

A SYSTEMATIC EVALUATION OF  
DRUG EDUCATION PROGRAMS  
FROM SELECTED SCHOOLS

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# ABSTRACT

## A SYSTEMATIC EVALUATION OF DRUG EDUCATION PROGRAMS FROM SELECTED SCHOOLS

By

Artie Linda Kearney

This study measured the degree of success of drug education programs from selected schools. The basic objectives of this research were: (1) to set up common criteria for evaluating the degree of success of drug education programs; and (2) to find out how closely drug education programs from selected schools fit into the criteria that were set up. Fifteen junior and senior high schools were included in the study. The researcher interviewed the principal and a teacher who taught drug education from each school.

The research data was obtained through the use of questionnaires that was completed through interviews. Two numerical scores were computed for each school's drug education program. One score was tabulated from teachers' perception of the program, while the other score was principals' perception of the program. A breakdown of the scores was presented according to the number of criteria utilized in the program as perceived by teachers and principals and how the respondents answered each question.

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A one-way analysis of variance was run to determine if there were any significant differences in the number of criteria utilized in drug education programs from selected urban, suburban, and rural schools. Two t-tests were run to determine if there were any significant differences in the number of criteria utilized in drug education programs from selected junior and senior high schools; and to see if there were any significant differences in the number of criteria utilized in drug education programs from selected schools, as perceived by teachers and principals. No significant differences were found.

In summary, it was concluded that there were no significant differences in the number of criteria being utilized in the schools' drug education programs.

The criteria established by the researcher for evaluating drug education programs were supported by a study done by the Michigan State Department of Education.

A SYSTEMATIC EVALUATION OF DRUG EDUCATION  
PROGRAMS FROM SELECTED SCHOOLS

By

Artie Linda Kearney

A DISSERTATION

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To my mother: For her love and  
encouragement which made my  
entire education possible.

To my father--who would have  
been so proud.

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## CHAPTER I

### THE PROBLEM

#### Introduction

The problem of drug abuse within our society has reached the proportions of a national crisis. No longer can the drug problem be relegated to the ghettos, the inner cities, and the black communities as a problem unique only to the underprivileged. It has spread to all segments of society. Today's drug problem is as much at home in the mansion as in the tenement; in the suburbs as in the inner city; in the halls of learning at every level of our schools, and in the back alleys. Today, there is no stereotyped youth who experiments with or abuses drugs for such youths are represented at every socio-economic level regardless of geographic location, religious affiliation, and ethnic or racial origins. However, all youths who experiment with or use drugs share one vital similarity. They all know someone who is using drugs or they have easy access to such substances.<sup>1</sup>

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<sup>1</sup>George S. Larimer, Alvin H. Tucker, and Ellen F. Brown, "Drugs and Youth," Pennsylvania Health, XXXI, 4 (Winter, 1970), 2.

In July, 1970, the United States Attorney General, John N. Mitchell, called for new legislation to regulate drugs and noted, "It's no exaggeration to say that the drug danger threatens the moral and physical health of an entire generation."<sup>2</sup> Noting that drug abuse has reached the epidemic stage among young people, Attorney General Mitchell labeled it a "critical national problem that needs all the attention we can focus on it."<sup>3</sup> In any nation, and especially in a democracy, it is essential to assure the productivity of its youth in order to guarantee the survival of a future society capable of providing for a nation's structural needs. Concern for a nation's productivity is generated by reports such as the one issued by the National Commission on Marijuana and Drug Abuse which states that "26 million Americans have tried grass and 13 million are regular users."<sup>4</sup>

Although marijuana has been defended in many circles as a harmless means of relaxation, lack of knowledge on its long term effects still make its use questionable. Dr. William T. Moore and Dr. Harold Kolansky conducted a study on thirty-eight patients between the ages of thirteen

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<sup>2</sup>Ibid.

<sup>3</sup>Ibid.

<sup>4</sup>"Grass Grows More Acceptable," Time, September 10, 1973, p. 67.

and twenty-four who had never used any drugs except marijuana. While none of the patients had a history of serious mental illness, all were adversely affected by smoking marijuana. Eight of the patients became psychotic, thirteen girls became promiscuous, and eighteen developed anxiety, depression, apathy or poor judgment. Critics of the Kolansky-Moore study point out that many of the thirty-eight patients had minor problems before they started smoking marijuana. Others pointed out that the sample was too small to draw any significant conclusions. Lester Grinspoon, author of the book Marijuana Reconsidered, had serious doubts about the doctors' findings. According to Grinspoon, "This is an uncontrolled study. You can't tell which is cause and which is effect--the drug, the life style, or the psychological problems."<sup>5</sup>

In official testimony before the Senate Internal Security Subcommittee investigating the "cannabis" epidemic in the United States, experts reported that "there is evidence supporting the claim that cannabis may cause birth defects, psychological addiction, and sexual and other troubles."<sup>6</sup> W. D. M. Paton, Professor of Pharmacology at

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<sup>5</sup>"New View on Pot," Time, May 3, 1971, pp. 45-46.

<sup>6</sup>"The Perils of Pot Start Showing Up," U.S. News & World Report, June 17, 1974, p. 58.

Oxford, reported that in studies done in England, some shrinkage was found in the brains of cannabis users. This shrinkage was caused by a reduction in cell production. Paton reported that regular users of cannabis developed a tolerance to the drug, thus requiring greater levels of it to get the desired reaction.<sup>7</sup> Dr. Gabriel Nahas from Columbia University's College of Physicians and Surgeons, reported that cannabis impairs the body's immunity system. Marijuana smokers had a 40 percent lower production of white blood cells than nonsmokers.<sup>8</sup>

Doctors at the Reproduction Biology Research Foundation in St. Louis reported that testosterone, the male sex hormone, was found to be at a significantly lower level of production in marijuana smokers than in nonsmokers. In pre-adolescent boys, this condition could severely disturb the normal development to puberty. If a pregnant woman was carrying a male fetus, this condition might inhibit the development of the fetus.<sup>9</sup> While all of the researchers emphasized the importance of their findings, they stated that more work is needed to substantiate their research.

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<sup>7</sup> Ibid.

<sup>8</sup> Medicine: "Capsules," Time, March 4, 1974, p. 60.

<sup>9</sup> Medicine: "Pot and Sexuality," Newsweek, April 29, 1974, p. 57.

In contrast to these findings, the National Commission on Marijuana and Drug Abuse reported to Congress after one year of study on the marijuana issue, its recommendations that "criminal penalties for possession and for private use of marijuana should be entirely abolished."<sup>10</sup> This recommendation was based upon the belief of the Commission that partial legalization of marijuana might take the user out of the criminal drug using subculture. Other findings by the Commission were that marijuana was not addictive and that the belief that pot smoking leads to heroin use was invalid. They found little or no relationship between crime and violence and the use of marijuana.<sup>11</sup>

It appears that there is little agreement as to the effects that marijuana can have on users. However, there is one point that both supporters and critics of marijuana agree on. Under our current laws, it is a felony in most states to use, sell, or possess marijuana and anyone doing so is breaking the law.

Drug abuse has been a problem in the United States for over a century, but it did not become a serious problem until the mid-sixties when drug experimentation began to

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<sup>10</sup>"Pot and Alcohol: Some New Views," Time, February 28, 1972, p. 51.

<sup>11</sup>Ibid.



increase steadily among young people. Past efforts to halt the drug problem consisted of incarcerating drug addicts in prisons or state mental hospitals or providing treatment centers where the addict could go for therapy in hopes of resolving his dependency on drugs.<sup>12</sup> There were few programs in operation for young people who were not yet committed to the drug scene.

A new approach for handling the drug problem had to be acquired. The dangers of drug abuse must be instilled in our young people early in life so they grow up with an awareness of its dangers. Education for adults and youth alike offers the greatest hope in the problem of drug abuse. Schools were given the responsibility of developing effective programs to combat the drug problem. Yet, almost five years have gone by and many schools are still uninformed as to what they should be doing in drug education programs. As schools proceed cautiously with drug prevention programs, the drug problem among young people continues.

In order to find out what schools are doing in drug education, this researcher surveyed drug education programs from selected junior and senior public high schools in Ingham County.

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<sup>12</sup>Virginia Bartlett, "No One Way," WQED Renaissance, October 1970, p. 26.

### Need for Study

With the passage of the Drug Abuse Education Act on December 2, 1970, 58 million dollars were appropriated for drug education. This money was to be channeled through the United States Office of Education (USOE) over the next three years. It was felt that the best way to eliminate drug abuse was to educate the young and old alike to the dangers of improper drug abuse.<sup>13</sup> Schools were expected to take the initiative in developing innovative programs in drug prevention. It has been three years since the passage of this act, and for the most part, the programs that have been implemented in the schools are disappointing.<sup>14</sup> Instead of trying to integrate drug education into the curriculum, schools have set aside a few class hours per term from physical education or health classes for drug education. In these few class hours, teachers lecture to young people on the evils of drug usage.<sup>15</sup>

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<sup>13</sup>Donald E. Barnes and Louisa Messolonghites (eds), Preventing Drug Abuse (New York: Holt, Rinehart, and Winston, Inc., 1972), p. 99.

<sup>14</sup>Richard H. DeLone, "The Ups and Downs of Drug-Abuse Education," Saturday Review of Education, November 11, 1972, p. 27.

<sup>15</sup>David C. Lewis, "How the Schools Can Prevent Drug Abuse," NASSP Bulletin, May 1970, p. 45.

A review of the literature clearly shows that drug education programs in their present form have not been successful. After a thorough review of drug films by the National Coordinating Council for Drug Education, the Council revealed that "about 80 percent of the drug films being shown to young people in drug education classes contained factual errors."<sup>16</sup> Similar conclusions were reached about the quality of pre-packaged drug education curriculums and other materials. It was felt that poor instruction as well as misinformation given to young people might actually contribute to drug use. Several studies on drug education programs revealed that in programs where scare tactics were used to make young people aware of the dangers involved with abusing drugs, drug usage increased.<sup>17</sup> If drug education is not the answer, it is time to move on and find other solutions to the problem. With one county reporting 523 hearings on drug violations in Juvenile Court last year, the drug problem is far from being resolved.<sup>18</sup>

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<sup>16</sup>DeLone, op. cit., p. 28.

<sup>17</sup>Ibid.

<sup>18</sup>Ann Butler and Rich Gigler, "High School: A Pusher's Paradise--Drug Symptoms of Trouble Elsewhere," The Pittsburgh Press, June 2, 1974, pp. F-12.

### Purposes of the Study

No attempt has been made to establish criteria upon which any systematic evaluation of drug education programs can be based. The purposes of this study are two-fold. First, from reviewing the literature and interviewing recognized experts in the field, the researcher will set up common criteria for evaluating drug education programs. Secondly, the researcher will find out how closely drug education programs from selected schools fit into the criteria that have been set up. The research in this study will be concerned with the following hypotheses:

1. There are no significant differences in the number of criteria utilized in drug education programs from selected urban, suburban, and rural junior and senior high schools.
2. There are no significant differences in the number of criteria utilized in drug education programs from selected junior and senior high schools.
3. There are no significant differences in the number of criteria utilized in drug education programs as perceived by teachers

and principals from selected junior and senior high schools.

The research data should provide answers to the following questions:

1. To what degree have drug education programs from selected schools been successful as measured by the criteria?
2. What criteria are not being incorporated into the drug education programs?
3. What are the commonalities in the drug education programs from selected schools?
4. Does the participation by teachers and/or principals in some type of drug information program increase the number of criteria utilized in the schools' drug education program?

#### Definition of Terms

In order to assure maximum clarity, the following terms are defined as used in this study:

Addiction occurs when a person develops a physical dependence on a drug and he can no longer function normally without the repeated use of it. If the drug is withdrawn,

the person experiences severe physical and psychic disturbances.

Alcohol is the major chemical ingredient in wines, beers, and distilled beverages. It acts as a depressant on the central nervous system.

Depressants are sedatives belonging to a large family of drugs manufactured for medical purposes in order to relax the central nervous system. The best known of these are barbiturates, which are a sedative and a hypnotic, used to sedate or induce sleep by their powerful depressant or calming action on the central nervous system. Tranquilizers, also considered a depressant or part of the sedative group, are designed to counteract anxiety and agitation, to control psychotic behavior, and to energize seriously depressed persons.

Drugs are any substances which, by their chemical nature, alter the structure or function of the living organism.

Drug Abuse is the use of drugs without the advice of a physician or other health professional, and for reasons or under conditions which a physician would not approve.

Hallucinogens are a group of drugs capable of provoking changes of sensation, thinking, self-awareness and



emotion. Alterations of time and space perception, illusions, hallucinations and delusions may occur over a wide range of intensity depending on the dose, potency, psychological set, and environment. Included in this group are lysergic acid diethylamide (LSD), dimethyltryptamine, mescaline, psilocybin, and cannabis (all of which are plant origin): ditran, sernyl, diethyltryptamine, and "STP" (all of which are representatives of the synthetic hallucinogens).

Narcotics are a class of drugs which induce sleep or stupor, and relieve pain. This classification includes opium and its derivatives such as morphine, heroin, paregoric, and codeine.

Stimulants are substances which act on the central nervous system, elevating mood, preventing fatigue, and leading to short-term improvement in performance. This classification includes caffeine, which is the most widely used and known stimulant, and is found in coffee, tea, cola, and other beverages; amphetamines, which are synthetic stimulants, and are misused frequently; dextroamphetamine, methamphetamine (commonly called "speed"); and cocaine, which is a stimulant manufactured from the leaves of the coco bush.<sup>19</sup>

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<sup>19</sup>The definitions of terms used came from the following pamphlets: Alcohol--Some Questions and Answers, published by the United States Department of Health,



S.T.R.I.D.E. Program is students, teachers, residents, involved in drug education. It consists of a 40 hour workshop for interested students, school administrators, teachers, and community people (parents, law enforcement officials, social workers, college students, etc.). The program is divided into four parts: (1) listening or empathy skills; (2) problem-solving skills; (3) values clarification; and (4) drug information and crisis training. It is hoped that at the end of the workshop the participants will have factual information relating to drugs; will have developed some listening skills; and will have experienced self growth and awareness. Any school in the Tri-County area can participate in the program just by expressing an interest to do so.<sup>20</sup>

#### LIMITATIONS OF THE STUDY

This study sets up common criteria for evaluating drug education programs. The researcher will examine drug

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Education, and Welfare, 1971; Deciding About Drugs, published by Kiwanis International Foundation as part of a comprehensive and community-wide drug education effort to alert youth and adults to the dangers of indiscriminate drug use, copyright date 1969; Drug Facts and Slang Terms, a publication of American Telephone and Telegraph Medical Division, 1970.

<sup>20</sup> Statement by James Forkner, Director of S.T.R. I.D.E. Program, personal interview, January 30, 1974.

education programs from selected junior and senior high schools in Ingham County to find out how closely these programs fit into the criteria that has been set up. The research technique that will be used is interviewing. Although the researcher originally hoped to observe some drug education classes in progress, it became evident that this would be an impossible task since very little class time is spent on drug education.

In interviewing only the principals and a teacher who teaches drug education from each of the selected schools, the researcher excluded a very important segment of the school community, i.e. the students themselves. This exclusion was not deliberate however, but necessary if the study was to be conducted. Research conducted in schools previously indicated that schools are reluctant to involve themselves in research if students' participation is required.

This study is confined to drug education programs in selected junior and senior high schools of Ingham County. No attempt will be made to examine drug education programs in the elementary schools.

Although the results of this study may be generalized to drug education programs in other schools in Michigan, the reader is cautioned not to make generalizations about drug education programs in schools from other states based on the conclusions from this study.

## ORGANIZATION OF THE STUDY

This dissertation has five chapters which are organized according to the following plan:

Chapter I included an introduction to the problem; the need for the study; purposes of the study; definition of terms; and limitations of the study.

Chapter II includes an introduction to the review of literature; the severity of the drug problem; the development of drug education programs in the schools; drug education programs in Michigan; and humanistic approach to drug prevention.

Chapter III includes an introduction to the design and methodology; the research population; sample selection and size; the research instrument, data collection procedures; the interview method, conducting the interview; and the method of reporting data.

Chapter IV includes an introduction to the report and analysis of the data; the criteria for evaluating drug education programs; and the reporting of the data.

Chapter V includes the summary, conclusions, implications, and recommendations.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Introduction

Although a survey of the literature pointed out what had not been successful in drug education programs, it provided little insight as to what has worked. We know from the literature that most drug films being shown to young people in drug education classes contain factual errors; that pre-packaged drug education curriculums and other materials provide young people with misinformation about drugs;<sup>1</sup> that using scare tactics to make young people aware of the dangers of drugs actually stimulate drug use rather than discourage it;<sup>2</sup> and that mere presentation of drug information is not enough to sensitize young people against using drugs.<sup>3</sup>

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<sup>1</sup>Richard H. DeLone, "The Ups and Downs of Drug-Abuse Education," Saturday Review of Education, November 11, 1972, p. 28.

<sup>2</sup>Helen H. Nowlis, "Student Drug Use," Readings on Drug Education, ed. Michael V. Reagen (Metuchen, New Jersey: The Scarecrow Press, Inc., 1972), 1-14.

<sup>3</sup>George S. Larimer, Alvin H. Tucker, and Ellen F. Brown, "Drugs and Youth," Pennsylvania Health, XXXI, 4 (Winter, 1970), 2.

One reason why there has been little written about what has been successful in drug education programs is that no common criteria has been set up for evaluating drug education programs. There has not been any significant research reported which attempted to establish common criteria upon which a systematic evaluation of drug education programs could be based.

The literature which was selected for review in this chapter provides the reader with some insight as to why drug education programs have not been successful and presents expert comment on elements they perceive as essentials in a successful drug education program. This chapter is reported under the following divisions:

- A. SEVERITY OF THE DRUG PROBLEM
- B. THE DEVELOPMENT OF DRUG EDUCATION PROGRAMS IN THE SCHOOLS
- C. DRUG EDUCATION PROGRAMS IN MICHIGAN
- D. HUMANISTIC APPROACH TO DRUG PREVENTION

#### SEVERITY OF THE DRUG PROBLEM

It is virtually impossible to determine the exact number of drug users among American youth since the only true figures are compiled through arrest cases, registered

addicts, and statistics involving youths who seek help in treatment centers or hospitals. Estimating narcotic statistics from figures representing those who die from drugs, are hospitalized, or are arrested has been compared to an iceberg. We see only the fraction that extends above the surface while the vast numbers of undetected experimenters or users remain hidden from view.<sup>4</sup>

Dr. George S. Larimer, from the Psychology Department at the University of Portland, and his associates conducted a study in Pennsylvania during April and May of 1970 to determine the extent of drug use among school students from seventh through twelfth grade. The sample was chosen from schools in nine counties located throughout the state. All socio-economic classes were represented in a geographic selection comprising urban, suburban, and rural areas. The sample included 6,969 students. A summary of their findings is as follows: as students progressed from the seventh to twelfth grades, their knowledge about drugs, as well as their use of drugs increased; the more knowledgeable they became about drugs, the more often they used them. This suggests that knowledge alone is not enough to discourage young people from abusing drugs. There was a noticeable decrease in drug use between the eighth and ninth grades.

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<sup>4</sup>Larimer, Tucker, and Brown, "Drugs and Youth," p. 3.

This suggested that if drug education is to have any effect in creating negative attitudes toward drug use in young people, it is imperative that drug education be started before the eighth grade. Larimer reported only a slight variation in drug abuse according to one's area of residence, but 70 percent of those who did abuse drugs came from the upper socio-economic classes. This finding indicates that the drug problem was no longer a problem only for the lower class. It is very evident in the rich man's home too.<sup>5</sup>

Larimer concluded from this study that 11 percent of the students sampled were high drug users. If we take his figure of 11 percent along with Pennsylvania's 1970 census which reported 1,200,000 young people enrolled in junior and senior high schools, there would be 123,000 young people who have at least sampled drugs. If only 10 percent of this figure became addicted, there would be 12,300 new addicts every six years.<sup>6</sup>

### Barbiturates

Barbiturates, also known as "reds" or "downers" are described by the National Commission on Marijuana and Drug

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<sup>5</sup>Ibid., pp. 4-9.

<sup>6</sup>Ibid., p. 10.

Abuse as "America's hidden drug problem."<sup>7</sup> Authorities estimate that about one million persons in this country habitually abuse barbiturates. There is no distinction between socio-economic class or age level for barbiturates are abused by the poor and rich as well as the young and old alike.<sup>8</sup> The use of barbiturates among schoolchildren has grown so rapidly that congressional investigators term it an "epidemic." In a testimony before a Senate Subcommittee investigating juvenile delinquency, it was disclosed that in the spring of 1972, a junior high school in suburban Detroit reported six barbiturate overdoses in a single day.<sup>9</sup> In a survey of 6000 junior high school and high school pupils in Kansas City, Missouri, 13 percent of them had used "downers." Only alcohol and marijuana usage was greater. The House Select Committee on Crime reported that more than 30 percent of the students in one California school had used barbiturates.<sup>10</sup>

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<sup>7</sup>"Battle Against Drugs Turns to Barbiturates," U.S. News & World Report, April 23, 1973, p. 60.

<sup>8</sup>Ibid.

<sup>9</sup>Ibid.

<sup>10</sup>Ibid.





### Alcohol Abuse

Alcohol usage continues to be a problem among young people. Many automobile deaths and injuries are caused by the under twenty-one age group.<sup>11</sup> The cost of alcoholism is estimated as being as much as \$15 billion a year.<sup>12</sup> While there has always been a problem with teenagers drinking alcohol illegally, the reasons they drink change with the times. In a public affairs pamphlet on the new young alcoholics, Jules Saltman identifies teenagers in the past with "drinking to be smart or to show that they were grown up. Teenagers today drink to get high."<sup>13</sup>

According to Steven Brodsky, a senior at Brooklyn's Franklin Delano Roosevelt High School, "Many teenagers are discovering that alcohol is just as much fun as grass and a lot easier to obtain."<sup>14</sup> In a recent study of youthful drinking habits in the upper-middle class suburb of Brookline, Massachusetts, 36 percent of the eighth grade pupils and 14 percent of the sixth grade class reported having been drunk

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<sup>11</sup>"Alcoholism: New Victims, New Treatment," Time, April 22, 1974, p. 75.

<sup>12</sup>Ibid.

<sup>13</sup>Patricia McCormack, "Alcohol Back In Top Spot As Teens' Favorite Drug," The Pittsburgh Press, January 8, 1974, p. 13.

<sup>14</sup>"The Latest Teen Drug: Alcohol," Newsweek, March 5, 1973, p. 68.

on wine or beer. The National Council on Alcoholics reported that in 1972, the age of the youngest alcoholics who came to their attention dropped from fourteen to twelve years of age.<sup>15</sup>

Saltman discusses several reasons for the continued popularity of alcohol among young people. First of all, drinking is widely accepted and practiced by adults. Secondly, there is lax enforcement of existing liquor laws as well as new laws in several states that lowered the drinking age to eighteen. Another factor that contributes to the popularity of alcohol in young people is that alcohol is easier to obtain and a lot cheaper than other types of drugs. Consequently, young people can get high for less money and with less risk of getting caught.<sup>16</sup> Parents are often relieved to know that their children are turning to alcohol rather than to other kinds of drugs. However, what they fail to realize is that early drinkers are experimenters just as early drug users were. Too much alcohol can lead to alcohol addiction the same way that too much drug usage can lead to drug addiction.

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<sup>15</sup>Ibid.

<sup>16</sup>McCormack, loc. cit.

THE DEVELOPMENT OF DRUG EDUCATION  
PROGRAMS IN THE SCHOOLS

According to Clifford Denton in his article "Crusade in the Classroom," "The schools and the teachers are capable of providing the best opportunities for instilling permanently an understanding of the dangers of drug abuse in our young people."<sup>17</sup> Education was seen as the only hope for avoiding the catastrophe of drugs for it is limited to neither the classroom nor to any one medium or age group. It is a continuous process limited only by one's willingness to be educated. However, schools have not been very successful in assuming their responsibilities.

In 1970, two large high schools in New York City requested that the Institute for Educational Development (IED), acting as educational consultants, locate successful school and/or community drug education programs that might be adapted for use in their schools. In an attempt to identify persons from state agencies who were well informed about such programs in their states, the IED solicited help from the United States Office of Education (USOE) and the National Institute of Mental Health (NIMH). One official from each of the thirteen states was named. The IED

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<sup>17</sup>Clifford Denton, "Crusade in the Classroom," Pennsylvania Education, II, 1 (January-February, 1970), 20.



contacted each of the officials and asked him to identify noteworthy programs in their states. A noteworthy program was defined as one being:

Outstanding in comparison to other programs, interesting in the sense of being innovative or unusual, and productive to the extent that the program showed promise of good results, even if the results had not been demonstrated, nor the program evaluated.<sup>18</sup>

State officials from the thirteen states identified thirty-seven programs as noteworthy. However, a review of the literature at that time by the IED revealed seventy-seven outstanding programs in the thirteen states. Only four of them had been identified as noteworthy programs by state officials. This is an indication of how unfamiliar even supposedly well-qualified persons were with the locations of outstanding drug education programs within their own states.

Of the thirty-seven programs identified as noteworthy by state officials, twenty-five reported no evaluation for their programs because of financial and/or time pressures. All of the programs surveyed were described by state officials as being long-term but none of them had any feasible plans for measuring how far they had come toward meeting their objectives. Although the IED was to survey community and

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<sup>18</sup>Donald E. Barnes and Louisa Messolonghites (eds.) Preventing Drug Abuse (New York: Holt, Rinehart, and Winston, Inc., 1972), 82.

school drug education programs, most of the programs that were considered to be noteworthy were the result of community-wide and district-wide efforts.<sup>19</sup>

Even though drug abuse among young people had reached a phenomenal high in the mid-sixties, few schools had made any real progress in developing new ways to cope with the drug problem by 1970.

#### Drug Abuse Education Act

On December 3, 1970, Congress passed the Drug Abuse Education Act. This act called for the channeling of funds for drug education programs through the United States Office of Education. This act made available:

Fifty-eight million dollars for a three year attack on the drug problem by way of the classroom. Approximately \$1.45 million of the funds was to go directly to the States' Department of Education to help them in the planning and carrying out of drug abuse education programs. The Secretary of Health, Education, and Welfare was authorized to make grants and contracts with institutions of higher education, state and local education agencies, and other public and private research institutions to support research, demonstrations, and pilot projects. This act also called for pre-service and in-service training programs in drug abuse education. An additional \$29 million was to be distributed over a three year period for community and adult education on drug abuse. Provisions were made for recruiting, training, organizing, and employing professionals, ex-drug users, and paraprofessionals to participate in drug education

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<sup>19</sup>Ibid., pp. 99-100.

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programs. Teachers and counselors were to be trained and courses were to be developed in drug prevention.<sup>20</sup>

It was felt that the best way to eliminate drug abuse was to educate the young and old alike on the dangers of improper drug use. In 1972, the USOE spent \$13 million under this act.<sup>21</sup>

It was up to the schools to develop their own drug education programs. This act made no provisions for supervising the schools' progress. As a result, there has been little consistency in what is included in drug education programs.

Helen H. Nowlis, head of the drug-education division in the USOE, alleges that past drug education programs have done little to prevent drug abuse. In fact, Nowlis claims that there is strong evidence indicating that such programs may actually stimulate drug use. Nowlis feels that drug education programs have failed because they preach to young people and try to frighten them with false information.<sup>22</sup>

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<sup>20</sup>Ibid., pp. 99-100.

<sup>21</sup>Richard H. DeLone, "The Ups and Downs of Drug-Abuse Education," Saturday Review of Education, September 11, 1972, p. 27.

<sup>22</sup>Helen H. Nowlis, "Student Drug Use," Readings on Drug Education, ed. Michael V. Reagen (Metuchen, New Jersey: The Scarecrow Press, Inc., 1972), 1-14.

Sol Gordon, a professor of Family & Child Development at Syracuse University, feels that the critical need in any drug education program is to get young people to listen. Most programs distort facts and employ scare tactics in their efforts to turn young people off drugs. Distorting the facts causes young people to question the credibility of the information while using scare tactics is more likely to have an impact on parents. When a child is told that he will become addicted to heroin after trying it once, he begins to question the credibility of the information that he is hearing. In many instances, he has already experimented with heroin once and knows that he did not become addicted to it. Gordon contends that it is better to tell him that after using heroin once, he risks infection from hepatitis.<sup>23</sup>

Gordon believes that there are two main reasons why drug abuse programs have been ineffective in the past:

(1) they assume that young people are ignorant about drugs; and (2) they moralize or tell half truths about drugs.

From Gordon's own observations of high school programs, he believes that drug usage in young people actually increase

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<sup>23</sup>Sol Gordon, "Presentation and Implementation of a Drug Abuse Prevention Program," Readings on Drug Education, ed. Michael V. Reagan (Metuchen, New Jersey: The Scarecrow Press, Inc., 1972), 117-119.

from such exposure. He feels that students are alienated by authority figures such as "narcs" and physicians who come to talk with them about drugs and drug abuse. Unless drug abuse programs improve the conditions which encourage drug usage in young people, the program will have little impact. Gordon sees the first priority of drug abuse programs as being to improve the general climate of the school and community.<sup>24</sup>

Michael V. Reagen, Associate Director of the Urban Center of the Policy Institute of Syracuse University Research Corporation finds six flaws in current drug education programs. These are:

1. They do not tell it like it is. Too much stress is placed on the negative aspects of drug abuse without mentioning the pleasureable aspects of it.
2. Do not take into consideration the different viewpoints that adults and young people have concerning the drug problem.
3. Do not reach children early enough in their school years. By the time kids reach high school, they have already been exposed to the drug culture.
4. Do not involve young people in the planning aspect of drug prevention programs. This turns many young people off to drug programs.
5. Do not use the appropriate techniques and strategies to tell young people about drugs. Schools often deal with the drug issue superficially by handing out pamphlets about drugs and/or providing an hour's lecture on drug abuse

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<sup>24</sup>Ibid., p. 120.

in health education classes. Some programs lump hard and soft drugs together and show films that show the evils of drug addiction. These approaches to drug abuse are doomed to fail.

6. Do not coordinate the planning and implementing of drug programs with various community agencies. Consequently, the goals of many programs overlap each other. Programs should positively reinforce one another.<sup>25</sup>

David C. Lewis, chairman of the Drug Treatment and Drug Education Committee of the United Community Services of Metropolitan Boston is shocked at the number of schools that have added drug education programs to their curricula without having any idea as to what they hope to accomplish or any feasible means for evaluating the programs. While admitting that there is no real proof that drug education programs either increase or decrease drug use, Lewis feels that any program using sensationalism and misinformation runs the risk of increasing drug usage.<sup>26</sup>

Lewis participated in one high school's drug education program where classes were cancelled for an entire day so students could attend the day-long symposium. A panel of experts talked about drugs and students asked

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<sup>25</sup>Michael V. Reagen, "The Drug Challenge," Readings on Drug Education, ed. Michael V. Reagen (Metuchen, New Jersey: The Scarecrow Press, Inc., 1972), 16-24.

<sup>26</sup>David C. Lewis, "How the Schools Can Prevent Drug Abuse," NASSP Bulletin, May 1970, pp. 44-45.

questions. Students' reactions to the day-long program were mixed. Some felt that if drugs were important enough to cancel classes for, they must be worth trying. Lewis cautions schools about the sensationalizing effect of limiting drug education to a one day program, in a large auditorium setting where discussions are dominated by outside experts. Lewis feels that the best approach to drug education is to incorporate it into the school's ongoing classroom program.

Lewis feels that the most important goal that a drug education program can have is to provide students with correct information so they can view the social, medical, and legal implications of drug taking in personal terms.<sup>27</sup> They must be made to understand that the ultimate decision about using drugs rests with themselves. Teachers must be sure that the information they give to young people is correct, and that where controversy exists over certain information, both sides are presented.

Lewis lists ten guidelines for building a curriculum for drug education that are relevant to the student's decision-making process and sensitive to the issue of credibility. These guidelines are:

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<sup>27</sup>Ibid., p. 45.



1. Assess the level of your students' sophistication about drugs.
2. Involve students in planning the program.
3. Include alcohol and tobacco in your discussion of drug abuse.
4. Compare drug use and abuse. There is an important distinction between the use of a drug which is prescribed for medical purposes under the supervision of a physician and the indiscriminate taking of the same drug.
5. Do not sensationalize.
6. Make drug education part of an ongoing classroom experience.
7. Include experimental data in the drug curriculum. Students rely on data to assess risks of drug taking.
8. Emphasize the motivational factors that affect a student's decision to use drugs.
9. Discuss the factors that inhibit the use of drugs. Discuss why people don't use drugs.
10. Include the comments of drug experienced young people in the educational process. Students will listen and react to what other young people have to say.<sup>28</sup>

Lewis recognizes that if drug education programs are going to be effective in limiting the abuse of drugs among our young people, they must be directed toward student's decision-making process.

Most schools initiating drug prevention programs gear their format to dissemination and transmission of knowledge. By using people affiliated with drug programs, such as doctors, pharmacists, mental health specialists,

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<sup>28</sup>Ibid., pp. 45-49.





law enforcement officers, clergy, lawyers, and ex-drug users, schools present factual knowledge coupled with emotional experiences as a means of informing students of the dangers of drug usage. Jack Sarmanian, in his article "An Interactional Approach to Preventing Drug Abuse," is critical of this type of school drug program as a means of meeting the existing crisis in drug abuse among young people. He stresses the need to change the existing climate in schools by gearing the focus toward attitudinal and value awareness.<sup>29</sup> This would ultimately help students make choices regarding their individual decision of whether or not to use drugs.

The development of attitudinal and value awareness within the schools can occur only in a climate that encourages interaction among students and teachers. To create such a climate involves a shift from "teacher-centered approaches to student-centered approaches; from cognitive levels to affective levels; and from authoritarian leadership to participative leadership."<sup>30</sup> Under such a program, the role of teachers would shift from their professional role of teacher to that of a human being, while students would

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<sup>29</sup> Jack Sarmanian, "An Interactional Approach to Preventing Drug Abuse," NASSP Bulletin, April 1973, p. 74.

<sup>30</sup> Ibid.

relinquish their role of a passive audience to that of an involved participant. Both student and teacher would become a working team prepared to question, explore, discuss, and make decisions.

In H. Bryce Brooks' article, "Teaching Teachers to Teach About Drugs," Brooks agrees with Nowlis and Gordon that past efforts in the area of drug education have produced mostly negative results. He attributes this to the fact that teachers assigned to teach drug education are not prepared to do so. If schools are to be charged with the responsibility for drug education, school administrators must establish criteria for measuring the qualifications of teachers assigned to teach drug education classes.

Brooks emphasizes the need for radical changes in the selection and training of teachers involved in drug education. Teachers should be chosen to participate in drug education programs only if they have the ability to relate to young people and "can operate comfortably and effectively in a relatively unstructured classroom situation."<sup>31</sup> Since the ability to communicate is the basis for relationships, Brooks advises teachers to be bilingual;

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<sup>31</sup>H. Bryce Brooks, "Teaching Teachers to Teach About Drugs," NASSP Bulletin, May 1971, pp. 127-128.



"to speak and understand the language of young people as well as the Establishment."<sup>32</sup> Brooks stresses the need for teachers to be human relations experts, since the drug problem is really a people problem.

Brooks feels that if teachers are to deal effectively in drug education programs, they must be thoroughly knowledgeable on the subject of drugs. Teachers must familiarize themselves with various drug cultures so they can make young people aware of what they may get into if they choose to get deeply involved in drugs. Misinformation or lack of information destroys teachers' credibility. Teachers must also be knowledgeable on the legal aspects of drug involvement, for young people who experiment with or use drugs must be aware of how their lives can be affected if these laws are broken.<sup>33</sup>

Brooks suggests that drug programs will be more effective if the drug curriculum is interdisciplinary rather than part of a science or health class or isolated in a separate course. He feels that schools should realize that all phases of learning help to prepare young people to cope with the problem of drugs. Brooks believes that a course such as English helps the student to communicate and express

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<sup>32</sup>Ibid., p. 128.

<sup>33</sup>Ibid., pp. 129-130.



his thoughts and emotions constructively. Science courses can help the student see the chemical involvement of drugs; health classes can aid the student in understanding the human body and the damage that abusing drugs can do to its well-being. Even courses involving logic help strengthen a student's ability to arrive at decisions in areas of drug involvement.<sup>34</sup>

In conclusion, Brooks delegates to schools the task of helping young people find meaningful alternatives to drug taking. He feels that the schools must be re-examined so that they become one of the more meaningful components of society for young people. The place to start to bring about changes in the schools is in our current institutions which train our teachers. The teaching profession must be re-examined so that the educational process for our young people becomes more meaningful to them.

Binkley (1970) conducted a study of 10,536 eighth and eleventh grade pupils from Nashville schools to determine if there were any difference in attitudes between users and non-users of drugs, with a user being defined as a person who tried any drug one or more times. Users felt that

the school information program about drugs was less adequate; overestimated the extent to which drugs were used by others; felt that drugs were

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<sup>34</sup>Ibid.

less dangerous than they really were; differed markedly from their parents in their feeling about marijuana use; used coffee, tea, cold drinks, aspirin, alcoholic drinks, beer, and tobacco more frequently; and were less happy with their friends, school work, and family.<sup>35</sup>

Although non-users gave a better evaluation of their school's information program on drugs than users did, 53 percent of the users and 28 percent of the non-users rated their drug education experiences as poor or very poor.<sup>36</sup> The reason given most frequently by users as to why they were using or had used drugs was that "everyone else is doing it." Users ranked friend first and parents second as the persons they would turn to with a drug problem, while non-users chose parents first and friend second. It is interesting to note that very few of the pupils felt that they would turn to counselors, teachers, or principals for help with drug problems.

These findings show not only how ineffective the school's information program on drugs was in changing drug users' attitude toward drugs, but how out of touch school personnel were with their students' drug problems.

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<sup>35</sup>Marvin Edward Binkley and Lawrence M. DeRidder, "Comparing Drug Users With Non-Users," NASSP Bulletin, April 1973, p. 81.

<sup>36</sup>*Ibid.*, pp. 81-82.

In a study conducted by Purdue University in 1971, boys and girls in grades ten through twelve were polled concerning their attitudes toward drugs. Their responses were compared with a similar sample polled in 1969. While students seemed to be more aware of drugs in 1971, their desire to experiment with drugs changed very little over the years. Support for legalization of marijuana rose from 18 percent in 1969 to 35 percent in 1971. Three-fourths of the students polled in 1971 said that they had knowledge of where to get illegal drugs. This was an increase of 37 percent from 1969.<sup>37</sup>

In 1969, 10 percent of the students reported that most young people yield to the social pressures to use drugs, while in the 1971 poll, 26 percent of the students reported that such pressure would be effective on most teenagers. Fifteen percent of the students polled in 1969 felt that half or more of the teenagers in all high schools used marijuana or some other drug at least once, while 55 percent polled in 1971 estimated that usage ran that high. About 90 percent of the students said that they had drug education in their schools, but it was usually offered as a unit within a course; such as health or physical education.<sup>38</sup>

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<sup>37</sup>"Adolescent Attitudes Toward Drugs," School & Society, October 1971, p. 335.

<sup>38</sup>Ibid., p. 385.



It appears from this study that drug education did not significantly change young people's attitudes toward drugs.

Bob Sternberg, a specialist in Drug Education Programs at Michigan's Department of Education feels that one reason why drug education programs have not been successful is the shortage of teachers qualified to teach drug education. If one accepts the premise that personal decisions to abuse drugs are feeling-based decisions, then schools must begin to recognize feelings as legitimate. Sternberg says that our college and university training has not prepared individuals who want to become teachers, with the expertise needed to deal effectively with drug abuse behavior. Teachers do not know how to listen to their students or to communicate with them in any way other than in their traditional role of teacher to student. He feels that schools have spent a lot of time developing curriculum for drug education without giving much thought to staff development.<sup>39</sup> Since most school districts cannot afford to pay experts to come in and conduct in-service training for teachers, Sternberg suggests putting contact people into colleges and universities

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<sup>39</sup> Statement by Bob Sternberg, Specialist in Drug Education Programs, Michigan Department of Education, personal interview, January 29, 1974.

so they can train teachers locally as well as individuals preparing to be teachers.

Wade Granger, who heads the Drug Education Curriculum Committee for the Lansing schools, feels that the lack of commitment to fight drug abuse by certain segments of the school community hinders the development of successful drug education programs. Often times, school administrators refuse to openly endorse drug programs for fear of alienating themselves from staff and parents.<sup>40</sup>

#### DRUG EDUCATION PROGRAMS IN MICHIGAN

In 1969, Paul S. Sakamoto did a survey of drug education programs in public high schools of Michigan with enrollments of 2000 or more students. His survey focused on the types of programs being offered in an attempt to discover how schools had responded to the drug problem. His findings revealed that one-third of the schools did not have drug education as a regular part of the curriculum; that little attempt was made to coordinate programs to avoid repetition of community drug programs; that teachers who taught drug education had little knowledge of the subject and no special

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<sup>40</sup> Statement by Wade Granger, Head of Drug Education Curriculum Committee for Lansing school district, personal interview, January 30, 1974.

training in the field; that school administrators were hesitant to admit that a drug problem existed in their schools; and that no attempt had been made to evaluate the effectiveness of drug education programs currently operating within the schools.<sup>41</sup>

In an interview with the researcher, Officer Sue K. Brown from the East Lansing Police Department discussed the results of a study that she conducted in 1969 on fourteen through seventeen year olds from the East Lansing schools. The purpose of the study was to determine their involvement with the law. Officer Brown found that a large percentage of young people had experimented with drugs--especially marijuana.<sup>42</sup> Although drugs were very prevalent in the East Lansing schools, there was no evidence of any large scale drug education program being implemented in the schools.

Officer Roy G. Swerdfeger from the East Lansing Police Department discussed with the researcher the results of a survey that he conducted on alcohol education programs

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<sup>41</sup>Paul S. Sakamoto, "A Study of Drug Abuse Education Programs of Selected Public High Schools in Michigan," (unpublished Doctor's dissertation, Michigan State University, 1971).

<sup>42</sup>Statement by Sue K. Brown, Police Officer in the East Lansing Police Department, personal interview, February 21, 1974.

during the 1972-1973 school year. All junior and senior high schools in Ingham, Eaton and Clinton counties were included in the survey. Principals in Clinton and Eaton County schools were interviewed and specific teachers involved in teaching alcohol education classes were interviewed in Ingham County. Officer Swerdfeger found that alcohol education was not separated from other drug education classes. Only Holt offered a specific course in substance abuse. The rest of the schools set aside a few hours per term from one of their regular classes for drug education. How much time was spent on drug education was left up to individual teachers.<sup>43</sup>

Officer Swerdfeger's rationale for interviewing principals was that they would be the most knowledgeable on the types of programs being offered in their schools. However, he found this not to be true. Not only were they unfamiliar with the content of drug education courses, but they erroneously thought that the teachers who taught drug education were qualified to do so. Teachers had indicated to Officer Swerdfeger that they had no prior training in drug education. Some teachers had no idea where they could go to get factual information about drugs. Teachers viewed drug education as an added burden.

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<sup>43</sup>Statement by Roy G. Swerdfeger, Police Officer in the East Lansing Police Department, personal interview, January 23, 1974.



Since the Holt school district had a full scale program on drug and/or alcohol education, Officer Swerdfeger questioned why other school districts had not implemented such a program. Many principals placed the blame on local school boards who refused to believe that any drug problem existed in the schools. Parents were also blamed by the principals for pressures they exerted upon the schools to keep drug education out of the curriculum. Parents felt that such programs would make their children curious about drugs and put wrong ideas into their heads.<sup>44</sup>

Many of the teachers and principals interviewed severely criticized the educational system for not developing appropriate material and courses for drug and alcohol education. Officer Swerdfeger blamed the system of higher education for failing to educate the school, as well as the rest of the community, in the area of drug prevention.

Even though there was a critical drug problem in many of the schools in the Lansing area, the status of drug education programs had not changed significantly since Sakamoto's study, done three years earlier.<sup>45</sup>

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<sup>44</sup>Ibid.

<sup>45</sup>"School Kids Wise to Drugs?" The State Journal (East Lansing), February 18, 1973.



### The S.T.R.I.D.E. Program

S.T.R.I.D.E. was introduced to the Lansing area schools in January 1972. It is a community prevention program financed through Tri-County Mental Health. Any school in the Tri-County area can participate in it simply by expressing an interest to do so. The S.T.R.I.D.E. Program consists of a forty hour workshop for interested students, school administrators, teachers, and community people. At the end of the workshop, the program is evaluated by those who participated in it. All suggestions are read and changes are implemented into the program, if possible.

Even though the S.T.R.I.D.E. Program is the only educational prevention drug program in the area, some schools have refused to participate in it. Parents have put pressure on school boards and principals not to involve the schools in S.T.R.I.D.E. They are fearful of any program that does not explicitly tell young people NOT to use drugs. The program presents as much factual information about drugs as possible and lets each person decide for himself whether or not he wants to abuse drugs.<sup>46</sup> Parents, as well as some teachers, feel threatened by the procedures used in the program. They have misconceptions about empathy training

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<sup>46</sup> Statement by James Forkner, Director of the S.T.R.I.D.E. Program, personal interview, January 30, 1974.



and are uncomfortable with the informality of the program.<sup>47</sup> Regardless of the criticisms that the program has received, it has been highly praised by many segments of the school community.

#### HUMANISTIC APPROACH TO DRUG PREVENTION

There are a few drug prevention programs that have been singled out by authorities as being among the most successful. One such program was implemented in 1970 in the public school system of Stamford, Connecticut. Their approach to the problem is essentially humanistic. In an attempt to help the individual gain a better understanding and appreciation of self, emphasis is placed on the individual act; the individual decision.<sup>48</sup> The success of the program depends on the teacher's ability to create an atmosphere in the classroom that encourages open discussion and expression of thought and ideas.

The Stamford curriculum guide states that drug abuse is an act--a behavior--and it should be fully investigated and understood by the students as such. Drug

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<sup>47</sup>Granger, op. cit.

<sup>48</sup>Frank W. Chinnoek, "A Sensible New Plan to Fight Drugs in Our Schools," Ladies' Home Journal, January 1971, p. 68.

information is given to the students as early as the fourth grade. The fourth grade curriculum focuses on how emotions affect all of our behavior and how others react and relate to us. The fifth grade curriculum stresses the relationship between emotions and physical effects. It explains how the body is affected by emotions and why young people must explore non-destructive ways to cope with their emotions, i.e. feelings of worry, jealousy, fear, and rage.<sup>49</sup> The curriculum for sixth graders focuses on the identification of dangerous drugs and their effects. At the junior high level, emphasis is on the "individual's personality, his strengths and weaknesses, his emotional and social development, and his vulnerability to drugs."<sup>50</sup> Problem-solving techniques are discussed. At the high school level, drugs are discussed in great detail, realistically, and rationally.

The extensive information given to the Stamford students is supplemented by in-service training sessions for teachers in the program as well as good films and a selected bibliography on books about drugs. THE DRUG ABUSE EDUCATION CURRICULUM GUIDE used in the Stamford schools has been requested by most schools in Connecticut as well as schools in forty-eight other states, the District of Columbia,

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<sup>49</sup> Ibid., p. 70.

<sup>50</sup> Ibid., p. 72.



Puerto Rico, the Virgin Islands, and thirteen foreign countries.<sup>51</sup> Critics of the program say that one month taken out of the school year is not enough time to devote to drug education. They feel that the drug curriculum should be expanded into an entire semester elective. Others feel that the teachers assigned to teach drug education are not qualified to do so. They feel that a more extensive teacher-training program is needed.

At the end of the program, teachers, principals, and students are asked to evaluate it. This helps the schools identify the strengths and weaknesses in their particular program and make changes where necessary. Although the Stamford program cannot be regarded as a "utopian" program, it is certainly not without merit.<sup>52</sup>

Bob Sternberg, a Specialist in Drug Education Programs at the state level, supports the humanistic approach for drug education programs. Sternberg is critical of drug programs that use scare tactics to discourage drug abuse in young people. He believes that drug programs must focus on the reasons why young people take drugs rather than on the drugs that they are taking. Sternberg sees drug

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<sup>51</sup>Ibid., p. 69.

<sup>52</sup>Gini Kopecky, "Follow-up Report on the Stamford Program," Ladies' Home Journal, January 1971, p. 143.

abuse as a symptom of a problem. Resolve the problem and the symptom will go away. He feels that schools must assume part of the responsibility for providing alternatives to drug taking. One such alternative could be to make the school experience a more meaningful one.<sup>53</sup>

One school in Pennsylvania received recognition by state officials because of the innovative programs that were implemented in an attempt to make the school experience more meaningful for students. McKeesport Senior High School has adopted an "open" lunch period for all students between 11:15 and 12:25. During this time, students are free to eat their lunches wherever they want to on the school grounds; roam the halls; swim; play volleyball, basketball, and other sports; or go to various rooms to participate in free time activities. Using teachers as resource people, the school offers students an opportunity to acquire knowledge and skills in a variety of leisure time activities. These activities include bridge lessons, chess techniques, knitting, ceramics, photography, and painting, to mention just a few. By providing a setting where students can learn together, the school makes it possible for students to develop talents that may unlock for them new avenues of creativity,

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<sup>53</sup> Sternberg, op. cit.

comradeship, and fun.<sup>54</sup> Starting in the fall, the school is offering aviation classes for interested students.

V. Alton Dohner, in his article "Drugs Are Not The Problem," supports the humanistic approach for drug education programs. Dohner feels that drug education programs must emphasize the reasons why young people turn to drugs, rather than the fact that some drugs produce a dependency. To emphasize the latter "obscures the fact that dependent persons use drugs as a people substitute."<sup>55</sup>

### Summary

Chapter II presented the literature relating to drug education programs. The Stamford program was one of the few programs singled out by authorities as being among the most successful. When one realizes that the Stamford program and other programs similar to it are exceptions rather than the rule, the only question that seems appropriate to ask ourselves is why? In many schools, drug education programs are drug education in name only. Many schools are wary of becoming involved in drug education

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<sup>54</sup>Statement by Frances Thompson, Spanish teacher at McKeesport Senior High School, personal interview, March 21, 1974.

<sup>55</sup>V. Alton Dohner, "Drugs Are Not The Problem," The Educational Digest, November 1970, (Reprint).



programs because drugs and drug abuse are such sensitive areas. By becoming involved in such programs, schools would be admitting that a drug problem existed.

Chapter III contains the design and methodology of the study.



## CHAPTER III

### DESIGN AND METHODOLOGY

#### Introduction

This chapter will describe the various components of the research effort and integrate them with the objectives of this study. Special attention will be given to demonstrating the reasoning behind the choices of population, sampling selection, and methods of data analyses.

#### Research Population

All public junior and senior high schools in Ingham County are included in this study. The researcher selected the schools in Ingham County for two reasons. First of all, the researcher wanted a good cross-section of school populations. The school districts that make up Ingham County represent different geographic areas; urban, suburban, and rural. Secondly, Ingham County is located in the immediate area. This was particularly important for the purposes of this study since the researcher planned to observe drug education programs in action, when possible.

### Sampling Selection and Size

The researcher wanted all twenty-nine junior and senior high schools in Ingham County to be included in the study. However, some principals did not want to involve their schools in a study that was concerned with drug education and a few schools did not have a drug education program. Twelve schools were excluded from the sample. The seventeen schools that remained in the sample represented a good cross-section of schools from urban, suburban, and rural areas. The researcher will interview the principal and a teacher who teaches drug education from each of the schools.

### The Research Instrument

A questionnaire was designed by the researcher so information about drug education programs could be obtained. The same questionnaire will be given to each person interviewed. The questionnaire contains forced choice questions and one open-ended question. The respondent will be instructed to answer either YES/NO or choose from a list of statements that will be read by the researcher, the statement or statements that apply to the drug education program in his or her particular school/class. The addition of "others" is included to allow the respondent more flexibility in his

choices. At the end of the interview, one open-ended question will be asked.

Prior to collecting the data, the questionnaire was pretested on two teachers and a principal who were not part of the research sample. The questionnaire was administered by the researcher in separate interviews. Each question was discussed to assure its clarity. It was suggested that the researcher broaden the definition of drug education programs to include not only formal programs but any class where some time was devoted to drug related topics.

#### Data Collection Procedures

Each principal was contacted by telephone so an appointment could be made. In most instances, the principal or his secretary asked the researcher to explain the purpose of the study before agreeing to meet with her. The first principal contacted told the researcher that special permission had to be granted from the central office before she would be allowed to come into any of the schools. When the researcher contacted the central office and explained the nature of the study and promised that students would not be interviewed, the central office approved the study. The researcher was warned that some principals might still object

to the study being done in their schools. If that happened, the researcher was told to by-pass the school.

Most principals tried to arrange for a teacher to meet with the researcher after their own interview was completed. If the teacher was not able to meet with the researcher at that time, an appointment was set up with him or her at a later date. Two schools had to be eliminated from the sample because the researcher was not permitted to talk directly with a teacher. One principal told the researcher that he would arrange a time for her to meet with a teacher. The researcher was to telephone the principal in a few days to confirm the time. The researcher made numerous attempts to get in touch with the principal but he was never in his office and messages that were left for him were ignored. After a month had gone by, the researcher stopped calling.

The interviews were conducted between February and June 1974. Each interview took place at the designated schools.

### The Interview Method

The research data was obtained through the use of a questionnaire which was given by way of a personal interview. The personal interview was chosen because it gives the researcher an opportunity to discuss face-to-face with each

participant the purposes of the study. This is especially important when the study concerns sensitive issues, as this study did. Interviewing allows the researcher to observe what the respondent is saying as well as how he or she is saying it. The interview also allows the researcher to clarify questions that the respondent misinterprets and to follow-up contradictory statements.<sup>1</sup>

When using the research method, it is essential for the researcher to record all responses pertaining to the research topic. An X was placed beside the response on the questionnaire that matched the response given by the interviewee. However, there are several disadvantages in recording responses. If the interviewee gives a different response than is indicated on the questionnaire, it is difficult to record the data. Another disadvantage in recording responses is that it distracts from the discussion.<sup>2</sup>

When using the interview method, bias may interfere with the interview situation. In this study, that problem was reduced considerably by standardizing the interview.<sup>3</sup>

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<sup>1</sup>Gilbert Sax, Empirical Foundations of Educational Research (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1968), pp. 242-243.

<sup>2</sup>Ibid., p. 579.

<sup>3</sup>Ibid., p. 586.



The questions asked by way of a personal interview could have been obtained through a questionnaire mailed to each respondent. By using the interview method, the researcher had an opportunity to observe the school situation. This would not have been possible if the questionnaire was mailed.

### Conducting the Interview

After an initial introduction, the interview began. The introduction to the interview included a statement of the purposes of the interview and a brief explanation about the types of questions that were going to be asked. The researcher informed the respondents that for the purposes of this study, drug education programs included formal programs as well as any class where some time was devoted to drug related topics. If the respondent had no questions, the interview began. A copy of the questionnaire that was given via way of a personal interview appears in Appendix A.

The researcher read each question to the respondent. For multiple choice answers, the respondent was instructed to choose from a list of statements given by the researcher, the ones that applied to the drug education program in his or her particular school/class. If the respondent appeared to be having trouble remembering the choices, the researcher





allowed the respondent to read over the choices himself. All of the responses were recorded on the questionnaire by the researcher.

At the end of the interview, an open-ended question was asked. The researcher recorded relevant information, i.e. that which pertains to the research, on the back of each questionnaire.

#### Method of Reporting Data

Two numerical scores were computed for each school's drug education programs. One score was tabulated from teachers' perception of the program and the other score was tabulated from principals' perception of the program. A breakdown of the scores for each school's drug education program will be recorded according to the number of criteria utilized in each program as perceived by teachers and principals. Also, a breakdown of how the respondents answered each question on the questionnaire will be recorded. The scores will be presented in numbers, as well as percentages.

A one-way analysis of variance will be used to find out if there were any differences in the number of criteria utilized in drug education programs in urban, suburban, and rural area schools. (Computations appear in Appendix B.)



T-tests will be used to find out if there were any significant differences in the number of criteria utilized in drug education programs in junior and senior high schools and any significant differences in the number of criteria utilized in drug education programs as perceived by teachers and principals.

### Summary

Chapter III presented the research design and methodology used in this study. A description of the various components of the research effort was included.

Chapter IV contains the report and analysis of the data.

## CHAPTER IV

### REPORT AND ANALYSIS OF THE DATA

#### Introduction

This chapter presents and analyzes the research findings. The data are reported to find out the degree of success of drug education programs from selected junior and senior high schools. Drug education programs from selected schools were examined to find out how closely they fit into the criteria that was set up for evaluating such programs. The following hypotheses were tested:

1. There are no significant differences in the number of criteria utilized in drug education programs from selected urban, suburban, and rural junior and senior high schools.
2. There are no significant differences in the number of criteria utilized in drug education programs from selected junior and senior high schools.
3. There are no significant differences in

the number of criteria utilized in drug education programs as perceived by teachers and principals from selected junior and senior high schools.

In examining drug education programs from selected schools, the following questions were asked:

1. To what degree have drug education programs from selected schools been successful as measured by the criteria?
2. Which criteria are not being incorporated into the drug education programs?
3. What are the commonalities in the drug education programs from selected schools?
4. Does the participation by teachers and/or principals in some type of drug information program increase the number of criteria utilized in the schools' drug education program?

Two numerical scores were computed for each school's drug education program. One score was tabulated from teachers' perception of the program while the other score was tabulated from principals' perception of the program.



Each time that the responses to question II through VIII indicated that the school utilized one of the criterion in its drug education program, the program received one point. A total score of seven points, with seven being the highest number of points possible to obtain, indicated that the school's drug education program utilized all of the criteria that are essential to a successful program. A zero by a question indicated that the school did not utilize that specific criterion in its drug education program. A breakdown of the scores for each school's drug education program is presented according to the number of criteria utilized in each program, as perceived by teachers and principals. Also, a breakdown of how the respondents answered each question on the questionnaire is presented.

#### Setting Up The Criteria For Evaluating Drug Education Programs

An ideal model for drug education programs does not yet exist. Whether or not such a model could ever be designed is questionable since what may be ideal for one school system might be unworkable in another. After a careful review of the literature and several interviews with recognized experts in the field, the researcher was able to find some agreement as to what elements are essential

to a successful drug education program. The researcher used those elements to set up common criteria for developing and evaluating drug education programs. The following criteria were set up:

1. According to H. Bryce Brooks,<sup>1</sup> James Forkner,<sup>2</sup> Wade Granger,<sup>3</sup> David C. Lewis,<sup>4</sup> Michael V. Reagen,<sup>5</sup> and Bob Sternberg:<sup>6</sup> (Involvement)

There should be a cooperative effort between parents, students, teachers, school officials, law enforcement officers, and other segments of the community in the planning and implementing of a drug education program. Young people MUST be involved in all aspects of the program.

2. According to H. Bryce Brooks, Frank Chinnock,<sup>7</sup>

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<sup>1</sup>H. Bryce Brooks, "Teaching Teachers to Teach About Drugs," NASSP Bulletin, May 1971, pp. 127-134.

<sup>2</sup>Statement by James Forkner, Director of S.T.R.I.D.E. personal interview, January 30, 1974.

<sup>3</sup>Statement by Wade Granger, Head of Drug Education Curriculum Committee for Lansing school district, personal interview, January 30, 1974.

<sup>4</sup>David C. Lewis, "Drug Education," NASSP Bulletin, December 1969, pp. 87-98.

<sup>5</sup>Michael V. Reagen, "The Drug Culture," Readings on Drug Education, ed. Michael V. Reagen (Metuchen, New Jersey: The Scarecrow Press, Inc., 1972), 16-24.

<sup>6</sup>Statement by Bob Sternberg, Specialist in Drug Education Programs, Department of Education, personal interview, January 29, 1974.

<sup>7</sup>Frank Chinnock, "A Sensible New Plan to Fight Drugs in our Schools," Ladies' Home Journal, January 1971, pp. 67-73.





James Forkner, Wade Granger, Jack Sarmanian,<sup>8</sup> and Bob Sternberg: (Training)

Teachers wishing to teach drug education classes must first go through a training program so that they become knowledgeable and familiar about drugs and drug abuse behavior.

3. According to H. Bryce Brooks, Frank Chinnock, James Forkner, Lois Frears,<sup>9</sup> Wade Granger, David C. Lewis, and Bob Sternberg: (Diffusion)

Drug education should be integrated into all appropriate areas of study and should become a part of the school's ongoing curriculum.

4. According to H. Bryce Brooks, Frank Chinnock, V. Alton Dohner,<sup>10</sup> James Forkner, Lois Frears, Wade Granger, George S. Larimer,<sup>11</sup> David C. Lewis, Jack Sarmanian, and Bob Sternberg: (Humanism)

The humanistic approach should be used in drug education programs. In this approach, the emphasis is on WHY people use drugs rather than on the drugs they are using.

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<sup>8</sup>Jack Sarmanian, "An International Approach to Preventing Drug Abuse," NASSP Bulletin, April 1973, pp. 66-76.

<sup>9</sup>Statement by Lois Frears, Chairman of Drug Education Committee at Hannah Middle School, personal interview, November 12, 1973.

<sup>10</sup>V. Alton Dohner, "Drugs Are Not The Problem," The Education Digest, November 1970, (Reprint).

<sup>11</sup>George S. Larimer, Alvin Tucker, and Ellen F. Brown, "Drugs and Youth," Pennsylvania Health, XXXI, 4 (Winter 1970), 2-11.



5. According to Clifford Denton,<sup>12</sup> Wade Granger, George S. Larimer, and Michael V. Reagen: (Early Introduction)

Drug education should be introduced to the child as early as kindergarten and continued through twelfth grade.

6. According to Frank Chinnock, James Forkner, Lois Frears, Wade Granger, Michael V. Reagen, and Bob Sternberg: (Articulation)

Drug education programs should be articulated with programs at other grade levels, as well as with other subjects to avoid repetition in learning and to assure that the learning experience is a progressive and continuous one.

7. According to Frank Chinnock, James Forkner, Lois Frears, Wade Granger, and Bob Sternberg: (Evaluation)

There must be an ongoing evaluation of the program to determine its effectiveness. The best mechanism for evaluating such a program is feedback from students, teachers, parents, and community.

The above criteria are basic to any drug education program.

DIFFERENCES FOUND IN NUMBER OF CRITERIA  
UTILIZED IN DRUG EDUCATION PROGRAMS  
ACCORDING TO GEOGRAPHIC LOCATION

Table 1 indicates that there are no significant differences at the .05 level in the number of criteria

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<sup>12</sup>Clifford Denton, "Crusade in the Classroom," Pennsylvania Education, II, 1 (January-February 1970), 20-23.

utilized in drug education programs from selected urban, suburban and rural junior and senior high schools. A one-way analysis of variance was run. Although we fail to reject the null hypothesis at the .05 level of confidence, it does not necessarily mean that there were no differences present. There may have been some differences in the number of criteria utilized in drug education programs according to geographic location, but the test did not pick them up.

TABLE 1

Ho: THERE ARE NO SIGNIFICANT DIFFERENCES AT THE .05 LEVEL IN THE NUMBER OF CRITERIA UTILIZED IN DRUG EDUCATION PROGRAMS FROM SELECTED URBAN, SUBURBAN, AND RURAL JUNIOR AND SENIOR HIGH SCHOOLS.

## ONE-WAY ANALYSIS OF VARIANCE

SOURCE	SS	DF	MS	F
BETWEEN GROUPS	12	2	6	2.62
WITHIN GROUPS	61.74	27	2.29	
TOTAL	73.74	29		

F = 2.62

TABLED F = 3.35

Since the calculated F is less than the TABLED F, we fail to reject the Ho at the .05 level of confidence.

DIFFERENCES FOUND IN NUMBER OF CRITERIA  
UTILIZED IN DRUG EDUCATION PROGRAMS  
IN JUNIOR AND SENIOR HIGH SCHOOLS

Table 2 indicates that there are no significant differences at the .05 level in the number of criteria utilized in drug education programs from selected junior and senior high schools. A two sample t-test for non-repeated measures was run. Although we fail to reject the null hypothesis at the .05 level of confidence, it does not necessarily mean that no differences were present. Because of the size of the sample, the statistical test did not have much power.

TABLE 2

Ho: THERE ARE NO SIGNIFICANT DIFFERENCES AT THE .05 LEVEL IN THE NUMBER OF CRITERIA UTILIZED IN DRUG EDUCATION PROGRAMS FROM SELECTED JUNIOR AND SENIOR HIGH SCHOOLS.

## TWO-SAMPLE t-TEST

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$$t = \frac{\bar{x}_1 - \bar{x}_2 (u_1 - u_2)}{\sqrt{s^2_p (1/n_1 + 1/n_2)}} \quad t = \frac{2.69 - 3.21}{\sqrt{5.52 (1/8 + 1/7)}} = \frac{-.52}{1.22} = -.43$$

t = -.43  
TABLED t = 1.771

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Since the calculated  $t$  is less than the TABLED  $t$ , we fail to reject the  $H_0$  at the .05 level of confidence.

DIFFERENCES FOUND IN NUMBER OF CRITERIA  
UTILIZED IN DRUG EDUCATION PROGRAMS  
AS PERCEIVED BY TEACHERS AND PRINCIPALS

Table 3 indicates that there are no significant differences at the .05 level in the number of criteria utilized in drug education programs as perceived by teachers and principals. A  $t$ -test for matched pairs was run. Even though the calculated  $t$  (1.363) was very close to the TABLED  $t$  (1.753), we could not reject the null hypothesis since 1.363 is less than 1.753.

TABLE 3

$H_0$ : THERE ARE NO SIGNIFICANT DIFFERENCES AT THE  
.05 LEVEL IN THE NUMBER OF CRITERIA UTILIZED  
IN DRUG EDUCATION PROGRAMS AS PERCEIVED BY  
TEACHERS AND PRINCIPALS.

$t$ -TEST FOR MATCHED PAIRS

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$$t = \frac{d - u_d}{\frac{sd}{\sqrt{n}}} = \frac{.8 - 0}{2.27 / 3.87} = 1.363$$

$t = 1.363$   
TABLED  $t = 1.753$

---

Since the calculated  $t$  is less than the TABLED  $t$ , we fail to reject the  $H_0$  at the .05 level of confidence.





THE DEGREE OF SUCCESS OF DRUG EDUCATION  
PROGRAMS AS MEASURED BY THE CRITERIA

Table 4A indicates that principals perceive the drug education program as meeting more of the criteria than do teachers who teach drug education in the schools. In school number 15, both the teacher and principal agreed that the same criteria were utilized in their school's drug education program. In school number 18, the teacher did not think that there was any drug education program in the school. However, the principal felt that the program utilized six out of seven criteria. None of the schools' programs utilized all seven criteria.

Table 4B indicates that principals perceive the drug education programs as utilizing more criteria than do teachers. Eighty percent of the teachers and 93.33 percent of the principals agreed that criterion 3 was utilized. Teachers and principals agreed that teachers are not required to have special training before teaching drug education and that student led discussions (criterion 4) are incorporated into the drug education program.

TABLE 4A

DEGREE OF SUCCESS OF DRUG EDUCATION PROGRAMS  
AS MEASURED BY THE CRITERIA

ID NUMBERS FOR SCHOOLS	TEACHER (T) PRINCIPAL (P)	CRITERIA							TOTAL
		1	2	3	4	5	6	7	
9	T			x		x			2
	P	x		x		x	x		4
15	T			x	x	x	x		4
	P			x	x	x	x		4
7	T			x	x		x		3
	P			x	x	x			3
10	T			x		x			2
	P	x		x	x	x	x		5
11	T			x	x	x			3
	P			x		x	x		3
12	T			x	x		x		3
	P			x	x	x	x		4
5	T			x	x	x	x		4
	P			x					1
14	T			x	x	x	x		4
	P			x	x	x			3
18	T								0
	P	x		x	x	x	x	x	6
3	T		x	x		x			3
	P			x	x	x			3
13	T			x	x	x	x		4
	P	x	x	x		x	x	x	6
8	T			x	x	x		x	4
	P			x	x	x			3
4	T			x	x				2
	P								0
19	T								0
	P			x		x			2
17	T								0
	P	x		x	x				3

TABLE 4B  
OVERVIEW OF THE DEGREE OF SUCCESS OF  
DRUG EDUCATION PROGRAMS FROM  
SELECTED SCHOOLS

	CRITERIA						
	1	2	3	4	5	6	7
<u>TEACHERS:</u>							
TOTAL	0	1	12	9	9	6	1
PERCENTAGE	0%	6.67%	80%	60%	60%	40%	6.67%
<u>PRINCIPALS:</u>							
TOTAL	5	1	14	9	12	7	2
PERCENTAGE	33.33%	6.67%	93.33%	60%	80%	46.67%	13.33%

CRITERIA NOT BEING INCORPORATED  
INTO DRUG EDUCATION PROGRAMS

Table 5 indicates that none of the teachers believed that criterion 1 was utilized in their schools' drug education programs. Two-thirds of the principals did not believe that criterion 1 had been utilized. Fourteen teachers and principals agreed that their schools' drug education programs did not utilize criterion 2. Forty percent of the teachers and principals agreed that criterion 4 had been utilized in their schools' drug education programs.

It appears from Table 5 that teachers and principals perceive criteria numbers 1, 2 & 7 as being incorporated least into their schools' drug education programs.

TABLE 5  
CRITERIA NOT BEING INCORPORATED INTO  
DRUG EDUCATION PROGRAMS FROM  
SELECTED SCHOOLS

	CRITERIA						
	1	2	3	4	5	6	7
<b>TEACHERS:</b>							
TOTAL NUMBER OF SCHOOLS	15	14	3	6	6	9	14
PERCENTAGE	100%	93.33%	20%	40%	40%	60%	93.33%
<b>PRINCIPALS:</b>							
TOTAL NUMBER OF SCHOOLS	10	14	1	6	3	8	13
PERCENTAGE	66.67%	93.33%	6.67%	40%	20%	53.33%	86.67%

COMMONALITIES IN DRUG EDUCATION  
PROGRAMS

Table 6 indicates that none of the teachers said that the school, students, and community (criterion 1) were involved in the planning of the school's drug education program. Three out of six teachers answering "other" said that there were no drug education programs going on in the school. One teacher said that they were waiting to hear results of a study conducted by the Steering Committee before they did anything with drug education. While admitting that the school was aware that a drug problem existed, it was felt

that the less emphasis placed on drugs, the better off you were.

One teacher whose guidance class had been highly praised by the principal because of the two weeks spent each term on drug education, admitted that neither her class or any of the other teachers who taught guidance classes had done anything on drug education for over two years. The third teacher said that the S.T.R.I.D.E. program was the only drug program operating in the school and it would probably be discontinued because of lack of funds and interest. Three out of six teachers answering "other" did so because they did not know who planned the drug education program.

It appears from Table 6 that most teachers felt that only the school was involved in the planning of the schools' drug education program.

#### Planning of Drug Education Programs

Table 7 indicates that five principals said that the school, students, and community (criterion 1) were involved in the planning of the school's drug education program. One principal reported no drug education program in the school. The principal reporting no program in his or her particular school was not in the same school as the

teachers who reported that there were no programs going on in their schools.

It appears from Table 7 that most principals felt that only the school was involved in the planning of the schools' drug education program.

TABLE 6

TEACHERS' RESPONSES TO QUESTION II  
(Who was involved in the planning  
of this drug education program?)

WHO WAS INVOLVED IN THE PLANNING	NUMBER OF SCHOOLS INVOLVED	PERCENTAGE
SCHOOL ONLY	6	40%
SCHOOL, STUDENTS, COMMUNITY	0	0%
SCHOOLS & STUDENTS	3	20%
SCHOOL & COMMUNITY	0	0%
OTHERS	6	40%

TABLE 7

PRINCIPALS' RESPONSES TO QUESTION II

WHO WAS INVOLVED IN THE PLANNING	NUMBER OF SCHOOLS INVOLVED	PERCENTAGE
SCHOOL ONLY	7	46.67%
SCHOOL, STUDENTS, COMMUNITY	5	33.33%
SCHOOL & STUDENTS	1	6.67%
SCHOOL & COMMUNITY	1	6.67%
OTHERS	1	6.67%





Special Training  
for Teachers

Table 8A indicates that one teacher said that teachers were required to have special training before they could teach drug education. The one teacher who said that some background and knowledge in drugs was required of teachers who taught drug education had not attended any workshops or training programs.

TABLE 8A

TEACHERS' RESPONSES TO QUESTION III, 1  
(Are teachers required to go through a  
special workshop or training program  
before they teach drug education classes?)

	NUMBER OF SCHOOLS	PERCENTAGE	TYPE OF TRAINING
YES	1	6.67%	Must have back-ground & knowledge in drugs.
NO	14	93.33%	

Table 8B indicates that twelve out of fifteen teachers participated in some type of drug information program. One of the teachers who participated in S.T.R.I.D.E. also had a background in nursing. The course mentioned most frequently was a ten week Red Cross course called "First Aid & Drugs."

TABLE 8B

TEACHERS' RESPONSES TO QUESTION III, 2  
 (Have you participated in the S.T.R.I.D.E.  
 Program or other workshops or training  
 programs? If yes, what kind of program  
 was it?)

	TOTAL	PERCENTAGE
YES	12	80%
NO	3	20%

YES	NUMBER OF TEACHERS	PERCENTAGE	TYPE OF TRAINING
	6	50%	S.T.R.I.D.E. and/or EMPATHY TRAINING
	1	8.33%	EMPATHY & COURSE
	0	0%	S.T.R.I.D.E. & WORKSHOP
	3	25%	WORKSHOP
	2	16.67%	COURSE

Table 9A indicates that one principal said that teachers were required to go through S.T.R.I.D.E. before they could teach drug education. The teacher who taught drug education in that school did not know S.T.R.I.D.E. was required. However, this teacher had gone through S.T.R.I.D.E.

TABLE 9A

## PRINCIPALS' RESPONSES TO QUESTION III, 1

(Are teachers required to go through a special workshop or training program before they teach drug education classes?)

	NUMBER OF SCHOOLS	PERCENTAGE	TYPE OF TRAINING
YES	1	6.67%	S.T.R.I.D.E.
NO	14	93.33%	

Table 9B indicates that twelve out of fifteen principals participated in some type of drug information program. One principal said that the reason why he had not participated in such a program was because of his lack of knowledge about the subject. It is interesting to note that both the teacher and principal in two of the schools did not participate in any type of drug information program.

TABLE 9B

## PRINCIPALS' RESPONSES TO QUESTION III, 2

(Have you participated in the S.T.R.I.D.E. Program or other workshops or training programs? If yes, what kind of program was it?)

	TOTAL	PERCENTAGE
YES	1	6.67%
NO	14	93.33%

TABLE 9B Continued

YES	NUMBER OF PRINCIPALS	PERCENTAGES	TYPE OF TRAINING
	4	33.33%	S.T.R.I.D.E. and/or EMPATHY TRAINING
	0	0%	EMPATHY & COURSE
	1	8.33%	S.T.R.I.D.E. & WORKSHOP
	5	41.67%	WORKSHOP
	1	8.33%	COURSE
	1	8.33%	OTHERS

Courses in Which Drug  
Education Are Integrated  
into Curriculum

Table 10A indicates that one school offers drug education as a separate course. The course is called "Drugs." It is a nine week science course offered to eighth or ninth graders. Seven junior high and seven high schools do not offer drug education as a separate course. Three out of the seven junior high schools do not have any drug education program. Two teachers reported that they use to do something on drugs in their guidance classes, but not any longer. In the third school, the teacher said that the S.T.R.I.D.E. Program was the only drug program operating in the school this year.

It appears from Table 10A that most of the teachers felt that drug education was integrated into the curriculum.

TABLE 10A

TEACHERS' RESPONSES TO QUESTION IV, 1  
(Is drug education offered as a separate course? If no, which course(s) is it offered in?)

TOTAL NUMBER OF SCHOOLS		PERCENTAGE
YES	1	6.67%
NO	14	93.33%
TOTAL NUMBER OF SCHOOLS NOT OFFERING DRUG EDUCATION AS A SEPARATE COURSE		PERCENTAGE
JUNIOR HIGH SCHOOLS	7	50%
SENIOR HIGH SCHOOLS	7	50%

Table 10B indicates that in one high school, 41 to 60 percent of the health class is spent on drugs. The course is divided into two parts: first-aid and drugs. Although the English course does not deal directly with drugs, the teacher does show relationships by talking about feelings and problem-solving.

TABLE 10B

## TEACHERS' RESPONSES TO QUESTION IV, 2

(Indicate what percent of the course(s)  
is spent on drug education per term.)

DEPARTMENT	PERCENTAGE SPENT ON DRUG EDUCATION	TOTAL NUMBER OF SCHOOLS
<u>JUNIOR HIGH SCHOOLS:</u>		
SOCIAL STUDIES	11% - 20%	1
SOCIAL STUDIES	10% or less	1
SCIENCE	10% or less	1
HEALTH	21% - 40%	1
<u>HIGH SCHOOLS:</u>		
SCIENCE	10% or less	2
FAMILY LIVING	10% or less	1
PHYSICAL EDUCATION	10% or less	1
HEALTH/PHYSICAL EDUCATION	11% - 20%	1
HEALTH	41% - 60%	1
ENGLISH	11% - 20%	1

Table 11A indicates that no school offers drug education as a separate course. Seven junior high schools and seven high schools integrate drug education into the curriculum. One junior high school does not have a program. According to the principal, "A class that spends a little time on drugs does not constitute a drug education program."



TABLE 11A

PRINCIPALS' RESPONSES TO QUESTION IV, 1  
 (Is drug education offered as a separate  
 course? If no, which course(s) is it  
 offered in?)

TOTAL NUMBER OF SCHOOLS		PERCENTAGE
YES	0	0%
NO	15	100%
TOTAL NUMBER OF SCHOOLS NOT OFFERING DRUG EDUCATION AS A SEPARATE COURSE		PERCENTAGE
JUNIOR HIGH SCHOOLS	8	46.67%
SENIOR HIGH SCHOOLS	7	53.33%

Table 11B indicates that in one high school, 41 to 60 percent of the health class is spent on drugs. Both the teacher and principal agreed on the amount of time that was spent on drugs. Principals indicated that drug education was taught mostly in health and/or physical education classes.

If we compare Table 10B with 11B, it appears that principals perceive drug education as being integrated into more subjects than do teachers. However, that may be a wrong assumption. When teachers were asked to name the courses that drug education was taught in, they usually



named only their own course because that was the only one they felt qualified to talk about. Principals, on the other hand, were in a better position to know more classes where drug education was being taught.

TABLE 11B

## PRINCIPALS' RESPONSES TO QUESTION IV, 2

(Indicate what percent of the course(s)  
is spent on drug education per term.)

DEPARTMENT	PERCENTAGE SPENT ON DRUG EDUCATION	TOTAL NUMBER OF SCHOOLS
<u>JUNIOR HIGH SCHOOLS:</u>		
SOCIAL STUDIES	10% or less	4
SCIENCE	10% or less	3
PHYSICAL EDUCATION	10% or less	2
HEALTH	21% - 40%	1
HEALTH	41% - 60%	1
GUIDANCE	10% or less	1
GUIDANCE	11% - 20%	1
FAMILY LIVING	11% - 20%	1
<u>SENIOR HIGH SCHOOLS:</u>		
SOCIAL STUDIES	10% or less	1
SCIENCE	10% or less	3
HEALTH	10% or less	2
HEALTH	41% - 60%	1
PHYSICAL EDUCATION	10% or less	2
HEALTH/PHYSICAL EDUCATION	10% or less	2
ENGLISH	10% or less	2
SOCIAL SCIENCE	10% or less	1
FAMILY LIVING	10% or less	3
INDEPENDENT STUDY	10% or less	1

### Approaches Used in Drug Education

Table 12 indicates that nine out of fifteen teachers incorporate student led discussions (criterion 4) into the drug education program. In two schools, teachers felt that the drug films they showed their students were good films. One teacher said that although his students did not lead discussions, they did participate in them. This teacher questioned whether or not sixth graders could really lead discussions. Many teachers expressed concern with inviting ex-addicts to come into their classes to speak. In the past, some have come in "stoned." One teacher said that when an ex-addict came into his class "stoned," it worked out really good because the pupils were turned off by his behavior. Three teachers did not use any of the approaches because there were no drug education programs going on in the school.

Table 13 indicates that nine out of fifteen principals feel that teachers incorporate student led discussions into the drug education program. Two principals believed that both good and bad films were being shown to students. One principal added counselors helping kids with drug concerns as an additional approach used in the drug education program. Thirteen principals believed that teachers used

open discussion led by teacher and/or resource person in the drug education program. One principal was unfamiliar with the approaches used. One principal said that there was no drug education program in the school.

TABLE 12

## TEACHERS' RESPONSES TO QUESTION V

(Which of the following are part of your drug education program:

- a. Formal presentations without discussion.
- b. Presentations by ex-addicts and/or drug experts.
- c. Drug films which show only the harmful effects that drugs produce (including marijuana).
- d. Open discussion led by teacher and/or resource person.
- e. Student led discussions (rap sessions).
- f. Others.)

APPROACHES USED IN DRUG EDUCATION	TOTAL NUMBER OF SCHOOLS	PERCENTAGE
a, b, c, d, & e	3	20%
a, b, d, e, & f (good films)	1	6.67%
b, c, d, & e	3	20%
b, d, & e	2	13.33%
d, & f (student participation in discussion & good films)	1	6.67%
b & d	1	6.67%

TABLE 13

## PRINCIPALS' RESPONSES TO QUESTION V

(Which of the following are part of your drug education program:

- a. Formal presentations without discussion.
- b. Presentations by ex-addicts and/or drug experts.
- c. Drug films which show only the harmful effects that drugs produce (including marijuana).
- d. Open discussion led by teacher and/or resource person.
- e. Student led discussions (rap sessions).
- f. Others.)

APPROACHES USED IN DRUG EDUCATION	TOTAL NUMBER OF SCHOOLS	PERCENTAGE
a, b, c, d, e, & f (good films)	2	13.33%
a, b, c, d, & e	2	13.33%
a, d, & f (counselors helping kids with drug concerns)	1	6.67%
b, d, & e	1	6.67%
b, c, & d	1	6.67%
b, d, & f (good films)	1	6.67%
b & d	1	6.67%
d & e	4	26.67%
d & f (sound filmstrips)	1	6.67%

Child's First Intro-  
duction to Drug Education

Table 14 indicates that nine teachers and twelve principals said that drug education was offered to students the first year at the school. In eight of the schools, teachers and principals agreed on the grade level where drug

education was first introduced to the students in their particular schools. If drug education was offered to students their first year at a school, then criterion 5 was being met. Only one teacher and principal knew beyond their own school where drug education was first introduced to the child.

TABLE 14

TEACHERS' AND PRINCIPALS' RESPONSES TO QUESTION VI  
(At what grade is drug education first introduced to the child at your school?)

GRADE LEVEL WHERE DRUG EDUCATION IS FIRST INTRODUCED TO CHILD AS SEEN BY TEACHERS AND PRINCIPALS	
TEACHERS	PRINCIPALS
No Program	9th
No Program	*7th
No Program	*6th
*10th	*10th
*6th	*6th
*10th	Did not know
*10th	*10th
*6th	*6th
*10th	*9th
*9th	*9th
11th	*10th
*6th	*6th
8th	No program
*7th	*7th
*9th	*9th

\* Indicates where drug education is offered to students their first year at the school.



Articulation of Drug Education  
Programs with Other Subjects  
and Grade Levels

Table 15A indicates that only two teachers said that the drug education program was coordinated with programs at other grade levels. One of the teachers who answered "Yes" said that the junior high school spends time on facts and figures while they are concerned with values clarification. It appears from Table 15A that most teachers did not think that drug education programs were coordinated with programs at other schools and/or grade levels.

TABLE 15A

## TEACHERS' RESPONSES TO QUESTION VII, 1

(Is the drug education program that is offered to senior high school students coordinated with the programs offered to pre-high school and/or elementary school students?)

	TOTAL NUMBER OF SCHOOLS	PERCENTAGE
YES	2	13.33%
NO	13	86.67%

Table 15B indicates that eight principals said that drug education programs were coordinated with programs at other grade levels. Two principals said that they were coordinated by health teachers from the elementary, junior,

and senior high schools who developed the program together. One high school principal said that he discussed what happens at the junior high school with his faculty. One principal said that the program was coordinated through the Steering Committee and another principal said it was coordinated through the Drug Education Curriculum Committee. Three principals did not elaborate on their answers.

TABLE 15B

## PRINCIPALS' RESPONSES TO QUESTION VII, 1

(Is the drug education program that is offered to senior high school students coordinated with the programs offered to pre-high school and/or elementary school students?)

	TOTAL NUMBER OF SCHOOLS	PERCENTAGE
YES	8	53.33%
NO	5	33.33%
OTHERS	2	13.33%

One of the principals who answered "others" did so because he did not know if the program was coordinated with the programs in other schools. One principal said that the school did not have a drug education program.

Table 16A indicates that six out of fifteen teachers develop materials for drug education through the joint efforts of human resources from other schools and/or through community resources (criterion 6). Four teachers developed the materials themselves. Two of the teachers who answered "others" said that there were no drug education programs in



the school. The third teacher said that the S.T.R.I.D.E. Program was the only drug education program operating in the school this year.

TABLE 16A

## TEACHERS' RESPONSES TO QUESTION VII, 2

(How were the materials for drug education developed in your school:

- a. Each teacher developed her own (independently).
- b. Through the efforts of school administrators.
- c. Through the joint efforts of human resources contained within own school (students, teachers, administrators, others).
- d. Through joint efforts of human resources from other schools (at various grade levels) and/or community resources.

THE DEVELOPMENT OF MATERIALS FOR DRUG EDUCATION	TOTAL NUMBER OF SCHOOLS	PERCENTAGE
a, b, c, & d	1	6.67%
a & d	4	26.67%
c	2	13.33%
d	1	6.67%
a	4	26.67%
Others	3	20%

Table 16B indicates that seven out of fifteen principals believe that teachers develop materials for drug education through the joint efforts of human resources from other schools and/or through community resources (criterion 6). Only one principal said that each teacher developed the



materials independently. One of the principals who answered "others" said that there was no drug education program in the school. The other principal did not know how the materials were developed.

TABLE 16B

## PRINCIPALS' RESPONSES TO QUESTION VII, 2

(How were the materials for drug education developed in your school:

- a. Each teacher developed her own (independently).
- b. Through the efforts of school administrators.
- c. Through the joint efforts of human resources contained within own school (students, teachers, administrators, others).
- d. Through joint efforts of human resources from other schools (at various grade levels) and/or community resources.)

THE DEVELOPMENT OF MATERIALS FOR DRUG EDUCATION	TOTAL NUMBER OF SCHOOLS	PERCENTAGE
a, b, c & d	3	20%
b, c, & d	1	6.67%
a, c, & d	2	13.33%
b & c	1	6.67%
a & b	1	6.67%
c & d	1	6.67%
a & c	1	6.67%
d	1	6.67%
c	1	6.67%
a	1	6.67%
Others	2	13.33%

Evaluation of Drug  
Education Program

Table 17A indicates that only four teachers said that the drug education program had been evaluated. One out of the four said that the evaluation involved parents, students, and teachers (criterion 7). Ten out of fifteen teachers said that the drug education program had not been evaluated. Two out of the ten teachers said that there were no drug education programs going on in the school. Another teacher who reported no evaluation said only the S.T.R.I.D.E. Program was operating in the school this year. The one teacher who was placed in "other" did not know if the program had been evaluated.

TABLE 17A

TEACHERS' RESPONSES TO QUESTION VIII  
(Has the school attempted to evaluate its  
drug education program? If yes, who was  
involved in the evaluation and how was  
it evaluated?)

	TOTAL NUMBER OF SCHOOLS	PERCENTAGE
YES	4	26.67%
NO	10	66.66%
OTHERS	1	6.67%

TABLE 17A Continued

HOW IT WAS EVALUATED	TOTAL NUMBER OF SCHOOLS
As part of regular course (students & teachers involved)	2
A pre and post test was given to find out what was retained (students & teachers involved)	1
Verbal feedback from parents, teachers, and students	1

Table 17B indicates that five principals said that the drug education program had been evaluated. Only two out of the five said that parents, students, and teachers were involved in the evaluation (criterion 7). The teacher who reported that parents, students, and teachers were involved in evaluating the drug education program was not from either of the schools where the principals reported the same kind of evaluation.

Of the nine principals reporting no evaluation, one said that there was no drug education program in the school. The principal whose response was placed in "others" said that the only evaluation he was familiar with was the one done as part of the S.T.R.I.D.E. Program. This principal was not from the same school where a teacher reported that S.T.R.I.D.E. was the only drug education program going on in the school.

TABLE 17B

PRINCIPALS' RESPONSES TO QUESTION VIII  
 (Has the school attempted to evaluate its drug  
 education program? If yes, who was involved in  
 the evaluation and how was it evaluated?)

TOTAL NUMBER OF SCHOOLS		PERCENTAGE
YES	5	33.33%
NO	9	60%
OTHERS	1	6.67%
HOW IT WAS EVALUATED	TOTAL NUMBER OF SCHOOLS	
As part of regular course (students & teachers involved)	1	
A pre and post test was given to find out what was retained (students & teachers involved)	1	
Open discussions by students and teacher	1	
Verbal feedback from parents, teachers, and students	2	

TEACHERS' AND PRINCIPALS' PARTICIPATION IN  
 DRUG INFORMATION PROGRAMS AND THE  
 SUCCESS OF DRUG EDUCATION PROGRAMS

Table 18 indicates that there is little difference in the number of criteria utilized in drug education programs in schools where teachers and/or principals participated in a drug information program. In one school where neither the teacher nor principal participated in a

drug information program, they both perceived the same criteria being utilized in the school's drug education program. One teacher who did participate in a drug information program said that there was no drug education program going on in the school. However, the principal, who had attended the same type of program as the teacher, said that the drug education program in the school utilized six out of the seven criteria.

It appears that regardless of whether or not principals and teachers participated in drug information programs, criterion number 3 was utilized in the schools' drug education programs.

#### DRUG USAGE WITHIN THE SCHOOL

Table 19A indicates that nine out of fifteen teachers said that some attempt has been made in the schools to find out how widespread drug usage is. Two teachers who reported "Yes" said that a class put together a survey this year but the results were not yet known. Four teachers said that a survey was done about a year ago by some students and there was a survey published by The State Journal about a year ago. One teacher said that two security guards were placed in the halls to look for students using and selling drugs.

TABLE 18

TEACHERS' AND PRINCIPALS' PARTICIPATION IN  
DRUG INFORMATION PROGRAMS AND THE  
SUCCESS OF DRUG EDUCATION PROGRAMS

ID NUMBER OF SCHOOL	TEACHER (T) PRINCIPAL (P)	CRITERIA							TOTAL	PARTICIPATION IN DRUG INFORMATION PROGRAM
		1	2	3	4	5	6	7		
9	T			x		x			2	Yes
	P	x		x		x	x		4	Yes
15	T			x	x	x	x		4	No
	P			x	x	x	x		4	No
7	T			x	x		x		3	Yes
	P			x	x	x			3	Yes
10	T			x		x			2	No
	P	x		x	x	x	x		5	Yes
11	T			x	x	x			3	Yes
	P			x		x	x		3	Yes
12	T			x	x		x		3	Yes
	P			x	x	x	x		4	Yes
5	T			x	x	x	x		4	Yes
	P			x					1	Yes
14	T			x	x	x	x		4	Yes
	P			x	x	x			3	Yes
18	T								0	Yes
	P	x		x	x	x	x	x	6	Yes
3	T		x	x		x			3	No
	P			x	x	x			3	No
13	T			x	x	x	x		4	Yes
	P	x	x	x		x	x	x	6	Yes
8	T			x	x	x		x	4	Yes
	P			x	x	x			3	No



TABLE 18 Continued

ID NUMBER OF SCHOOL	TEACHER (T) PRINCIPAL (P)	CRITERIA							TOTAL	PARTICIPATION IN DRUG INFORMATION PROGRAM
		1	2	3	4	5	6	7		
4	T			x	x				2	Yes
	P								0	Yes
19	T								0	Yes
	P			x		x			2	Yes
17	T								0	Yes
	P	x		x	x				3	Yes

TABLE 19A

## TEACHERS' RESPONSES TO QUESTION IX

(Has there been any attempt made to discover  
how widespread drug usage is in your school?)

	TOTAL NUMBER OF RESPONSES	PERCENTAGE
YES	9	60%
NO	6	40%

One teacher said that information about students who use drugs is gotten from interviews with counselors and students. Another teacher said that information about

students who use drugs is gotten through the Drug Education Center's (DEC) coping group. Young people from the middle schools and high schools in the Lansing area with drug related problems meet for counseling. The people from the DEC help these young people to cope with their problems.

Several teachers said that the drug problem had improved over the past few years. They felt that the problem was only with marijuana now. One junior high school teacher said that drug usage was not very widespread at his school. There was just a little experimentation with soft drugs. One teacher who had said that the S.T.R.I.D.E. Program was the only drug education program in the school this year, felt that there was definitely a drug problem in the school.

Table 19B indicates that nine out of fifteen principals said that some attempt has been made in the schools to find out how widespread drug usage is. Seven out of the nine principals said that a survey had been done by some reporters from The State Journal and the results were published in the paper about a year ago. Some students had also done a survey about a year ago as part of a class project. Two principals said that they kept tabs on students by information reported to them from administrators and staff.

TABLE 19B  
 PRINCIPALS' RESPONSES TO QUESTION IX  
 (Has there been any attempt made to discover  
 how widespread drug usage is in your school?)

	TOTAL NUMBER OF RESPONSES	PERCENTAGE
YES	9	60%
NO	6	40%

Two principals said that although there had not been any attempt made to discover how widespread drug usage was in their schools, they do get some informal input from students and counselors.

Four principals said that the drug problem had decreased. Two felt that students had been saturated with information about drugs. Most of the principals agreed that marijuana and alcohol were still a problem but students were no longer "dropping" pills. One principal indicated that drug usage was minor in the school. "Only the poor whites, the Spanish students, and a few Blacks dropped pills." This was the same principal who previously told the researcher that there was no drug education program in the school because drugs were not a problem.

One principal said that marijuana was still a problem in the school but he did not feel that smoking marijuana constituted a problem. One principal found it difficult to define a drug problem since he saw the problem

going much deeper than just using drugs. A few principals indicated "that as long as one student uses drugs, we have a drug problem."

In one high school where students are required to take a health course where 50 percent of the course is concerned with drugs, the principal questioned whether or not drug classes did any good. He felt that in a few cases, they bring drugs to the attention of someone who otherwise may not be aware of them.

### Summary

Chapter IV presented and analyzed the research findings. Chapter V will summarize the research, present the conclusions, give the implications of the study, and make recommendations for future research.

## CHAPTER V

### SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

#### Introduction

This chapter summarizes the research problem, presents the conclusions, gives the implications of the study, and makes recommendations for future research.

#### SUMMARY

There have been no prior attempts made to establish criteria upon which any systematic evaluation of drug education programs could be based. The purposes of this study were twofold. First, from reading the literature and interviewing experts in the field, the researcher was able to set up common criteria for evaluating drug education programs. Secondly, the researcher found out how closely drug education programs from selected schools fit into the criteria that were set up. The research in this study tested the following hypotheses:

1. There are no significant differences in the number of criteria utilized in drug education programs from selected urban, suburban, and rural junior and senior high schools.
2. There are no significant differences in the number of criteria utilized in drug education programs from selected junior and senior high schools.
3. There are no significant differences in the number of criteria utilized in drug education programs as perceived by teachers and principals from selected junior and senior high schools.

The research data provided answers to the following questions:

1. To what degree have drug education programs from selected schools been successful as measured by the criteria?
2. What criteria are not being incorporated into the drug education programs?

3. What are the commonalities in the drug education programs from selected schools?
4. Does the participation by teachers and/or principals in some type of drug information program increase the number of criteria utilized in the schools' drug education program?

The sample consisted of eight junior and seven senior high schools in Ingham County. The principal and a teacher who taught drug education from each of the schools were interviewed. The questionnaire was given via a personal interview. Two numerical scores were computed for each school's drug education program. One score was tabulated from teachers' perception of the program while the other score was tabulated from principals' perception of the program. Each time that the responses to questions II through VIII indicated that the school utilized one of the criterion in its drug education program, the program received one point. A total score of seven points, with seven being the highest number of points possible to obtain, indicated that the school's drug education program utilized all of the criteria that were essential to a successful program. A breakdown of





the scores for each school's drug education program was presented according to the number of criteria utilized in each program as perceived by teachers and principals. Also, a breakdown of how the respondents answered each question on the questionnaire was presented. At the end of the interview, an open-ended question was asked (Question IX) to find out the severity of the drug problem in the schools.

The following criteria were set up for measuring the degree of success of drug education programs:

#### INVOLVEMENT

1. There should be a cooperative effort between parents, students, teachers, school officials, law enforcement officers, and other segments of the community in the planning and implementing of a drug education program. Young people MUST be involved in all aspects of the program.

#### TRAINING

2. Teachers wishing to teach drug education classes must first go through a training program so that they become knowledgeable and familiar about drugs and drug abuse behavior.

DIFFUSION

3. Drug education should be integrated into all appropriate areas of study and should become a part of the school's ongoing curriculum.

HUMANISM

4. The humanistic approach should be used in drug education programs. In this approach, the emphasis is on WHY people use drugs rather than on the drugs they are using.

EARLY INTRODUCTION

5. Drug education should be introduced to the child as early as kindergarten and continued through the twelfth grade.

ARTICULATION

6. Drug education programs should be articulated with programs at other grade levels, as well as with other subjects to avoid repetition in learning and to assure that the learning experience is a progressive and continuous one.

EVALUATION

7. There must be an ongoing evaluation of the program to determine its effectiveness. The

best mechanism for evaluating such a program is feedback from students, teachers, parents, and community.

### CONCLUSIONS

The researcher has drawn from this study the following conclusions about the differences in the number of criteria being utilized in drug education programs from selected schools:

1. There are no significant differences in the number of criteria utilized in drug education programs from selected urban, suburban, and rural junior and senior high schools.
2. There are no significant differences in the number of criteria utilized in drug education programs from selected junior and senior high schools.
3. There are no significant differences in the number of criteria utilized in drug education programs as perceived by teachers and principals from selected junior and senior high schools.

We were unable to reject the null hypotheses at the .05 level of confidence. As far as the number of criteria utilized in drug education programs from selected schools in Ingham County, there were no significant differences found.

As a result of the findings of this study, the researcher found answers to the following questions:

1. TO WHAT DEGREE HAVE DRUG EDUCATION PROGRAMS FROM SELECTED SCHOOLS BEEN SUCCESSFUL AS MEASURED BY THE CRITERIA?

None of the schools' drug education programs utilized all seven criteria. It appears that principals perceive drug education programs as meeting more of the criteria than do teachers.

2. WHAT CRITERIA ARE NOT BEING INCORPORATED INTO THE DRUG EDUCATION PROGRAMS?

Teachers and principals agree that criteria numbers 1, 2, & 7 are incorporated least into the schools' drug education programs.

3. WHAT ARE THE COMMONALITIES IN THE DRUG EDUCATION PROGRAMS FROM SELECTED SCHOOLS?

Drug education programs from selected schools in Ingham County have the following commonalities:

- a. Teachers and administrators are the personnel most involved in the planning of the program.

- b. Teachers are not required to have special training before teaching drug education.
  - c. Drug education is offered as part of the curriculum. It is usually taught as part of health and/or physical education classes. Less than 10 percent of the course is spent on drug education per term.
  - d. In most schools student lead discussions are incorporated into the program.
  - e. In most schools, drug education is offered to students their first year in school.
  - f. Drug education programs are not coordinated with programs at other grade levels or with other subjects.
  - g. Teachers develop own materials for drug education.
  - h. Little attempt is made to evaluate drug education programs.
4. DOES THE PARTICIPATION BY TEACHERS AND/OR PRINCIPALS IN SOME TYPE OF DRUG INFORMATION PROGRAM INCREASE THE NUMBER OF CRITERIA UTILIZED IN THE SCHOOLS' DRUG EDUCATION PROGRAM?

There appears to be little difference in the number of criteria utilized in drug education programs in schools where teachers and/or principals participated in a drug information program. Regardless of whether or not teachers and principals participated in drug information programs, criterion number 3 was utilized in the schools' drug education programs.



## IMPLICATIONS OF THE STUDY

The criteria developed by this researcher to evaluate the success of drug education programs in selected schools tend to be supported by the data from this study. Schools where teachers and principals perceive the drug education program as being successful tend to be schools which utilized more of the criteria in their schools' drug education programs.

Although there were no significant differences found in the number of criteria utilized in drug education programs according to geographic location, type of school, and teachers' and principals' perceptions of the program, the researcher found that principals perceived drug education programs as being more successful than did teachers.

Most teachers were concerned about drug abuse among young people and were willing to admit that a drug problem existed in the schools. Principals, on the other hand, were anxious to make it known that there was no drug problem in their schools.

The data indicates that criterion 3 (integrated into all appropriate areas) was utilized in most drug education programs. However, when one considers that only a little class time had to be devoted to drug related topics in order for drug education programs to utilize

criterion 3, it did not take much for schools (10-20% of class time) to meet this criterion. Ideally, drug related topics should be integrated into all appropriate areas of the curriculum.

In an unreleased publication of a study of drug abuse prevention education in Michigan schools done by the Michigan State Department of Education in 1971-1972, it was found that students and parents were the least involved in planning and conducting drug education programs. This supports what was found by this researcher. Teachers and administrators were the personnel most involved in the planning of the program. In most instances, the researcher found that teachers who taught drug education did not know who planned the drug education program. Another finding of the study done on Michigan schools in 1971-1972 was that there was no person to coordinate the schools' drug education programs. This researcher found that very few schools had a Coordinator for Drug Education. In the few schools that did have a coordinator, he was usually the teacher who taught drug education in the school. The position of Coordinator is so time consuming that it should be assigned to someone who can devote full time to it.





Another finding in the 1971-1972 study was that there was a need for trained teachers in drug education. Although this researcher found that most teachers had participated in some type of drug information program, it did not provide teachers with enough training to make them knowledgeable about drugs and drug abuse behavior.

#### RECOMMENDATIONS FOR FUTURE RESEARCH

A longitudinal study should be done on students from selected junior and senior high schools in Ingham County to find out if drug education programs have any impact.

A similar study might be done in other counties to find out if the findings from this study can be generalized to schools in other counties.

A study should be conducted among middle school and senior high school students to determine their reactions to drug education programs in selected schools.

This same study might be done in other school districts and at other grade levels to find out the degree of success of drug education programs as measured by the criteria.

A comparative study might be conducted among teachers with varying backgrounds to see if there is any

correlation between type of training and the number of criteria utilized in drug education programs.

### Summary

Chapter V summarized the research problem, presented the findings, gave the implications of the study, and reported recommendations for future study.

## APPENDICES

## APPENDIX A



## QUESTIONNAIRE

The following questions were asked during a personal interview:

- I. Does your school have a drug education (or substance abuse) program?

YES NO

1. If NO, why doesn't it?

- a. No money set aside for such a program.
- b. There is no drug problem in the school.
- c. No interest in starting a program.
- d. Others

- II. Who was involved in the planning of this drug education program:

- a. Students
- b. School (teachers, counselors, administrators, others)
- c. Community (parents, law enforcement officials, social workers, community agencies, others)
- d. Others

- III. Are teachers required to go through a special workshop or training program before they teach drug education classes?

YES NO

1. If YES, what type of training did they have?

- a. S.T.R.I.D.E. Program
- b. State Regional Workshops
- c. In-service days where consultants from the community come in to speak
- d. Special college or university training (affectiveness training)
- e. Others





2. (To be asked to principals) Have you participated in the S.T.R.I.D.E. Program or other workshops or training programs?

YES NO

- 2a. If NO, why?

Explain

- IV. Is drug education offered as a separate course?

YES NO

1. If NO, which course(s) is it offered in:

- a. Health
- b. Physical Education
- c. Science
- d. Social Studies
- e. English
- f. Family Living (Home Economics)
- g. Independent Study
- h. Others

2. For each of the course(s) checked, indicate what percent of the course(s) is spent on drug education per term:

- a. 10% or less
- b. 11% - 20%
- c. 21% - 40%
- d. 41% - 60%
- e. More than 60%

- V. Which of the following are part of your drug education program:

- a. Formal presentation without discussion.
- b. Presentations by ex-addicts and/or drug experts.
- c. Drug films which show only the harmful effects that drugs produce (including marijuana).
- d. Open discussion led by teacher and/or resource person.
- e. Student led discussion (rap sessions).

- VI. At what grade is drug education first introduced to the child? (In this school)



- a. Kindergarten
- b. First
- c. Second
- d. Third
- e. Fourth
- f. Fifth
- g. Sixth
- h. Junior High School (includes sixth grade in some cases)
- i. Senior High School
- j. Uncertain

VII. Is the drug education program that is offered to senior high school students coordinated with the programs offered to pre-high school and/or elementary school students?

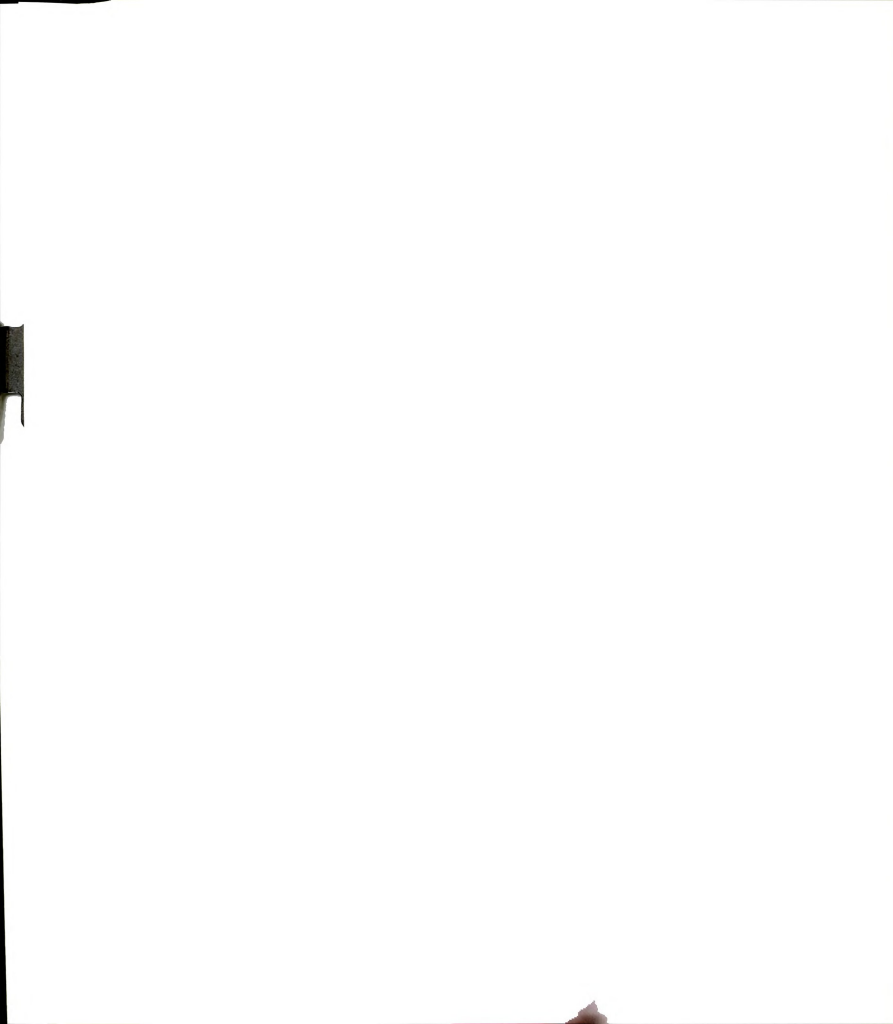
YES NO

1. How were the materials for drug education developed in your school?
  - a. Each teacher developed her own.
  - b. Through the efforts of school administrators.
  - c. Through the joint efforts of human resources contained within your school (Students, teachers, administrators).
  - d. Through joint efforts of human resources from other schools and/or community.

VIII. Has the school attempted to evaluate its drug education program?

YES NO

1. If YES, who was involved in the evaluation?
  - a. Students
  - b. School (teachers, administrators, counselors)
  - c. Community (parents, law enforcement officials, social workers, community agencies, others).
  - d. Others
2. How was it evaluated?
  - a. Survey (questionnaire)
  - b. Interview
  - c. Open discussions
  - d. Others



IX. Has there been any attempt made to discover how widespread drug usage is in your school?

YES

NO

1. If YES, explain. (how, when, and results)
2. Do you think there is a drug problem in your school?



## APPENDIX B

## COMPUTATIONS

One-Way Analysis of Variance

3 Treatments:

Urban  
Suburban  
Rural

SOURCE	SS	df	Ms	F
Between Group	df x MS 12	3 - 1 2	$\frac{12}{2} = 6$	$\frac{MS_E}{MSw} = \frac{6}{2.29}$
Within Group	df x MS 61.74	30 - 3 27	2.29	

$$F = \frac{MS_B}{MSw} = 2.620$$

TABLED F = 3.35

Two-Sample t-Test

Junior High School v. High School

$$t = \frac{\bar{X}_1 - \bar{X}_2 - (u_1 - u_2)}{\sqrt{s_p^2 \left( \frac{1}{N_1} + \frac{1}{N_2} \right)}}$$

$$\sqrt{s_p^2 \left( \frac{1}{N_1} + \frac{1}{N_2} \right)}$$

$$\frac{2.69 - 3.21}{\sqrt{5.52 \left( \frac{1}{8} + \frac{1}{7} \right)}} = \frac{-.52}{\sqrt{5.52 \left( .125 + .143 \right)}}$$

$$\frac{-.52}{\sqrt{5.52 \left( .268 \right)}} = \frac{-.52}{1.22}$$

$$t = -.43$$

TABLE T = 1.771





t-Test for Matched Pairs

All Teachers v. All Principals

P-T	$\Sigma d^2$	
4-2	(2) <sup>2</sup>	4
4-4	0	0
3-3	0	0
5-2	3	9
3-3	0	0
4-3	1	1
1-4	-3	9
3-4	-1	1
6-0	6	36
3-3	0	0
6-4	2	4
3-4	-1	1
0-2	-2	4
2-0	2	4
3-0	3	9
	<u>12</u>	<u>82</u>

$$\bar{d} = \frac{12}{15} = .8$$

$$Sd = \sqrt{\frac{15.82}{N(N-1)}} = \sqrt{\frac{15.82 - 144}{15(14)}}$$

$$Sd = \sqrt{5.17}$$

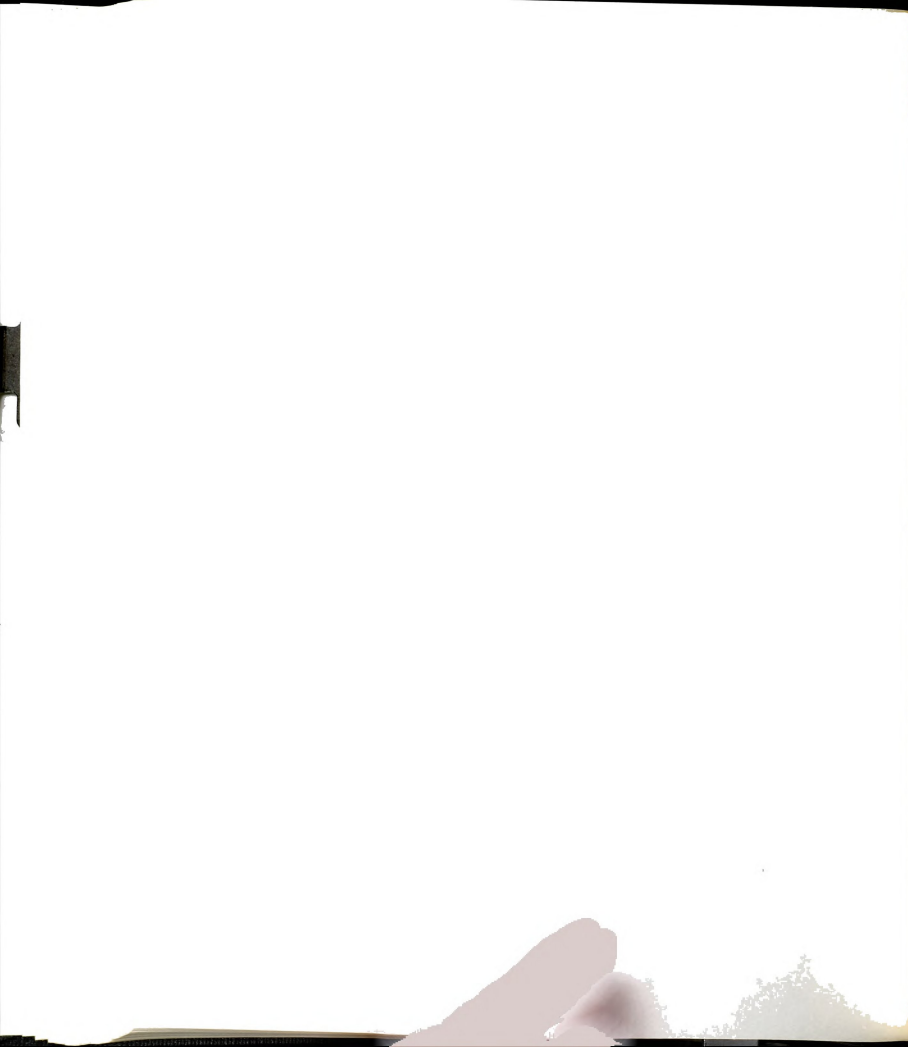
$$Sd = 2.27$$

$$t = \frac{\bar{d} - U_d}{\frac{Sd}{\sqrt{n}}} = \frac{.8 - 0}{\frac{2.27}{\sqrt{15}}} = \frac{.8}{2.27} = \frac{.8}{3.87}$$

$$t = \frac{.8}{.587}$$

$$t = 1.363$$

$$\text{TABLED } t = 1.753$$



## APPENDIX C



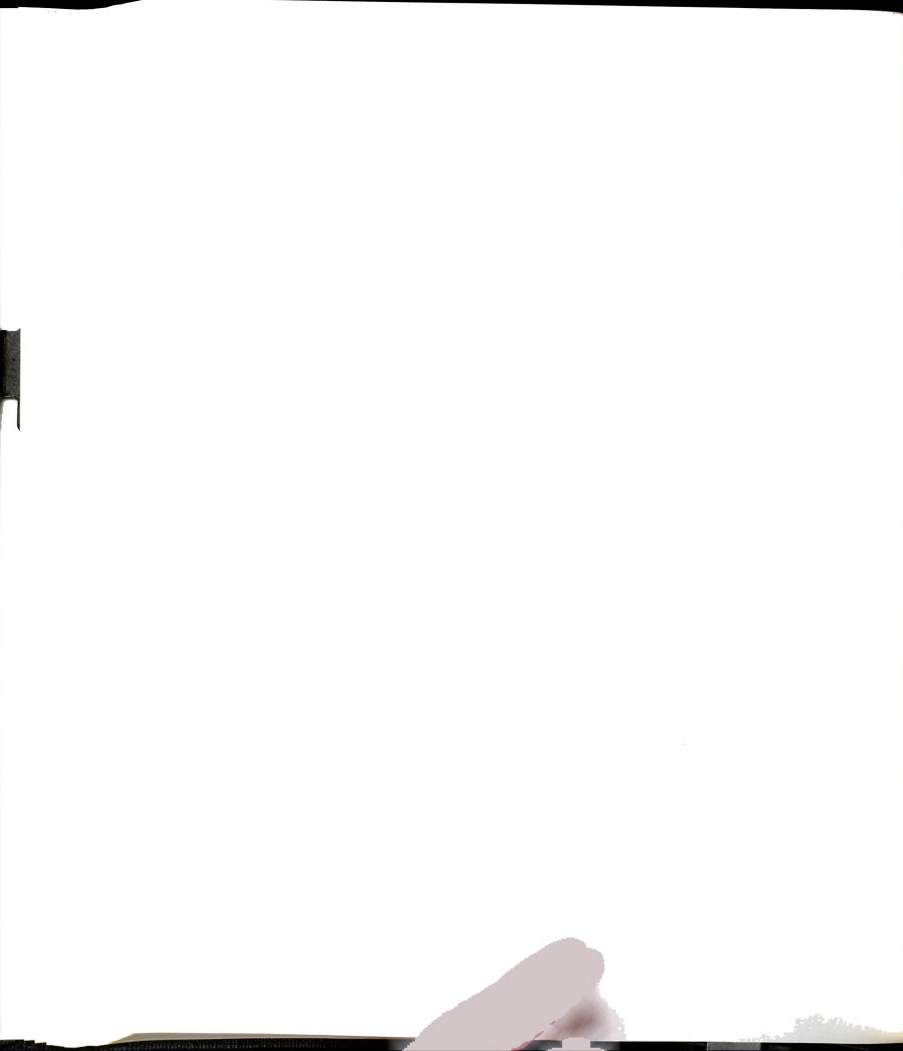
JUNIOR AND SENIOR HIGH SCHOOLS  
IN INGHAM COUNTY

I.	EAST LANSING SCHOOL DISTRICT	Suburban
	1. East Lansing Senior High School	9 - 12
	2. John A. Hannah Middle School	6 - 8
	3. C. E. MacDonald Middle School	6 - 8
II.	DANSVILLE SCHOOL DISTRICT	Rural
	1. Dansville Agricultural School	7 - 12
III.	HASLETT SCHOOL DISTRICT	Rural
	1. Haslett High School	9 - 12
	2. Haslett Junior High School	6 - 8
IV.	HOLT SCHOOL DISTRICT	Rural
	1. Holt Senior High School	9 - 12
	2. Holt Junior High School	7 - 8
V.	LANSING SCHOOL DISTRICT	Urban
	1. Eastern High School	10 - 12
	2. Everett High School	10 - 12
	3. Harry Hill High School	10 - 12
	4. J. W. Sexton High School	10 - 12
	5. Dwight Rich Junior High School	7 - 9
	6. Gardner Junior High School	7 - 9
	7. Harry Pattengill Junior High School	7 - 9
	8. O. W. Otto Junior High School	7 - 9
	9. Walter French Junior High School	7 - 9
VI.	LANSING - P.O.	Suburban
	1. Waverly-East Junior High School	6 - 7
VII.	LESLIE SCHOOL DISTRICT	Rural
	1. Leslie High School	10 - 12
	2. Leslie Junior High School	7 - 9



VIII.	MASON SCHOOL DISTRICT	Rural
	1. Mason High School	10 - 12
	2. Mason Junior High School	7 - 9
IX.	OKEMOS SCHOOL DISTRICT	Suburban
	1. Okemos High School	9 - 12
	2. Okemos Kinawa Junior High School	6 - 8
X.	STOCKBRIDGE SCHOOL DISTRICT	Rural
	1. Stockbridge High School	9 - 12
	2. Stockbridge Junior High School	7 - 8
XI.	WEBBERVILLE SCHOOL DISTRICT	Rural
	1. Webberville Junior & Senior High School	5 - 12
XII.	WILLIAMSTON SCHOOL DISTRICT	Rural
	1. Williamston High School	9 - 12
	2. Williamston Junior High School	6 - 8





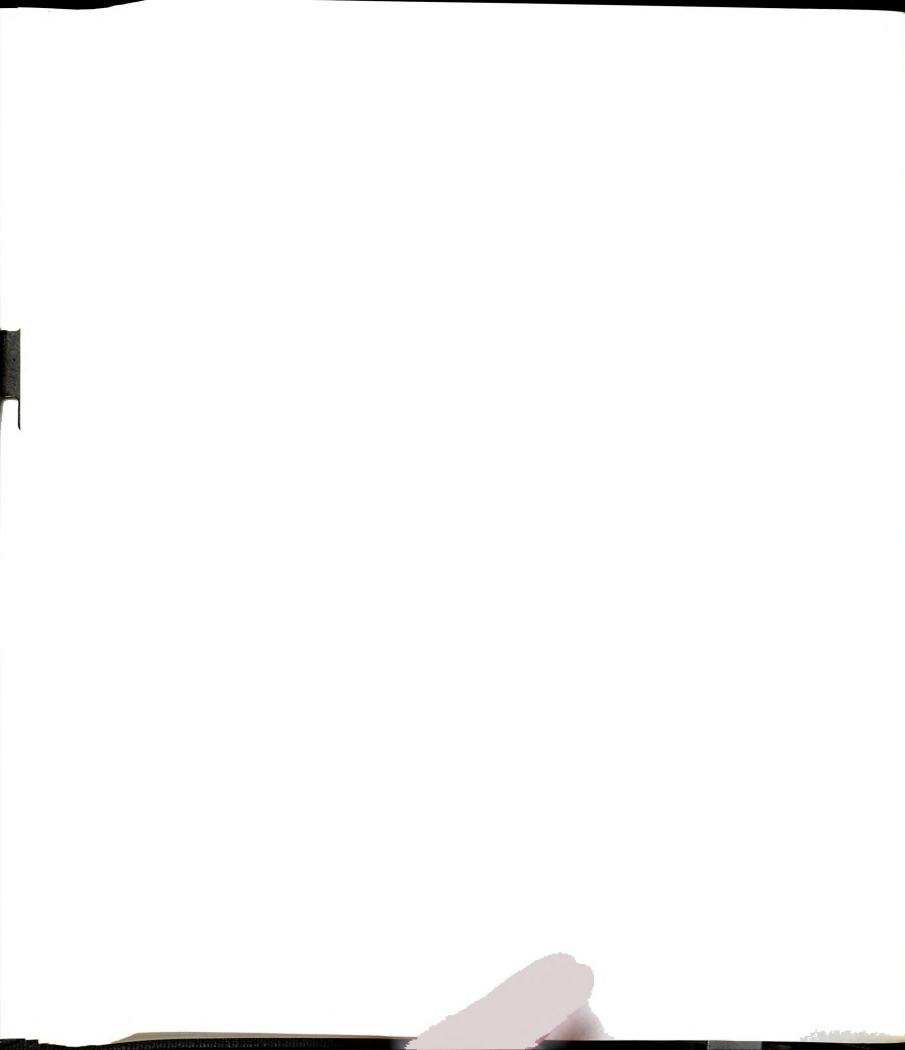
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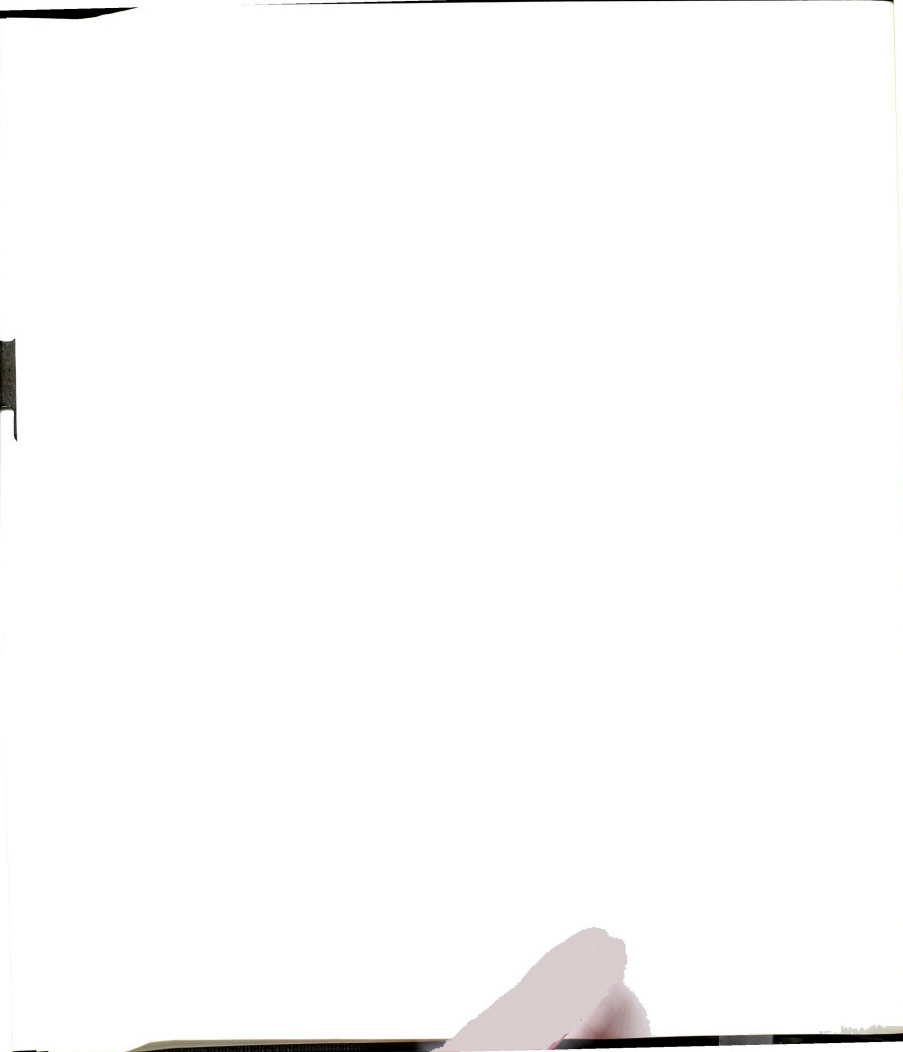
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