especially for schools, is who should do the drug educating. Are regular teachers or knowledgeable outsiders more effective? All experts stress that it must be someone the students like and trust, someone who knows and will present the facts accurately and who feels comfortable and free in open discussion. Few teachers in any school fit that description. It has been observed by some outside speakers that students' questions dramatically increased in sophistication when the teacher left the room. In Washington, D.C., the mayor's task force suggested selecting teachers for drug education on the basis of a "sociogram" asking students to state anonymously to whom they would go for consultation or advice on personal problems. On the other side, several reports and interviews have warned about the possibly insidious effect of teachers who themselves actually promote drug use, wittingly or unwittingly.

Perhaps because of the more personal level of communication encouraged in primary grades, elementary students stand alone in preferring the teacher as a source of information. When surveyed, high school students usually prefer ex-addicts and medical doctors as resource people. Ex-users were considered qualified because of their firsthand experience with drugs. Conversely, doctors were seen as authorities on drug effects but lost credibility when discussing the "feelings" drugs produce. Dr. Thomas Ungerleider, of UCLA, reports that, in his experience, the most successful approach for a medical lecturer begins with an assurance to the students

that he is not there for the purpose of persuading them to stay off drugs and does not represent law enforcement, parents, or school authorities, but is there only to tell them the known facts about drugs and the human body and to answer their questions.

Any discussion leader must be able to validate his credentials by showing the students that he knows the facts he states are true. Many schools have drug-education and rehabilitation centers run by, or with the help of, former drug users who present programs consisting of small student group discussions. These are often supplemented by discussions with faculty and parent groups as well. PLACE, in Boston, is an example of a drug-information and service center for hippies, runaways, and drug users, staffed by graduate students and run by the youthful clients with professional supervision. They conduct programs for local schools.

The role of the ex-addict in school programs deserves special consideration. He is the current fad of drug education, on the theory that only one who has been there can tell about it convincingly. There is some truth to this, but apparently different children receive different messages. The ex-addict is perceived by some as a self-promoter capitalizing on his drug experience for admiration or profit. Others get the idea that it is as easy to get off drugs as it is to get addicted, so that there is little risk in trying them. A ghetto youth might well surmise that, if the ex-addict had never become addicted to heroin in the first place, he would be worse off, probably jobless, and without the attention and respect he is now receiving. To some, the ex-addict is a glamorous "anti-hero" somewhat like a rock singer. In one California high school, ex-addict visitors were the recipients of phone calls from girl students seeking after school dates. Several schools have had unfortunate experiences with ex-addicts who are not really "ex" and are either pushing or using drugs. Others are akin to religious converts, uttering rigid opinions about all drugs, including marijuana, and denigrating all treatment modalities other than their own. Still others turn out never to have been serious users at all but are merely well-versed in the jargon of the users. Reportedly, some out-of-work rock musicians earn extra money making the school circuit. And, disturbingly, large numbers of ex-addicts reminisce about the actual "high" with an exquisite affection not lost on their young audiences. Some ex-addicts, although off drugs, are currently abusing alcohol. Others are prey to the same myths about drugs as nonusers and pass misinformation on to students.

All this gives the negative side of using ex-addicts, a practice that is sometimes accepted too uncritically. But this is not the only side. Ex-addicts can be excellent teachers, able to speak with credibility and to relate to youngsters, although the mere fact that they are ex-addicts does not ensure rapport. One of the very few carefully evaluated school programs showed, for example, that, while students liked to hear ex-addicts tell of their experiences, they did not give them so much credence when they lectured about drugs generally." Ex-addicts with natural talent in relating to the young and with some training in sensitivity and substance may make very good drug-education teachers, indeed, and their experience may give them extra effectiveness. A

good educator who happens to be an ex-addict may have a special and valuable feeling for the factors that lead youths to try drugs.

In ghetto schools, antidrug black-militant organizations often have a special appeal. The ghetto youngster's need for a role model may focus on such a symbol of racial pride. Organizations such as Blackman's Development Center and PRIDE, Inc., in Washington, D.C., have recently entered the drug education field and vigorously propagandize against drugs in schools, sometimes with homemade slides of addiction horrors and appeals to racial unity against a "white man's" scourge. How successful they will be remains to be seen.

The difficulty with most school education programs run by "outsiders" is that they lack continuity in the school itself. The ex-addicts, the graduate students, and visiting doctors come and go, while the students' need for information or help may continue for months. One of the more promising approaches is that used by a San lose high school, which released a popular young teacher for several months to learn the drug scene intimately by going on "buys" with local police, attending court trials, working with doctors in drug clinics, interviewing patients at treatment centers, and spending time on the streets and in criminology labs. On his return, he took on (apparently successfully) the combined duties of teacher and counselor to students with drug problems."

Dissatisfied with past results, many school systems this year are trying a variety of new preventive-education methods to discourage drug abuse, involving more direction by the students themselves. The New York City Board of Education has announced a trial program in sixteen high schools in which pupils will design and run their own antidrug programs. In Philadelphia last year, selected students from seven high schools (accompanied by a teacher) learned basic drug facts from doctors, treatment experts, and law-enforcement officials and went on field trips. They then went back to their own schools to initiate and run programs of their own choice. Most of them opened counseling services. With regard to peer involvement, there are indications that students should be given a voice in basic approach, curriculum content, and choice of teachers but should not be saddled with administrative chores, which they abhor and often perform poorly. Nevertheless, tapping the enthusiasm of well-selected students can be beneficial in motivating the student body to seek creative antidrug activities.

The notion that young people relate to their peers better than to adults has validity but also limits. They relate only to some of their peers. Rigid social groups exist in many schools, and students chosen by teachers and school officials may not be the ones to lead the group that the antidrug program hopes most to reach. Whenever possible, some student participation in planning and operating programs should come from the group the program is trying to reach,

whether nonusers, experimenters, or borderline cases. The student council in an Oregon high school sought the cooperation of ex-users and faculty in creating a youthful "Mod Squad." Teams of experienced students provided successful peer counseling, assistance in crisis situations, and referrals to local treatment facilities and otherwise contributed positively to the school's educational programming.

There is also the "role model" theory that younger children, between the ages of seven and twelve, will learn from and relate better to older youth than to children their own age or adults. "Dope Stop" in Arizona uses high school students, trained by physicians, psychiatrists, or ex-addicts, to counsel grades five to eight. One proposal suggests subsidizing teenaged youth with a reputation for being "in" and "cool" to work with younger boys against drug involvement. NIMH drug-information officials say they are also considering having students of different age groups prepare education programs for the next-youngest age level.

A study of a junior high school drug-education program that featured teachers and ex-addicts produced some illuminating results. The program lasted an entire semester in two junior high schools in the high narcotics area of the inner city, and questionnaires were administered before and after the program as well as in a control school using the traditional lecture method. The results showed that teachers and ex-addicts were hostile toward one another, resenting each other's prerogatives and roles. Teachers resented the time spent on testing for evaluation, and ex-addicts needed feedback on how the students reacted toward them. The students in the experimental schools did better on factual knowledge than those in the control schools. Parent education efforts failed. The students thought the films were "no good" and exaggerated the behavior of drug users, and that the reading material was "cut and dried." They wanted more talking and less reading; also, to hear the ex-addicts relate personal experiences but not to lecture. The students did not like the personal questions on the tests and were suspicious that their answers would not be kept confidential. They wanted more concentration on the drugs used in their own schools; they wanted to see samples of the drugs in order to recognize them.

Discouragingly, however, there is no evidence that most of the new programs being undertaken will be evaluated any more systematically than the older ones have been. Until that happens, therefore, we will not know the best way to educate about drug abuse.

TOTAL SCHOOL INVOLVEMENT

Once again, as has happened so often with complex social dilemmas, the schools have inherited America's number-one "Problem cbild'-the drug-abuse crisis. At present, educators are joining with related disciplines in defining approaches to the problem for use in classrooms, libraries, and counseling offices. Educational institutions have become the testing ground for diverse preventive alternatives. It has become clear that the fundamental areas of school involvement must be to provide relevant educational programs from kindergarten through college and to serve as an avenue for community action involving students, parents, faculty, and other local elements.

According to the Bureau of Narcotics and Dangerous Drugs:

The schools cannot by themselves be expected to rehabilitate youth and their neighborhood environments. Sociologists and others who have worked in the drug abuse prevention field have pointed out that drug education is not a problem for the schools alone. It is a community problem and requires total community effort for its solution. The schools cannot assume the roles of parents, clergymen, enforcement officers, physicians or psychiatrists. But they can exercise leadership in facing a problem that the total community, working together, can try to remedy. This is education in its broadest and most important sense. It is making schools relevant to their communities.

An initial effort must be made to formulate school policies that are sensitive to the needs of all elements of the school community. There is no point, for example, in expecting "free" class discussions or adult cooperation when student informers are widely used throughout the school and teachers are required to report all suspected users to the police. If the school intends to act as an extension of civil authority-to investigate and turn users over to the police-it must come to terms with the fact that its effectiveness as an educational force will be substantially reduced. On the other hand, no school administrator can be expected to sit idly by while drug traffic flourishes within the school. Therefore, a major responsibility of school authorities is to give careful consideration to alternative choices in defining the school's action policy toward drug use. Once established, the policy should be clearly explained to students and their parents, as well as to the school staff. The failure of school administrators to communicate with students about policies that they will be expected to obey inevitably creates mistrust of all official advice and information. By seeking and accepting inputs from young people and their parents in the formulation of school policies, school officials not only open up valuable channels of communication but make it possible to develop policies that are relevant to the needs, interests, and aspirations of each member of the school community.

Until recently, schools could do little to deter student use of drugs, because most of them had

no announced policy. More and more, administrators are moving to establish such guidelines, for a very good reason: Lacking established policy guidelines, a school has no standard procedure for providing help or discipline when a student is found with drugs. A variety of policies is possible, and it is difficult to say in advance how much effectiveness in one area should be traded for gains in another. Some colleges say that what the student does with his own body is his own business, unless it results in active disruption of classes, threatens the safety of others, or prevents satisfactory academic functioning. This laissez-faire policy, however, is less likely to be acceptable at the high school level. Some schools have opted for the policy that selling or distributing drugs is forbidden, and that distributors will be punished while users will be treated more leniently or ignored. Other schools refuse to initiate disciplinary action for anything that happens off school grounds. More cautious institutions have adopted the theory that drug use spreads in epidemic fashion, and that it is necessary to quarantine and isolate the carrier. They aggressively seek out drug users through urinalysis or locker searches and either expel the users or report them to law-enforcement officials. Some recent court decisions have made it difficult for school personnel to conduct searches of a student's personal belongings, thus imposing limitations on what a school can do to investigate possible drug dealing.

The optimal relationship between school policy and the law enforcement system is difficult to determine. Some schools have worked out cooperative agreements with law-enforcement agencies in seeking feasible alternatives to arrest (which is viewed as a last resort). Unfortunately, however, most school officials have given little thought to methods of diverting student drug possessors who need help out of the criminal process and into treatment, as witness a booklet published by the National Association of Secondary School Principals in 1969:

There is a distorted notion gaining widespread acceptance that a school or college is a sanctuary. These institutions are a part of society and are subject to the same laws as the rest of society. Accordingly, the school authorities have the same responsibility as every other citizen to report violations of law. Students possessing or using on school premises drugs prohibited by law should be reported to the appropriate law enforcement officials .20

John Langer, of the Bureau of Narcotics and Dangerous Drugs, advises principals to use discretion and judgment in situations that may involve the violation of federal, state, or local laws. He emphasizes that teachers and administrators are not law-enforcement officers but school officials with a responsibility to carry out school board policy."

Continuing lines of communication between law-enforcement agencies and schools (such as the involvement of policemen in teacher-training and community educational efforts, speakers'

bureaus, and community-relations programs) are often mutually beneficial in dealing with drug issues. In several metropolitan areas, these efforts have led to the establishment of counseling sessions that must be attended by first offenders and their parents in lieu of a jail sentence. A Hudson Institute study has suggested specially supervised "drug-free" schools for all students found to be using drugs. Opponents of this approach, however, argue that isolation and expulsion will only confirm the occasional user's alienation and result in his further identification with deviant behavior.

Students frequently cited the need for a designated person in the schools to whom they can go for information or help, assured that their confidence will be kept. Helen Nowlis states, "Within any institution it should be made clear who will and can guarantee confidentiality and such guarantees should be respected."" Such a person would be an ombudsman-counselor, able to work with parents as well as students to solve drug problems. He must be the kind of person students normally seek out for sympathetic but sound advice. In addition, he should have thorough familiarity with the drug-abuse field as well as access to treatment and intervention programs, so that he can provide referrals in acute situations. (There is reason to believe that this type of counseling resource can be more important for schools than traditional educational programs.) Such a person could also advise the school on general policies and provide drug-usage information. His expertise would be invaluable in conducting drug-abuse education classes.

The ombudsman concept must be carefully considered by the schools. Their wholehearted commitment must be assured, for nothing could be so damaging as to invite confidences and then not to be able to honor them. The legal problems raised when a school official acts in the counselor's role must also be resolved and cooperation obtained from the authorities to prevent pressure on individuals who may not enjoy a technical legal privilege. Because school policies frequently forbid teachers to honor student confidences, many are hesitant to encourage personal involvement, which may place the student in jeopardy.

Many believe that the ombudsman-counselor should provide his services for other kinds of adolescent problems in addition to those related to drugs-family, sex, alcohol, and so on." Classroom teachers often have tremendous influence on students, especially on those who lack parental understanding. They occupy a more neutral position than parents and sometimes are better able to identify behavior requiring special counseling or referral.

Until now, schools have relied almost entirely on classroom teachers to assist student drug abusers in finding help. Public funds earmarked for "teacher training courses" have rarely included guidance-counseling personnel. It is unfortunate that schools have failed to take

advantage of the position of those guidance counselors who enjoy the trust and respect of young people. Recently, the American Personnel and Guidance Association began developing a national effort to train guidance workers to deal with the complexities of drug abuse. The program is being held in abeyance until adequate seed money can be procured.

Information alone cannot always help a youthful user. The head of a Mexican-American outreach program in Los Angeles testified before Congress that a large proportion of youth in his area were heavily addicted to barbiturates, but that education could not help when there was no place in the area they could go for medical aid in withdrawal. Teacher and guidance counselors should provide the link between the school and treatment resources that is now lacking in many places. If it is to reach users or experimenters, a school education program not only must supply information on where to go for help but also must have an effective system for getting them there. Teachers or counselors must know, for example, whether the student-user can receive treatment on his own (as in California and Connecticut) or must have parental permission before anyone can treat him (as in most other states). School counselors should be willing to take the initiative in getting the student to the treatment service and in running bureaucratic interference for him. They may even have to help make parents more sensitive to their children's drug problem in an effort to prevent them from acting destructively.

On the other hand, treatment facilities in many areas far outnumber institutions that focus on prevention. Young people who do not use drugs have legitimate questions but find few places to which they can turn for answers. The school counselor can act as an effective source of information.

Any well-balanced school program should harness the support and cooperation of outside community elements in providing help to young abusers. The Office of Education's national teacher training program challenged schools to consider community motivation as their ultimate long-range goal. OE staff members report that teachers were often unsuccessful in gaining the necessary support of politicians, school board members, principals, and parents in accomplishing this final phase of their program. As a rule, the attitudes of the communities precluded the exploration of innovative ways to prevent drug abuse. What is needed, therefore, is widespread local awareness of the need for unity in making progress-a recognition that educational institutions are merely conduits through which communal efforts must pass.

OUT-OF-SCHOOL DRUG-EDUCATION PROGRAMS

Education does not take place only in school. As Helen Nowlis stated before Congress:

It is learning about drugs that should concern us today, rather than the formal mechanisms for presenting drug information. Information by itself is not education, education by itself is not learning.

How do people, particularly young people, learn about drugs and form their drug-related attitudes? We believe that a series of influences help shape these attitudes: the atmosphere of the school, as well as the factual information presented there; the life-style at home, and the attitude of parents; peer-group pressures; popular culture, including music, films, magazines and nationally publicized events; personal experiences with drugs or drug-related substances; the availability of alternative mechanisms for carrying out certain kinds of behavior-risk taking, wish fulfillment, etc .24

Most of a youth's initial information about a subject comes from his peers. A survey of Maryland high school students showed that they got most of their drug information and attitudes from peers and underground newspapers. In addition, the students most prone to serious drug abuse are often those who are most antagonistic to the school climate. There is general agreement that more out-of-school programs are needed to reach those whom the schools cannot reach. Unfortunately, antidrug programs run by private and public organizations outside the school are of varying quality and totally lacking in evaluation. Nevertheless, the New York Addiction Control Commission alone spent $1 million in 1970 on such "preventive education."

Most prevention programs, besides lacking evaluation, are not grounded on any hypotheses based on field observations. Dr. Irving Lukoff, of the Columbia University School of Social Work, believes that effective prevention programs await basic research to discover what influences young people in heavily addicted areas not to take drugs, why some do use drugs, and how drug use spreads.

The most that can be done at this point is to categorize five basic kinds of nonschool prevention programs:

PEER-GROUP PROGRAMS

Many types of teenage peer-group, antidrug programs have emerged. The following are illustrative:

The members of one national group-the Smarteens-pledge not to use drugs, wear buttons deriding drug use, and distribute posters scorning the drug culture. The psychology is to provide support and reinforcement for youngsters who choose not to use drugs. Such a technique, however, merely widens the gap between the "squares" and the drug users and alienates the latter still further. Those familiar with the group admit it has its greatest impact in middle-class suburban areas.

Members of Project DARE (Drug Abuse Research and Evaluation), in the Los Angeles area, do not use drugs, but participate in the rest of the psychedelic scene-rock music, flashy dress, crafts-so as to show that one can be "cool" without being drugged. Other activities include evaluating drug education films, lecturing to encourage an understanding of today's drug culture, and stimulating the involvement of youth in the solution of community problems.

Two New York City ghetto high schools have experimented with a program in which members of a black youth organization visit the schools, assess the drug situation, and then "penetrate" by mixing at the ball courts and other student gathering places, seeking to identify student pushers and deal with them, either through persuasion or by reporting them to the authorities. Identified users are urged to seek treatment. The organization itself reports a reduction in selling and usage of drugs, but no official evaluation is obtainable.

Teen Challenge is a private, religion-oriented agency with centers across the country that offer treatment to anyone over eighteen. Its premise is that a drug user should be given an opportunity to undergo a religious experience that can give him the strength to overcome his destructive desires and habits.

Private businesses often fund programs offering alternatives to youth. One recently financed a project involving youth groups from Harlem and Nassau County, utilizing peer-group dynamics

as an alternative to drug abuse. Films, magazines, and educational materials created by the students are disseminated to schools and community organizations.

Several treatment and rehabilitation facilities have opened their doors to youngsters for whom they organize extracurricular activities. Patients in a Detroit methadone facility have "hit the streets" to provide speakers, peer and family counseling, and neighborhood projects to stimulate political awareness and consumer education. RAP, Inc., a Washington, D.C., therapeutic community, encourages neighborhood children to join a "block club" designed to channel energies constructively. Tutoring services, speakers, and library privileges are extended to members of the group.

Some of the more creative programs involve both drug experimenters and nonusers in activities that seek to explore ways youth can pursue inward and outward experiences that will make drug use less desirable. Dr. William Soskin's Project Community in Berkeley has such a program for 140 youths between the ages of fourteen and eighteen. Acting on the hypothesis that home and school have not provided sufficiently satisfying influences in their lives, the Center seeks to create a "third force" consisting of a group of peers, under supervision, who engage in mutual activities a few hours a day. These activities include inward meditation, body language, poetry, and even active practical jokes for the more aggressive members. Rap sessions and encounter groups as well as active community projects and recreation outings complete the program. Sympathetic counselors are always available to talk to an individual about his problems.

FREE CLINICS AND CRISIS CENTERS

There are a number of free medical clinics for "street people" providing a range of services on a twenty-four-hour basis-not only emergency medical or psychological help for drug crises (bad trips and severe reactions), but also up-to-date information on the quality and effects of drugs currently being sold in the immediate area, long-term treatment, and referral. Their basic purpose is not to proselytize against drugs but to provide help when people need it most and to disseminate accurate analyses of the risks of street drugs. In some cases, for example, there followed a dramatic decrease in the use of particular drugs or batches of drugs after the clinic staff spread the word that a particular product was having bad effects .2' Free medical clinics reach those in or on the edge of the drug culture, and they enjoy a high degree of credibility. Most crisis centers cater to a variety of needs, including draft, abortion, and family counseling. These facilities sometimes offer temporary residence for runaways and intervention with parents. Usually, they give medical help to those with drug problems and provide speakers and

materials as well as information to other community organizations, including schools. Some even provide employment in crafts and work with delinquent youngsters in the community.

Most clinics and crisis centers are run by the youths themselves with professional and medical guidance. Young people are attracted by their neutral attitude toward drug use. What preventive effects, if any, the centers have on continued drug use is extremely speculative, but they fill acute needs for help in immediate health crises and for accurate information.

"HOT-LINE" TELEPHONE SERVICES

Anyone can call such a telephone service anonymously with questions about drug reactions as well as a score of other problems. Not infrequently, hot-line staffers are asked to locate lost pets, give advice on domestic squabbles, and make referrals. It is inherent in the nature of such a service that there is no way of telling what happens to callers, or whether they make use of the advice and information given about drugs and treatment services, or whether, indeed, calls are legitimate. Anonymity constitutes the service's main attraction. Ex-users often find positive reinforcement and satisfaction in serving as hot-line operators. Yet, there are cases where constantly talking about drug effects has led these people back to drug use. As a rule, however, their past drug experiences enhance their ability to deal effectively with crisis situations. In cases of extreme emergency, trained professionals are consulted.

AFTERSCHOOL AND INSTEAD-OF-SCHOOL PREVENTION PROGRAMS

As of 1970, New York City's Addiction Services Agency ran sixteen youth centers in poverty areas to discourage drug use by nonusers or early experimenters aged nine to nineteen and referred by parents, schools, police, or courts. Ten centers were funded by OEO, four by NIMH, but all were to be shifted to local and state funding. ASA was asking for money to open four more centers in middle-class neighborhoods.

ASA has estimated that 80 per cent of New York City youths over twelve have experimented

with at least one drug. The majority, however, reportedly have no deep-seated mental problems requiring a residential therapeutic community setting. During 1970, about 500 youths were in such afterschool centers at any one time and some 5,440 in all were served.

The focus is on group therapy and counseling to help the youth make basic decisions about his values and life goals. "Disrupters," seriously disturbed youth, and heavy opiate users are not eligible. Parent groups also operate out of the centers, which try to work with the schools, so that teachers too can play a supportive role.

Centers are open five days a week, each handling 50 youths at a time. Youths, if attending school, come to the center in the afternoons, generally for a period of three to six months. If they are not in school, center activities are scheduled during the day. Peer-group sessions, role-playing and psychodrama, individual counseling, recreation, workshops, and seminars are all used. An attempt is made to establish role-model identification with staff members.

These centers have not, to our knowledge, been evaluated systematically. Their aim is to create pressure against the use of drugs. The agency's own assessment is that the centers have had difficulty because the youths referred to them need more supportive services than can be offered.

There have been recurrent proposals for outdoor work or summer camps for drug-using youngsters. ASA would like to create one for 150-180 youths aged twelve to nineteen, modeled on Outward Bound. (This is a program that gets youth into the country, where they increase their wilderness skills in challenging situations, thus increasing their sense of confidence and selfworth.) Group-encounter sessions would be combined with regular camp life. Dr. Gordon Heistad, of the University of Minnesota, has experimented (successfully, he believes) with a camp model combining drug education and regular camp life for high school leaders.

DRUGMOBILES

These vehicles, which follow street youth into their natural haunts, to ball games and rock concerts, have been tried in several cities. Generally, they feature informational exhibits and

ex-addict staffers. Counselors answer inquiries on an individual basis and ensure anonymity.

Credible staff is quite difficult to retain, since trained counselors prefer working with more stable programs. In most cases, these mobile units end up having middle-aged discussion leaders with good intentions but little facility in communicating. Many young people suggest that more emphasis should be put on honest discussions and less on "clever" exhibits.

THE NATIONAL MEDIA

A perpetual dispute in the drug-education field involves the influence of the national media on drug-abuse-prevention efforts. What effect do they have? What effect should they have? Some who work with young drug users believe that television is more likely to influence them than school programs, because they relate more sympathetically to the medium; others fear that a high powered television campaign stressing "risks, thrills, scares, fantasies, high tragedy and antiheroism" will increase drug experimentation." Dr. Norman Zinberg points out that television may bend growing children in the direction of seeking experiences that transcend tangible boundaries, such as mind-altering drugs."

The role played by the mass media in any comprehensive drug education effort depends on the specific objectives of that effort and the methods used to attain them. The current lack of agreement on these matters, however, makes it difficult to conceive of the ideal media program and virtually impossible to predict the benefits to be derived from it. Nevertheless, as the following review of present efforts will show, everybody is doing something.

Between 1968 and 1970, the National Institute of Mental Health conducted a national television campaign against drugs, featuring spots created by the Grey Advertising Company with famous "name personalities," such as Rod Serling and the Everly Brothers. Air time was donated on a public-service basis, and eighteen different films were supplied to every major network station and most independents. Radio stations also aired antidrug messages, twelve in all. Some fourteen posters and pamphlets were mailed out to supplement the campaign. No one knows what the total effect was, aside from generating 22 million requests for information. Gerald Kurtz, Director of the Office of Communication at NIMH, has been quoted as saying that the effort, which was specifically youth-oriented, was not expected to turn young people away from drugs. Its real purpose, rather, was to heighten the concern of laymen and private organizations

and create national awareness of the problem of drug abuse.

In 1970, a new national media campaign was begun under White House sponsorship, based on the same untested assumption that television can "unsell" drug usage. According to the prevailing theory, peer pressure against drugs can be created to reinforce those who have not yet tried drugs or are only very occasional users. The approach still lumps all drugs together under the slogan "Why Do You Think They Call It Dope?" Some black reporters have criticized it as obviously a product of the white advertising world, both in its content and in its style of presentation. It was put together by the Compton Agency, which worked through the Advertising Council. The new campaign started by directing its programs to the preteen group, then moved to high school and college audiences, then to blacks, parents, and the military. While medical hazards are mentioned, the emphasis is on inculcating the attitude that taking drugs is "stupid" rather than on presenting factual information.

Other groups have entered the media fight against drug abuse. In February, 1971, the Corporation for Public Broadcasting began airing eight one-hour programs entitled "The Turned-On Crisis." The series, intended for general audiences, includes programs on several facets of the drug problem. For those more involved in the drug problem, CPB can also provide an in-service training program of six thirty-minute segments for teachers and school administrators and an in-class series of eight twenty-minute programs for junior high school youth.

There are many efforts to develop effective television and radio antidrug spot ads, but whether any such device can counterbalance everyday pressures supporting drug use is doubtful. It has been pointed out that most teenagers listen incessantly to the radio, while their television viewing is sporadic, and that radio spots repeated between rock songs are more likely to reach them than spots on television. But merely reaching the audience is not enough; the ads must be effective. Some stations that carry antidrug spots have complained of a lack of good material but an abundance of poor, ineffective material. The National Institute of Mental Health has provided funds to the National Coordinating Council on Drug Education to evaluate radio and television material; the results are included in a monthly newsletter, Tune In, distributed to approximately 5,600 radio and television stations. Included are reviews of spot announcements, factual programs, interviews, and public-service announcements available to the media for broadcasting.

A black-audience station in Woodside, New York-WWRL has adopted a more direct approach: It asks listeners to call in the names of pushers, which it then submits to the police; the caller's anonymity is kept, and all tips are investigated. The station contends that thirty-two arrests have

been made in six months as a result of this campaign. It also broadcasts a referral telephone number for those who want help with their own drug problems.

Other radio stations are beginning to use the rock sound in communicating antidrug messages. Disk jockeys, for example, play authentic-sounding rock tunes with lyrics describing youthful deaths caused by overdoses or by the ingestion of poor-quality street drugs, in the hope that the young will pay serious heed. But some teenagers resent this attempt to make the scare approach pleasing to the ear.

The subject of rock music raises another question about the relation between national media and the drug problem. Some observers believe that the media are better at aggravating the problem than at solving it. Songs with so-called drug-related lyrics were banned from the airwaves by the Federal Communications Commission because of their alleged potential to glamorize drug abuse. This action was vigorously opposed by underground radio stations, record companies, and private organizations, which castigated the FCC for exercising censorship and imposing an "establishment" interpretation of music on the general public. A booklet put out by the Justice Department's Bureau of Narcotics, entitled Drug Taking in Youth, declares that, "Numerous entertainers whose records are played frequently are drug advocates. Many popular songs have hidden or expressed drug allusions. Underground FM radio stations late at night reach many young people with 'acid' rock and their overt or disguised messages about drug use, sources, and availability. Rock festivals are frequently advertised through this medium."" The effects of rock lyrics on an individual's decision to use drugs still remain a mystery, however, clouded by the contradictory pronouncements of government spokesmen and rock-music enthusiasts.

Television has also been charged with contributing negatively to the drug problem because of its steady advertising of over-the counter drugs. In 1969, drug manufacturers reportedly spent $13.7 million for television promotion of seventeen brands of sedatives and stimulants alone. All types of advertising for all proprietary drugs involved expenditures of $282 million. Messages that are criticized for "pushing" over-the-counter medication promise to solve problems and alleviate everyday stresses. The manufacturer of a popular pain reliever supports a successful advertising package attributing love, success, tranquillity, self confidence, health, and so on, ad infinitum, to its product. Another commercial selling children's vitamins shows two youngsters floating through the sky on a magic carpet after chewing the tablets.

Although manufacturers of proprietary (over-the-counter) drugs deny the cause-and-effect relationship between advertising and abuse, many public groups are adamant about eliminating mood drug advertisements. The National Association of Broadcasters, for example, has

proposed content restraints and criteria for the broadcasting of such messages. Both the FTC and HEW have been studying the relationship between over-the-counter drug ads on television and drug abuse. Members of Congress are also holding hearings on advertising that urges mood alteration through nonprescription drugs. An HEW-sponsored study concludes:

By and large, advertising, per se, seems to have a relatively low level of general influence upon students, when compared to other environmental factors such as home (parents) and school (peer groups) . This suggests that advertising is not, by itself, responsible for student behavior toward drugs and/or other products, substances or activities.

At most, advertising operates within the context of the student's total environment and cannot be uniquely responsible for student values, attitudes and beliefs.

Even though advertising, per se, may not be considered uniquely responsible for attitudes towards legal and illegal drugs, the students, nevertheless, feel that it is potentially an influencing agent, particularly on the youngest students.30

The study, based on interviews with 560 fifth-, seventh-, and eleventh-grade California students, covered drugs of all kinds, including Compoz, Contac, Alka-Seltzer, Bayer Aspirin, as well as Salem and Marlboro cigarettes. Students questioned after viewing the ads expressed disbelief of the advertiser's claims, as follows: Cornpoz-46 per cent; Salem-31 per cent; Contac-40 per cent; Bayer Aspirin-19 per cent; Alka-Seltzer-12 per cent; Marlboro -11 per cent. The study also found that "users of illegal drugs tend to be more receptive to proprietary drug ads than non-users." Concluding that such ads may be a "cultural prop in the maintenance of favorable attitudes toward drug usage among the young, the study suggested that the industry initiate an examination of" promotional programs and more government studies of children's receptivity.

No formal report has been released on the FTC study. Nevertheless, it is the view of a number of FTC staff members, as well as some scientists and some officials of BNDD, that such a relationship does exist in certain cases." In any event, many lawyers are convinced that the FTC has the power to attack many of the suspicious ads without necessarily proving the existence of such a relationship.

A study by four physicians at the University of Southern California pointed out that

high-pressure advertising of prescription drugs to physicians depends on a technique of "mystification."" The ads identify ordinary human reactions and emotions as symptoms of physical illness and then prescribe a drug as remedy. Tofranil, an antidepressant drug, is cited as one example. The ad suggests that parents agonizing over a runaway daughter might be treated with the drug. The same technique may be applied to television ads for proprietary drugs that impel the listener to seek a drug remedy for the relief of normal tensions arising from interpersonal relations.

Another example is the excessive use of over-the-counter drugs. Richard Blum reports that those who use such drugs heavily assert more frequently than others that medicines make a difference in the way one feels; also, they recall having more medicines in their childhood homes than do light users. Not surprisingly, therefore, they are more likely to use drugs to reduce fear, induce courage, or change mood in social situations." Similarly, many youths learn favorable attitudes about drugs through underground newspapers; yet, these papers often present accurate reports about specific drug dangers and effects. This source of information should not be ignored, even though its ideological slant may be quite different from that of official sources of drug education. If solid research shows that a drug has severe toxic effects, an underground paper may be the quickest and surest way to communicate with those most likely to be damaged by it. For example, Washington, D.C.'s Quicksilver Times has printed the pharmacological analyses of street samples provided by the Washington Free Clinic as a warning of the unreliability of certain varieties of drugs then available.

FILMS AND AUDIO VISUALS

The recent emphasis on school drug-education programs has produced a receptive market for drug films and audiovisual materials; in the past few years, the number of these teaching devices has reached approximately two hundred. The potential value of visual teaching cannot be disputed-it makes learning situations more realistic and more acceptable, especially to television-oriented youth. The problem, however, for any school or civic group is how to distinguish between effective material and that which is inaccurate or counterproductive. Certainly, there ought to be readily accessible, up-to-date evaluations of drug films by both experienced adult and student viewers, indicating the content, level of sophistication, target audience, and goal orientation of the films. Different reviewers may well come to different conclusions, but the plethora of drug films now being sold or given away makes a meaningful choice impossible in the absence of some reasonably reliable guide.

The Educational Products Information Exchange, which de

spots and films created by young people tend to present information that is honest and sensitive to the needs of their peers.

Many evaluators criticize existing films for not conforming to the life-styles of the viewer, for containing technical inaccuracies, and for failing to use either black or Puerto Rican actors or, at least, a Spanish soundtrack. It has been suggested that students do not identify with actors or even with real people in a strange setting, and that movies made in the students' own locale may have more effect. Several drug-treatment programs are planning homemade movies set against familiar backgrounds. Such a series was made in Bedford-Stuyvesant by local talent, under the sponsorship of the Bedford-Stuyvesant Restoration Corporation, and was shown on New York's Channel 13.

Most problems, however, seem to occur once the film is in the teacher's hands, ready for use. Fortunately, most film reports are accompanied by remarks on how to use the materials effectively. Previewing is the essential first step, preferably with students as well as with adult screeners. Films should not be shown if they fail to meet the audience's level of knowledge and sophistication. Next, creative interaction should take place between the audience, the educator, and the film. Students should be allowed to give their own evaluation or to discuss their feelings about the film's message.

A plethora of commercial films focusing on the youthful drug culture has flooded the market. As is to be expected, many such movies sensationalize and exploit the drug-abuse problem. A few, however, present the cruel realities of drug addiction in a sensitive manner, thus meriting their use in student and adult educational programs. The Bureau of Narcotics and Dangerous Drugs feels that "recent films directed to youth ... initiate them into the drug scene."

The emphasis on student participation has prompted a new method-videotaping the students' own discussions on drugsthat is being tried in many classrooms. Educators are able to gain insights from studying the dynamics of the situation, and students profit from observing themselves in peer-group settings attempting to solve problems and make decisions collectively. Outside the schools, videotapes have been used successfully in adult training courses, especially those focusing on increasing the participants' level of communication. For most, the experience becomes a mirror reflecting strengths, weaknesses, and limitations in dealing with others. Unlike the passive screening of drug education films, live videotape replays

often enhance the ability of teachers and parents to relate to young people. Unfortunately, however, videotape apparatus is too costly for most schools and civic groups.

SCHOOL CURRICULA

Paralleling the proliferation of antidrug films has been the emergence of packaged curricula. Private businesses, state departments of education, local school systems, publishers, pharmaceutical manufacturers, professional associations, consulting firms, and universities have all jumped on the bandwagon in response to the growing demand for ready-made drug courses. These vary tremendously in quality, content, and approach. Some are very useful, while others are aimed merely at exploiting the commercial market, offering little more than the basic facts about drugs with a few suggestions about research projects for students. The better material offers teachers thoughtful background information on specific drugs, suggestions for effective course presentation and teaching aids and flexible lesson plans.

Such publications as the NIMH Resource Book for Drug Abuse Education and Teaching About Drugs: A Curriculum Guide, K-12, issued by the American School Health-Pharmaceutical Manufacturers Association, contain excellent background material on particular drugs. The National Clearinghouse for Drug Abuse Information will send, on request, eight model curricula from various school systems, again without endorsement or evaluation of their appropriateness for different target groups. As a total package, the booklets provide a valuable diversity of approaches as well as supplemental resources. A few of the education packages encourage self-examination by both teachers and students.

The current emphasis on youthful self-evaluation has given rise to techniques stressing the importance of student values in making decisions about drugs. Those who promulgate the value approach contend that behavior and personal values are inseparable. Richard E. Carney believes that drug abuse can be prevented, or at least explained, if it is viewed as an individual's attempt to actualize his values. In one of his studies, drug users placed significantly less value on such categories as "power" as it related to participation in student organizations, clubs, and "politics"; "affection" and "respect" as they related to their willingness to become involved in parental conferences on important personal subjects; and "skill" as it related to participation in sports and organized activities." But no one knows how students come to hold certain values, or why some values are more prevalent than others. This may explain the adamant refusal of many schools to consider adoption of the value-clarifying curriculum until more concrete data are made available. Channels are opening up, however, and skeptical educators are becoming

more tolerant of "radical" approaches to education. Several counties in Maryland, for example, recently adopted a value-oriented curriculum package developed by Drug Central, a division of Washington, D.C.'s Council of Governments. As is often the case with new methods, the Maryland teachers are in need of special training programs to assure positive results in the classroom. At present, increasing numbers of schools are adopting this approach and report favorable responses from students and teachers alike.

Other imaginative innovations in the field are receiving favorable support from the educational community. The Creative Learning Group in Cambridge, Massachusetts, has integrated materials available for elementary and junior high schools focusing on problem solving and teaching younger children how to make decisions about life and drugs. A vast array of unique teaching aids is offered for classes, and teachers are equipped with a comprehensive manual containing drug-abuse information, sound medical information for use in emergencies, and suggestions for generating group discussions. The group's services will be broadened to include short-term programs, guides for student counselors, preschool film strips, and materials for inner-city, Spanish-speaking youngsters.

Macro Systems, Inc., has a complex package consisting of a self-discovery kit for use by the teacher in finding out his own position on drugs and exploring his own biases, before proceeding to lead an objective and probing discussion among his students. It also contains a consensus map for the classroom that enables students to plot their own attitudes compared with those of their peers.

It is encouraging to note that at least one group, New Dimensions Publishing Company, has responded to the scarcity of materials for minorities. This New York City firm produces books in Spanish and English for blacks, Puerto Ricans, and Mexican Americans at the elementary level.

There are undoubtedly other good materials that we did not happen to find. As yet, no one can prove that any particular package or curriculum has an edge over others. There is no present basis of comparison, since distributors rarely make provisions for evaluation, student testing, periodical re-evaluation, or updating of their materials, although the Office of Education is funding efforts in the area.

For any curriculum, it is essential that teachers be sensitized to the philosophy, techniques, and goals of the materials. If the instructors fear the subject and doubt their ability to teach it, the odds are that they will not succeed with young people, regardless of the caliber of the materials.

EDUCATION FOR NONSTUDENTS

Despite massive expenditures on public drug-abuse-education programs, there is still widespread ignorance of basic drug facts among the population at large. For instance, a New York Addiction Control Commission survey of 6,000 persons aged thirteen and up found that one out of every four regarded drug abuse as among the top four problems facing the nation. Yet, 67 per cent had no idea what should be done about it; 60 per cent did not know what state agencies were at work on the problem; and 50 per cent did not know what effects heroin or amphetamines had on users." A Gallup poll in December, 1970, showed that 64 per cent of the adults and 39 per cent of the students interviewed thought drugs were a serious problem in the public schools."

In most cases, parents, teachers, and community leaders are more in need of accurate information about drugs than students are. Parental responses to a student's involvement in drugs can curb or accelerate further experimentation. It is therefore unfortunate that most school drug-education programs have not prepared parents to deal with the complex drug issue. For parents need not only accurate information but also the ability to discriminate between the effects of experimenting once with marijuana and those of heavy involvement with drugs as well as the ability to establish and maintain lines of honest communication with their children. Thus, to begin with, school-education programs should include a parent component. Several sessions could be designed to encourage adult participation and interaction with groups of young people. Community information and education programs sponsored by private and public organizations could also serve to reach and inform parents. Even more importantly parents need a place to go for specific help when they find drug abuse in their own family. As noted in a newspaper article, "This is sheer panic that simply cannot wait. If advice is not quickly available, fear, anxiety, rage or protectivism takes over. If action is taken during the panic and without advice, irrevocable damage may be done to the sick victim as well as to the total family structure and relationships.""

As a general rule, parent "help" programs should impart sympathy and counseling together with facts. The guilt, fear, and anger parents are likely to feel when a family drug crisis occurs should be channeled into constructive action through effective self-help programs. Parents of drug-dependent children can also help each other. It is often beneficial to talk to someone else who has been through a family drug crisis in trying to approach the situation calmly and objectively. No one is better prepared to provide this assistance than those parents who have been forced to deal with their own children's abuse of drugs. Opinion varies concerning the

value of involving parents in group discussions with their own children. Some planners insist that direct family interaction is always counterproductive, while others advocate the confrontation of familial problems after the initial ice-breaking session.

New York's ASA runs programs for parents and relatives of serious drug-users and for community residents worried about the problem in their neighborhood generally. Several school programs (as in Nassau County, New York, and in Los Angeles) also run special sessions for the parents of children enrolled in the schools. In some, parents participate with youngsters (not their own) in group discussions on why young people use drugs. There are, of course, a multitude of drug-information programs run by civic groups, eager to involve parents. (In Miami, for instance, about two dozen organizations have drug-abuse education programs.) Many parent-oriented programs focus too heavily on how to recognize the symptoms of drug usage and may provoke needless confrontation between parent and child. Many are not prepared to help in actual cases. Until very recently, most urban centers had no place where parents could go for balanced personal advice about what to do when they suspected, or discovered, their child was using drugs.

Experts do not agree on how a parent should react when confronted with a drug-abuse crisis. They all begin by urging the parent not to panic but differ markedly on what should be done in coping with the crisis. Some suggest that the parent compel the child to seek treatment, even by threatening to throw him out of the house. Others counsel the parent to be patient and understanding in an effort to get at the underlying problems. Dr. Paul Blachley suggests that relatives of a drug user be told that "bailing him out" encourages continuation of dependence and drug use and advises that they not be accessory to the problem." Sidney Cohen, former director of NIMH's drug program, advocates a middle course, urging parents to demonstrate an attitude of "I love you and I will help you, but I won't support you if you persist in behavior that I believe to be detrimental to you."" He further advises that these decisions must be made on an individual basis, depending on the drugs involved, the child's age, and his willingness to seek help voluntarily.

Of course, other adults who come into contact with youth need accurate information on drugs-especially teachers, counselors, policemen, and doctors. How much information is needed has yet to be assessed. Nevertheless, NIMH recently funded the Bureau of Social Science Research to study the knowledge levels of professionals who have contact with the drug scene in Baltimore and San Francisco. The study will focus on eleven occupational groups, including policemen, probation officers, pediatricians, general practitioners, psychologists, social workers, teachers, school administrators, and counselors. Results should cast some light on the level of knowledge in the various professions, as well as on prevailing attitudes, and should indicate methods of upgrading levels of education.

The current emphasis is primarily on training teachers, especially through the Office of Education. But other youth workers deserve attention as well. The National Coordinating Council on Drug Education points out, with a note of lament, that, in 1971, half of the administration's funds for drug-abuse education were spent on teacher training. In contrast, New York City's ASA would put primary emphasis on a training institute to prepare a "virtual army of skilled addiction specialists" to interact with drug-prone youth within the framework of existing institutionsschools, churches, recreation programs, settlement houses, block associations, and other groups.

To enhance the effectiveness of local efforts, the National Coordinating Council on Drug Education has put out a manual for community action-Common Sense Lives Here-that sets out a process whereby interested community people can define their community drug problem and work together to solve it. Not a "how to" manual, the pamphlet, together with an accompanying film, encourage each community to mobilize its own resources and seek the local causes and cures for increasing drug use before attempting to formulate a plan of action. It advocates federal planning grants for communities to finance this preparatory process. (It is possible that such grants could be made under Title I of the 1970 Drug Abuse Prevention and Control Act.) Also, it cautions against rushing into any major educational effort until the nature of the local problem is clearly perceived and adequate support has been gained.

SPONSORS OF CURRENT EFFORTS

THE FEDERAL GOVERMENT

A number of federal agencies participate in drug-abuse-education programming, but only five have a substantial involvement the National Institute of Mental Health, the Law Enforcement Assistance Administration, the Office of Education, the Department of Housing and Urban Development, and the Bureau of Narcotics and Dangerous Drugs. Their expenditure levels and basic activities are described in Staff Paper 5.

There is general agreement among these primary agencies that their present system of program development and funding is piecemeal, uncoordinated, and inefficient. It involves

various agencies independently supporting different drug-abuse programs without regard for the resulting duplication of effort and wasted resources. Ongoing programs, too, are poorly evaluated or not evaluated at all. Consequently, the agencies have reached a dead end. They are finding it virtually impossible to judge the success of programs or even to design cost-benefit analyses without comprehensive assessments. Only one fact is certain: Millions of dollars are being spent. just how effectively funds are being used is still unknown.

STATE AND LOCAL EFFORTS

Virtually every sizable community in the country now has at least one public or private drug-abuse prevention and education program. The quality of these efforts varies from one area to another, depending, for example, on the flow of funding information from Washington, the attitudes and concerns of local citizens, the fiscal condition of the locality, and the number of agencies active in prevention programming. State education administrators agree that there are too many crash programs concentrating on drug education in isolation; that there is not enough coordination of effort where many agencies are in the same field; that there is too much attention to medical and legal factors and not enough to social and psychological factors; and that, finally, there is too little an attempt to relate specific drug use to the "drug culture," and too much reliance on one-way education (i.e., handouts, lectures, films, and speakers).

States also suffer from a lack of support from school administrators and local political structures. The National League of Cities/U.S. Conference of Mayors and the National Association of Counties are responding by planning educational programs beamed at local office holders.

This chaotic situation is further complicated by the innumerable commercial firms entering the field, putting out an avalanche of gimmicks as well as legitimate drug-education materials, along with model school curricula, films, and cartoon books. State planners have been inundated by the tide of mass-produced course materials and usually have been unsuccessful in sorting the good from the bad.

Different agencies in different states provide drug education funds in response to the variety of laws. A 1970 compilation by HEW of drug-abuse education programs supported by state education agencies shows that twenty-one states have legal requirements for school drug (and alcohol) education and are "complying" with them. Four other states have programs in all educational districts, despite a lack of legal requirements. In eleven states and Puerto Rico, some, but not all, districts have school programs. A parallel survey of drug programs supported

by state health authorities, conducted by NIMH in 1970, found that twenty-two states had such health-related programs, and sixteen more had them in the planning stages.

A major problem at the state level is lack of effective coordination. Most states are plagued by a lack of cooperation between existing programs, by unnecessary overlap and duplication of effort, and by an insufficient flow of information from the grassroots level to the legislature to stimulate effective policies and leadership. A few states, such as Arizona, California, and now Florida, have statewide councils to coordinate and give direction to public and private agencies in the field. California alone has 300 community-based drug-abuse programs, all of which have sprung up in the past two years. New York City has 47 identifiable drug-education programs, and New York State has Community Narcotics Education Centers in sixteen localities, manned by professionals, as well as 57 local narcotics-guidance councils to coordinate local programs.

To eliminate the fragmentation that exists among the states, a National Association of State Drug Abuse Coordinators was organized recently. Since it is still in the organizational stages, however, its impact remains uncertain.

PRIVATE ORGANIZATIONS

A plethora of professional organizations, social-welfare associations, charitable volunteer organizations, and other groups also conduct community education programs. Few, if any, of these programs have been evaluated with regard to their impact on a target population or their record of accomplishing specific goals. They rarely assume an action-oriented role, preferring instead simply to disseminate educational brochures and audiovisuals. Their programs all look rational and successful on paper, but no one has any real notion of their effectiveness, except, perhaps, for a pervasive feeling that nothing they have done so far has made much difference. In fact, they are often criticized for jumping into the drug field without first asking for experienced advice on what their role ought to be. Also, the huge sums of money they expended on mediocre printed materials would, according to people involved in delivery of service programs, be better spent on the treatment and rehabilitation of addicts.

On the other hand, some private groups do make successful use of low-key approaches in performing unique and valuable services. Several minority professional associations, for example, sponsor clinics that provide dental care for addicts and support halfway houses that offer counseling, job placement, and training to hard-core, youthful drug abusers. Undergraduate chapters of black fraternal organizations educate members of their campus

communities, while their graduate counterparts initiate the involvement of local groups in educational programs and "action" workshops. Another case involves student professionals who spend their summer months working in interdisciplinary teams, providing improved health-care delivery (including drug treatment and related legal services) to inner-city residents. Finally, several organizations whose main focus is drug abuse not only encourage research and conduct training sessions for professionals but offer free consultation to people setting up treatment centers.

Inherent in the structure of national groups is a widespread network for the dissemination of materials and information. These expansive communication mechanisms are frequently used to support legislative reform efforts and to provide information to the media and the public on the subject of drugs.

Federal money is not being spent to evaluate ongoing educational programs. As the National Coordinating Council on Drug Education has testified:

There is a danger from continued massive education programming without first taking the time to evaluate what has been done, what needs to be done, and what can be done. Unexamined and unevaluated information and education programs are certainly no answer; and it is safe to say that in some instances they may be as harmful in the long run as no program at all .44

Most private efforts are limited, and many are local in scope. A few, however, are important forces nationally. With public attention being focused on the drug-abuse problem, increasing numbers of national drug organizations have begun to emerge, and many of them project coordination as their main function. The most inclusive of these is the National Coordinating Council on Drug Education, formed in 1968 as a coordinating group for public agencies and private organizations involved in drug-abuse education. The Council's philosophy emphasizes rational approaches to drug-related issues. Any interdisciplinary regional, state, or local organization whose purpose relates to drug education is eligible for membership. National organizations wishing to cooperate with NCCDE in achieving its goals may also join. At present, most members are white, middle-class organizations, although there are a few black groups, again primarily middleclass. Federal agencies are assured of the Council's cooperation. The National Coordinating Council has been financed by government contracts, private foundation funds, contributions from private industry, and donations from its members.

NCCDE has been quite independent despite its government funding. It refused to join in

National Drug Abuse Prevention Week because it felt that such one-shot crash campaigns were useless; it criticized the national advertising campaign; and it filed suit against the Federal Communications Commission, challenging its ban on rock music. Whether it will continue to receive government support is doubtful.

The Student Association for the Study of Hallucinogens (STASH) is an independent, nonprofit group run by the students themselves. It publishes the Journal of Psychedelic Drugs, provides reprints, issues a bibliography on hallucinogens and other drugs, and holds regular conferences on drug abuse and related problems; it has a good (and computerized) library containing 90 per cent of all the literature in English on marijuana and hallucinogens and has compiled a directory of drug-information groups. STASH is objective and scientifically oriented and, for the sake of credibility, will not accept any government money. It expects, in time, to support itself totally from membership and publication fees.

BUSINESS AND INDUSTRY

The increasing extent of drug use in industry began to be recognized during the last year by management and personnel officials. Nationwide interviews with 6,000 workers in the automobile industry recently compiled by the Alliance for Labor Action found that about 46 per cent of the workers interviewed who were under thirty years of age had used drugs at least once." Of approximately 222 major businesses surveyed about drug abuse among blue-collar workers and alcoholism among executives, nearly two-thirds saw drug abuse as a major industrial problem, either now or in the immediate future, and 53 per cent had already discovered some form of drug abuse in their organization."

The existence of drug abuse in a business creates serious problems for an employer. It is legitimate for him to consider whether the employee's behavior on the job endangers other workers or consumers, or even the image (or profits) of the business. He can also be encouraged to understand the underlying problems that may have led to the drug use, to help the user find treatment, and to allow him to continue to work under supervision. Although most businesses still maintain a "find them and fire them" policy, an increasing number of executives realize that they cannot find and do not wish to fire all employees who use drugs. Such employers are instituting education programs in an effort to wean employees away from drugs and to teach management how to recognize serious drug problems and channel workers to helping agencies when necessary."

Business must also be involved in another urgent problem providing employment opportunities for ex-addicts who are in or have completed a treatment program. Long-term rehabilitation requires that an ex-addict be able to find a job. Governmental and social-service agencies can contribute greatly to this-the Vera Institute and the City of New York are pioneering the employment of patients who are in treatment in specially supervised work projects-but real progress will depend upon the tolerance and assistance of far-sighted employers. More experimental work is needed, of course, to determine the problems, possibilities, and legitimate expectations of employment programs.

CONCLUSION

This examination of current drug-education efforts indicates that additional money is not the most urgent requirement. Creative individuals are needed to act as catalysts for the growth, testing, and support of creative educational approaches. Evaluation is vital, as is a climate that encourages the translation of research findings into action. Educational programming must respond to differences among addicts in ethnicity, age, and mental set. Finally, concerted efforts to clarify goals, drug knowledge, and institutional responsibilities are essential.

NOTES

1. Norman E. Zinberg. Personal communication.

2. John D. Swisher and Richard E. Horman, "Evaluation of Temple University's Drug Abuse Prevention Program," Research Report Contract J-68-50 (U.S. Department of Justice, Washington, D.C., 1968).

3. See Lester Grinspoon, Marijuana Reconsidered (Harvard University Press, 1971), for a discussion of different beliefs about one drug.

4. See Norman Zinberg and John Robertson, Drugs and the Public (in press).

5. California State Department of Education, "A Study of More Effective Education Relative to Narcotics, Other Harmful Drugs and Hallucinogenic Substances" (a progress report submitted to the California Legislature as required by Chapter 1437, Statutes of 1968), Sacramento, California, 1970, pp. 16-27.

6. Marvin J. Rosen, "An Evaluative Study Comparing the Cognitive and Attitudinal Effects of Two Versions of an Educational Program About Mind-Affecting Drugs," San Francisco, California, Evaluation and Research Associates, July, 1970, p. v.

7. Helen H. Nowlis, Drugs on the College Campus (Garden City, New York: Anchor Books, 1969), p. 60.

8. John D. Swisher and James L. Crawford, Jr., "An Evaluation of a Short-Term Drug Education Program," The School Counselor (March, 1971), p. 272.

9. Louise G. Richards, "Psychological Sophistication in Current Drug Abuse Education," Rutgers Symposium on Communication and Drug Abuse (October 14, 1969), p. 15.

10. California State Department of Education, op. cit., note 5, p. 26.

1 1. Helen H. Nowlis, op. cit., note 7.

12. "Ten Drug Abuse Films: What Students and Professionals Think of Them," Educational Product Report, III, No. 7 (April, 1970), 16.

13. Paul Blachley, Seduction: A Conceptual Model of Drug Dependencies and Other

Contagious Social Evils (1970).

14. Swisher, Crawford, Goldstein, and Mura (1970); Swisher and Warner (1 97 1) ; Swisher, Warner, Upcraf t, and Spence (1 97 1).

15. Richard W. Warner, "Evaluation of Drug Abuse Programs" (unpublished article), Pennsylvania State University, State College, Pennsylvania, 1971, p. 6.

16. Herbert 0. Brayer, "A Comparative Analysis of Drug Use and Its Relationship to Certain Attitudes, Values and Cognitive Knowledge on Drugs Between Eighth and Eleventh Grade Students in the Coronado Unified School Districts," Coronado, Calif., 1970, p. 53.

17. Gilbert Geis, "Impact of an Experimental Narcotics Education Program on Junior High School Pupils" (1967).

18. Thomas Ungerleider, "Drugs and the Educational Process," The American fournal of Psychiatry, XXV (June, 1969).

19. Louise G. Richards and John H. Langer, Drug Taking in Youth (Bureau of Narcotics and Dangerous Drugs, Washington, D.C., 1971), p. 37. 20. The Reasonable Exercise of Authority, National Association of Secondary School Principals, Washington, D.C., 1969.

21. John H. Langer, "School-Law Enforcement Cooperation," Guidelines for Drug Abuse Prevention Education (Bureau of Narcotics and Dangerous Drugs, Washington, D.C., April, 1970), pp. 13-14.

22. Helen H. Nowlis, op. cit., note 7, p. 66.

23. Thomas Ungerleider and Haskell Bowen, "Drug Abuse and the Schools," American journal of Psychiatry, XXV (June, 1969).

24. U.S. Congress, Senate Committee on Labor and Public Welfare, Special Subcommittee on Alcoholism and Narcotics, Hearings on S. 3562, 91st Cong., 2d sess., March, 1970, pp. 176-77.

25. Montgomery County joint Advisory Committee on Drug Abuse, Final Report, March 10, 1970.

26. Frederic Meyers, "Incidents Involving the Haight-Ashbury Population and some Uncommonly Used Drugs," journal of Psychedelic Drugs, 1, No. I (Fall, 1968).

27. Robin Nelson, "Dragon Slayers on an Ominous Crusade," Marketing Communications (September, 1970), p. 20 (quoting Dr. Nes Littner, Director of the Chicago Institute for Psychoanalysis).

28. Norman E. Zinberg, "Why Now?: Drug Use as a Response to Social and Technological Change," lecture, Aspen, Colorado, August 29,1970.

29. Richards and Langer, op. cit., note 19, p. 29.

30. Donald L. Kanter, "Pharmaceutical Advertising in Youth: A Monograph Reporting upon a Quantitative Pilot Study" (mimeograph), December 30, 1970, p. 15.

31. Henry Lermard et al., "Hazards Implicit in Prescribing Psychoactive Drugs," 169, Science 438 (1970). The authors cite examples of such statements as follows:

1. "The epidemic of drug abuse is rapidly becoming a national emergency. Part of the

responsibility for this must be borne by the drug industry, radio and television. just as cigarette commercials made smoking romantic, manly, relaxing, smart, and 'in,' drug advertising has helped'turn on' our civilization, especially our youth. We are constantly bombarded by people on television with an easy solution to any of our troubles, most of it half truth or lies. The continuous selling of drugs on television and radio must be stopped. All drug advertising should be prohibited from the mass media, a small step toward regaining our children." (Letter from Robert A. Levine, M.D., to the editor, 282 New England journal of Medicine, pp. 1378-79 [1970].)

2. "Our technology provides us with highly potent synthetic materials and through the mass media means to inform any person who can read, listen, or look about these dangerous substances. In this situation it is all too easy for anyone of any age who does not like the way he lives to try a drug'high'in search of a mystique of esoteric meaning, of euphoria, or of oblivion." (Stanley F. Yolles, M.D., "The Drug Phenomenon," NS10 journal of American Pharmaceutical Association, p. 403 [1970].)

3. "Our culture and communications media teach children that one solves almost all problems by 'turning on@-drugs for headaches, constipation, sleeplessness, 'nerves,' and for whatever other maladies beset us." (Allen Y. Cohen, Ph.D., "Inside What's Happening: Sociological, Psychological, and Spiritual Perspectives on the Contemporary Drug Scene," 59 American journal of Public Health, pp. 2090,2093 [1969].)

4. "The impact of mass media advertising . . . tends to create a psychological dependence upon drugs as a palliative for the strains and stresses of contemporary society." (Dr. Donald C. Brodie, Drug Trade News, June 15, 1970, p. 8.)

32. Ibid.

33. Richard Blum et al., Society and Drugs, I (San Francisco, California: Jossey Bass, Inc., 1969), 262.

34. Educational Product Report, op. cit., note 12, p. 16.

35. "99 Films on Drugs +," University of California Extension Media Center, Berkeley, California, 1970.

36. Drug Abuse Films, 2d ed., National Coordinating Council on Drug Education, Washington, D.C., 197 1, p. vii.

37. Richards and Langer, op. cit.

38. Herbert 0. Brayer, op. cit., note 16, pp. 54-55.

39. Glaser and Snow, "Public Knowledge and Attitudes on Drug Abuse," NACC (1969).

40. Washington Post, December 10, 1970.

41. New York Times, April 27, 1970.

42. Paul Blachley, op. cit., note 13.

43. Sidney Cohen, "The Drug Dilemma: A Partial Solution," Resource Book for Drug Abuse Education, National Institute of Mental Health (October, 1969), p. 15.

44. U.S. Congress, op. cit., note 24, p. 176.

45. Alliance for Labor Action (ALA) is an organization representing the United Auto Workers and the Teamsters Union whose "Drugs in Industry" survey results will be available early in 1972.

46. Harold M. F. Rush and James K. Brown, "The Drug Abuse Problem in Business," Conference Board Record (March, 1971).

47. Carol Kurtis, Drug Abuse as a Business Problem: The Problem Defined with Guidelines for Policy (New York: New York Chamber of Commerce, January, 1971).