



CORNACCHIA • SMITH • BENTEL

SECOND EDITION

DRUGS IN THE CLASSROOM

A conceptual model for
school programs

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HAROLD J. CORNACCHIA, Ed.D.

Professor of Health Education, San Francisco University,
San Francisco, California

DAVID E. SMITH, M.D.

Associate Clinical Professor of Toxicology, Department of
Pharmacology, University of California Medical Center;
Founder and Medical Director, Haight-Ashbury Free
Medical Clinic, San Francisco, California

DAVID J. BENTEL, D.Crim.

Assistant Professor of Sociology, California State
University, Fresno, California

SECOND EDITION

THE C. V. MOSBY COMPANY

SAINT LOUIS 1978

SECOND EDITION

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Printed in the United States of America

Distributed in Great Britain by Henry Kimpton, London

The C. V. Mosby Company
11830 Westline Industrial Drive, St. Louis, Missouri 63141

Library of Congress Cataloging in Publication Data

Cornacchia, Harold J
Drugs in the classroom.

Includes bibliographies and index.

1. Drug abuse—Study and teaching—United States. 2. Alcoholism—Study and teaching—United States. I. Bentel, David J., joint author.

II. Smith, David Elvin, 1939- joint author.

III. Title. [DNLM: 1. Drug abuse—In infancy and childhood. 2. Drug abuse—Prevention and control. 3. Health education. 4. School health. WM270 C812d]

HV5808.C6 1977 375'.362'290973 77-22968

ISBN 0-8016-1043-5

GW/CB/CB 9 8 7 6 5 4 3 2 1

DRUGS IN THE CLASSROOM

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Remember when HIPPIE meant big in the hips,
and a TRIP involved travel in cars, planes or ships?
When POT was a vessel for cooking things in,
and HOOKED was what grandmother's rug may have been?
When FIXED was a verb that meant mend or repair,
and NEAT meant well organized, tidy and clean,
and GRASS was a ground cover, normally green?
When lights and not people were SWITCHED ON and off,
and THE PILL might have been what you took for a cough?

When GROOVY meant furrowed with channels and hollows,
and BIRDS were winged creatures like robins and swallows?
When FUZZ was a substance, fluffy like lint,
and BREAD came from bakeries and not from the mint?
When ROLL meant a bun and ROCK was a stone,
and HANGUP was something you did with the 'phone?
When CHICKEN was poultry, and BAG meant a sack,
and JUNK trashy cast-offs and old bric-a-brac?

When CAT was a feline, a kitten grown up,
and TEA was a liquid you drank from a cup?
When a SWINGER was someone who swings in a swing,
and a PAD was a sort of cushiony thing?
When WAY OUT meant distant, and far, far away,
and a man wouldn't sue you for calling him GAY?

Words once so sensible, sober and serious
are making the freak-scene like psycho-delirious.

It's groovy, man, groovy, but English it's not.
Methinks that the language has gone straight to pot.

TSR
(Source unknown)

Preface

Schools continue to be expected to help resolve the youth drug problem that exists in the United States today despite indications that drug use may be leveling off, although it is not diminishing. It is estimated that approximately 60% to 90% of young people have used alcoholic beverages; 32% to 72%, tobacco (a million new teen-age smokers yearly); 14% to 64%, marijuana; 3% to 21%, LSD; and 2% to 6%, heroin. Drugs are being used at earlier ages by young people. In addition, 750 aspirin pills are used and \$225 is spent each year on legal drugs for every man, woman, and child.

The beneficial effects of drug education in schools at the present time are unknown. This conclusion is supported by evidence from a variety of sources including an unpublished survey of state drug education coordinators we conducted in 1976. Although many programs have introduced a variety of approaches that show promise of student impact, including values clarification and mental health or affective education that focuses on self-concept, decision-making, and communication skills, the evidence in their support is not clearly defined or conclusive. Actually, education has been considered in disrepute by a variety of individuals. Several studies have revealed that cognitive or knowledge program emphasis may lead to increased drug use.

Helen Nowlis, Office of Education, one of the national leaders in the drug field, has stated that drug education has not been given a fair chance to be successful in the nations' schools. We agree with her statement. We believe that the failure is due to numerous reasons, some of which have been

identified by the Education Research Service (1975) to be lack of (1) definition of drug education, (2) reasonable and achievable goals, (3) functional and model approaches, and (4) use of evaluation procedures. This book has been prepared to assist with the resolution of such problems.

Schools have been faced with the dilemma of trying to provide viable programs with limited funds (which appear to be diminishing in both federal and state support), uncreative approaches, and inadequate guidelines and models for use in determining appropriateness, adequacy, or impact. Our identification of these needs led to the discovery of the existence of numerous difficulties in the development, organization, implementation, and evaluation of drug programs. Recognition of these problems resulted in the writing of this book the purpose of which is to introduce a *conceptual model of a multidimensional, differential, school drug program* designed to meet the needs of the variety of student drug users and abusers as well as nonusers. It is an approach that should prove useful to all school personnel in their attempt to attack the youth drug problem. Since the first edition was produced, many of its suggestions have been utilized in schools. However, programs continue to be partial, incomplete, and inadequately funded and frequently do not meet student needs. Greater attention to the *conceptual model* outlined herein must be given consideration.

The focus in this text is on preventive aspects (advocated by the National Institute on Drug Abuse) of the drug problem for kindergarten through grade 12 and includes behavioral objectives for drug education. The

guidelines introduced are threefold in nature: education, identification and assistance for drug misusers and abusers, and suggested ways to modify the school atmosphere to make it more conducive to learning. This volume should help schools to resolve the dilemma they are now facing by providing desperately needed directions.

Many activities and changes in drug education in recent years at national, state, and local levels have not resulted in preventive programs. Thus, we have synthesized and organized the most promising demonstrations, approaches, and information to provide functional solutions to school problems. This book is an effort to provide a total approach to drugs, a *conceptual model*. The information is usable for preservice and in-service teachers, administrators, counselors, nurses, and other school personnel at all grade levels. The guidelines that have emerged come from a comprehensive review of the latest data available in the literature, an array of school programs in operation, the vast experiences of federal, state, and local leaders, and our own extensive exposure to an involvement in the drug scene.

This second edition has been completely updated with current statistical data, new program illustrations, references and materials, and additional approaches being used in schools. It includes attention to the increasing alcoholism problem as well as to mental health or affective education, alternative education and activities, and peer and cross-age counseling and tutoring.

In addition to school use, this book should be valuable for community organizations, including parents. It will help them understand the school drug program and encourage them to initiate action for the development of such programs. School programs should not be developed in isolation from community programs, since drugs affect and are used by all people in varying ways and degrees. The greatest impact on students will undoubtedly be achieved through coordinated efforts of the school and the community.

Teachers, nurses, or other school personnel will find this text a valuable resource to

have available for use in the instructional program and in other ways. Counselors will find it helpful in dealing with drug abusers. Administrators will find it useful in handling numerous administrative problems in conjunction with drug problems of youth. Curriculum directors will find guidelines for the development of curriculums and teaching units. Some additional features of the text include the following:

1. Utilization of current curriculum ideology, including the concept, needs, and behavior approaches
2. Identification of clearly defined, achievable, and measurable behavioral goals at the primary, intermediate, junior high, and senior high school levels as categorized in the cognitive, attitude, and action domains
3. Over 400 teaching techniques gathered from the review of more than 60 curriculum guides and other sources and grouped under these four headings: alcohol, drugs, tobacco, and psychic-social-spiritual
4. More than 100 sources of education materials including 15 newsletters, 17 professional journals, and a variety of textbooks usable in grades 1 to 12
5. Films and filmstrips recommended for use by the National Coordinating Council on Drug Education and other audiovisual materials
6. A variety of illustrative evaluative instruments that may be used, or adapted, for local situations, including a quantitative-qualitative device to assess the total school drug program
7. Physical and behavioral signs and symptoms of drug abusers and suggested procedures for aiding these young people
8. Guidelines for the development of policies and procedures in terms of sale, use, and possession of drugs in schools

Although the main emphasis in the volume is on the *conceptual model* of a school drug program and its implementation, the early chapters provide fundamental information about the school dilemma and the drug scene. Such background is necessary to better understand the program that has been introduced. It is also useful for the classroom teacher.

Part one covers the dilemma faced by the

schools. Part two discusses the drug scene: a current synthesis of pharmacological, psychological, and sociological aspects of drugs; rehabilitation and treatment resources; and the law and law enforcement procedures. In Part three is found a *conceptual model* of the school drug program, which includes (1) formal and informal drug education with specific suggestions for curriculum development and practical ideas (values clarification, decision-making, mental health) for use by classroom teachers, (2) drug services to identify drug abusers and procedures for helping these students, (3) school atmosphere needed to understand student unrest, what to do about the physical and emotional needs of students, and provision for humanism in the school, and (4) coordination of the school drug program necessary for an administrative structure to de-

velop policies and procedures, to conduct in-service programs, and for other purposes. Part four provides evaluation guidelines and suggestions for use by teachers, administrators, and others, with illustrative procedures.

The reader must be aware that drugs are a problem of people and not of substances. Therefore, understanding of the individual as an organismic and integrated whole—his physical, psychological, social, and spiritual aspects—must receive consideration in any proposed attempt to resolve the problem. This book focuses on these factors, providing a unique approach that offers unusual potential for use in school drug and drug education programs.

Harold J. Cornacchia

David E. Smith

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PART ONE

INTRODUCTION

2 Introduction

. . . we have not won the war on drugs. By 1975, it was clear that drug use was increasing. . . . Today, drug abuse constitutes a clear and present threat to the health and future of our nation.

PRESIDENT GERALD R. FORD
A Message to the Congress of
the United States: Drug Abuse
April 27, 1976

1

The dilemma

Within the past several years, education . . . selected information . . . has fallen into disrepute. It has been judged ineffective if not counterproductive in many instances . . . all education has been questioned as effective strategies for prevention. Neither information nor education . . . with the best principles of behavioral science has been given a fair test.

HELEN H. NOWLIS
1975

We should stop raising unrealistic expectations of total elimination of drug abuse from our society . . . we probably always will have a drug problem of some proportion . . . education and prevention should play a more important role in the national program than they have in the past.

White House Paper on Drug Abuse
1975

. . . is need for better formal alcohol education in the schools and more informal education in the home . . .

PARKER MARDEN and
KENNETH KOLODNER
1976

Every major group in the population, by overwhelming majorities would require students to attend a program on the effects of drugs and alcohol . . .

Seventh Annual Gallup Poll
1975

Parents, legislators, and the community have expected schools to help in the resolution of the drug problem among young persons in the United States. Although this stress may be lessening, laws have been passed, funds have been authorized, and pressures have been applied for appropriate action. Schools and school districts have made sincere efforts to comply by developing programs with unclear guidelines and models needed for direction, and without

qualified leadership, despite efforts in the training of teachers over the past 3 or more years. Bland best describes the action of schools when she says, "In the rush to teach about drug abuse, we resemble Stephen Leacock's mythical character who 'flung himself from the room, flung himself on his horse, and rode off in all directions!'"⁵ The result has been that numerous fragmented, piecemeal, "crash," poorly planned, misguided, and frequently uncoordinated pro-

grams have been developed. Is it any wonder that schools have been ineffective? Is it any wonder that schools have not had much impact on the young? When you realize the complexity of the drug problem, which by itself does not have simple answers, the community expectations for action have created a dilemma for the schools. Therefore the variety of criticisms that have been advanced regarding the ineffectiveness of programs needs further examination despite well-meaning efforts by schools and their dedicated personnel.

Numerous authorities in 1971 said they believed that educational programs had little if any impact on students. The evidence revealed this to be true. It was stated that, although such programs may have provided an increase in drug information, they encouraged student experimentation and use of mind-altering chemicals. Studies in Pennsylvania and California indicated that drug use, rather than diminishing, tended to increase after students were exposed to limited information-centered drug education programs. Some schools, parents, and communities proceeded cautiously or had failed to take any action along educational lines because of this possible hazard. Drug education programs have been greatly expanded since 1970. However, they continue to have limited impact on young people. Table 1-1 provides data obtained from a survey we conducted in 1976. Opinions of forty-four of the fifty state drug educators in the United States tend to support the apparent ineffectiveness of programs' conclusion. In the junior and senior high schools, 41 to 43% of the leaders stated that some educational

efforts had impact, while 39 to 43% said the effects were unknown.

The school problem is the result of a variety of factors. One important matter is the failure to define adequately the precise objectives of the educational program. Dr. Warner from Pennsylvania State University conducted a study of eighth grade, eleventh grade, and college student programs and discovered that: "You're not going to stop kids from taking drugs. If that's our goal we'd better reexamine it. . . . All education can do is maybe make them examine their motivations, steer them away from bad drugs, let them know what the risks are, unless you have a real alternative for them in terms of something to really absorb their energies."⁶⁴ Thus the question must be asked as to what educational goals have been established by the schools. Today, despite the variety of curricula that have been written and introduced into schools, the need for greater clarity of goals still exists. Should not youths also be encouraged to avoid legal drugs? Should values clarification also include values identification? What about student help with self-concept, alternatives to drugs, and decision-making?

However important the establishment of educational objectives is, other questions must be raised. What are the frames of reference from which the critics are making judgments? What should be the nature and type of drug program to be conducted? There are no model programs, although some constructive patterns have developed. There are no clear standards nor have guidelines been prepared. Add these difficulties to the lack of generally acceptable, identifiable, educa-

TABLE 1-1. State drug educators' opinions of effectiveness of school drug programs (N = 44)

Grades	Percentages					
	All	Most	Many	Some	None	Unknown
Primary	2	20	30	36	7	5
Intermediate	0	9	15	36	2	38
Upper and junior high	0	7	11	43	0	39
Senior high	0	7	5	41	4	43

tional goals and much confusion exists over the following: (1) the nature of the school drug program: is it more than, or solely, educational? (2) the differentiation and the interrelationships between school and community drug educational programs, (3) the distinction between formal and informal education and the place of each in the school program, (4) the definition of prevention and its application within the school, (5) the types of student users and abusers of drugs and the application of this information to the school program, and (6) whether provisions for multiple programs to meet the needs of differing students should be made in schools.

In summary, the problem is one of defining the role of the school in helping to resolve the drug problem among youth. Therefore, however appropriate and necessary they are, the criticisms that have appeared must be given consideration only in the light of the factors just presented.

RECENT DEVELOPMENTS IN SCHOOL DRUG PROGRAMS

Further understanding of the school dilemma can be obtained by a review of some recent developments and problems related to drug programs.

Prior to 1970 many school drug programs, including drug education, were being conducted in various parts of the United States, with minimal financial support provided by the federal government, by state legislatures, by local school districts, and by other sources. In 1969 the federal funds available for drug education amounted to approximately \$2.5 million. In addition to these funds, schools received limited personnel, cooperation, and materials from a variety of community sources. School programs, although relatively numerous in some states, were sporadic, limited, or nonexistent in many other states. The nature and support of the programs differed greatly. Overall they were not extensive and occurred with inconsistent frequency.

In March 1970 a massive, nationwide effort to reach all schools was made when former President Nixon released \$3.5 million

for the development and implementation of educational programs. This money was distributed to all states in the form of grants-in-aid in proportion to the number of youths in each state's schools, with the amounts ranging from \$40,000 to \$200,000 per state. The grants awarded were determined in accordance with state populations. For many states this was the only money available. However, numerous state legislatures, local districts, and communities provided additional funds; in other states the previous level of financial aid was maintained. Each state was permitted to develop its own proposal for the use of the federally allocated funds under broadly defined guidelines established by the Office of Education, but the financial support was primarily earmarked for the stimulation of drug education programs in all schools throughout the United States.

A portion of the federal funds authorized by former President Nixon in 1970 was set aside to establish four national training centers in New York, Wisconsin, Texas, and California. We directed the California center at San Francisco State College. In the summer of 1970, administrators, teachers, students, parents, and community leaders representing a variety of racial and ethnic minorities from each state were sent to the centers for training. These individuals were to be prepared to assume leadership roles in drug education and were expected to train other leaders within their states, who, in turn, would prepare still other drug educators.

The Comprehensive Drug Abuse Prevention and Control Act of 1970, which provided state grant-in-aid funds, was extended through 1973, with \$5.4 million provided in 1971, \$13 million in 1972, and \$11.9 million in 1973. However, half of these moneys was given to states, and the remaining half was distributed to agencies and organizations for community education programs.

In 1972 the Office of Education established a number of regional training centers in various parts of the country. Their purpose was to train a team of teachers, administrators, and students. School districts