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ABSTRACT

GRADES OR AGES: Grades 4-12. SUBJECT MATTER: Drug education. ORGANIZATION AND PHYSICAL APPEARANCE: The guide consists of a series of color-coded units, one for each grade, followed by several appendixes. Units are either in column or list form. The guide is xeroxed and looseleaf-bound with a soft cover. OBJECTIVES AND ACTIVITIES: The curriculum outline in the guide is intended to be incorporated into courses such as health education, science, home economics, social studies, English, and driver education. The units for grades 4, 5, 6, 8, 9, and 10 contain a list of "fundamental learnings." Coordinated with this list is another list of "suggested activities, questions, and references." Activities in the lower grades emphasize role playing and student projects, while the upper grades emphasize reading and discussion. Units for grades 7, 11, and 12 contain only brief, general guidelines for incorporating drug education into the regular curriculum. INSTRUCTIONAL MATERIALS: The appendixes contain curriculum materials, a bibliography, a directory of resources and materials, and a suggested minimum list of school reference material. In addition, some units correlate specific materials with activities or concepts. STUDENT ASSESSMENT: No mention. (RT)

ED054111

DRUG EDUCATION  
CURRICULUM GUIDE  
GRADES 4 - 12

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This is the first attempt to publish an instructional guide in this critical area. It is intended that an improved revision be printed next year. Suggested improvements are solicited.

Fairfax County Public Schools  
Department of Instruction  
Fairfax, Virginia  
September 1970

SP 007 294

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## THE BEHAVIORAL APPROACH TO DRUG EDUCATION

The problems associated with drug abuse and misuse have swept the county. The county has not escaped untouched. The increased use of drugs, particularly of grave concern to parents and school personnel.

Many attempts have been made in drug education programs throughout the county, particularly among the young, of drug abuse. These programs have ranged from threatening, scare-type approaches.

Although a knowledge of the various drugs and their effects on users is important, the consideration of the act of drug use itself cannot be overemphasized. Factual information impartially presented. It must be directed toward developing attitudes and behavior.

Drug abuse is an act; a behavior; and as such should be fully investigated. The reasons for one's actions therefore should become an important part of the program being an understanding and appreciation of the self.

Few adolescents will turn to drugs if they can truly and confidently answer the questions: Who am I?; What am I?; Where am I going?; and Do I like myself? It is important to build self-esteem and self-respect as opposed to degradation and shame.

This, then, is the rationale for the behavioral approach to drug education. It depends to a large extent upon the teacher and his ability to create an atmosphere that promotes open discussion and expression of thoughts and ideas; for only in such an atmosphere is the student free to look into himself and bring out into the open the conflicts or problems.

This curriculum guide is designed to assist the teacher in presenting material that will enable students become directly involved in the processes of growing and development. Educators have a responsibility to their students and community to make the program possible. This curriculum guide is an important instrument in achieving these goals.

Appreciation is expressed to those members of the drug education curriculum committee of the Connecticut Public Schools for the use of their program and material suggestions.

The guide is subject to revision after one year and all suggestions are welcome.

## BEHAVIORAL APPROACH TO DRUG EDUCATION

Abuse and misuse have swept the country over the past few years and Fairfax increased use of drugs, particularly by youth, has been and continues to be a major concern of school personnel.

Drug education programs throughout the country to stem the rising tide, have been developed. These programs have ranged from mere factual presentations to

Instruction on drugs and their effects on users and abusers is extremely important, but the use of fear itself cannot be overemphasized. Instruction must not be limited to facts. It must be directed toward development of appropriate value decisions.

Such decisions should be fully investigated and understood by the students. Self-concept should become an important part of drug education with its focal point on the development of the self.

Students should be able to answer the following questions: Who am I? What do I like about myself? Do I like myself? It is important that the student relate to these questions and not to degradation and shame.

The behavioral approach to drug education. Its success will, however, depend on the teacher and his ability to create an atmosphere in the classroom that will encourage the free flow of thoughts and ideas; for only in this manner can the student feel comfortable enough to enter into the open the conflicts or problems with which he must struggle.

The teacher should assist the student in presenting drug information in such a way that the student can follow the processes of growing and developing, interacting, and eventual decision making. It is the responsibility of the teacher to provide the best and most effective instruction possible. This is an important instrument in achieving positive results.

The teacher should consult with members of the drug education curriculum committee and to the Stamford, Connecticut, for their program and material suggestions.

After one year and all suggestions or criticisms will be appreciated.

## IMPLEMENTATION AND BASIC GUIDELINES

### I. Implementation Plan

- A. Grade 4-6 - The program on drug abuse will be incorporated into the Education.
- B. Intermediate
  - 1. Grade 7 - It is suggested that the principal and faculty incorporate science, home economics and social studies. (See Guidelines to
  - 2. Grade 8 - Instruction may best be provided through the Health and
- C. High School
  - 1. Grade 9 - Instruction may best be provided through the Health and
  - 2. Grade 10 - Instruction may best be provided through the Driver Education
  - 3. Grade 11-12 - It is suggested that the principal and faculty incorporate into English, social studies, and home economics. (See Guidelines to

### II. Drug Education Specialist

The Northern Virginia Service League has provided funding for a Drug Education Specialist for the 1970-71 school year. This specialist will be available to implement drug education programs, to work as a consultant with classroom teachers, to provide materials, and to provide continual evaluation of the drug education program.

### III. Guidelines and Recommendations

The manner in which teachers use the materials in the guide will determine the effectiveness of drug education instruction. The materials should be considered flexible and intended to impose limits upon the resourcefulness and initiative of the teacher.

The following suggestions are offered to guide teachers and administrators in implementing a program that will develop student attitudes and behaviors that are resistant to drug abuse.

- A. Teachers should exercise considerable care in becoming familiar with the material in the unit. Be prepared, plan each lesson, keep current,

## IMPLEMENTATION AND BASIC GUIDELINES

on drug abuse will be incorporated into the present course of Health

suggested that the principal and faculty incorporate Drug Education into  
omics and social studies. (See Guidelines to Grade 7).

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ion may best be provided through the Driver Education Program.

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that will develop student attitudes and behavior patterns related to

se considerable care in becoming familiar with the organization of the  
Be prepared, plan each lesson, keep current, and know your material.

- B. Instruction must be comprehensive using accurate facts and figures, avoid "preach" techniques, but make certain that students are fully informed of the dangers of drug abuse.
- C. Teachers should be aware of the symptoms of drug abuse (see Appendix A) and be aware that almost all such manifestations are identical to those of other drugs in accordance with a physician's instructions.
- D. Use should be made of suggested references, audio-visual aids, and films. Special care should be taken in the selection of materials, selecting those which focus on the why of drug taking rather than the how, or those materials which appeal to a student's curiosity or a compelling curiosity to experiment.
- E. Instruction should emphasize student involvement such as class discussions and role playing.
- F. The entire faculty should be alerted to drug problems and the proper handling of such situations.
- G. Every facility and resource within the school and community should be used as a means to help the students and to prevent the consequences connected with drug abuse.
- H. Invitational and/or elective courses using the mind-drug approach to drug abuse problems may be organized, guided by a volunteer teacher, and staffed by the students, and skilled at communicating and interacting with students. Ex-addicts should be engaged, including ex-addicts as consultants or speakers.
- I. Student assemblies may be planned using guest speakers, films, or audio-visual aids.
- J. One person on the school staff should be designated as the consultant for drug problems and referrals.
- K. Attempts should be made to involve and educate parents through parent-teacher conferences, reference materials, and parent-teacher conferences (See part V, Appendix C).
- L. To avoid undue overlapping and repetition, it is suggested that each teacher fit their segment of instruction into the total scope and sequence of the program.
- M. There should be a continuous evaluation of the students and progress of the program.

#### IV. Resource Materials

Appendix D is a suggested minimal list of resource materials. Local school libraries should purchase these materials through local school library funds as a part of the program.

#### V. Guide Evaluation

Classroom teachers are requested to submit a written report to the curriculum committee concerning the effectiveness of the curriculum guide and suggestions for improvement. Teachers are encouraged to recommend changes and to note additional resources used in developing their individual programs.

prehensive using accurate facts and figures. Do not depend too much on  
make certain that students are fully informed about and impressed with

of the symptoms of drug abuse (see Appendix H). They should also be  
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physician's instructions.

tested references, audio-visual aids, and school-community resources.  
en in the selection of materials, selecting those which emphasize the  
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sity to experiment.

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to involve and educate parents through PTA meetings, suggestions for  
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through local school library funds as a part of the drug education

requested to submit a written report to the Drug Education Specialist  
ess of the curriculum guide and suggested materials. Teachers are  
changes and to note additional resources that have been helpful in  
al programs.

## VI. Student Projects

Use the questions and suggestions listed under "Suggested Activities" on the board to stimulate ideas for student research, special projects, written and oral reports. Rather than "assigning" projects or projects of interest, encourage investigation, etc.

## VII. School Drug Education Coordinators

### A. Objective

To assist the program of drug education, one or more staff members will be designated as drug education coordinators. The primary objective of the school is preventive education rather than

### B. Selection of Coordinator

1. May be an administrator, counselor, or teacher (time shared).
2. Should be interested in and knowledgeable about the drug problem.
3. Should be trusted by and relate well with the students.
4. Should serve on a voluntary basis.

### C. Functions

1. Serve as a contact person in the school for students, faculty, and parents, providing special assistance in cases of drug abuse through referrals to appropriate agencies within the County.
2. Assist in setting up training and education program for interested community groups by using outside specialists as needed, working through the principal and through other staff members.
3. Evaluate and maintain drug education resource materials and coordinate with other groups.

ns listed under "Suggested Activities, Questions and References" as a spring-  
udent research, special projects, small group discussions, debates, and  
er than "assigning" projects or reports, raise questions, provoke an  
on, etc.

ug education, one or more staff members will serve as school drug  
ese coordinators will foster the understanding that the primary  
preventive education rather than rehabilitation or punitive measures.

, counselor, or teacher (time should be allotted for whoever is chosen).  
and knowledgeable about the drug problem.  
d relate well with the students.  
itary basis.

son in the school for students, faculty, administrators, and parents,  
stance in cases of drug abuse through counseling and referral to  
within the County.

aining and education program for students, school faculties, and  
roups by using outside specialists, ex-addicts and other consultants  
ough the principal and through other County agencies.  
drug education resource materials for students, faculty, and community

## OBJECTIVES

1. To create an awareness of the total drug problem - prevention, education, and law enforcement on the local, state, national, and international levels.
2. To inform the students of the effect on the body of narcotics, sedatives, and stimulants.
3. To relate the use of drugs to physical, mental, social, and emotional problems.
4. To encourage the individual to adopt an appropriate attitude toward pain.
5. To develop the ability to make intelligent choices of attitude or action and to develop the courage to stand by one's own convictions.
6. To understand the personal, social, and economic problems causing the misuse of drugs.
7. To emphasize the need for seeking professional advice in dealing with physical and mental health.
8. To develop an interest in preventing illegal use of drugs in the community.

## OBJECTIVES

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sical, mental, social, and emotional practices.

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ne's own convictions.

i, and economic problems causing the misuse of drugs.

professional advice in dealing with problems related to physical

ing illegal use of drugs in the community.

## INTRODUCTION

Grades 4, 5, and 6

A drug is any substance other than food that is introduced into or function of the body.

There are many good uses of drugs, but even useful drugs become especially true of addicting and other habit-forming drugs.

Some adults in our society have been abusing drugs by taking medication. Children see this - they also notice the parental consumption and are tempted on their parents' dependence, especially on alcohol, but are capable of a better one.

The fact that scientific research does not verify all the positive effects of drugs they consider mind expanding and soul purifying does not seem to deter them from their quest for a short cut to happiness.

Punitive measures have not been successful. It is time for educators to cope with the ever increasing drug abuse. Teachers are in a particular position to help parents, students and the community to remain level-headed about drug abuse and create an atmosphere in which the student feels free to confide in teachers and

## INTRODUCTION

Grades 4, 5, and 6

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r habit-forming drugs.

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a short cut to happiness.

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ouse. Teachers are in a particularly good position to encourage  
to remain level-headed about drug abuse. They can encourage an  
s free to confide in teachers and parents and discuss his concerns.

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACT

- I. Emotions affect our behavior and how others react and relate to us.
- A. How we act when:
1. We are happy
  2. We are sad
  3. We are angry
  4. Others are happy
  5. Others are angry
- B. Feelings affect our thinking; thinking affects our feelings:
1. Thoughts about ourselves influence our feelings and our self-image
  2. Feelings toward others influence what we think about them, i.e. prejudices, antagonisms, etc.
  3. Negative emotions (anger, fear, rage, worry, etc.) cause difficulty in thinking and interfere with our ability to learn.
- C. Feelings affect our physical condition and our physical condition affects our feelings.
1. Strong emotion can alter normal body functions as: pulse rate, respiration, blood pressure, muscle tension, digestion, skin and sweat gland activity.
  2. Undue stress caused by illness, lack of rest, or poor nutrition can cause irritability affecting our ability to control feelings
  3. Use of medicines can change our physical condition and affect the way we feel.
- D. Knowledge about our emotions helps us develop:
1. An understanding of why we behave as we do
  2. An understanding of the behavior of others
  3. An ability to express feelings honestly and appropriately
  4. A sense of self-worth; an acceptance of ourselves and others
  5. Constructive ways of relating to others

- I. 1. Discuss or fear these feelings
2. Relate to list those who are happy
3. Share student mood
4. Discuss when we
5. Ask the resource explain tions a
6. Discuss rate and space t
7. Investigate sistent such as tory.

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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others

- I. 1. Discuss what makes us feel happy, sad, angry, or fearful and what we do as a result of these feelings.
- 2. Relate feelings to behavior. Have children list those things they do better when they are happy.
- 3. Share stories and poems which create different moods.
- 4. Discuss why it is helpful to talk things over when we feel angry, sad, or upset.
- 5. Ask the school nurse or other competent resource persons to visit the classroom to explain how emotions affect our body functions and vice-versa.
- 6. Discuss the use of computers to record pulse rate and blood pressure of astronauts during space travel.
- 7. Investigate the effects of strong and/or persistent emotional states upon the systems such as the endocrine, digestive, or respiratory.

6. Realistic and positive means of dealing with problems
  - a. Making a distinction between real and unreal problems
  - b. Solving problems through a number of possible approaches
  - c. Seeking help, advice and/or reassurance when needed.
- E. Emotional maturity is an achievement. It involves
  1. Understanding our feelings
  2. Liking and accepting ourselves and others
  3. Channeling behavior into productive, beneficial activities
  4. Satisfying personal needs in socially acceptable ways
  5. Considering the physical and emotional needs of others
  6. Recognizing our strengths and weaknesses
  7. Facing day-to-day problems realistically

Grade 4

SUGGESTED ACTIVITIES, QUESTIONS, AND REFERENCES

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socially  
emotional  
weaknesses  
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## FUNDAMENTAL LEARNING

## SUGGESTED ACTIVITIES

## II. Medicines can be helpful or harmful

- A. Man has used medicines for thousands of years
1. Early use of medicine was associated with magic
  2. Some drugs used in early days are now used in refined forms, i.e. curare, digitalis, quinine
    - a. Medicine derived directly from natural sources
    - b. Substance found, usually by trial and error, to provide physical relief and/or hasten recovery
- B. Properly used, many medicines are of great value to mankind
1. Greater control of communicable diseases
  2. Destruction of micro-organisms
  3. Aid in regaining good health
    - a. Drop in mortality rate since 1900
    - b. Purer, more effective medicines (FDA standards to be met)
- C. Improperly used, medicines can damage the individual and interfere with his success in life. We should
1. Carefully follow directions with all prescribed medicines
  2. Use "over the counter" medicines wisely
  3. Handle medicines properly
    - a. Keep out of reach of very young children
    - b. Make sure each container is properly labeled
    - c. Safely discard medications that have lost their effectiveness or are no longer needed
    - d. Refuse medicines offered by peers or other unqualified persons

- II. 1. Collect information on medicine, its history, and uses of such as digitalis, and talis, and
2. Develop reports on uses of such as talis, and
  3. Cut out, by using scrapbooks, advertisements, and claims.
  4. Dramatize the use of extravagant medicine. Discuss its use. Discuss its use.
  5. Role play with parents and children why proper use and means of medicine is important.
  6. Have pharmacist explain how medicine is used.
  7. Investigate individual research on diseases.
  8. Classroom collection of medicines, and how they should be kept.

References

Health Text, L  
Health Text, S  
 See Appendix D  
 Grades 4-6

Grade 4

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

- II. 1. Collect information on early ideas about medicine, especially in relation to magic.
2. Develop reports on the discovery and early uses of such medicines as penicillin, digitalis, and curare.
3. Cut out, bring to the school, and make scrapbooks or a bulletin board of medicine advertisements, illustrating exaggerated claims.
4. Dramatize medicine commercials, emphasizing extravagant claims or dangers of improper use. Discuss the meaning of various terms used.
5. Role play situations as doctors, nurses, or parents administering medicines, showing why proper attention to dosage, precautions, and means of administering are vitally important.
6. Have pharmacist or physician explain how medicine is prescribed and dispersed.
7. Investigate research by companies and individual research for new medication, cure of diseases.
8. Classroom discussion on proper storage of medicines, length of time medicines should be kept.

References

Health Text, Laidlaw, chapter 1, 11, and 12  
Health Text Scott-Foresman, 1962, Unit 3 and 7  
See Appendix D, Teacher and Student References, Grades 4-6.

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES

- D. Advertisements affect our attitude toward medicines
1. Create the need to distinguish between sensible and exaggerated claims
  2. Contribute toward "pill taking" answer to problems
  3. Increase dissatisfaction with harder, though more realistic ways of handling stress and anxiety
  4. Encourage the development of reliance upon instant relief or instant gratification through chemical means.

Grade 4

NGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

attitude toward  
distinguish between  
and claims  
"taking" answer  
with harder,  
ways of handling  
of reliance  
instant gratifi-  
means.

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES, QUESTIONS

- I. Each person must take responsibility for maintaining and safeguarding his own health.
- A. Good health includes both mental (emotional) and physical well being
- B. Good health, or the lack of, has effects and consequences upon our
1. Physical and emotional growth
  2. Academic and mental development
  3. Family conditions
  4. Financial demands
  5. Social development
  6. Peer relationships
  7. Community services
- C. Unpleasant moods or negative feelings (anger, jealousy, resentment, rage, fear, worry, etc.) can produce stress, anxiety, and physical discomfort. Constructive ways of dealing with them include:
1. Talking out feelings
  2. Enjoying the companionship of friends
  3. Entering into vigorous sports and/or exercise
  4. Changing to an enjoyable activity
  5. Changing, where possible, conditions producing upset feelings
  6. Changing one's attitude or frame of mind
  7. Getting enough sleep and rest each day
  8. Seeking help and guidance when needed from trained persons, i.e., physicians, nurses, clergymen, social workers, counselors, etc.
- D. Artificial ways of altering moods include the use of certain chemicals or drugs. These may have
1. Unpredictable effects
  2. Mask symptoms of more serious problems
  3. Become habit-forming

- I. 1. Dramatize ways of maintaining health
2. Discuss qualities of health in which these qualities are important
  3. Write stories about health to share with friends
  4. Talk about the underlying causes of health and how they can be prevented and what the differences are between anger and expressing anger
  5. Discuss the need for health growing up; how rules can be pleasant and safe
  6. Discuss the help of others in our family, as police, nurses, the clergy, etc.
  7. Develop buzz groups on how poor health have on our life. Share conclusions in class.
  8. List on the board possible ways of changing feelings. Why are they using a chemical agent?

Grade 5

SUGGESTED ACTIVITIES, QUESTIONS, AND REFERENCES

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(emotional)  
effects and  
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elings (anger,  
, worry, etc.)  
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us problems

- I.
1. Dramatize ways of making new friends.
  2. Discuss qualities pupils like in friends and ways in which these qualities may be developed.
  3. Write stories about experiences it is more fun to share with friends than to do alone.
  4. Talk about the underlying reasons for quarrels and how they can be settled without fighting; what the differences are between arguing in anger and expressing an opinion.
  5. Discuss the need for authority and advice in growing up; how rules help people live together pleasantly and safely.
  6. Discuss the help other people give us, besides our family, as policemen, doctors, teachers, nurses, the clergy, friends, etc.
  7. Develop buzz groups on the effects good and poor health have on many different aspects of our life. Share conclusions with the whole class.
  8. List on the board positive and socially acceptable ways of changing or relieving unpleasant feelings. Why are these ways better than using a chemical agent?

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES

- II. Cells are the basic unit of life. They carry out life and maintain growth by forming into tissues, organs, and systems.
- A. The systems carrying out life processes in humans are
1. Respiratory
  2. Digestive
  3. Circulatory
  4. Excretory
  5. Muscular-skeletal
  6. Endocrine
  7. Nervous
  8. Reproductive
- B. Our body systems are all interdependent and interrelated. Every substance taken into the body enters into the complex functioning of the body
1. Included are nonfood household substances as
    - a. Volatile chemicals, i.e., airplane glue, gasoline, cleaning fluids
    - b. Insect poisons
    - c. Medicines, and drugs, i.e. diet pills, aspirin, sleeping pills, laxatives.
  2. Means of entering the body may be by
    - a. Swallowing
    - b. Inhaling fumes
    - c. Skin absorption
  3. Toxins carried to vital organs by the blood produce serious and often permanent damage to many parts of the body, including: brain, heart, liver, kidneys, and bone marrow.
- C. When properly cared for, the body systems function well, resulting in healthy, sound living. Medicines can help us lead longer and healthier lives when used with care and on a doctor's advice.

- II. 1. Use the
2. Encourage group reorganize
3. Use models showing as the h
4. Suggest diagram stances carried
5. Make a c their us
6. Stimulate and disc covered lin, Sal
7. Encourage concerni evaluate class.
8. Suggest lets con research pictures cines an
9. What are nonfood home?
10. Collect zines te medicine

They carry out  
ng into tissues,

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the body, inclu-  
er, kidneys, and

body systems  
healthy, sound  
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- II.
1. Use the E.S.S. unit on Small Things.
  2. Encourage small group activity in which each group researches a different body system and organizes the material for class presentation.
  3. Use models or diagrams of the body's systems showing how nonfood substances reach organs as the heart, brain, kidneys, and liver.
  4. Suggest that a group of students prepare a diagram of the blood stream, showing how substances entering the body by any means are carried throughout the body.
  5. Make a chart listing modern medicines and their uses.
  6. Stimulate a panel of students to investigate and discuss how different medicines were discovered or developed, i.e. penicillin, insulin, Salk vaccine.
  7. Encourage students to collect advertisements concerning health cures and treatments and evaluate them, reporting conclusions to the class.
  8. Suggest that students make illustrated booklets containing information on medicine research today and in the past; articles, pictures, diagrams, and charts about medicines and their uses.
  9. What are some warnings concerning dangerous nonfood substances commonly found in the home?
  10. Collect articles from newspapers and magazines telling of people who have misused medicines or drugs.

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES

1. Examples of medicines contributing to our well-being.
  - a. Antibiotics and sulfas - fight disease and infection
  - b. Insulin - treatment of diabetes
  - c. Antiseptics - prevent infection
  - d. Analgesics - relief of pain
  - e. Antihistamines - relief of allergic reactions

Grade 5

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

Contributing to  
Fas - fight  
on  
of diabetes  
nt infection  
of pain  
lief of allergic

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES,

III. Many public agencies - federal, state, and local - are concerned with assisting us in keeping well.

## A. Areas of responsibility

1. Federal health services
  - a. Prevent interstate spread of disease
  - b. Set standards for and inspect food, drugs, and cosmetics
  - c. Carry on medical research
  - d. Operate hospitals for lepers and drug addicts
  - e. Distribute certain vaccines and serum
  - f. Encourage improved nutrition and physical conditioning among school children
2. State health department
  - a. Enforces regulations for control of disease
  - b. Enforces sanitary living condition regulations
  - c. Inspects dairies and food processing plants
  - d. Provides laboratory services
  - e. Cares for TB and mentally ill patients
  - f. Supplies free leaflets to public on health problems
3. Local health department
  - a. Tests drinking water
  - b. Enforces sanitation laws
  - c. Enforces communicable disease regulations
  - d. Inspects restaurants, dairies, farms, bakeries
  - e. Regulates garbage and sewage disposal
  - f. Provides immunization and clinic services
  - g. Keeps records of diseases, births, marriages, and deaths.

- III. 1. Plan a visit to discuss use
2. What controls and sale of pa  
What laws esta  
are they enfor
3. Collect empty to check label warnings, effe  
(Check against
4. Write to agenc and medicine:  
United States  
Virginia State  
American Medic  
Superintendent  
(See appendix

References

Health Text, Laidl 11, a  
Health Text, Scott  
See Appendix D, Te  
Grades 4-6.

Grade 5

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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- III. 1. Plan a visit to the classroom by a pharmacist to discuss uses and misuses of medicines.
2. What controls are placed upon the manufacture and sale of patent and prescription medicines? What laws establish these controls and how are they enforced?
3. Collect empty containers of patent medicines to check labels for content, administration, warnings, effects and side effects, etc. (Check against FDA labeling regulations).
4. Write to agencies for information on health and medicine:  
United States Public Health Service  
Virginia State Department of Health  
American Medical Association  
Superintendent of Documents  
(See appendix for addresses)

References

Health Text, Laidlaw, chapters 1, 3, 8, 9, 10, 11, and 12.  
Health Text, Scott-Foresman, 1962, Unit 8.  
See Appendix D, Teacher and Student References, Grades 4-6.

## FUNDAMENTAL LEARNINGS

- B. Food and Drug Administration (Federal agency) sets standards and inspects both patent and prescription medicines for purity, efficacy, and safety. Labels on medicine containers must give information regarding
1. Name and description
  2. Recommended dosage
  3. Directions for administering
  4. Possible effects and side effects
  5. Warnings - i.e. habit forming; conditions under which should not be taken

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES

- I. Each person must maintain his own individuality and independence of thought if he is to become an effective and responsible member of his group and community.
- A. Achieving our own controls through
1. Self-discipline
  2. Sense of responsibility
  3. Independent thinking
- B. Maturing toward a growing sense of
1. Self-regard
  2. Self-esteem
  3. Self-worth

- I. 1. Have students discuss how they think a good membership in a group should be handled, especially, emphasizing independent thinking.
2. How are feelings of responsibility and self-worth related to our social life?

Grade 6

AL LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

his own individuality  
if he is to become  
e member of his group

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ng sense of

- I. 1. Have students compile a list of those factors they think are responsible for effective group membership and have class analyze them critically, emphasizing self-discipline and independent thinking.
2. How are feelings of self-worth, sense of responsibility and friendliness necessary to our social development?

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTI

- II. As we develop a high regard for our physical, emotional, mental and social functioning and well-being, we are less likely to harm ourselves by experimenting with dangerous chemicals.
- A. Healthful living involves
1. Physical well-being
    - a. Good nutrition
    - b. Sufficient rest and sleep
    - c. Fresh air and exercise
    - d. Body care and cleanliness
  2. Emotional stability
    - a. Accepting and expressing feelings honestly and appropriately
    - b. Facing day-to-day problems realistically
  3. Mental growth
    - a. Making the most of educational opportunities
    - b. Being eager to learn, to seek out, to inquire
    - c. Desiring to do our best, to be successful
    - d. Growing in effectiveness & efficiency
  4. Social development
    - a. Self-acceptance leading to accepting others
    - b. Respecting self and respecting others
    - c. Enjoying the sharing of experiences
    - d. Sense of belonging, of loyalty
    - e. Attitudes of generosity, kindness, justice and fair play
    - f. Consideration of and sensitivity towards the needs and opinions of others
- B. Also assisting us in healthful living are
1. Greater numbers of and more effective medicines
  2. Improved foods and dietary habits
  3. Increased knowledge about good health available to the public

- II. 1. Encourage illustrations
2. What makes character
3. Discuss to be positive
4. What are respect
5. In coordination pare bro of school and parent
6. Encourage on medicine their his
7. Collect, articles such as treatment and law
8. How does as LSD attitudes abo
9. Secure pa ence. Se ence list
10. Select re sion (See Fairfax C

References

Health Text,  
Health Text,  
 See Appendix  
 Grades 4-

Grade 6

LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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 cleanliness

expressing feelings  
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healthful living are  
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dietary habits  
 e about good health

- II.
1. Encourage students to make charts or posters illustrating the four basic food groups.
  2. What makes a desirable personality? List the characteristics. Which ones do you possess?
  3. Discuss what it means to be a "good sport;" to be popular.
  4. What are some standards of conduct which show respect for the ideas of others?
  5. In coordination with the school newspaper, prepare brochures or write articles on the subject of school health services, informing students and parents of services provided.
  6. Encourage library use in collecting information on medical research, kinds of drugs, medicines, their histories, uses and possible misuse.
  7. Collect, discuss and display news and magazine articles about drugs, medicines and chemicals, such as recent research, FDA evaluations, new treatments, trends, general information, laws and law changes.
  8. How does the recent publicity about drugs such as LSD and marijuana influence student attitudes about their use?
  9. Secure pamphlets for individual student reference. See Item #3 elementary (student reference list).
  10. Select resource speakers for classroom discussion (See Appendix E, section 1, speakers, Fairfax County).

References

Health Text, Laidlaw, chapters 1, 3, 5, & 12.  
Health Text, Scott Foresman, 1962, Units 3 & 4.  
 See Appendix D, Teacher and Student References, Grades 4-6.



## FUNDAMENTAL LEARNINGS

4. Improved medical care from the prenatal period to old age
  5. More effective community health services
  6. Clearer understanding of relationship between emotions and physical well-being
- C. Dangerous chemicals include
1. Hallucinogens, i.e. LSD, DMT, mescaline, psilocybin  
Dangers:
    - a. Serious mental changes
    - b. Distorted perception
    - c. Possible violent and/or suicidal reactions
    - d. Evidence of chromosome damage
  2. Opiates, i.e. morphine, heroin, codeine, paregoric  
Dangers:
    - a. Physically addictive
    - b. Impairment of judgment, self-control and attention
    - c. Possible convulsions and death
    - d. Painful withdrawal
  3. Barbiturates (sleeping pills - depressant) i.e. Amytal, Nembutal, Phenobarbital)  
Dangers:
    - a. Physically addictive
    - b. Withdrawal painful and very dangerous
    - c. Masks symptoms of other ailments
    - d. Danger of overdose-coma, death
  4. Amphetamines (diet or pep pills - stimulants) i.e. Benzedrine, Dexedrine, Methedrine  
Dangers:
    - a. Need for heavier and more frequent doses
    - b. Tendency to lead to malnutrition, exhaustion, paranoic states
    - c. High blood pressure, tremors and abnormal heart action

## FUNDAMENTAL LEARNINGS

- d. Mental illness or death from drug poisoning
5. Marijuana (intoxicant, hallucinogen)  
Dangers:  
 a. Psychological dependence  
 b. Time and space distortions  
 c. Loss of concentration  
 d. Drowsiness  
 e. Possible confusion and hallucinations  
 f. Introduction to the world of "kicks"  
 g. Possible involvement with other drugs
6. Tranquilizers, i.e. Equanil, Librium, Miltown  
Dangers:  
 a. Drowsiness  
 b. Use can damage white blood cells, weakening resistance to infection and disease  
 c. Drug dependence and withdrawal illness with possible convulsions
7. Alcohol and tobacco  
 a. Alcohol  
Dangers:  
 (1) Interferes with brain functioning  
 (2) Impairs ability to concentrate, to reason and exercise judgment  
 (3) May lead to alcoholism  
 (4) May damage vital organs and nervous systems  
 (5) May cause unconsciousness  
 b. Tobacco  
Dangers:  
 (1) Nicotine speeds heart beat  
 (2) Irritates nose, throat and lungs  
 (3) Aggravates respiratory conditions  
 (4) Increases chances of lung and throat cancer, emphysema and heart disease
8. Deliriant (inhalants, volatile chemicals) i.e. airplane glue, gasoline, lighter fluid, paint thinner, varnish, shellac, Freon  
Dangers:  
 a. Distorted perception

## FUNDAMENTAL LEARNINGS

- b. Extreme confusion
  - c. Build-up of tolerance
  - d. Possible hallucinations
  - e. Drowsiness, slurring of speech, loss of memory and chance of unconsciousness
  - f. Inability to control movements
  - g. Release of aggressive impulses
  - h. Greater incidence of damage to brain, liver, kidneys, and bone marrow in cases of continued use
  - i. Possible prelude to other drugs
- D. Reasons for beginning drug use and abuse:
- 1. Feelings of rejection
  - 2. Poor self-image
  - 3. Inability to handle frustration
  - 4. Lack of sense of achievement (mastery)
  - 5. Poor parental relationship
  - 6. Lack of guidance, warmth, sense of worth
  - 7. Inability to express negative feelings constructively
  - 8. Lack of knowledge of dangers involved
  - 9. Peer pressures - taking a dare; local fad
  - 10. Need of a crutch to feel good
- E. Social consequences:
- 1. Usually a reversal of character results
  - 2. Surly and belligerent behavior often seen, compounding original disturbances
  - 3. Tendency to withdraw from group participation; underlying social and emotional problems magnified; normal socio-sexual interests sometimes dulled
- F. Prevention
- 1. Well-educated and well-informed parents and students about dangers of use & misuse
  - 2. Satisfying needs directly & positively
  - 3. Growing in emotional and social maturity

## FUNDAMENTAL LEARNINGS

## SUGGESTED

- III. There are many things we and our community can do to prevent the misuse of medicines, drugs, and volatile chemicals. These include:
- A. Becoming well-educated in the proper uses of medicines, drugs and volatile chemicals
  - B. Being aware of the dangers
  - C. Learning to critically evaluate drug advertisements and commercials
  - D. Increasing our ability for independent thinking and personal decision making
  - E. Developing a sense of personal integrity: intelligent self-regard
  - F. Knowing the laws about drug abuse

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Grade 6

LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

Community can do  
drugs, and  
  
proper uses of  
chemicals  
  
drug advertise-  
  
dependent thinking  
  
integrity:  
  
use

- III. 1. Bring in medicine advertisements and analyze them along with television and radio commercials with respect to their influence upon our attitudes about medicines, drugs, pain, anxiety, solving problems, etc.
2. Role play various ways people react to frustrations, anxiety and problem situations, as: withdrawing, regressing, suppressing, projecting, rationalizing, compensating, sublimating, avoiding, compromising, analyzing, confronting, using crutches.
3. Encourage children to write for further information on drugs, medicines, medical research, health services, programs of drug use prevention and treatment, etc. (See appendix for addresses).
4. Develop a sense of service to the community by encouraging participation in volunteer work, i.e. hospital volunteers, day nursery, boys' and girls' clubs.
5. What are the latest Virginia State Laws regarding drug abuse (See Appendix A).

References

Health Text, Laidlaw, chapters 1, 3, and 11.  
Health Text, Scott-Foresman, 1962, Units 3 & 4.  
See Appendix D, Teachers & Students References, Grades 4-6.



## INTRODUCTION

### Intermediate School

Adolescence is a turbulent stage of life: teenagers are striving to develop independence, to gain individual identity, and to reach out socially into a world of standards and modes of behavior. Most educators and medical authorities agree that a teenager develop a well adjusted personality is basic to prevention of drug abuse. Studies have shown that the person who succumbs to abuse feels insecure, unrecognized and unhappy. An intermediate school in this area of education should be on an understanding of self and of good mental health.

The principal and faculty will determine how this guide can best be used at the school. It is suggested that teachers of 7th grade science, social studies, home economics, and other subjects incorporate drug education into their programs of instruction.

Teachers of 8th grade Health and Physical Education will use this curriculum guide in the planning and implementation of the drug education program.

## INTRODUCTION

### Intermediate School

ent stage of life: teenagers are striving to develop from dependence to individual identity, and to reach out socially into a world of changing values, behavior. Most educators and medical authorities agree that helping the teenager's personality is basic to prevention of drug abuse. Studies have repeatedly shown that a person who succumbs to abuse feels insecure, unrecognized and unhappy. The emphasis in the area of education should be on an understanding of self and the development of self. This guide will determine how this guide can best be used at the 7th grade level. The content of 7th grade science, social studies, home economics, and English incorporates their programs of instruction. Health and Physical Education will use this curriculum guide to assist in the implementation of the drug education program.

Grade 7

SUGGESTED AREAS OF INCORPORATION WITH DRUG EDUCATION UNIT

Home Economics: Family Living, Understanding Self, Home and Community

Science: Identification of abused materials, physical effects, medical aspects

Social Studies: Current events, anti-social behavior with regard to drug abuse, problem solving

English: Themes, reading, public speaking

A team teaching approach involving several departments within the school may be one approach of implementing the drug education program.

See "Implementation and Basic Guidelines", p.iii

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACT

- I. Personality is an individual's total make-up, complex and capable of change
- A. Origins of personality
1. Heredity - chromosomes, genes
  2. Environment - family, friends, school, cultural influences
- B. Characteristics of the personality
1. Made up of positive and negative traits
    - a. Strengths to be developed
    - b. Weaknesses to be overcome
    - c. Limitations to be realized and accepted
  2. Individual - peculiar to each person
- C. Wholesome personality - a composite of mental, physical, emotional and social development
1. Mental development - making the most of one's mental capability
    - a. Growth through educational opportunities
    - b. Growth through individual initiative
  2. Physical development
    - a. Acceptance of one's own growth pattern
    - b. Acceptance of physical limitations
    - c. Practice of proper personal hygiene
    - d. Maintenance of adequate sleep, rest, fresh air, diet and exercise
  3. Emotional development - a means of communication
    - a. Cultivation of positive feelings, i.e. love, joy, friendship
    - b. Understanding that negative feelings are normal, i.e. anger, fear, jealousy
    - c. Expressing negative feelings in socially accepted ways
    - d. Controlling and changing emotional responses

- I. 1. Suggest students to be
2. Provoked three as positive influence
3. Make h tive t used t
4. Encour compar cultur
5. Ask so discuss
6. Have a discuss lopmen
7. Do the always predic
8. What a can pa growth
9. What a fit pe
10. What m
11. What q
12. Discuss one's r
13. Create number respon
14. Ask stu overwh
15. How can redire

8th Grade

ESSENTIAL LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS, AND REFERENCES

Individual's total make-up, com-  
 ange  
 ility  
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 Family, friends, school,  
 ences  
 the personality  
 itive and negative traits  
 to be developed  
 to be overcome  
 s to be realized and  
 peculiar to each person  
 ility - a composite of mental,  
 l and social development  
 ment - making the most of  
 apability  
 ough educational opportuni-  
 ough individual initiative  
 opment  
 of one's own growth pat-  
 of physical limitations  
 f proper personal hygiene  
 e of adequate sleep, rest,  
 diet and exercise  
 lopment - a means of com-  
 n of positive feelings,  
 joy, friendship  
 ing that negative feelings  
 , i.e. anger, fear, jealousy  
 negative feelings in  
 ccepted ways  
 g and changing emotional

- I. 1. Suggest autobiographies as ways to show stu-  
 dents how their families have influenced them  
 to be what they are.
2. Provoke an interest in family trees - go back  
 three generations - collect as much material  
 as possible about each ancestor - list traits  
 influenced by ancestors and environment
3. Make hypothetical list of positive and nega-  
 tive traits and discuss how these can be best  
 used to develop an attractive personality.
4. Encourage research on life in other cultures -  
 compare the effects of these cultures on our  
 culture.
5. Ask someone from the guidance department to  
 discuss "personality rating charts."
6. Have a social worker or school psychologist  
 discuss influence of personality on our deve-  
 lopment.
7. Do the grades in achievement on report cards  
 always reflect one's mental capabilities or  
 predictability for success?
8. What are some activities in which students  
 can participate to enhance their mental  
 growth? i.e. reading, writing, hobbies.
9. What are some characteristics of a physically  
 fit person?
10. What makes people the happiest?
11. What qualities do people like in other people?
12. Discuss how physical activities can affect  
 one's mental attitude.
13. Create a role playing situation in which a  
 number of students demonstrate various  
 responses to emotional situations.
14. Ask students how they feel physically when  
 overwhelmed by various emotions.
15. How can negative emotional responses be  
 redirected and modified?

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES, QU

4. Social development - ability to get along with people
- a. Respecting rights and feelings of others
  - b. Being dependable - keeping his word
  - c. Showing skill in thinking, acting, and making decisions as a member of the group
  - d. Assuming full share of responsibility
  - e. Expecting others to like and appreciate him
  - f. Having a sense of worth, i.e. self-confidence and self-respect

References

- Health Text. Your Health  
 Drug Text. Drugs, Facts and Fictions  
 Scott-Ford  
Drug Abuse, chapter 1,  
Youth and the Drug Problem  
Drug Abuse, the Chemical Industry
- Film. Thread of Life -

8th Grade

WARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

ability to get along

and feelings of

keeping his word

thinking, acting,  
as a member of

of responsibility  
like and appre-

worth, i.e. self-  
respect

References

Health Text. Your Health and Safety

Drug Text. Drugs, Facts on Their Use and Abuse,  
Scott-Foresman, chapters 1, 8

Drug Abuse, chapter 1, 10

Youth and the Drug Problem, chapters 1, 4

Drug Abuse, the Chemical Copout

Film. Thread of Life - IMC

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES

- II. Problems are common to all people. How we respond to these problems is important to personality development.
- A. Some causes of teen problems:
1. Conflicts with self, friends, parents, and school
  2. Unsatisfied needs
  3. Unrealistic expectations
  4. Poor health
  5. Emotional-social difficulties
- B. Poor responses to problem solving:
1. Avoidance of facing problems - i.e. blaming others, making excuses, sickness as an escape
  2. Withdrawal - retreating to the past, excessive daydreaming
  3. Over-aggressive behavior - fighting, scapegoating, belittling, bullying, bragging
  4. Negative reactions - rebelliousness, hostility
- C. Positive responses are an indication of growth:
1. Identify the real problem promptly
  2. Assemble facts and/or consult informed sources for opinion
  3. Analyze facts and consider possible solutions and alternatives
  4. Use the plan that seems to work best
  5. Live with the solution even though it may not work as you prefer
  6. Develop a consistent, constructive code of living or beliefs
    - a. Obligations to yourself; care of body and personal development and good mental health
    - b. Responsibilities to others - family, friends and community
  7. Learn to accept a moderate amount of anxiety and frustration as normal

- II. 1. List ways in which you and your classmates can help themselves in difficult situations. What is the right person to talk to and why?
2. What is the difference between a lie and lying?
3. Is retreating a bad solution? A bad solution?
4. What is the difference between a lie and lying?
5. List examples of good and bad solutions.
6. Discuss the different forms of problem solving. Which is the most rational?
7. What are some ways to escape a problem?
8. Discuss the different ways to seek advice. Which is the best? peer group?
9. Read biographies of people who have overcome problems. Discuss them in class.
10. Invite a guest speaker to class to discuss problems.
11. Bring in examples of problems and solutions.
12. Test your own problem solving skills. What are the most important factors?

References

What You Should Know  
chapter 1

8th Grade

LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

people. How we  
is important to per-  
  
blems:  
f, friends, parents,  
  
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lem solving:  
g problems - i.e. blam-  
excuses, sickness as  
  
ating to the past,  
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havior - fighting,  
tling, bullying, brag-  
  
- rebelliousness, hos-  
  
an indication of  
  
problem promptly  
or consult informed  
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tion even though it may  
refer  
nt, constructive code  
fs  
yourself; care of body  
development and good

- II. 1. List ways in which people may deceive them-  
selves in order to meet some uncomfortable  
situation. Can this be good if done in the  
right perspective?  
2. What is the difference between rationalization  
and lying?  
3. Is retreat ever a good solution to a problem?  
A bad solution? Give examples.  
4. What is meant by "adjustment mechanism?"  
5. List examples of negative reactions.  
6. Discuss what normal variations in different  
forms of behavior are, i.e. daydreaming,  
rationalizing, scapegoating, bullying.  
7. What are some of the common ways people try to  
escape problems?  
8. Discuss reasons why adolescents may wish to  
seek advice from friends and members of their  
peer groups rather than from their parents.  
9. Read biographies about famous people who have  
overcome major personal problems. Report to  
class.  
10. Invite a guidance counselor to discuss with  
class problems common to eighth graders.  
11. Bring in newspaper articles devoted to pro-  
blems of teen-agers.  
12. Test your own system of values by completing  
the sentence: I believe that the three most  
important things in life are . . . . .

References

What You Should Know About Drugs and Narcotics,  
chapter 5.



## FUNDAMENTAL LEARNINGS

## SUGGESTED AG

- III. People who fail to develop positive problem solving techniques may resort to crutches, one of which may involve dependence upon drugs.
- A. Misuse of drugs can harm the individual
1. The person may become psychologically dependent upon the drug
  2. The person may become physically dependent upon the drug or become physically ill
  3. The person may require an ever increasing amount to get the effect desired or to prevent withdrawal symptoms (tolerance).
  4. Drugs can adversely affect every system of the body and possibly result in death from continued use or an overdose
- B. Use of drugs may result in antisocial behavior (illegal activities)
1. Criminal behavior while under the influence
  2. Stealing and other criminal acts - in order to keep a drug supply
  3. Unpredictable and uncontrollable behavior in daily actions and decision making

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Reference

Drugs: F  
Drug Abus

8th Grade

ESSENTIAL LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

Develop positive problem solving skills - not dependent on crutches, one of the effects of dependence upon drugs.

Understand how drugs can harm the individual and how they can become psychologically dependent on the drug.

Understand how drugs can become physically dependent on the drug or become physically dependent on the drug.

Understand how drugs require an ever increasing dose to achieve the effect desired or to avoid withdrawal symptoms (tolerance).

Understand how drugs can affect every system in the body and possibly result in death or an overdose.

Understand how drug use can result in antisocial behavior.

Understand how drugs can affect behavior while under the influence.

Understand how drugs can lead to criminal acts - in the drug supply.

Understand how drugs can lead to uncontrollable behavior and decision making.

- III.
1. Why do all people form habits? Give examples of habits which are good and habits which are crutches, or non-productive.
  2. Discuss differences between psychological and physical dependency (habits).
  3. Comment on the following statement: All addicting drugs are habit forming, but not all habit forming drugs are addicting, i.e. coffee, tea, chocolate, and cola drinks.
  4. Using reference material, stimulate students to report effects of drugs on various body organs and systems.
  5. Ask interested students to bring in news articles concerning anti-social behavior in reference to drug abuse.
  6. Invite a probation or juvenile court officer to discuss legal aspects of drug abuse.
  7. Invite a pharmacist or physician to class to explain the connection between drug use and unpredictable behavior.
  8. Discuss reasons why the price of illegal narcotics is so high. Motivate students to investigate or trace the route of certain drugs.
  9. Write a letter to the World Health Organization requesting information concerning international regulations pertaining to drug use. Why is this organization interested?

References

Drugs: Facts on Their Use and Abuse, chapter 1  
Drug Abuse: Escape to Nowhere, p. 45-47.

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES

IV. Many drugs are valuable when used properly. When used improperly, they become subject to abuse: intoxicate, stimulate, depress, confuse, cause hallucinations and in general, produce disorganization of personality.

A. Amphetamines (pep or diet pills) i.e. benzedrine, dexedrine, and methadrene ("speed")

1. Medical uses: relieve mild depression, control appetite and weight, relieve drowsiness.
2. Possible dangers of abuse: restlessness, tremors, insomnia, mental disorders and permanent brain damage; over-stimulation of adrenal glands (dulling nature's warning signals)
3. Tolerance created - psychological dependence developed.

B. Barbiturates (sleeping pills) i.e. phenobarbital, seconal, nembutal (goofballs)

1. Medical uses - produce sleep, relieve tension, control high blood pressure
2. Possible dangers of abuse-lesser alertness, slowed reactions, quarrelsome nature, slurred and indistinct speech, loss of balance, mental and emotional instability
3. Tolerance created - physical and psychological dependence developed, extremely dangerous withdrawal effects
4. In combination with alcohol, possible coma, and death.

C. Tranquilizers (peace of mind drugs) i.e. Miltown, Librium, Equanil.

1. Medical uses - relieve anxiety, relaxes muscles, assists psycho-therapy (calms patient) helps to lower blood pressure
2. Possible dangers of abuse - may damage white blood cells, cause weight gain, cause drowsiness, reduce functional capability of other systems.

- IV. 1. Have students discuss how individuals take drugs.
2. Do you feel that drug use is as a crime or a disease?
3. Form small groups. Discuss the effects of drugs. Suggest they make posters or bulletin boards, or displays.
4. Initiate panel discussions on drug reports or records on marijuana.
5. List psychological and legal implications.

Reference

- Drug Text. Drugs: A Guide to the Drugs of Today  
Scott-Ford
- Books. Drug Abuse: What You Need to Know  
Narcotics: A Guide to the Drugs of Today  
Drug Abuse: A Guide to the Drugs of Today  
Drug Abuse: A Guide to the Drugs of Today  
Youth and Drugs
- Pamphlets. "Some Facts About Marijuana"  
"The Effects of LSD"  
"Narcotics"
- Films. Hooked on Drugs  
Drugs: A Guide to the Drugs of Today  
LSD: A Guide to the Drugs of Today
- Filmstrip. Drug Abuse

8th Grade

WARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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 subject to abuse:  
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- IV. 1. Have students investigate the reasons indivi-  
 duals take drugs other than when prescribed.  
 2. Do you feel that drug abuse should be treated  
 as a crime or a sickness, or both?  
 3. Form small groups to research individual drugs.  
 Suggest they make notebooks, posters, or bulle-  
 tin boards, or report orally to class on find-  
 ings.  
 4. Initiate panel discussions using factual  
 reports or recent research on the effects of  
 marijuana.  
 5. List psychological, physical, emotional, social  
 and legal implications of drug abuse.

Reference

Drug Text. Drugs: Facts on Their Use and Abuse,  
 Scott-Foresman  
 Books. Drug Abuse, pgs. 88 93, 57-67, 19-23.  
What You Should Know About Drugs and  
 Narcotics, chapter 8.  
Drug Abuse-A Manual for Law Enforce-  
 ment Officers, pgs. 5-14, 29-32.  
Drugs On College Campus, ch. 4, 2, 6  
Drug Abuse: Escape to Nowhere, p. 43  
Youth and the Drug Problem, ch. 2.  
 Pamphlets. "Some Questions and Answers"  
 Marijuana  
 The Up and Down Drugs  
 LSD  
 Narcotics  
 Films. Hooked  
Drugs and the Nervous System  
LSD: Insight or Insanity  
 Filmstrip. Drug Abuse

## FUNDAMENTAL LEARNINGS

3. Physical and psychological dependence; withdrawal may cause convulsion and death
- D. Opiates (opium, morphine, codeine, heroin, paregoric)
1. Medical uses - capable of relieving or modifying pain, coughs, and diarrhea
  2. Possible dangers of abuse - drowsiness, stupor, lethargy, and indifference; addicted woman may give birth to addicted child masking effect, i.e. existing disease may not be discovered; overdose may produce death
  3. Physical and psychological dependence; tolerance; painful withdrawal illness; relationship with anti-social behavior (street crimes); low rate of permanent recovery
- E. Cocaine ("c", coke, dust, snow) i.e. procaine, novacaine
1. Medical uses - local anesthetic
  2. Possible dangers of abuse - anxiety, feelings of persecution, depression, hallucinations, convulsions
  3. Aggressive and criminal behavior may result with repeated use
  4. Strong psychological dependence
- F. Volatile chemicals - Freon, cleaning and lighter fluids, paint thinner, marking pencil fluid, gasoline (airplane glue no longer used after adding "essence of mustard")
1. Medical uses - none
  2. Possible dangers of abuse - drowsiness, stupor, nausea, blood abnormalities, unconsciousness; damage to brain, heart, liver, kidneys, bone marrow, and nervous system; erratic activities; surly and belligerent behavior; unsteady gait; slurred speech; possible death.
  3. Produces psychological dependence - creates tolerance

FUNDAMENTAL LEARNINGS

- G. Hallucinogens - LSD, DMT, mescaline
  - 1. Medical uses - none - in experimental stage with mental disorders and diseases, alcoholism and brain damaged children
  - 2. Possible dangers of abuse - serious mental changes, distorted perception, fear and overwhelming panic, unpredictable reactions, unexpected recurrence of hallucinations, nausea, restlessness, inability to sleep, and chromosome damage
  - 3. Psychological dependence
- H. Marijuana - Cannabis sativa - (Mary Jane, grass, pot, weed, tea, hash)
  - 1. Medical uses - none
  - 2. Possible dangers of abuse - distortion of time, space, hearing, vision, and coordination, possible cause of drowsiness, excitability, hallucinations, and use of stronger drugs
  - 3. Current investigation regarding psychological dependence and tolerance
  - 4. Legal aspects - The Marijuana Tax Act of 1937 - severe penalties for the use and possession of marijuana - amendment to the Harrison Act of 1914.

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES

V. Drugs can have adverse effects on the way any individual relates to himself and to society

## A. Personal implications

1. Possible waste of human talent and energy
2. No longer useful to society, family or self
3. Reliance on chemicals makes people more an object, more mechanical and depersonalized
4. Aggravation of basic personality disturbances
5. Fostering of emotional dependency which is essentially a childhood condition and hinders the growth toward individuality

## B. Social implications

1. Anti-social and criminal behavior often related to drug abuse
2. Users often have a missionary zeal - introduction of others to drugs
3. Relationships to accidents, i.e. auto, pedestrian, overdose, suicide and others
4. Relationships to other aggressive acts - lowering of inhibitions, delusions of grandeur, sense of omnipotence, surfacing of hostilities
5. Great financial burden to local, state, and federal government for law enforcement and rehabilitation programs

- V. 1. Discuss causes of robbery, mugging, etc.
2. What alternatives to drugs?
3. How can one avoid drug use?
4. What attitudes promote drug use? How can we change reality with our attitudes?

ReferencesBooks

Drugs on the  
Youth and the  
Drug Abuse,  
Officers,

8th Grade

AL LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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- V. 1. Discuss cost for community through theft, robbery, rehabilitation and law enforcement.  
2. What alternatives are there to the use of drugs?  
3. How can one guard against drug abuse?  
4. What attitudes and feelings in people promote drug use and which help one face reality without using drugs?

References

Books

- Drugs on the College Campus, chapter 3.  
Youth and the Drug Problem, chapter 5.  
Drug Abuse, A Manual for Law Enforcement Officers, p. 17, 19

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES, C

- VI. Legal aspects - A record of an arrest involving drugs or narcotics can follow an individual and handicap him in many ways for the rest of his life.
- A. Provisions - All substances used by drug abusers are either completely outlawed or clearly restricted by law; the moment a person becomes involved in sale, purchase, possession, or use he is breaking a Federal, state or local law.
- B. Penalties
1. Felony - a major crime punishable by five to 20 years in prison and up to \$20,000 fine.
    - a. Acquire a permanent criminal record
    - b. Can eliminate future employment opportunities with the government, business and industry
    - c. Jeopardizes professional aspirations
    - d. Cannot be issued a passport
  2. Misdemeanor - a lesser crime punishable by up to 12 months in prison and \$1,000 fine

- VI. 1. Investigate and m  
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2. Laws regarding dr  
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References

- Drugs: Facts on The  
Drug Abuse: A Manual  
Officers, p. 29  
Drug Abuse: Escape

8th Grade

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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- VI. 1. Investigate and make a chart showing the Federal laws for the control of drugs in the chronological order of their enactment.
2. Laws regarding drug abuse are continually changing. Investigate Virginia and Federal laws relating to drug abuse. Explain that Virginia laws apply to Virginia and may be different from those in DC or Maryland.
3. What are the consequences of being caught at a party where drugs were being used or in a car where drugs were found? How might this affect your whole life? (family, schooling, occupation, reputation, friends).
4. If you discover a friend who is experimenting with drugs, what should you do?
5. How does the punishment for marihuana vary depending on amounts one has in possession?

References

- Drugs: Facts on Their Use and Abuse, chapter 7.
- Drug Abuse: A Manual for Law Enforcement Officers, p. 29-33.
- Drug Abuse: Escape to Nowhere, p. 80-82.

## INTRODUCTION

### High School

For many years man has used various methods of reacting to anxiety. One of man's methods is to inject, inhale, or ingest some chemical substance to attempt to escape the tensions and pressures of this highly technical world.

Due to the fast moving environment, man has failed to develop a self-reliance which has caused him to rely on artificial substances at the first sign of physical distress. In addition, the methods of mass media have been most effective in indoctrinating the young. Life must be constant pleasure or a pleasuring experience. This illusion has existed since the beginning of time until at last society is beginning to examine with alarm, fear, and concern the artificial devices aided in developing.

Fairfax County educators recognize that the misuse of drugs is a major problem of today. We believe that this problem must be approached by the schools through the use of drugs designed to make students aware of the harmful effects narcotics can produce, both physical and psychological.

This guide is presented as an aid to the teacher so that he will be able to help the student gain an understanding of himself and his relationship to society and the need for artificial devices. To this end, numerous resource materials are included to assist in the dissemination of information.

Principals and faculty will determine how this guide can best be used at the various grade levels. It is suggested that home economics, social studies and English be included in education into their programs of instruction.

Teachers of 9th and 10th grade health and physical education will be able to include their programs of health and driver education.

## INTRODUCTION

### High School

has used various methods of reacting to anxiety and stress. In the present day to inject, inhale, or ingest some chemical substance to cope with adversity or tensions and pressures of this highly technical world.

oving environment, man has failed to develop a sincere knowledge of self. This on artificial substances at the first sign of physical or mental stress. In of mass media have been most effective in indoctrinating the theory that all life are or a pleasuring experience. This illusion has been transferred to our youth is beginning to examine with alarm, fear, and complete frustration what it has

icators recognize that the misuse of drugs is a major problem in Fairfax County t this problem must be approached by the schools through a specific curriculum on students aware of the harmful effects narcotics and other dangerous drugs can and psychological.

sented as an aid to the teacher so that he will be better able to help the stu- ding of himself and his relationship to society and to face life without the vices. To this end, numerous resource materials are suggested and provided to ation of information.

ulty will determine how this guide can best be used on the 11th and 12th grade ed that home economics, social studies and English teachers incorporate drug rograms of instruction.

nd 10th grade health and physical education will use this guide as it relates to h and driver education.

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES, QUESTIONS

## I. Basis for Behavior

## A. Basic Psychological Needs

1. Security
2. Sense of worth
3. Mutually agreeable interaction with others
4. Freedom and independence
5. Conformity
6. Variety
7. Religion and philosophy of life
8. Consideration for others
9. Implication of money/material things
10. Love
11. Achievement (mastery)

## B. Blocking (frustration) of needs (goal attainment) creates necessity for dealing with problems.

1. Desirable approaches
  - a. Confrontation
  - b. Compromise
2. Undesirable approaches
  - a. Extreme defense employment (i.e. rationalization, projection, etc.)
  - b. Extreme escape employment (i.e. day-dreaming, withdrawal, scapegoating, alcohol, drugs, etc.)

## C. Dependence

1. Learned behavior that the user relies upon to decrease anxiety or provide temporary satisfaction
  - a. Excessive eating
  - b. Excessive sleeping
  - c. Excessive use of alcohol
  - d. Abuse of drugs
2. Other crutches

1. What are your needs?
2. What do you think are the most important?
3. Which basic psychological needs of your school, and community are gratifying your psychological needs?
4. What do YOU think are the most important?
5. How do YOU think your school, and community can help you to a great extent?
6. In what ways do you think these needs can be met?
7. What kinds of things, or causes of conflicts and frustration, can help you to a great extent?
8. How do you react or handle these needs?
9. Do your methods really help you to a great extent?
10. If not, are there methods that can help you to a great extent?
11. Can certain ways of solving these needs be habitual?
12. Are unrelated activities or stances used by some people to avoid and relieve anxiety?
13. What are some of these methods?
14. What are some reasons for these methods? List students' reasons.
15. Are any of these reasons long range answers, or do they only provide temporary satisfaction?
16. Is there a relationship between one's environment and these needs?
17. Do teenagers get started with these needs by associating with adults?
18. Discuss ways persons avoid these needs, i.e. parties, friends, etc.
19. What are some healthy ways to meet the need to try different substances?

9th Grade

EARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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- I. 1. What are your needs?
2. What do you think are your most important needs?
3. Which basic psychological need do YOU think is the most important reason for making you act?
4. What do YOU think are the most important psychological needs of your particular group?
5. How do YOU think your family, church or temple, school, and community have influenced you in gratifying your psychological needs?
6. In what ways do you think the above institutions can help you to a greater degree in meeting these needs?
7. What kinds of things, attitudes, or experiences cause conflicts and frustrations in your life?
8. How do you react or handle your conflicts?
9. Do your methods really solve your problems?
10. If not, are there methods of escape or defense?
11. Can certain ways of solving problems become habitual?
12. Are unrelated activities and/or certain substances used by some persons to reduce stress and relieve anxiety?
13. What are some of these activities or substances?
14. What are some reasons that people use drugs? List students' reasons on board.
15. Are any of these reasons short range answers, long range answers, or solutions to problems?
16. Is there a relationship between drug abuse and one's environment?
17. Do teenagers get started on drugs accidentally by associating with addicts?
18. Discuss ways persons are introduced to drugs, i.e. parties, friends, family medicine chest.
19. What are some healthy outlets for teenage energy, curiosity, and "hang-ups" which eliminate the need to try drugs and/or other harmful substances?

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES, QUE

## D. Reasons for the use and abuse of drugs.

1. Curiosity
2. Social pressure (peer pressure)
3. For fun or pleasure
4. Desire to please
5. Fear of unpopularity
6. Escape from school, family, etc.
7. Boredom
8. Rebellion against authority
9. Despair and frustration
10. Proof that they can control drugs
11. Relaxation
12. Fulfillment of a "purposeless" life
13. To shock the "establishment"
14. Medical treatments
15. Artistic creativity or mind expansion

20. How may one react to body is doing it," "D
21. Might a drug addict n being in terms of res
22. What are some specifi may lead to drug abus of identity or involv
23. Who is more likely to marginal student or a
24. Discuss the relations juvenile delinquency

References

Health Text, Modern Health  
Drug Abuse, chapters 1-10  
Youth and the Drug Proble  
Drug Abuse: The Chemical  
Medical Readings on Drug  
 Filmstrip: I Never Looke

9th Grade

MENTAL LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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20. How may one react to statements such as: "Everybody is doing it," "Don't be a chicken," etc.
21. Might a drug addict neglect his physical well-being in terms of rest, cleanliness and nutrition?
22. What are some specific emotional problems which may lead to drug abuse? i.e. broken homes, lack of identity or involvement, poor grades.
23. Who is more likely to become a drug abuser, a marginal student or an involved student?
24. Discuss the relationship between drug abuse and juvenile delinquency and crime.

References

Health Text, Modern Health, chapter 1-13.  
Drug Abuse, chapters 1-10  
Youth and the Drug Problem, chapters 1 and 4.  
Drug Abuse: The Chemical Copout  
Medical Readings on Drug Abuse, pgs. 1-15.  
Filmstrip: I Never Looked At It That Way Before

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES, QUESTIONS

## II. History and cultures of drug abuse

- A. Drugs such as opium, hashish, and cocaine that affect behavior have been known since antiquity. They were used by primitive people to:
1. Induce intoxication during religious rite
  2. Prepare warriors for battle
- B. Opium has been used for centuries to induce sleep, reduce pain, and relieve tension.
1. Opium was known to the Egyptians and Persians some 1,000 years before Christ.
  2. During the Christian era, the Greeks and Romans used opium in the practice of medicine.
  3. During the ninth and tenth centuries, Arab camel trains carried the poppy into India and China.
  4. During the eighteenth and nineteenth centuries, a large variety of medicines containing opium were sold in America before its habit-forming qualities were known.
- C. Many people became accidentally addicted through the use of medicines containing narcotic drugs before physicians realized the dangerous properties of these drugs.
1. Drugs properly used are of value to mankind
  2. Drugs require strict controls

- II. 1. Is the use of narcotics it have early beginnings?
2. How has the use of drugs changed over the centuries?
  3. Where (locate on map) are the major sources of narcotics?
  4. What is the history of opium and barbiturates?
  5. How does the drug problem in the U.S. compare with other countries?
  6. To what extent have drugs been used in the U.S. since 1900?
  7. In what countries are narcotics most available?
  8. What are the laws in the U.S. regarding opium and other narcotics? Can these laws be enforced?
  9. What was the Opium War?
  10. What happened to many of the opium addicts during the Civil War?

References

Drug Abuse: Escape to Nowhere  
Facts About Narcotics, p. 1-10  
Prevention and Control of Drug Abuse  
Medical Readings on Drug Abuse  
Film. Flowers of Darkness

BEGINNINGS SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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- II. 1. Is the use of narcotics a recent problem or does it have early beginnings?  
 2. How has the use of drugs affected different cultures?  
 3. Where (locate on map) has opium had its beginnings?  
 4. What is the history of marihuana, heroin, opium, and barbiturates?  
 5. How does the drug problem in the U.S. compare with other countries?  
 6. To what extent have drugs been used and abused in the U.S. since 1900?  
 7. In what countries are drugs popular and accessible?  
 8. What are the laws in Turkey on growing opium poppies? Can these laws be changed?  
 9. What was the Opium War?  
 10. What happened to many wounded soldiers during the Civil War?

References

Drug Abuse: Escape to Nowhere, p. 15-25.  
Facts About Narcotics, p. 4-7.  
Prevention and Control of Narcotic Addiction, p. 1-6.  
Medical Readings on Drug Abuse, p. 14-16.  
Film. Flowers of Darkness

## III. Cannabis

## A. Marijuana

## 1. Specifics

- a. Medical use - None in the United States (used in the Middle East)
- b. Dependence - psychological, not physical
- c. Abuse - may cause drowsiness or excitability, dilated pupils
  - may cause talkativeness, laughter, hallucinations, feeling of euphoria
  - sense of time, distance, vision, hearing may be distorted
  - ability to perform certain tasks may be impaired (drive autos, operate machinery, etc.)
  - may cause dizziness, dry mouth, burning eyes, frequent urinations, diarrhea, nausea, hunger (particularly for sweets)
- d. Tolerance - none  
No clear medical determination to date
- e. Taken-smoked or orally
- f. Controls - Marijuana Tax Act (1937) (Federal)

## 2. Comments

- a. Acts like alcohol (loosens inhibition)
- b. Can have unpredictable effects - mood may change from one of great joy to extreme anxiety
- c. A "learned substance" - it will do for a person what he wants it to do for him
- d. Used in some religious rites in the Far East
- e. Physical harm not established
- f. May lead to other drugs if the group (sub-culture) also uses other drugs

- III. 1. Is there a m
- 2. What is the d psychological
- 3. What are some juana?
- 4. Why are there such as marij
- 5. What is the b "pot" and sm
- 6. Is it at all judge of whet emotional or marijuana or
- 7. Why did those they left mar
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- 11. What would ha ized and soci (i.e. adverti professions)
- 12. If marijuana the line be d drugs such as
- 13. Debate the st cal Journal, seen marijuar in the opinio and social de
- 14. Should person juana ignore Why did India

9th Grade

AL LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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- III.
1. Is there a medical use for marijuana?
  2. What is the difference between physical and psychological dependence?
  3. What are some symptoms of the use of marijuana?
  4. Why are there laws against the use of drugs such as marijuana?
  5. What is the basic difference between smoking "pot" and smoking tobacco?
  6. Is it at all possible for you to be the best judge of whether or not you will develop an emotional or psychological dependency on marijuana or on other drugs?
  7. Why did those in rehabilitation centers say they left marijuana for stronger drugs?
  8. Is it possible that the effects resulting from using marijuana may cause harm to oneself and to society? If so, in what ways?
  9. Do the effects of marijuana use vary on different individuals or on the same individual at different times?
  10. What per cent of narcotic addicts were previously marijuana users?
  11. What would happen if marijuana were legalized and society were totally affected? (i.e. advertising, use by young, use in all professions).
  12. If marijuana were legalized, where would the line be drawn on other hallucinogenic drugs such as hashish, peyote, and mescaline?
  13. Debate the statement from the British Medical Journal, "... those observers who have seen marijuana used over a long time concur in the opinion that the drug leads to moral and social decay?"
  14. Should persons who attempt to legalize marijuana ignore world experience with the drug? Why did India and Nigeria outlaw its use?

## FUNDAMENTAL LEARNINGS

## SELECTED ACTIVITIES, QUESTIONS

- g. Found in resin from flowering tops and leaves of female Indian hemp plant
  - h. Potency varies with geographical location and time of harvest
  - i. Since reaction to marijuana is psychological and to heroin physical, the use of one does not necessarily lead to the other.
  - j. Long term effects - laziness, indifference, carelessness, anxiety
- B. By-products of Indian hemp
1. Indian Hemp - cannabis sativa. A tall, weedy herb. Male plants yield hemp, female plants flower and yield bhang, marijuana, ganja and charas.
  2. Bhang - smoking mixture from uncultivated female plants
  3. Marijuana - Mexican - Spanish for bhang
  4. Ganja - Specially harvested grade of female hemp plants. Tops are cut and used in smoking mixtures, beverages and sweetmeats.
  5. Charas - pure resin from tops of female plants of Indian hemp. Resin is always extracted, called hashish and derived from drug known as cannabis indica

15. Can drugs be controlled
16. What laws have we tried needed? Are new ones needed?
17. Are human rights involved?
18. What efforts are being made?

References

Drug Abuse, chapter 4.  
Youth and the Drug Problem  
Drug Abuse: A Law Enforcement  
Drug Abuse: Escape to Nowhere  
Drugs on the College Campus  
Marijuana, Some Questions and Answers  
Medical Readings on Drugs and Alcohol

Film - Marijuana

Filmstrip - Marijuana, What's in it for Me?  
Drugs in our Society

Tape - Marijuana, EPC

- 15. Can drugs be controlled by law?
- 16. What laws have we tried? Which are still needed? Are new ones needed?
- 17. Are human rights involved?
- 18. What efforts are being made to pass new laws?

References

Drug Abuse, chapter 4.  
Youth and the Drug Problem, chapter 3.  
Drug Abuse: A Law Enforcement Manual, page 14.  
Drug Abuse: Escape to Nowhere, page 38.  
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Marijuana, Some Questions and Answers  
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Film - Marijuana

Filmstrip - Marijuana, What Can You Believe? pt. 2  
Drugs in our Society - Marihuana

Tape - Marijuana, EPC

## IV. Barbiturates and Amphetamines

## A. Barbiturates - (sleeping pills)

## 1. Specifics

- a. Medical use - sedation, insomnia, epilepsy, high blood pressure, nervous and mental conditions
- b. Dependence - physical and psychological
- c. Tolerance - created
- d. Abuse - drowsiness, staggering, slurred speech, confusion
- e. Taken - orally or by injection
- f. Controls - Drug Abuse Control Amendments (1956) (Federal)

## 2. Comments

- a. Obtained by prescription only
- b. Original prescription expires after six months
- c. Only five refills permitted within this period
- d. Dependence generally occurs only with the use of high doses for a protracted period of time
- e. Combination of barbiturates and alcohol extremely dangerous
- f. Names usually end in "al"
- g. Synthetics - made from coal tar
- h. Capsules - usually colored (nicknames pertain to color)
- i. Produce - physical and strong psychological dependence
- j. Serious damage may result
- k. Detoxification is extremely dangerous if not conducted under medical supervision. Reduction of  $\frac{1}{2}$  grain for user may lead to lethal convulsions.

- IV. 1. What are barbiturates?
2. Why can barbiturates be used only by a doctor?
3. Are there any precautions concerning barbiturates?
4. What are some of the symptoms of a doctor in choosing when filling the prescription?
5. Why is barbiturate dangerous?
6. Which is more dangerous, barbiturate withdrawal or alcohol withdrawal?
7. Could a combination of barbiturates and alcohol prove fatal?
8. Have you heard of any accidents involving people involved in barbiturate use?
9. Under what conditions could barbiturate use be accidental? Why?
10. Why is "swapping" dangerous?
11. What do you think of your own shows signs of dependence?
12. Engage a doctor or a pharmacist in a class or an assembly on the use of Rx drugs such as barbiturates, drug therapy and dependence, doses and indications, precautions, and contraindications.
13. Suggest student research on "The Nervous System" or "The Mind" or "The Body."
14. What are amphetamines?
15. Do amphetamines have any medical uses?
16. What are some of the symptoms of amphetamines?
17. What effect do amphetamines have on the body? Short term? Long term?

9th Grade

LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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 y colored (nicknames  
 and strong psycho-  
 e  
 y result  
 extremely dangerous  
 under medical super-  
 n of ½ grain for  
 lethal convulsions.

- IV.
1. What are barbiturates?
  2. Why can barbiturates be of great value when they are used only as a physician prescribes?
  3. Are there any prescription regulations concerning barbiturates?
  4. What are some of the responsibilities of the doctor in choosing a drug and the pharmacist when filling the prescriptions?
  5. Why is barbiturate abuse considered extremely dangerous?
  6. Which is more dangerous, opiate withdrawal or barbiturate withdrawal? Why?
  7. Could a combination of alcohol and barbiturates prove fatal? Why?
  8. Have you heard or read about any prominent people involved in barbiturate abuse?
  9. Under what conditions can barbiturate abuse be accidental? Why?
  10. Why is "swapping" pills harmful?
  11. What do you think you should do if a friend of yours shows signs of withdrawal?
  12. Engage a doctor or pharmacist to address a class or an assembly to cover certain aspects of Rx drugs such as: new uses for drugs, drug therapy and treatment, generic equivalence, doses and how determined, drug indications, precautions, side effects, contraindications.
  13. Suggest student reports on "New Drugs in Medicine" or "The Effects of Drugs on the Nervous System."
  14. What are amphetamines?
  15. Do amphetamines have any medical use?
  16. What are some of the most commonly abused amphetamines?
  17. What effect do amphetamines have on the body? Short term? Long term? Wearing off?

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES, QUESTIONS

- l. Degree of use is greater than opiates
- m. Under medical supervision, they are safe and effective
- n. More people die from barbiturate poisoning than from any other drug
- o. A major cause of automobile accidents
3. Withdrawal symptoms of barbiturates
  - a. 8-12 hours after last dose (abuser starts to improve)
  - b. 12-24 hours - increasing nervousness, headaches, anxiety, muscle twitching, tremors, weakness, cramps, nausea, delirium, insomnia, sudden drop in blood pressure (may faint if tries to stand suddenly)
  - c. 24 hours - symptoms very severe
  - d. 36 - 72 hours - convulsions resembling epileptic seizures may develop
  - e. May last as long as eight days
  - f. Delerium Tremens may develop
  - g. Convulsions may be fatal
- B. Amphetamines - (pep pills, diet pills), amphetamine sulphate (benzedrine), dextro-amphetamine, methedrine (speed)
  1. Specifics
    - a. Medical use - to counteract depression, reduce appetite, cure of Narcolepsy (sleeping sickness)
      - also used as a nasal vasoconstrictor in treatment of colds (more effective drugs available)
      - for obesity, menopausal depression, senility, grief
    - b. Dependence - psychological, not physical
    - c. Tolerance - created
    - d. Abuse - excitation, energy, alertness, endurance, dilated pupils, tremors, talkativeness, hallucinations, rise in blood pressure, dry mouth, sweating, diarrhea, frequent urination,

18. Is there regulation on usage?
19. Why should the prescribing to diet pills be...
20. Why do so many drugs a...
21. What is the usual phys freaks?"
22. Many truck drivers use this prove dangerous?
23. Why do some college stu of "ups?" How might t...
24. Why are amphetamine ab disease?
25. What are paranoid delu...
26. How do the personaliti from those of heroin o...

References

- Drug Abuse, chapter 2.  
Youth and the Drug Problem  
Drug Abuse, A Manual for L  
 p. 7-10
- Drug Abuse: Escape to Now  
Drugs on the College Campu  
The Up and Down Drugs  
Medical Readings on Drug A  
 Film. FDA: Special Report  
and Goofballs
- Filmstrip. Drugs in our S  
Amphetamines a
- Tape. Ups and Downs, EPC  
 Transparencies. The Use a

9th Grade

WARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

greater than opiates  
 vision, they are  
 m barbiturate  
 any other drug  
 automobile accidents  
 barbiturates  
 st dose (abuser  
 asing nervousness,  
 muscle twitching,  
 cramps, nausea,  
 sudden drop in  
 faint if tries to  
 very severe  
 convulsions resem-  
 blances may develop  
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 diet pills), am-  
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 counteract depres-  
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 sickness)  
 nasal vasoconstrict-  
 of colds (more  
 available)  
 opausal depression,  
 biological, not physi-  
 d  
 , energy, alertness,  
 pupils, tremors,  
 lucinations, rise  
 dry mouth, sweat-  
 qu ination,

18. Is there regulation or control of amphetamine usage?
19. Why should the prescription instructions relating to diet pills be strictly followed?
20. Why do so many drugs abusers avoid "speed?"
21. What is the usual physical condition of "speed freaks?"
22. Many truck drivers use amphetamines. How might this prove dangerous?
23. Why do some college students resort to the use of "ups?" How might this affect performance?
24. Why are amphetamine abusers susceptible to disease?
25. What are paranoid delusions?
26. How do the personalities of "speed" users differ from those of heroin or LSD users?

References

Drug Abuse, chapter 2.  
Youth and the Drug Problem, chapter 2.  
Drug Abuse, A Manual for Law Enforcement Officers,  
 p. 7-10  
Drug Abuse: Escape to Nowhere, p. 32-35.  
Drugs on the College Campus, chapter 2 and 6.  
The Up and Down Drugs  
Medical Readings on Drug Abuse, p. 117-152  
 Film. FDA: Special Report: Drug Abuse-Bennies  
and Goofballs  
 Filmstrip. Drugs in our Society "Barbiturates,  
Amphetamines and Other Rx Drugs"  
 Tape. Ups and Downs, EPC  
 Transparencies. The Use and Misuse of Drugs

insomnia, palpitations, dilation of pupils, headaches, paleness, nervousness, anxiety, sleeplessness

- e. Long range abuse - high blood pressure irregular heart rhythms or heart attacks, paranoid delusions, suicidal attempts, drug induced mental illness, permanent brain damage
- f. Taken - orally or by injection
- g. Controls - Drug Abuse Control Amendment (1965) (Federal)

2. Comments

- a. Prescription only
- b. Original prescription expires after 6 months
- c. Only five refills permitted during this period
- d. May be physically destructive - "burns out" body (overproduction of adrenalin)
- e. Involved with stimulant - sedative (wakers and sleepers) cycle
- f. Scientists have found that in the body these drugs stimulate the release of a substance stored in nerves and concentrate it in the higher centers of the brain

9th Grade

ESSENTIAL LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

palpitations, dilation of  
pupils, paleness, nervous-  
ness, sleeplessness  
Drug Abuse - high blood pressure  
Heart rhythms or heart  
Paranoid delusions, suicidal  
Drug induced mental illness,  
Brain damage  
Orally or by injection  
Drug Abuse Control Amend-  
(Federal)  
in only  
Prescription expires after  
Refills permitted during  
Physically destructive - "burns  
(overproduction of adrenalin)  
with stimulant - sedative  
(insomnia sleepers) cycle  
They have found that in the  
(drugs stimulate the  
a substance stored in  
concentrate it in the  
centers of the brain

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES

- V. Hallucinogens (psychedelics) "mind expanders" or "awareness expanders" may cause distortion of perception, dream images, hallucinations
- A. LSD (lysergic acid diethylamide)
1. Very powerful hallucinogen
  2. Synthesized in 1938 from the fungus ergot growing on rye
  3. Obtained - small white pill, crystalline powder -- powder - capsules - tasteless, colorless, odorless liquid - impregnated sugar cubes, cookies, crackers.
  4. Taken - orally or injected
  5. Medical use - none approved - experimented with as possible treatment for mental and emotional illness and for alcoholism
  6. Physical effects
    - a. central nervous system - can produce changes in mood, behavior, and perception (sight, hearing, touch, body image, time-space relations) distortion, illusions, restlessness, loss of sleep
    - b. Dilated pupils, tremors, elevated temperature and blood pressure, shaking of hands and feet, shivering, irregular breathing, nausea, loss of appetite.
    - c. Tolerance - No clear medical evidence to date
    - d. No physical dependence
    - e. Splits chromosome structure - the possibility of creating permanent genetic damage is under investigation
  7. Psychological effects
    - a. Trivial events and objects can assume unusual significance

- V. Hallucinogens
1. Why do teenagers take LSD?
  2. What kinds of distortions of LSD?
  3. How may the effects affect oneself and to society?
  4. How safe is the use of LSD? How is it obtainable?
  5. What degree of control is a supplier of LSD?
  6. Is there a legal use of LSD?
  7. Are there hallucinations?
  8. Contrast attitudes toward LSD and mental diseases. How can one expose himself to LSD? How can one take a chance with LSD?

References

- Drug Abuse, chapter 5  
Youth and the Drug Problem  
Drug Abuse, A Manual for Teachers  
 page 10.
- Drug Abuse: Escape to Freedom  
Drugs on the College Campus  
LSD: Some Questions and Answers  
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LSD: Trip or Trap  
LSD: Escape to Freedom  
LSD: 25
- Filmstrip. Drugs in Our Society  
Marijuana
- Tape. Hallucinogenic

## V. Hallucinogens

1. Why do teenagers knowingly risk the dangers of taking LSD?
2. What kinds of distortions may occur from the use of LSD?
3. How may the effects from using LSD cause harm to oneself and to society?
4. How safe is the quality and dosage of LSD that is obtainable?
5. What degree of confidence can you have in a supplier of LSD?
6. Is there a legal supply of LSD?
7. Are there hallucinogenic drugs other than LSD?
8. Contrast attitudes toward communicable diseases and mental diseases. Would one intentionally expose himself to TB, mumps, measles? Would one take a chance with mental illness? Which is worse?

ReferencesDrug Abuse, chapter 5Youth and the Drug Problem, chapter 2Drug Abuse, A Manual for Law Enforcement Officers, page 10.Drug Abuse: Escape to Nowhere, p. 40Drugs on the College Campus, chapter 2 and 6LSD: Some Questions and AnswersMedical Readings on Drug Abuse, p. 154-196.Films. LSD: Insight or InsanityLSD: Trip or TrapLSD: Escape to WhereLSD: 25Filmstrip. Drugs in Our SocietyMarijuana and LSDTape. Hallucinogenic Drugs, EPS

- b. Variety of moods (laughter to tears)
  - c. User may experience anxiety, fear, panic
  - d. User may undergo impulsive behavior (suicidal attempts, disrobing, panic states, homicidal tendencies), paranoia
  - e. Psychological dependence - under investigation
  - f. "Trips" - dependent on dosage as to time
    - waves (alternating, diminish in intensity)
    - some fatigue, tension, and recurrent hallucinations may persist for long periods
    - psychological changes can persist for indefinite periods
  - g. Psychotic states - being admitted into hospitals in increasing numbers
  - h. Reactions unpredictable - (even with experienced users) - some harmless, some "casualties" because user may feel indestructible - leap from high places
  - i. Delayed reactions may occur and recur for weeks
  - j. Controls - FDA - Drug Control Amendments (1966) (Federal)
- B. Other hallucinogens
- 1. Mescaline
    - a. Derived from Mexican cactus, peyote
    - b. Used by certain southwest Indians in religious tribal rites
    - c. Available as crystalline in capsules
    - d. Available as liquid in vials
    - e. Can be obtained as a greyish-brown cloudy liquid
    - f. Can be obtained as a whole cactus "button"

9th Grade

MENTAL LEARNINGS

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

of moods (laughter to tears)  
experience anxiety, fear,  
undergo impulsive behavior  
(attempts, disrobing, panic  
tendencies), para-  
sychical dependence - under  
control  
dependent on dosage as to  
time  
waves (alternating, diminish  
in intensity)  
some fatigue, tension, and  
recurrent hallucinations  
may persist for long periods  
psychological changes can  
persist for indefinite per-  
iods  
states - being admitted  
to hospitals in increasing numbers  
unpredictable - (even with  
experienced users) - some harmless,  
others "fatalities" because user may  
be self-destructible - leap from high  
to low reactions may occur and recur  
- FDA - Drug Control Amend-  
ment (1966) (Federal)  
Regulations  
obtained from Mexican cactus, peyote  
used by certain southwest Indians in  
ancient tribal rites  
available as crystalline in capsules  
or as liquid in vials  
obtained as a greyish-brown  
powdery liquid  
or obtained as a whole cactus

- g. Injected or taken orally often in tea, coffee or some beverage (because of its bitter taste)
  - h. Dependence - psychological, not physical
  - i. Tolerance - created
  - j. Abuse - can cause excitation, hallucinations or rambling speech
  - k. May result in visions seen in vivid colors
2. Psilocybin
- a. Derived from mushrooms found in Mexico
  - b. Used in some Indian religious rites
  - c. May produce hallucinations
  - d. Available in crystalline powder or liquid
  - e. Dependence - Psychological, not physical
3. DMT (dimethyltryptamine)
- a. "Watered down" version of LSD
  - b. Derived from seeds of certain West Indian and South American plants
  - c. Also prepared synthetically
  - d. Powder used as "snuff" for centuries - still used by some Indians (Mexico and Southwest United States)
  - e. Reactions shorter than LSD
4. STP and Morning Glory seeds

9th Grade

FUNDAMENTAL LEARNINGS

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

or taken orally often in  
ice or some beverage (because  
bitter taste)  
e - psychological, not physi-  
- created  
can cause excitation, hallu-  
or rambling speech  
t in visions seen in vivid  
from mushrooms found in  
some Indian religious rites  
ce hallucinations  
in crystalline powder or  
e - Psychological, not physi-  
yltryptamine)  
down" version of LSD  
rom seeds of certain West  
d South American plants  
ared synthetically  
ed as "snuff" for centuries -  
d by some Indians (Mexico  
west United States)  
shorter than LSD  
ng Glory seeds

## VI. The Narcotics

- all produce physical and psychological dependence
  - not harmful to society or the individual if properly handled
  - use learned through connection with a sub-culture group (in the case of the "street heroin addict")
- A. Opium - seldom used by American addicts (except in its derivatives); milky juice extract from unripe seeds of opium poppy which is processed to a dark gummy extract, bitter taste, heavy disagreeable odor when smoked in pipe, may cause dreamy stupor
- B. Morphine (derivative of opium)
- fine white powder, odorless
  - usually adulterated with milk sugar (lactose) or other substances
  - usually distributed in "bag" or "cap" (flat glassine packet)
1. Medical use - to relieve pain, anxiety, and general discomfort to promote sleep
  2. Dependence - physical and psychological
  3. Tolerance - created
  4. Abuse - drowsiness or stupor; pinpoint pupils; slows heart; decreases respiration; sweating, and nausea
  5. Taken - orally, injected, sniffed
  6. Controls - Harrison Act (Federal)
  7. Comments - The standard against which other narcotic analgesics are compared
    - Legally available under prescription only
    - Doctors usually avoid long use to prevent "accidental addiction."

## VI. Narcotics

1. What are opiates?
2. Is cocaine classified as a narcotic?
3. Opium
  - a. What stories are told about opium in the States? What are the effects?
  - b. Is opium a narcotic?
  - c. Are any of the opiates used in medicine? What are the effects?
  - d. In what parts of the world is opium most freely available?
4. Morphine
  - a. Is the use of morphine in medicine increasing or decreasing?
  - b. Why do doctors use morphine in medicine?
  - c. Under what conditions can a doctor prescribe morphine? (i.e. patient's condition)
  - d. What controls are placed on the use of morphine?
  - e. What are the effects of morphine?
5. Heroin
  - a. Which of the opiates is the most addictive?
  - b. Does heroin addiction occur?
  - c. Is heroin a narcotic?
  - d. Why is the use of heroin increasing?
  - e. What are the effects of heroin?
  - f. Besides the physical effects of heroin, what are the social problems associated with its use?
  - g. Is heroin a narcotic?
  - h. Might the use of heroin be a person's health problem?
  - i. What are the effects of heroin? Early symptoms?
  - j. What is the withdrawal from heroin?
  - k. Why do most heroin addicts die after physical withdrawal?

9th Grade

FUNDAMENTAL LEARNINGS

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

and psychological depen-  
ty or the individual if  
connection with a sub-cul-  
case of the "street heroin  
ed by American addicts  
ratives); milky juice  
be seeds of opium poppy  
to a dark gummy extract,  
y disagreeable odor when  
ay cause dreamy stupor  
ive of opium)  
er, odorless  
ated with milk sugar (lac-  
substances  
uted in "bag" or "cap" (flat  
to relieve pain, anxiety,  
iscomfort to promote sleep  
physical and psychological  
reated  
iness or stupor; pinpoint  
heart; decreases respira-  
g, and nausea  
y, injected, sniffed  
arrison Act (Federal)  
e standard against which  
her narcotic analgesics are  
mpared  
gally available under pre-  
ription only  
ctors usually avoid long use  
p "accidental addic-

VI. Narcotics

1. What are opiates?
2. Is cocaine classified as a narcotic?
3. Opium
  - a. What stories have you heard about opium?
  - b. Is opium a serious problem in the United States? Why? Why not?
  - c. Are any of the opiates valuable? In what respect?
  - d. In what parts of the free world is opium most freely used?
4. Morphine
  - a. Is the use of morphine ever legal?
  - b. Why do doctors limit the use of morphine in medicine?
  - c. Under what conditions do you think a doctor can extend the use of morphine? (i.e. patient dying of cancer)
  - d. What controls in the use of morphine are placed on the medical professions?
  - e. What are some synthetic substitutes for morphine?
5. Heroin
  - a. Which of the opiates is the most addictive?
  - b. Does heroin have any medical value?
  - c. Is heroin legal in the United States?
  - d. Why is the use of heroin dangerous?
  - e. What are some harmful effects in the use of heroin?
  - f. Besides the risk of addiction, what other problems are associated with heroin abuse?
  - g. Is heroin injected only into the arm?
  - h. Might the regular use of heroin affect one's health habits?
  - i. What are the symptoms of withdrawal? Early symptoms? Late symptoms?
  - j. What is the length of complete withdrawal from heroin?
  - k. Why do most addicts return to heroin after physical withdrawal?

## FUNDAMENTAL LEARNINGS

## SUGGESTED ACTIVITIES

- C. Heroin (derivative of morphine) - most addictive of all opiates
1. Medical use - relieve pain (illegal in the United States even to the medical profession)
  2. Dependence - physical and psychological
  3. Tolerance - created
  4. Abuse - drowsiness, stupor, pinpoint pupils, dulling of senses, lack of coordination, drop in blood pressure, reduced respiration
  5. Taken - sniffed or injected (orally for medical use in Germany)
  6. Controls - Harrison Act (Federal)
  7. Secondary complications - hepatitis, tetanus, and other infections - breakdown of veins
  8. Comments - Used medically in some countries - because of pressure by law enforcement, supplies have tended to be of low percentages - overdoses can cause death
- D. Codeine (derivative of opium) about 1/6 strength - Cheracol, Cosanyl
1. Medical use - to relieve pain and suppress coughing
  2. Dependence - physical and psychological
  3. Tolerance - created
  4. Abuse - drowsiness, pinpoint pupils, stupor
  5. Taken - orally, pill form - one of the major ingredients in prescription cough syrup
  6. Controls - Harrison Act (Federal)
  7. Comments - preparations containing specified minimal amounts are classified as "exempt" (differing in states) - can be obtained without prescription in some states

1. What is m. Describe
6. Codeine
  - a. Why do so prescript
  - b. Is there
7. Synthetic Op
  - a. Can opiat natural s
  - b. How can o
  - c. Are there of synthe
  - d. How are m the metro frequentl
  - e. Debate th done.
  - f. Without p be danger Fairfax C
8. Cocaine
  - a. Although cocaine i opiates.
  - b. Is there and cocoa
  - c. What are
  - d. Are there
9. Definitions u
  - a. What is d
  - b. What is t
  - c. What is w
  - d. How is wi
  - e. Is addict
  - f. What is a
  - g. Compare a logical a

9th Grade

ARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

- most addic-  
(illegal in  
the medical  
psychological  
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hepatitis, teta-  
- breakdown of  
in some coun-  
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- one of the  
ription cough  
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ontaining speci-  
classified as  
ates) - can be  
tion in some

1. What is the cost of drug abuse to society?
- m. Describe the life of an addict.
6. Codeine
  - a. Why do some cough medicines require a prescription?
  - b. Is there any danger in the use of codeine?
7. Synthetic Opiates
  - a. Can opiates be obtained from other than natural sources?
  - b. How can opiates be beneficial?
  - c. Are there any dangers involved in the use of synthetic opiates?
  - d. How are methadone clinics being used in the metropolitan area? Why are they frequently criticized?
  - e. Debate the values and dangers of methadone.
  - f. Without proper controls, can methadone be dangerous? Cite some fatal cases in Fairfax County.
8. Cocaine
  - a. Although legally classified as a narcotic, cocaine is very different from the other opiates. How is it different?
  - b. Is there any relationship between cocaine and cocoa?
  - c. What are the effects of cocaine abuse?
  - d. Are there dangers in cocaine abuse?
9. Definitions used in relation to drugs
  - a. What is drug dependence?
  - b. What is tolerance?
  - c. What is withdrawal?
  - d. How is withdrawal related to crime?
  - e. Is addiction inherited?
  - f. What is addiction?
  - g. Compare and contrast physical and psychological addiction.

## FUNDAMENTAL LEARNINGS

## SELECTED ACTIVITIES, QU

- E. Paregoric
1. Medical use - to control diarrhea; to reduce discomfort of teething (local application)
  2. Dependence - physical and psychological
  3. Tolerance - created
  4. Abuse - drowsiness, pinpoint pupils, stupor
  5. Taken - orally
  6. Controls - Harrison Act (Federal)
  7. Comments - classified as "exempt narcotic." - prescription not needed in some states
- F. Synthetic Opiates
1. Meperidine (morphine-like drug) trade name Demerol
    - a. Medical use - to relieve pain
    - b. Dependence - physical and psychological
    - c. Tolerance - created
    - d. Abuse - similar to morphine (except at higher doses) - excitation, tremors, convulsions
    - e. Taken - orally or injected
    - f. Controls - brought under the Harrison Act (1944) (Federal)
    - g. Shorter acting than morphine
      - withdrawal symptoms appear quickly
      - prescription only
  2. Methadone (morphine-like drug)
    - a. Medical use - to relieve pain - used to "block" craving for heroin in some individuals
    - b. Dependence - physical and psychological
    - c. Tolerance - created
    - d. Abuse - same as morphine
    - e. Taken - orally or by injection
    - f. Controls - brought under the Harrison Act (1953) (Federal)

References

Drug Abuse, chapter 6, 7,  
Youth and the Drug Problem  
Drug Abuse - A Manual for  
 pages 5, 29  
Drug Abuse: Escape to No  
Drugs on the College Camp  
Medical Readings on Drug  
Narcotics: Some Questions

Films. Hooked  
Fight or Flight

Filmstrip. Drugs in Our

Tape. EPC - Hard Drugs

9th Grade

LEARNINGS

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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References

- Drug Abuse, chapter 6, 7, and 8
- Youth and the Drug Problem, chapter 2, 4, and 5
- Drug Abuse - A Manual for Law Enforcement Officers,  
pages 5, 29
- Drug Abuse: Escape to Nowhere, page 30, 45
- Drugs on the College Campus, chapter 2, 6
- Medical Readings on Drug Abuse, pages 197-211
- Narcotics: Some Questions and Answers

Films. Hooked  
Fight or Flight

Filmstrip. Drugs in Our Society "Narcotics"

Tape. EPC - Hard Drugs

- g. Comments - longer acting than morphine - withdrawal symptoms develop more slowly, are less intense and more prolonged

#### G. Cocaine

1. Origins - obtained from leaves of coca plant (South America)
  - not the same as cocoa (from Cocoa plant)
  - odorless, white crystalline powder, bitter taste
2. Specifics
  - a. Medical use - local anesthetic (although rare today)
  - b. Dependence - psychological, not physical
  - c. Tolerance - (controversial point) - no clear medical determination to date
  - d. Abuse - Extreme excitation, tremors, hallucinations
    - May produce euphoria; a sense of increased muscle strength, anxiety and fear
    - Pupils dilate; increase in heart-beat and blood pressure
    - Stimulation followed by period of depression
    - May depress heart and respiratory functions so that death occurs
  - e. Taken - sniffed or injected
  - f. Controls - Harrison Act (Federal)
3. Comments
  - a. Although pharmacologically not a narcotic, classified as such in Federal and State laws
  - b. Combined with heroin to counteract sedation
  - c. May produce violent behavior
  - d. No withdrawal symptoms

9th Grade

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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- H. General Effects of Opiates
1. May reduce sensitivity to both physical and psychological stimuli and produces a state of euphoria in beginning and recently detoxified users.
  2. Fear, tensions and anxieties may be dulled
  3. Addict may become lethargic and indifferent to his environment and personal situation
  4. A pregnant woman may produce an addicted child
  5. Side effects - nausea, vomiting, constipation, itching, flushing, constriction of pupils, respiratory depression
- I. Withdrawal - Symptoms of Opiates  
(Typical - varies with the degree of physical dependency, it is related to the amount of the drug customarily used and to the individual's physiological and psychological reactions)
1. Onset may start from about four hours on after last dose
  2. 12-24 hours -
    - a. eyes and nose run
    - b. excessive yawning
    - c. excessive sweating
    - d. pupils enlarge
    - e. "goose flesh" may appear
  3. 36 hours
    - a. cramps in back, legs and abdomen
    - b. painful twitching
    - c. vomiting
    - d. diarrhea
    - e. loss of appetite
    - f. fever
    - g. jerking of leg muscles (kicking the habit)
  4. 48-72 hours - peak of suffering
  5. 5-10 days - tapering off period, symptoms gradually diminish

9th Grade

LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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6. Weariness, insomnia, nervousness, muscle aches, pains may persist for several weeks
7. In extreme cases - death may result
- J. Definitions used in relation to drugs
1. Dependence - a state arising from the repeated administration of a drug on a periodic or continuous basis  
Refers to a type - Examples:  
"Drug dependence of the heroin type"  
"Drug dependence of the cocaine type"  
"Drug dependence of the barbiturate type"
    - a. Physical dependence - an adaptation wherein the body:
      - (1) "Learns" to live with the drug
      - (2) "Learns" to tolerate increasing doses
      - (3) Reacts with withdrawal symptoms when deprived of it (abstinence syndrome)
    - b. Psychological dependence - an emotional desire or need to continue using the drug, for whatever effect the individual finds "desirable"
  2. Tolerance - refers to the body adapting to the substance so that increasing doses are required for any or all of the following reasons:
    - a. In order to obtain an effect equal to the initial dose
    - b. To prevent withdrawal symptoms (Tolerance can occur within physical dependence)
  3. Addiction - a state of periodic or chronic intoxication produced by the repeated consumption of a drug and involves Tolerance, Psychological Dependence, usually Physical Dependence, and an overwhelming compulsion to continue using the drug
  4. Habituation - a condition, resulting from the repeated consumption of a drug, which

9th Grade

WINGS SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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involves little or no evidence of tolerance, some psychological dependence, no physical dependence, and a desire (not a compulsion) to continue taking the drug for the feeling of well-being received

5. Abuse - Drugs that are not obtained by prescription, used without medical knowledge or supervision, used in amounts beyond that for which medically intended

9th Grade

LEARNINGS

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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- VII. Problems and Social Effects of Continued Use of Drugs
- A. Great waste of human talent and energy
  - B. Lowering of initiative and academic efficiency  
As drugs become an important thing in a student's life, it may influence him to leave school to take a job to pay for his addiction
  - C. Loss of job because of irresponsibility or absenteeism
  - D. Destruction of personal and family relationships on any socioeconomic level. Withdrawal from family and friends to live along with "the drug and needle."
  - E. Stealing and other criminal acts in order to keep a drug supply. Costly in property losses to society
  - F. Motor vehicle accidents caused by drug use contributing to dangers on the highway, suicides, and accidental poisoning from drug overdoses
  - G. Costly to society in providing addicts with welfare, treatment, criminal prevention, and rehabilitation.

- VII. Social Effects
1. Suggest why society causes
  2. Why may people get out of school?
  3. How does drug abuse affect members of society?
  4. What are the effects of drug abuse?
  5. Does a drug addict lose control of his life?
  6. Collect data on drug abuse to problem solve.
  7. Engage students in a class debate on drug abuse.

#### References

Text: Moderate  
Drugs on the  
The Drug Dilemma  
Facts About  
Drug Abuse:  
Medical Readings

9th Grade

LEARNINGS

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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- VII. Social Effects of Drug Abuse
1. Suggest student reports on problems of society caused by drug abuse.
  2. Why may a constant drug user be apt to drop out of school?
  3. How does a family feel if one of their members becomes addicted?
  4. What per cent of crime is related to drug abuse? What is the cost?
  5. Does a drug user know the exact content of the drug he is taking? After use, may he lose count? What may happen with overdose?
  6. Collect and discuss new items that pertain to problems and crimes caused by drug abuse.
  7. Engage an ex-drug addict to speak to the class about life as a drug addict and why he decided to kick the habit.

References

Text: Modern Health, chapter 1-13  
Drugs on the College Campus, p. 1-18  
The Drug Dilemma, p. 115-126  
Facts About Narcotics, p. 26-32  
Drug Abuse: The Chemical Cop-out  
Medical Readings on Drug Abuse, p. 212-248

## FUNDAMENTAL LEARNINGS

## SELECTED ACTIVITIES

- VIII. Alternatives to the Use of Drugs - What Can Be Done to Guard Against Abuse? What are some Facilities and Methods for Teaching Drug Addiction?
- A. Individual guard against drug abuse
1. The only sane policy is complete avoidance except under medical supervision
  2. Adopt sound mental health habits
  3. Develop an attitude toward stress, tension, anxiety, and pain as useful signs of hidden problems, i.e. substitute worthwhile projects, learn to live with situations that cannot be immediately changed, etc.
  4. Seek professional help for chronic unhappiness
- B. Treatment and rehabilitation of the addict
1. Many medical authorities treat the addict as a sick person
  2. Federal hospitals in Lexington and Fort Worth were the first to treat addicts
  3. The first phase of treatment, detoxification, is withdrawing the addict from the drug
  4. The most difficult phase of rehabilitation is learning to face up to his responsibilities without the use of drugs
  5. The Narcotic Addict Rehabilitation Act of 1966 gives certain addicts a choice of treatment instead of imprisonment if they are not charged with a crime

- VIII. Alternatives to
1. What are some problems?
  2. What professions do people with drug addiction do?
  3. Why do medical professionals frequently do this?
  4. Why do physicians frequently do this?
  5. What are some resources available for treatment? Comparing of resources in metropolitan areas. Check out what the places, conditions for it.
  6. Explore various including medical.
  7. Discuss the treatment.
  8. Debate the treatment.
  9. Engage a representative to the class treatment in

References

## Appendix E

Drug Abuse: Escaping Drugs and You, page  
Medical Readings of

9th Grade

LEARNINGS

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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- VIII. Alternatives to the Use of Drugs
1. What are some positive ways of solving problems?
  2. What professional help is available for people with mental and social problems?
  3. Why do medical authorities consider the drug addict as a sick person?
  4. Why do physicians who give treatment frequently do so in a hospital setting?
  5. What are some local, state, and federal resources available for therapy and rehabilitation? Contact DC Drug Central for a listing of resources available in the metropolitan area. Stimulate some students to check out what is available, visit or call the places, evaluate them, and make suggestions for improvement.
  6. Explore various methods of treatment including methadone clinics.
  7. Discuss the role of vocational rehabilitation.
  8. Debate the "American system of treatment."
  9. Engage a rehabilitation counselor to speak to the class concerning his role in the treatment in drug abuse.

References

Appendix E

Drug Abuse: Escape to Nowhere, p. 45-51, and 82  
Drugs and You, page 136-149  
Medical Readings on Drug Abuse, p. 249-260

10th Grade  
Driver Education

FUNDAMENTAL LEARNINGS

SELECTED ACT

I. Drugs and Driving Do Not Mix

- A. Some drugs may be sold over the counter without a prescription from a physician
  - 1. These drugs are required by law to bear "adequate directions for use." If used with the frequency and in the amounts stated in these directions, there is no danger in driving a motor vehicle
  - 2. Where one tablet helps, two tablets will not necessarily be more helpful; two tablets could affect the nervous system, reduce your alertness and impair driving performance
  - 3. A common drug, such as aspirin, can be fatal if ingested in large numbers (have been used to commit suicide).
- B. Another group of drugs can be dispensed only on a doctor's prescription
  - 1. The doctor indicates directions for use to you or the druggist. These directions should be followed exactly, not only to accomplish their purpose, but also to prevent dangerous side effects
  - 2. The brain is the first organ in the body affected by drugs used in excess of directions. Ability to function, to be alert, to see and prevent dangers is often destroyed.

- I. 1. What federal labeling
- 2. What is the non-prescription
- 3. What are the
- 4. Cite examples of accused
- 5. Do you think about drug
- 6. Why should the ing doctor and time
- 7. Cite specific non-prescription driving

10th Grade  
Driver Education

LEARNINGS

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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- I. 1. What federal agency controls drug advertising, labeling and use?
2. What is the difference between prescription and non-prescription drugs? List examples of each.
3. What are the labeling requirements for drugs?
4. Cite examples of over-the-counter drugs accused of false advertising.
5. Do you think there is much false advertising about drugs?
6. Why should patients be very careful in following doctors' prescriptions regarding amounts and time intervals?
7. Cite specific examples of prescription and non-prescription drugs that might affect one's driving ability.

10th Grade  
Driver Education

FUNDAMENTAL LEARNINGS

SELECTED ACTIVITIES

- II. Different drugs have different effects on body functions - all detrimental to driving performance.
- A. Narcotics
1. They have a depressant effect on the central nervous system which produces drowsiness, inability to concentrate, impaired vision, and sluggishness, but at the same time they provide a feeling of well-being (euphoria) or apathy
  2. They are usually habit forming, and when the supply is cut off, serious and painful withdrawal symptoms may develop
- B. Marijuana
1. In early stages, the user may appear animated and hysterical, while in the later stages sleepiness and stupor result
  2. A person who becomes psychologically dependent and takes heavy dosage may experience hallucinations - and the mood may swing from joy to extreme fear or panic
  3. Marijuana intoxication does not impair motor coordination as much as concepts of time and space, therefore, a user may operate a car while his concepts of time and space (depth perception) are radically distorted

- II. 1. Classify the effects of drugs and their consequences on the motor and general psychological functions. Address substance abuse and driving safety.
2. Engage students in a role-play activity to address the effects of drugs on the individual.
3. Why do many people take amphetamines?
4. Do drugs affect different people differently?
5. Suggest a list of effects."

10th Grade  
Driver Education

INITIAL LEARNINGS

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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- II. 1. Classify specific types of drugs, their effects on body functions, and possible consequences for the motor vehicle operator and general traffic safety.
2. Engage speakers from the medical, pharmacological, and law enforcement fields to address students on the topic of drugs and driving.
3. Why do many long distance truck drivers take amphetamines? How may this be dangerous?
4. Do drugs have the same effect on different people? Do drugs affect the same individual differently at different times?
5. Suggest a student report on "synergetic effects."

FUNDAMENTAL LEARNINGS

SELECTED ACT

C. Amphetamines

1. They have a stimulating effect on the nervous system, increasing alertness and efficiency for a short time.
2. Temporary effect may be followed by headache, dizziness, irritability, decreased ability to concentrate, and marked fatigue.
3. Operators may see things in the road that are not really there - mirages or hallucinations. "Voices" may be heard in the cab of the truck or outside the car window, "ghost vehicles" appear and a driver swerves to avoid them and crashes.
4. Operators need to consider that use interferes with the body's normal protective symptoms of drowsiness and fatigue (feeling of exhaustion is short circuited), causing the driver to use up the reserve of body energy until a total and sudden collapse may occur.
5. Legally, amphetamines can be sold only in drug stores, upon presentation of a doctor's prescription, but they are "bootlegged" and sold for enormous profit to truck drivers and young persons to keep awake.

D. Barbiturates

1. The natural tolerance for barbiturates varies from one person to another (greater tolerance doesn't preclude addiction).
2. Excessive use produces symptoms similar in some respects to alcoholic intoxication (drowsiness, confusion, inability to coordinate muscular actions, difficulty in thinking or talking clearly).

10th Grade  
Driver Education

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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3. Even the occasional user will become drowsy and less alert. This reduces the driver's ability to identify, predict, decide and act.
4. Withdrawing from barbiturate overuse may be more difficult than withdrawing from narcotics and can cause convulsions, spasms, muscular cramps, rigidity. Often this may happen behind the wheel of a car.
5. Barbiturates and alcohol can cause sudden death due to chemical interaction.
6. They should never be used except under a doctor's instructions, and never while driving.
7. They may not be sold legally without prescription.

E. Tranquilizers

1. They are relatively mild compared to barbiturates but if excessive dosages are used repeatedly they can result in sedation to the point of dizziness, drowsiness and blurred vision.
2. Physical dependence can develop if used excessively.
3. They fall under the Federal prescription drug laws, although some preparations are compounded with other substances to contain a small amount of tranquilizer and sold without prescription.
4. Even those sold over the counter may have such a depressant effect on the central nervous system that driving performance will be dangerously impaired.
5. They are particularly dangerous when used along with other drugs or alcohol (synergetic effects).

10th Grade  
Driver Education

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F. Antihistamines

1. They have a depressant effect on the central nervous system.
2. They may cause side effects such as inattention, confusion and drowsiness.
3. Effects vary from person to person and are rather unpredictable (one person feels nothing; one is overcome with the desire to sleep; and one suffers genuine hallucinations.)
4. Some preparations containing a quantity of antihistamines compounded with other substances may be sold without prescription (Contac, Dristan, etc. are examples).

G. A number of other drugs need to be avoided entirely by highway users.

1. Dramamine, a widely prescribed product for motion sickness, may cause drowsiness, dull mental alertness, and slow down reaction time.
2. Penicillin and sulfanilamides may cause abnormal and violent reactions. (Streptomycin is particularly bad.)
3. Reducing preparations may cause dizziness and drowsiness.
4. Glue sniffing produces immediate symptoms similar to those associated with alcohol intoxication, while a second stage produces drowsiness, stupor, or, in some cases, unconsciousness.
5. LSD and other hallucinogens primarily affect the central nervous system, producing changes in mood and behavior, and upsetting the user's perception of reality (perceptual changes involving senses of sight, hearing, touch, body images and time.)

10th Grade  
Driver Education

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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Driver Education

FUNDAMENTAL LEARNINGS

SUGGESTED ACTIVITIES

- III. There is little scientific evidence as to the extent to which drugs and medicine (with the exception of alcohol) contribute to the prevention or cause of highway accidents, but simple analysis tells us that uncontrolled use can be harmful to the health of the user and make it unsafe for him to operate a motor vehicle
- A. Under medical supervision, drugs are useful in treating certain illnesses, but about one-half of the millions of capsules and tablets manufactured annually are sold illegally
- B. The effect of drugs does not in itself cause automobile accidents, but they may cause a change in the physiological state of an individual that would impair him in his ability to safely operate a motor vehicle
- C. Some people use drugs for their "side effects" or for reasons other than their intended purposes. (Drivers use them to keep awake.)
- D. The effect of drugs and alcohol in combination equals more than "one-plus-one" and this is true also of other combinations of drugs (one drug intensifies the effects of the other in a synergetic effect.)
- E. Drugs, like alcohol, first affect the higher brain and nerve centers which control reason, judgement, self-control, and normal inhibitions, and as a result, render the person incapable of evaluating his fitness for driving
- F. What one does about drug abuse and driving is an individual matter, but responsible persons consider the consequences of misuse and avoid any combination of drugs and driving that cause a foolish risk to himself and others

- III. 1. Suggest the personal growth consequences of drug use; make a list and discuss it.
2. Solicit police statistics on highway accidents in the local area.
3. If someone is injured by a physician, discuss the physician's responsibility in taking the patient to the hospital.
4. If one does not know the effects of driving while under the influence of drugs, is the role of the driver different? What are the effects?
5. Should a driver be denied the right to drive if he is found to be under the influence of drugs in our free society?

References

- Text. Driver Education  
Sportsmanship
- Films. Driving While Drunk  
Post Mortem  
Drinking and Driving
- Pamphlets. Drug Abuse  
Drug Abuse  
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10th Grade  
Driver Education

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- III. 1. Suggest that students formulate a set of personal guidelines for avoiding highway consequences from drug use/abuse. Compile a list and post it in the classroom.
2. Solicit police opinions and records for statistics on the cause of accidents in the local area.
3. If someone is taking a drug prescribed by a physician and told not to drive while taking this drug, what is his moral obligation to himself and to society?
4. If one does not receive warnings about driving while taking a certain drug, what is the role of common sense regarding side effects?
5. Should a known user of harmful drugs be denied the privilege of a driver's license in our free society?

References

Text. Driver Education and Traffic Safety, pages 101-105.  
Sportsmanlike Driving, p. 65-75

Films. Driving and Drugs, Virginia Highway Safety Division  
Post Mortem, VHSD  
Drinkin, Drivin and Drugs, Chevrolet Motor Division

Pamphlets. Drugs and Driving, HEW  
Drugs and the Driver, National Safety Council  
Drug Abuse, A Manual for Law Enforcement Officers, p. 17.

## GUIDELINES TO GRADES 11-12

Drug education can be integrated into the school curriculum through See "Implementation & Basic Guidelines," p.iii for program suggestions, including invitational and/or elective courses, student assemblies, and guest speakers.

Listed below are suggestions on how drug education may be incorporated into English and Home Economics classes.

### ENGLISH

The following units are extracted from the eleventh and twelfth grade typical activities that could be included in each unit.

1. Adjustment: The Handmaid of Maturity  
Research the psychological reasons for the use of drugs in relationships. Write a documented paper which proves that misuse of drugs indicates immaturity.
2. Destiny and Decisions  
Man is faced with decisions daily. Using the current social issue of drug influences which man faces in making his own decision.
3. Illusion vs. Reality  
Using the Reader's Guide, search for material which refers to the individual's perception of reality through the use of drugs. Be prepared to support your points of view.
4. "To Thine Own Self Be True"  
Taking a current problem--drugs, adult ethics, morality vs. law--discuss the ramifications of these problems. Write letters to editors of magazines.

### SOCIAL STUDIES

The concepts listed below provide the structure and purpose of discussion. They are provided only as guides to achieve the objective of arriving at an understanding of the relation to drug abuse.

The questions are oriented toward open-ended discussion, although we hope to stimulate classroom inquiry either in large or, preferably, in small groups. We want students to become sufficiently informed on drugs, their varieties, their physical effects, to promote intelligent discussion.

## GUIDELINES TO GRADES 11-12

ated into the school curriculum through various programs and disciplines.  
ines," p.iii for program suggestions, including the establishing of  
es, student assemblies, and guest speakers.

s on how drug education may be incorporated into English, Social Studies,

### ENGLISH

racted from the eleventh and twelfth grade English guide with examples of  
ncluded in each unit.

#### Immaturity

asons for the use of drugs in relationship to adjustment. Prepare a brief  
that misuse of drugs indicates immaturity.

aily. Using the current social issue of drugs, discuss the various  
making his own decision.

rch for material which refers to the individual's attempt to escape from  
ugs. Be prepared to support your points of view on this issue in debate.

ugs, adult ethics, morality vs. law--discuss in groups and then as a class the  
ems. Write letters to editors of magazines or newspapers to present your ideas.

### SOCIAL STUDIES

provide the structure and purpose of discussion. The questions are  
e the objective of arriving at an understanding of the concepts in their

d toward open-ended discussion, although written responses may first be used  
ther in large or, preferably, in small groups. Teachers should encourage  
nformed on drugs, their varieties, physical and psychological effects to

The conceptual approach is interdisciplinary. It is adaptable for use in psychology, and contemporary history programs or in any thematic combination of schools.

1. Social Control -- This concept refers to the mechanisms by which society exerts control over component individuals and enforces conformity to its norms.
  - a. Compare the legitimacy of government controls in the following areas: s  
air pollution, sale of drugs, control of price fixing.
  - b. What factors (i.e., scientific data, opinions of constituents, his own  
lavor take into account when he votes on laws such as drug control laws?
  - c. What are the present drug laws in the State of Virginia and the United  
(1) To what extent are these laws justifiable?  
(2) To what extent are they unjustifiable?
2. Morality and Choice -- The moral situation includes three elements: the ind  
ment; and standards of value. The moral act is to be viewed as a product of  
elements.
  - a. In what ways do personal choice and the rights of the social group conf
  - b. Why do some people choose to use drugs illegally?
  - c. What are the moral implications for the individual in the illegal use o
  - d. What are the implications for society?
  - e. It has been said that the less strongly a person is already committed t  
goals, the more likely he is to accept as valid those he finds via the  
discussion on the above statement may be followed by position papers on
3. Conflict -- Rather than minimizing conflict, students should be helped to d  
conflict as an aspect of reality with which they must learn to cope. For a  
are culturally approved and disapproved means of resolving them.
  - a. Are drugs used as a means to resolve personal conflicts with reality?
  - b. Why is drug abuse considered a socially unacceptable means of resolving
  - c. What are some socially acceptable means of resolving such individual co

#### HOME ECONOMICS

#### Child Growth and Development

Research the desirable and detrimental effects of certain foods, beverag  
a pregnant woman on her unborn child. The process of child rearing involves ca  
offsprings to maturity. What underlying factors during childhood may result in

interdisciplinary. It is adaptable for use in political science, sociology, history programs or in any thematic combination of these now in use in secondary

It refers to the mechanisms by which society exercises its dominance over and enforces conformity to its norms.

What government controls in the following areas: sale of alcohol, control of drugs, control of price fixing.

(Scientific data, opinions of constituents, his own conscience, etc.) must a legislator when he votes on laws such as drug control laws?

Compare laws in the State of Virginia and the United States?

Are these laws justifiable?

Are they unjustifiable?

The moral situation includes three elements: the individual self; its social environment.

The moral act is to be viewed as a product of the interplay of these three

What choice and the rights of the social group conflict in the area of drug use?

Are you to use drugs illegally?

What are the justifications for the individual in the illegal use of certain drugs?

What are the justifications for society?

How much less strongly a person is already committed to a set of beliefs, values, and

How much more is to accept as valid those he finds via the drug experience. A student-led

statement may be followed by position papers on points of views.

In minimizing conflict, students should be helped to develop healthy attitudes toward reality with which they must learn to cope. For all the varieties of conflict there are disapproved means of resolving them.

How do you resolve personal conflicts with reality?

Would you ever consider a socially unacceptable means of resolving such conflicts?

What are the socially acceptable means of resolving such individual conflicts?

#### HOME ECONOMICS

What are the detrimental effects of certain foods, beverages, medicines, and drugs taken by a child. The process of child rearing involves caring for, supporting, and guiding a child. Underlying factors during childhood may result in a youth's involvement with drugs?

Marriage and the Family

Relate how drugs can destroy or have detrimental effects on a marriage.

Consumer Education

Show how one's understanding of and feelings about change may influence life, such as detergents, drugs, food mixes, interior design, music, etc.

Distinguish between valuable and unrelated facts in advertising. Study medicines and drugs that either may be ineffective or harmful due to lack of

ay or have detrimental effects on a marriage.

ng of and feelings about change may influence one's reaction to many aspects of  
food mixes, interior design, music, etc.

le and unrelated facts in advertising. Student becomes aware of over-the-counter  
ay be ineffective or harmful due to lack of proper information about medication.

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for Safety and Mobility

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## APPENDIX A

### I. Current Laws Relating to Control of Drugs.

#### A. International (United Nations)

1. The Permanent Central Opium Board
2. Drug Supervisory Body
  - a. Studies legitimate narcotic needs throughout the world.
  - b. Encourages production and distribution quotes limited to those needs.
3. Commission on Narcotic Drugs - Gives technical assistance to countries requesting it.
4. World Health Organization (WHO) - Disseminates information and internationally agreed upon medical and health standards.
5. Interpol (International Criminal Police)
  - a. Acts as a clearing house for information about crimes and criminals
  - b. Does not have any powers to enforce laws against drug traffic.

#### B. Federal

1. Harrison Act (1914) and amendments (amended seven times). A stamp tax act brings it under the Treasury Department  
Provisions:
  - a. Registration of individuals and firms which manufacture, buy or sell narcotics.
  - b. The impost of special taxes on narcotic buyers and sellers.
  - c. Requirements for special record keeping by those dealing with narcotics.
  - d. Provision for severe penalties for illicit sale or possession of narcotic drugs.
2. Amendments to the Harrison Act.
  - a. Narcotic Drugs Import and Export Act. (1922)  
Legislation intended to eliminate the use of narcotics in this country except for legitimate use.
  - b. Marijuana Tax Act (1937)  
Provides controls over marijuana similar to the controls the Harrison Act has over narcotics.
  - c. Opium Poppy Control Act (1942)  
Prohibits the growing of opium poppies in the United States except under license.
  - d. Boggs Act (1951)  
Establishes mandatory, severe penalties for conviction on narcotics charges.
  - e. Boggs - Daniel Amendment (1956)  
Legislation intends to impose very severe penalties for those convicted on narcotics or marijuana charges.
  - f. Drug Abuse Control Amendments (1965)
    - 1) Specific penalties for violation of the Drug Abuse Control Amendments.
      - a) First offender - \$1,000 fine or up to a year in jail, or both.

- b) Subsequent offenses - \$10,000 - up to 3 years, or both.
- c) Sellers to those under 21 - \$5,000, or 2 years or both for first offender.
- d) Subsequent offenders - \$15,000 or 6 years or both

3. Penalties

a. Illegal Sale

- 1) \$20,000 fine and a 5 to 20 year term (first offense)
- 2) Subsequent offenses - same fine and a 10-40 year term.
- 3) Sale to persons under 18 (parole and probation denied) - life term or even death.

b. Illegal Possession

- 1) Fine of 2-10 years (first offense)
- 2) 5-20 years (second offense)
- 3) 10-20 years for subsequent offenses
- 4) Parole and probation denied after first offense

C. Virginia Laws

1. There are 3 schedules of drugs

- a. Schedule I - All drugs which show a high potential for misuse and have no accepted medical use in the United States shall be included in this schedule.

Common drugs involved:

Heroin  
 Diethyltyptamine DET  
 Dimethyltryptamine  
 4 - methyl - 2, 5 - dimethoxyamphetamine STP  
 Hysergic acid diethylamide LSD  
 Marijuana  
 Mescadine  
 Peyote  
 Psilocybin  
 Tetrahydrocannabinal THC

- b. Schedule II - All drugs which show a high potential for abuse, and currently accepted for medical use in the United States under severe restrictions shall be included in this schedule.

Common drugs involved:

Cocaine  
 Opium  
 Coca leaves  
 Codeine  
 Methodone  
 Pethedine  
 Morphine

- c. Schedule III - All drugs which have a potential for abuse (other than those listed in

schedule I & II) approved for medical use in the United States but may lead to moderate or low physical dependence or high psychological dependence shall be included in this schedule.

Common drugs involved:

Amphetamines

Barbiturates

Methamphetamine (Speed)

2. Penalties for misuse depend on schedule drug is in, mere possession or intent to sell, number of offenses, and to whom the drug is sold (selling to juveniles).
  - a. Possession
    - 1) First offense
      - a) Drugs in schedule I & II excluding marijuana upon conviction shall be deemed a felony with imprisonment in the penitentiary for not less than one year, or more than ten or, in the discretion of the jury or the court trying the case without a jury, may be confined in jail not exceeding twelve months and fined not more than \$5,000.
      - b) Drugs in schedule III or marijuana upon conviction shall be deemed a misdemeanor and shall be fined not more than \$1,000 or shall be confined in jail not exceeding twelve months, or both.
    - 2) Second or subsequent offenses  
Upon conviction shall be imprisoned in the penitentiary for not less than 2 years nor more than 20 years or in the discretion of the jury or court trying the case without a jury by confinement in jail not exceeding twelve months and fined not more than \$10,000.
  - b. Manufacture, illegal sale or intent to sell
    - 1) First offense  
Based on quantity, drugs in schedule I, II, & III upon conviction shall be deemed a felony with imprisonment not less than one year nor more than forty or fined not more than \$25,000 or both.
    - 2) Second or subsequent offenses  
Upon conviction shall be imprisoned for life or not less than ten years or fined not more than \$50,000, or both.
  - c. Penalty for selling drugs to juveniles  
It shall be unlawful for any person who is at least eighteen years of age to knowingly or intentionally distribute any drug classified in schedule I, II, or III to any person under eighteen years of age. Any person violating this provision shall upon conviction be imprisoned in the penitentiary for a period not less than five nor more than forty years, or fined not more than \$50,000, or both.

## APPENDIX B

### GLOSSARY OF DRUG ABUSE T

Although it is not recommended that the teacher give support to the slang of the abuser, there should be sufficient familiarity with the communication gap does not develop. Some of the "in" terms and this purpose.

The language or terminology of those involved with the drug geographical location to another or can even vary from one sub-same geographical area and may change frequently. A few common

#### I. Expressions Associated with Dangerous Drugs

##### A. Formal Usage

1. Amphetamines
  - a. Methamphetamine
  - b. Benzedrine
  - c. Dexedrine
2. Barbiturates
  - a. Nembutal (pentobarbital)
  - b. Seconal
  - c. Sodium amytal
  - d. Tuinal (amobarbital and secobarbital)
3. Barbiturates mixed with amphetamines and the like
4. Dangerous drug user
5. Under the influence of barbiturates
6. Intoxication after using benzedrine
7. Subcutaneous use
8. Oral use
9. Methadone (dolophine)
10. Combination of dextroamphetamine and amphetamine
11. Phenobarbital

APPENDIX B

GLOSSARY OF DRUG ABUSE TERMS

recommended that the teacher give support to the drug sub-culture by adopting  
there should be sufficient familiarity with the more common terms so that a  
develop. Some of the "in" terms and their definitions are provided for

ology of those involved with the drug scene can vary greatly from one  
other or can even vary from one sub-culture group to another within the  
change frequently. A few commonly used terms follow.

with Dangerous Drugs

B. Jargon

1. Magic vitamin, ups, cartwheels,  
pep pills, wakers, crystals  
(powder form)
  - a. Speed, methedrine
  - b. Bennies
  - c. Dexies
2. Barbs, downs, sleepers
  - a. Yellow jackets, yellow
  - b. Reds, red devils, redbirds,  
secies
  - c. Blue Heaven, blue velvet,  
blue angels
  - d. Rainbow, tooies, Christmas  
trees
3. Goofballs
4. Pill freak, pill head, pilly
5. Goofed up
6. Benny jag, high
7. Joy pop
8. Drop
9. Dolly
10. Footballs
11. Purple hearts

II. Expressions Associated with Volatile Chemicals

A. Formal Usage

1. Glue sniffer
2. Sniffing gasoline fumes
3. Cloth material or handkerchief saturated with the chemical

B. Jargon

1. Glue
2. Gass
3. Glad

III. Expressions Associated with Marijuana

A. Formal Usage

1. Marijuana
2. Marijuana cigarette
3. Marijuana butt
4. A quantity of marijuana cigarettes
5. Marijuana container
6. Light a marijuana cigarette
7. Smoke a marijuana cigarette
8. Young person starting to use marijuana
9. Marijuana smoker or user
10. Marijuana smoking party
11. Under the influence of marijuana
12. Male marijuana with heavy resin, hashish
13. 1 lb. marijuana
14. Kilo, 2.2 lbs.

B. Jargon

1. Chong
2. muggl
3. Jive
4. Mary
5. twist
6. Roach
7. Stack
8. Can,
9. Take
10. Blast
11. stick
12. blow
13. high
14. Young
15. Grass
16. Blast
17. Flyin
18. out o
19. Hash
20. A bal
21. (key)

IV. Expressions Used with LSD

A. Formal Usage

1. LSD
2. One who takes LSD

B. Jargon

1. Acid,
2. Acid

with Volatile Chemicals

line fumes  
or handkerchief saturated  
cal

- B. Jargon
1. Gluey
  2. Gassing
  3. Glad rag, wad

with Marijuana

rette

marijuana cigarettes  
ainer  
ana cigarette  
ana cigarette

starting to use marijuana  
er or user  
ing party  
uence of marijuana

with heavy resin, hashish  
a

- B. Jargon
1. Charge, grass, hay give, muggles, pot, tea, T
  2. Jive stick, joint, Mary, Mary Jane, pot, reefer, stick, twist, weed
  3. Roach
  4. Stack
  5. Can, match box
  6. Take up, torch up, turn on
  7. Blast, blast a joint, blow a stick, blow hay, blow jive, blow tea, blow pot, do up, get high
  8. Youngblood
  9. Grasshopper, hay head, head
  10. Blasting party, tea party
  11. Flying high, high, on the beam, out of this world, wayout
  12. Hash
  13. A bale
  14. (key). (kee)

LSD

LSD

- B. Jargon
1. Acid, 25
  2. Acid head

- |  |                     |
|--|---------------------|
| 3. Under the influence of LSD  | 3. Bent             |
| 4. An unpleasant experience with LSD   | 4. Bumme<br>bad s   |
| 5. Emerging from an LSD experience or "trip"   | 5. Comir            |
| 6. Vicarious experience that occurs by being with someone who is on a "trip"   | 6. Conta            |
| 7. Sugar cube or wafer impregnated with LSD  | 7. Cube             |
| 8. A deprecatie term applied by LSD users to social conformity and to the normal activities, occupations, and responsibilities of the majority of people | 8. Ego g            |
| 9. An LSD "trip"   | 9. Exper            |
| 10. A pseudo experience obtained through the use of lights and sounds; to have the same type of experience that one has with a drug                      | 10. Happ            |
| 11. Parties or sessions where LSD is used  | 11. Kick            |
| 12. The feeling a person experiences while he is under the influence of LSD  | 12. Out o<br>myself |
| 13. An experienced LSD user who helps or guides a new user   | 13. Sitte<br>guru   |
| 14. The experience one has when under the influence of LSD   | 14. Trip            |
| 15. The act of taking LSD; initiating an LSD "trip"  | 15. Turni           |
| 16. Feeling the effects of LSD   | 16. Tunin           |

#### V. Expressions Associated with Narcotics

- |  |                                     |
|--|-------------------------------------|
| A. Formal Usage                          | B. Jargon                           |
| 1. Morphine                              | 1. Dope,                            |
| 2. Heroin                                | 2. Dope,<br>smack                   |
| 3. Morphine or heroin mixed with cocaine | 3. Speed                            |
| 4. Cocaine                               | 4. Big C                            |
| 5. Dose of a narcotic                    | 5. Fix,                             |
| 6. Various amounts of a narcotic         | 6. Bag,<br>amount<br>a lar<br>taste |

SD  
with LSD  
erience or "trip"  
t occurs by being  
"trip"  
egnated with LSD  
ed by LSD users  
to the normal  
and responsi-  
of people

ined through the  
; to have the  
that one has

e LSD is used  
periences while  
e of LSD  
who helps or

when under the

initiating an

LSD

otics

with cocaine

rcotic

3. Bent out of shape, on a "trip"
4. Bummer (bum trip, bad trip),  
bad scene, freak out
5. Coming down
6. Contact high
7. Cube or wafer
8. Ego games
9. Experience
10. Happening
11. Kick parties
12. Out of the body, outside of  
myself
13. Sitter, tour guide, travel agent,  
guru
14. Trip or voyage
15. Turning on
16. Tuning in

B. Jargon

1. Dope, junk, M, stuff, white stuff
2. Dope, H, hard stuff, horse, junk,  
smack, sugar, white stuff
3. Speedball
4. Big C, gin, candy, Charlie
5. Fix, jolt, shot
6. Bag, bird's eye (extremely small  
amount), cap, paper piece (1 oz.,  
a large amount, usually heroin),  
taste, things

7.	Small packet of narcotics	7.
8.	To adulterate narcotics	8.
9.	Low grade narcotics	9.
10.	Paraphernalia for injecting narcotic	10.
11.	Any main vein used for injecting narcotics	11.
12.	One who injects narcotics into vein	12.
13.	An injection of narcotics	13.
14.	To sniff powdered narcotics into nostrils	14.
15.	In possession of narcotics	15.
16.	Occasional user of narcotics	16.
17.	Regular user or addict	17.
18.	Under influence of narcotics	18.
19.	Narcotic	19.
20.	Attempt to break the habit	20.
21.	Method of curing the addiction without tapering off	21.
22.	Desire for narcotics	22.
23.	Nervous, or jittery because of need or desire for narcotics injection	23.
24.	To counteract a "high" by application of a mood changing substance	24.
25.	Strip of paper wrapped around a dropper to make a tight fit with a needle	25.
26.	Cotton--to remove minerals from boiler before injection	26.
27.	To heat drugs, dilute with water in spoon or bottle cap	27.
28.	Needle marks on skin	28.
29.	Needle	29.
30.	To allow blood to come back into springe during intravenous injections	30.

## VI. Various Expressions

- A. Formal Usage  
 1. Dealer in drugs

- B. Jar  
 1.

- |                         |   |
|-------------------------|---|
| arcotics                | 7. Bag, balloon, bindle, deck, foil, paper  |
| otics                   | 8. To cut, to sugar down  |
| s                       | 9. Blank  |
| injecting narcotic      | 10. Biz, business, dripper, dropper, factory, fit, gun, joint, kit, layout, machinery, outfit, point, spike, works, artillery |
| for injecting narcotics | 11. Mainline  |
| arcotics into vein      | 12. Hype, junkie, mainliner   |
| arcotics                | 13. Bang, fix, hit, jolt, pop, shot   |
| narcotics into nostrils | 14. Horn, smack, sniff, snort   |
| arcotics                | 15. Dirty, holding  |
| narcotics               | 16. Chippy, joy, popper, skin popper  |
| dict                    | 17. Hooked, on the stuff  |
| narcotics               | 18. Goofed up, high   |
| he habit                | 19. Habit   |
| he addiction without    | 20. Kick, kick the habit, sneeze it out   |
|                         | 21. Cold, cold turkey   |
| cs                      | 22. Yen   |
| y because of need or    | 23. Frantic, sick, panic  |
| cs injection            |   |
| igh" by application     | 24. Bring down  |
| substance               |   |
| pped around a dropper   | 25. Collar  |
| t with a needle         |   |
| minerals from boiler    | 26. Strainer, wad   |
| ute with water in       | 27. Cook, cooker  |
| p                       |   |
| in                      | 28. Tracks  |
|                         | 29. Spike   |
| come back into springe  | 30. Back up, backward   |
| s injections            |   |

B. Jargon

1. Connection, peddler, pusher, the man

- |   |             |
|---|-------------|
| 2. To have drugs  | 2. To die   |
| 3. To try to get drugs  | 3. To buy   |
| 4. To buy drugs   | 4. To con-  |
|   | score       |
| 5. Money  | 5. Bread    |
| 6. To have money  | 6. To be    |
| 7. To understand  | 7. To be    |
| 8. Police Officer (the law)   | 8. Fuzz,    |
| 9. Uniformed officers   | 9. Harnes   |
| 10. Juvenile officers   | 10. Juvies  |
| 11. Marked patrol cars  | 11. Blacks  |
| 12. Arrested  | 12. Been h  |
| 13. Effect of drug  | 13. Bang,   |
| 14. Party   | 14. Ball,   |
| 15. Non-user  | 15. Cube,   |
| 16. User without any "junk" on person or premises   | 16. Clean   |
| 17. Ending of a drug experience   | 17. Landin  |
| 18. To be in tune with the modern scene; to handle life's situations in a satisfactory manner | 18. Cool    |
| 19. Withdraw  | 19. Cop ou  |
| 20. Doctor  | 20. Croaker |
| 21. Prescription  | 21. Script  |
| 22. \$5 worth of heroin   | 22. Nickel  |
| 23. \$10 worth of heroin  | 23. Dime ba |
| 24. Overdose of drugs   | 24. Hot sho |
| 25. To run  | 25. Split   |
| 26. To hide drugs   | 26. Stash   |
| 27. Loss of interest  | 27. Turned  |
| 28. To break with personal reality  | 28. Blow or |
| 29. Amphetamine injection   | 29. Bombita |
| 30. Shoplift  | 30. Boost   |
| 31. Scarcity of drugs   | 31. Hung up |

#### VII. Other Terms

- A. Abuse is the persistent and usually excessive self-administration of a drug in psychological or physical dependence or which deviates from approved culture.

2. To dirty, to be holding
3. To buzz, to hit on, to make it
4. To connect, to make a meet, to score
5. Bread (from dough), long green
6. To be flush, heeled
7. To be hep, hip, savvy, dig
8. Fuzz, heat, the man, narco
9. Harness bulls
10. Juvies
11. Blacks and whites
12. Been had, busted
13. Bang, boot, buzz, coasting
14. Ball, blast
15. Cube, square, straight
16. Clean
17. Landing, come down
18. Cool
19. Cop out
20. Croaker
21. Script
22. Nickel bag
23. Dime bag
24. Hot shot, O.D.
25. Split
26. Stash
27. Turned off
28. Blow one's mind
29. Bombita, bombito
30. Boost
31. Hung up, panic

aw)

nk" on person or

erience  
 ne modern scene;  
 tations in a satis-

al reality

and usually excessive self-administration of any drug which has resulted  
 ical dependence or which deviates from approved social patterns of the

- B. Addiction (drug) is a state caused by periodic or chronic into consumption of a natural or synthetic drug. Its characteristics are:
  1. Overpowering desire or need (compulsion) to continue taking any means
  2. A tendency to increase the dose (tolerance)
  3. A psychic and generally a physical dependence
  4. Detrimental effects on the individual or on society
- C. Abstinence Syndrome may appear if an animal or person is tolerant and the drug is discontinued. Presumably, the body cells not only have accepted their metabolism that they now require its presence. Examples include tremors, and delirium are some of the serious withdrawal effects.
- D. Cross-tolerance is the phenomenon whereby one drug is taken and tolerance is developed. (Heroin produces cross-tolerance to morphine, and vice versa is accomplished with mescaline.)
- E. Delusions are erroneous beliefs which are not amenable to reason.
- F. Habituation is a condition resulting from the repeated consumption of a drug. Its characteristics include:
  1. A desire but not a compulsion to continue taking the drug and the habit being which it engenders
  2. Some degree of psychic dependence on the effect of the drug and hence of an abstinence syndrome
  3. Detrimental effects, if any, primarily on the individual.
- G. Hallucinations are projections onto the environment for which there is no basis, such as hearing voices or seeing objects which others are unable to see.
- H. Illusions are misinterpretations of a sensation; e.g., a stain on a wall.
- I. Indian hemp--Cannabis sativa. A tall, weedy herb. Male plants bear flowers and yield bhang, marijuana, ganja, and charas.
- J. Mania--includes flight of ideas, overactivity and distractibility.
- K. Paranoia would be a fixed ideational system preoccupied with enemies.
- L. Paranoid--refers to incorrect persecutory or grandiose ideas.
- M. Tolerance is the ability of the organism to become used to increased doses of a drug. Therefore, to achieve an equivalent psychic effect, larger and larger doses are required. Eventually, a quantity which would be lethal in a nontolerant individual is required.
- N. Pharmacological classes of drugs
  1. Antihistamines--Used to combat nasal congestion and allergic reactions. Includes barbiturates or hallucinogens.
  2. Anesthetics--(ether, alcohol, and laughing gas) produces respiratory depression (disinhibiting effect), and finally coma.
  3. Narcotics--pain assuaging (such as opium and its derivatives, morphine, and heroin). Related synthetics--demerol, methadone, and Proprium.

state caused by periodic or chronic intoxication produced by the repeated use of a natural or synthetic drug. Its characteristics include:

1. Compulsion or need (compulsion) to continue taking the drug and to obtain it by

2. Increase in the dose (tolerance)

3. Usually a physical dependence

4. Effects on the individual or on society

5. May appear if an animal or person is tolerant to a drug and it is suddenly

6. Usually, the body cells not only have accepted the drug but have so altered

7. that they now require its presence. Example is the delirium tremens which

8. occurs after abstaining from long term alcohol or barbiturate usage; convulsions,

9. and some of the serious withdrawal effects.

10. The phenomenon whereby one drug is taken and tolerance to another is

11. produced (e.g., cross-tolerance to morphine, and cross-tolerance to LSD can be

12. explained.)

13. Superstitious beliefs which are not amenable to reason.

14. Addiction resulting from the repeated consumption of a drug. Its characteristics

15. include: a compulsion to continue taking the drug for the sense of improved well-

16. being

17. a psychic dependence on the effect of the drug, but absence of physical

18. dependence (absence of an abstinence syndrome)

19. Effects, if any, primarily on the individual.

20. Projections onto the environment for which no sensory cue exists; e.g.,

21. seeing objects which others are unable to sense.

22. Misinterpretations of a sensation; e.g., a stain on the wall is seen as a face.

23. Cannabis sativa. A tall, weedy herb. Male plants yield hemp; female plants

24. yield, marijuana, ganja, and charas.

25. Symptoms: loss of ideas, overactivity and distractibility.

26. A fixed ideational system preoccupied with erroneous ideas.

27. Incorrect persecutory or grandiose ideas.

28. Tolerance: inability of the organism to become used to increasing amounts of an agent.

29. To obtain an equivalent psychic effect, larger and larger doses are needed.

30. A dose which would be lethal in a nontolerant individual can be taken without

31. Adverse effects of drugs

32. Used to combat nasal congestion and allergies. May produce symptoms of

33. hallucinogens.

34. Ether, alcohol, and laughing gas) produces relaxation, excitation (as a

35. sedative), and finally coma.

36. Sedating (such as opium and its derivatives, morphine, codeine, Dilaudid,

37. and related synthetics--demerol, methadone, and Percodan--are also pain relievers,

- euphoriant, and in large amounts, producers of hallucinations or unconsciousness.
4. Sedatives--(barbiturates) quiet, relax, and eventually induce sleep. Tranquilizers, ex. Miltown, are sedatives which calm without inducing excessive drowsiness.
  5. Stimulants--(amphetamines) elevate one's spirits, alert, and in large doses, excite.
  6. Hallucinogens or psychedelics--(LSD) are capable of producing perceptual alterations up to hallucinations, intense emotional changes of wide variations, a nonrational, reverie type of thinking, and ego distortion such as loss of self and feelings of complete strangeness.
  7. Deliriant--induce more mental confusion than the hallucinogens but are just as capable of providing hallucinations, delusions, and changes of emotionality and of the self. (Belladonna or Jimson weed)
- N. All can intoxicate, that is, produce delirium.

	1 Official name of drug or chemical	2 Slang name(s)	3 Usual single adult dose	4 Duration of action (hours)	5 Method of taking	6 Legitimate medical uses (present and projected)	7 Potential for psychological dependence †	8 Potential for tolerance (leading to increased dosage)	9 Potential for physical dependence	10 Overall potential for abuse †	Reasons (drug)
A	Alcohol Whisky, gin, beer, wine	Booze Hooch	1 1/2 oz. gin or whisky, 12 oz. beer	2-4	Swallowing liquid	Rare. Sometimes used as a sedative (for tension).	High	Yes	Yes	High	To relieve tension, relieve and control insomnia, available
B	Caffeine Coffee, tea, Coca-Cola No-Doz, APC	Java	1-2 cups 1 bottle 5 mg.	2-4	Swallowing liquid	Mild stimulant. Treatment of some forms of coma.	Moderate	Yes	No	None	For stimulation, available
C	Nicotine (and coal tar) Cigarettes, cigars	Fag	1-2 cigarettes	1-2	Smoking (inhalation)	None (used as an insecticide).	High	Yes	No	Moderate	For stimulation, available
D	Sedatives Alcohol—see above Barbiturates Nembutal Seconal Phenobarbital Doriden (Glutethimide) Chloral hydrate Miltown. Equanil (Meprobamate)	Yellow jackets Red devils Phennies Goofers	50-100 mg.  500 mg. 400 mg.	4	Swallowing pills or capsules	Treatment of insomnia and tension. Induction of anesthesia.	High	Yes	Yes	High	To relieve (usually by inducing unconsciousness), available
E	Stimulants Caffeine—see above Nicotine—see above Amphetamines Benzphetamine Methedrine Dexedrine  Cocaine	Bennies Crystal Dexies or Xmas trees (spanules) Coke, snow	2.5-5.0 mg.  Variable	4	Swallowing pills, capsules or injecting in vein.  Sniffing or injecting.	Treatment of obesity, narcolepsy, fatigue, depression.  Anesthesia of the eye and throat.	High	Yes	No	High	For stimulation, performance, energy, available
F	Tranquillizers Librium (Chlordiazepoxide) Phenothiazines Thorazine Compazine Stelazine Reserpine (Rauwolfia)		5-10 mg.  10-25 mg. 10 mg. 2 mg. 1 mg.	4-6	Swallowing pills or capsules	Treatment of anxiety, tension, alcoholism, neurosis, psychosis, psychosomatic disorders and vomiting.	Minimal	No	No	Minimal	Medication, state, and
G	Cannabis (marihuana)	Pot, grass, tea, weed, stuff	Variable—1 cigarette or 1 drink or cake (India)	4	Smoking (inhalation) Swallowing	Treatment of depression, tension, loss of appetite, sexual maladjustment, and narcotic addiction	Moderate	No	No	Moderate	To gratify, to cultivate, use, of available
H	Narcotics (opiates, analgesics) Opium  Heroin  Morphine Codeine Percodan Demerol Cough syrups (Cheracol, Hycodan, etc.)	Op  Horse, H	10-12 "pipes" (Asia)  Variable—bag or paper w. 5-10 percent heroin 15 mg. 30 mg. 1 tablet 50-100 mg. 2-4 oz. (for euphoria)	4	Smoking (inhalation)  Injecting in muscle or vein.  Swallowing	Treatment of severe pain, diarrhea, and cough.	High	Yes	Yes	High	To gratify, excite, symptom, agonist, which forms, which, reborn
I	LSD Psilocybin  Mescaline (Peyote)	Acid, sugar  Cactus	150 micrograms 25 mg.  350 mg.	12 6  12	Swallowing liquid, capsule, pill (or sugar cube)  Chewing plant	Experimental study of mind and brain function. Enhancement of creativity and problem solving. Treatment of alcoholism, mental illness, and the dying person. (Chemical warfare)	Minimal	Yes (rare)	No	Moderate	Curious, special, experimental, label, built
J	Antidepressants Ritalin Dibenzapines (Tofranil, Elavil) MAO inhibitors (Nardil, Parnate)		10 mg., 10 mg. 15 mg., 10 mg.	4-6	Swallowing pills or capsules	Treatment of moderate to severe depression.	Minimal	No	No	Minimal	Medication, treatment
K	Miscellaneous Glue Gasoline Amyl nitrite Antihistamines Nutmeg Nonprescription "sedatives"		Variable 1-2 ampules 25-50 mg. Variable	2	Inhalation  Swallowing	None except for antihistamines used for allergy and amyl nitrite for some episodes of fainting.	Minimal to Moderate	Not known	No	Moderate	Curious (euphoric), reaction

† The term "habituation" has sometimes been used to refer to psychological dependence; and the term "addiction" to refer to the combination of tolerance and an abstinence (withdrawal) syndrome.

† Drug Abuse (Dependency) properly means: (excessive, often compulsive) use of a drug to an extent that it damages an individual's health or social or vocational adjustment; or is otherwise specifically harmful to society.

† Always to be considered in evaluation: consumed, purity, frequency, combinations with other drugs, and of the individual taking it and the terminations made in this chart.

	7	8	9	10	11	12	13	14
	Potential for psychological dependence <sup>1</sup>	Potential for tolerance (leading to increased dosage)	Potential for physical dependence	Overall potential for abuse <sup>1</sup>	Reasons drug is sought by users (drug effects and social factors)	Usual short-term effects <sup>2</sup> (Psychological, pharmacological, social)	Usual long-term effects (psychological, pharmacological, social)	Form of legal regulation <sup>3</sup> and control
Used for	High	Yes	Yes	High	To relax. To escape from tensions, problems and inhibitions. To get "high" (euphoria), seeking manhood or rebelling (particularly those under 21). Social custom and conformity. Massive advertising and promotion. Ready availability.	CNS depressant. Relaxation (sedation). Sometimes euphoria. Drowsiness. Impaired judgment, reaction time, coordination and emotional control. Frequent aggressive behavior and driving accidents.	Diversion of energy and money from more creative and productive pursuits. Habituation. Possible obesity with chronic excessive use. Irreversible damage to brain and liver, addiction with severe withdrawal illness (D.T.S.).	Available and advertised without limitation in many forms with only minimal regulation by age (21, or 18), hours of sale, location, taxation, ban on bootlegging and driving laws. Some "black market" for those under age and those evading taxes. Minimal penalties.
Reforms	Moderate	Yes	No	None	For a "pick-up" or stimulation. "Taking a Break". Social custom and low cost. Advertising. Ready availability.	CNS stimulant. Increased alertness. Reduction of fatigue.	Sometimes insomnia or restlessness. Habituation.	Available and advertised without limit with no regulation for children or adults.
In-	High	Yes	No	Moderate	For a "pick-up" or stimulation. "Taking a Break". Social custom. Advertising. Ready availability.	CNS stimulant. Relaxation (or distraction) from the process of smoking.	Lung (and other) cancer, heart and blood vessel disease, cough, etc. Habituation. Diversion of energy and money. Air pollution, fire.	Available and advertised without limit with only minimal regulation by age, taxation, and labeling of packages.
Insomnia	High	Yes	Yes	High	To relax or sleep. To get "high" (euphoria). Widely prescribed by physicians, both for specific and nonspecific complaints. General climate encouraging taking pills or everything.	CNS depressants. Sleep induction. Relaxation (sedation). Sometimes euphoria. Drowsiness. Impaired judgment, reaction time, coordination and emotional control. Relief of anxiety-tension. Muscle relaxation.	Irritability, weight loss, addiction with severe withdrawal illness (like D.T.S.). Diversion of energy and money. Habituation, addiction.	Available in large amounts by ordinary medical prescription which can be repeatedly refilled or can be obtained from more than one physician. Widely advertised and "detailed" to M.D.s and pharmacists. Other manufacture, sale or possession prohibited under federal drug abuse and similar state (dangerous) drug laws. Moderate penalties. Widespread illicit traffic.
Stimulant	High	Yes	No	High	For stimulation and relief of fatigue. To get "high" (euphoria). General climate encouraging taking pills for everything.	CNS stimulants. Increased alertness, reduction of fatigue, loss of appetite, insomnia, often euphoria.	Restlessness, irritability, weight loss, toxic psychosis (mainly paranoid). Diversion of energy and money. Habituation. Extreme irritability, toxic psychosis.	Amphetamines, same as Sedatives above. Cocaine, same as Narcotics below.
Relaxant	Minimal	No	No	Minimal	Medical (including psychiatric) treatment of anxiety or tension states, alcoholism, psychoses, and other disorders.	Selective CNS depressants. Relaxation, relief of anxiety, tension. Suppression of hallucinations or delusions, improved functioning.	Sometimes drowsiness, dryness of mouth, blurring of vision, skin rash, tremor. Occasionally jaundice, agranulocytosis.	Same as Sedatives above, except not usually included under the special federal or state drug laws. Negligible illicit traffic.
Stimulant	Moderate	No	No	Moderate	To get "high" (euphoria). As an escape. To relax. To socialize. To conform to various sub-cultures which sanction its use. For rebellion. Attraction of behavior labeled as deviant. Availability.	Relaxation, euphoria, increased appetite, some alteration of time perception, possible impairment of judgment and coordination. (Probable CNS depressant.)	Usually none. Possible diversion of energy and money.	Unavailable (although permissible) for ordinary medical prescription. Possession, sale, and cultivation prohibited by state and federal narcotic or marijuana laws. Severe penalties. Widespread illicit traffic.
Stimulant	High	Yes	Yes	High	To get "high" (euphoria). As an escape. To avoid withdrawal symptoms. As a substitute for aggressive and sexual drives which cause anxiety. To conform to various sub-cultures which sanction its use. For rebellion.	CNS depressants. Sedation, euphoria, relief of pain, impaired intellectual functioning and coordination.	Constipation, loss of appetite and weight, temporary impotency or sterility. Habituation, addiction with unpleasant and painful withdrawal illness.	Available (except heroin) by special (narcotics) medical prescriptions. Some available by ordinary prescription or over-the-counter. Other manufacture, sale, or possession prohibited under state and federal narcotics laws. Severe penalties. Extensive illicit traffic.
Stimulant	Minimal	Yes (rare)	No	Moderate	Curiosity created by recent widespread publicity. Seeking for meaning and consciousness-expansion. Rebellion. Attraction of behavior recently labeled as deviant. Availability.	Production of visual imagery, increased sensory awareness, anxiety, nausea, impaired coordination; sometimes consciousness-expansion.	Usually none. Sometimes precipitates or intensifies an already existing psychosis; more commonly can produce a panic reaction when person is improperly prepared.	Available only to a few medical researchers (or to members of the Native American Church). Other manufacture, sale or possession prohibited by state dangerous drug or federal drug abuse laws. Moderate penalties. Extensive illicit traffic.
Stimulant	Minimal	No	No	Minimal	Medical (including psychiatric) treatment of depression.	Relief of depression (elevation of mood), stimulation.	Basically the same as Tranquillizers above.	Same as Tranquillizers above.
Stimulant	Minimal to Moderate	Not known	No	Moderate	Curiosity. To get "high" (euphoria). Thrill seeking. Ready availability.	When used for mind-alteration generally produces a "high" (euphoria) with impaired coordination and judgment.	Variable—some of the substances can seriously damage the liver or kidney.	Generally easily available. Some require prescriptions. In several states glue banned for those under 21.

(excessive, often compulsive) use  
individual's health or social or vocational  
life to enhance

<sup>1</sup> Always to be considered in evaluating the effects of these drugs is the amount consumed, purity, frequency, time interval since ingestion, food in the stomach, combinations with other drugs, and most importantly, the personality or character of the individual taking it and the setting or context in which it is taken. The determinations made in this chart are based upon the evidence with human use of

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these drugs rather than upon isolated artificial experimental situations or animal research.  
<sup>2</sup> Only scattered, inadequate health, educational or rehabilitation programs (usually prison hospitals) exist for narcotic addicts and alcoholics (usually out-patient clinics) with nothing for the others except sometimes Pris

## APPENDIX D

### I. Teacher Reference

#### A. Curriculum Guides

1. Fairfax County Public Schools, Drug Education Curriculum Guides, grades 4-12.
2. Virginia State Guides, Drugs and Drug Abuse, A Unit for Health and PE Teachers in the Intermediate, Jr., and Sr. High School Health and PE Service, Division of Secondary Education, State Department of Education, Richmond, Va., 23216. January 1970. Free.

#### B. Pamphlets - National Institute of Mental Health, U. S. Department of Health, Education and Welfare, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20015

1. "Resource Book for Drug Abuse Education" Oct. 1969. \$1.25
2. "A Federal Source Book: Answers to the Most Frequently asked Questions About Drug Abuse." 25¢
3. "Recent Research on Narcotics, L.S.D., Marihuana and Other Dangerous Drugs," 1969. 20¢
4. "How to Plan a Drug Abuse Education Workshop for Teachers" November 1969. 25¢
5. "Pot Primer for Parents" Free.

#### C. Pamphlets - Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402.

1. "How Safe Are Our Drugs" - F.D.A. Papers, Publication #44 October 1968. 15¢
2. "Young Scientists Look at Drugs" - Publication #45. 15¢
3. "The Use and Misuse of Drugs - Publication #46. 15¢
4. "Task Force Report: Narcotics and Drug Abuse" \$1.00
5. "Prevention and Control of Narcotic Addiction" - 1966. Bureau of Narcotics. 20¢

6. "Drugs of Abuse" - Reprint from F.D.A. Papers, July - August, 1967. 20¢
7. "Before Your Kid Tries Drugs" - P.H.S. Publication 1947. 25¢
8. "Fact Sheets" - Bureau of Narcotics and Dangerous Drugs - U. S. Department of Justice. 50¢
9. "Some Questions and Answers" 5¢ each a) Narcotics b) L.S.D. c) Marijuana d) The Up and Down Drugs. 20¢
10. "Don't Guess About Drugs" NIMH. 20¢

D. Pamphlets - National Coordinating Council on Drug Abuse Education and Information, P.O. Box 19400, Washington, D.C. 20036.

1. "Directory - National Coordinating Council on Drug Abuse Education and Information" \$1.00

E. Books

1. Youth and the Drug Program, Henry T. Van Dyke, Ginn and Co., Boston, Mass. 02117, 1970. \$1.50
2. The Drug Dilemma, Sidney Cohen, McGraw-Hill, Co., N. Y. 1969. \$2.00
3. Narcotics, Nature's Dangerous Drugs, Norman Taylor, Dell Publishing Co., Inc., 750 Third Avenue, N. Y., N. Y. 10017, May 1970. 75¢
4. Drugs - Facts: Their Use and Abuse, N. W. Houser, and J. B. Richmond, Scott-Foresman and Co., Glenview, Illinois, 60025, 1969. 84¢
5. Drugs on the College Campus, Helen Nowlis, NASPA Drug Education Project, 110 Anderson Tower, University of Rochester, Rochester, N. Y. 14627. 1967. \$1.00
6. What You Should Know About Drugs and Narcotics, Alton Blakeslee, Associated Press. 1969. \$1.00
7. Drug Abuse Education: A Guide For the Professionals, American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 22033. 1968. \$1.00
8. Drug Abuse: A Source Book and Guide for Teachers, California State Department of Education, Sacramento, California 1967.

9. Medical Readings on Drug Abuse, Byrd, Oliver E., Reading, Massachusetts, Addison-Wesley Publishing Company, 1970. \$7.00

#### F. Visual Aids

1. "Drug Identification Guide" Medical Economics Inc., 550 Kinderkamack Road, Oradell, N. J. 07649. \$2.00
2. "Dial-A-Wheel," Display Model and Desk Model, The Instructor Publications, Inc., Dansville, N. Y. 14437.
3. a. "Marijuana Awareness Packet." \$3.80  
b. "Narcotics and Dangerous Drugs Information and Content Flip Chart." \$35.00  
c. "Dangerous Drugs Identification Kit," Winston Products for Education, P. O. Box 12219, San Diego, California 92112. \$2.50
4. "Smarteens - Poster Series," Sample Set, Smart Set International, Inc., P. O. Box 3667, Torrance, California 90510. \$2.00
5. "The Choice is Yours" - Tape Reels, Educational Progress Corporation, 8538 E. 41st Street, Tulsa, Oklahoma. (H.S. use) \$69.50

#### Student Reference Materials

##### A. High School

##### 1. Printed Materials

- a. "Narcotics - Some Questions and Answers," Public Health Service Publication #1827.
- b. "L.S.D. - Some Questions and Answers," P.H.S. Publication #1828.
- c. "Marihuana - Some Questions and Answers," P.H.S. Publication #1829.
- d. "The Up and Down Drugs" - P.H.S. Publication #1830, U. S. Government Printing Office, Washington, D.C. 20402

- e. "Deciding About Drugs," Kiwanis International, 101 East Erie Street, Chicago, Illinois 60611, 1969.
  - f. "What You Should Know About Drugs and Narcotics," Alton Blakeslee, Associated Press. 1969.
  - g. Byrd, Oliver E., Medical Readings on Drug Abuse, Reading Massachusetts: Addison-Wesley Publishing Co., 1970. \$7.00
  - h. Chauncey, Hal W. G. Laurence A. Kirkpatrick, Drugs and You, Oxford Book Company, 387 Park Avenue, South, New York, N. Y. 10016.
  - i. Drug Abuse: The Chemical Cop-Out, National Association of Blue Shield Plans, 1969
  - j. Drug Abuse, A Manual for Law Enforcement Officers, Smith, Line and French Laboratories, Philadelphia, Pa., 1966.
  - k. Drug Abuse: Escape to Nowhere. Philadelphia: Smith Kline and French Laboratories, 1969. (Available through NEA publications)
  - l. Fact Sheets, U. S. Government Printing Office, Washington, D. C. 20402, 1969.
  - m. Living Death -- The Truth About Drug Addiction, Washington, D. C.: U. S. Government Printing Office, 1966. (student)
  - n. Otto, Julian, & Tither, Modern Health, Holt, Rinehart, and Winston, Inc., New York, 1963, p. 158-166. (text)
  - o. Prevention and Control of Narcotic Addiction, Washington, D. C., U. S. Government Printing Office, 1966.
  - p. U. S. Department of Health, Education, and Welfare: Drugs and Our Automotive Age, Washington, D.C.: The Department. (student)
2. Films
- a. Pots-A-Put-On, Professional Arts, Inc., P. O. Box 8484, Universal City, California 91608

- b. FDA Special Report: Drug Abuse - Bennies and Goofballs, Public Health Service, Audiovisual Facility, Atlanta, Georgia 30333.
  - c. A Day in the Death of Donnie Bee, National Institute of Mental Health.
  - d. Flowers of Darkness (IMC)
  - e. Fight or Flight (IMC)
  - f. Marihuana (IMC)
  - g. LSD - 25. Professional Arts, P. O. Box 2484, Universal City, California 91608
  - h. LSD - Insight or Insanity
  - i. LSD: Trip or Trap (IMC)
  - j. LSD: Escape to Where? Bethesda Naval Hospital.
3. Filmstrips
- a. I Never Looked At It That Way Before, (high school library)
  - b. Drugs in Our Society, Cathedral Filmstrips, J. L. Glisson, Inc.
  - c. Marijuana, Guidance Associates, Pleasantville, New Jersey.
  - d. Marijuana: What Can You Believe? Guidance Assc., Pleasantville, New Jersey.
4. Transparencies
- The Use and Misuse of Drugs (high school library)
5. Flip Chart and Manual
- Dangerous Drugs Information and Content (high school library)

## B. Intermediate

### 1. Printed Materials

- a. Houser, Norman W. & Julius B. Richmond. Drugs: Facts on Their Use and Abuse Scott, Foresman and Company, Glenview, Illinois 60025, 1969
- b. Drug Abuse: The Empty Life, Philadelphia: Smith Kline and French Laboratories, 1965.
- c. U. S. Treasury Department. Prevention and Control of Narcotic Addiction, Washington, D. C.: U. S. Government Printing Office, 1966. (student)
- d. Vogel, Victor H., M.D. and Virginia E. Facts About Narcotics, Chicago: Science Research Associates, Inc., 1951. (student)
- e. Lawrence, Schriver, Powers, and Vorhaous. Your Health and Safety, sixth ed., Harcourt, Brace & World, New York 10017, 1969, p. 605-616. (text)

### 2. Films

- a. Hooked (IMC)
- b. Marihuana (IMC)
- c. Drugs and The Nervous System (IMC)
- d. LSD: Insight or Insanity (IMC)

### 3. Filmstrips

- a. Drug Abuse: Encyclopedia Britannica (Intermediate School Library)

## C. Elementary

### 1. Printed Materials

- a. Demos, George D., Shainline, John W. & Wayne Thomas, Drug Abuse and You, Chronicle Guidance Publications, Inc., Moravia, New York 13118, 1968.

- b. Know About Drugs, American Education Publications, 55 High Street, Middletown, Conn., 06457, 1969.
- c. Items 1, a through d on High School Printed Reference materials could be used for 6th Grade class groups.

2. Films

- a. Drugs and the Nervous System (IMC)
- b. Narcotics - The Inside Story, Charles Cahill & Associates, Inc., P. O. Box 3220, Hollywood, California 90028.

3. Filmstrips

- a. Tell It Like It Is, Texas Alcohol Narcotics Education, Inc., 2814 Oak Lawn Avenue, Dallas, Texas 75219
- b. Your Child's Mental Health, N.E.A., 1201 16th Street, N.W., Washington, D.C. 20036

Appendix E

Directory of Drug Education Resources and Material

I. Speakers

\*Fairfax County Drug Specialist

Fairfax County Medical Society Speakers Bureau  
Local doctors and pharmacists Phone 532-0500

Mr. Robert Horan  
Commonwealth Attorney  
Fairfax County Phone 691-2000

Bonabond, Inc.  
412 Fifth Street, N. W.  
Hiawatha Burris: (ex-addicts) Phone 737-4307

E. L. Keesling, Director  
Drug Addiction Treatment & Rehabilitation Center  
1400 Que Street, N. W. Phone 629-5438  
(screened ex-addicts will speak to  
students or parental groups)

Fairfax County Police  
Intelligence Division Phone 273-1300

II. Video Tape

Taped by the Fairfax County Police Department and available through  
the Instructional Media Center.

III. Materials

See Appendix D

IV. Teacher Education

Fairfax County Drug Education Specialist serves as a consultant.

A course with special emphasis on drug education is offered by the University of Virginia, Northern Virginia Extension (see catalog).

V. Parent Involvement

In the total educational spectrum, parent education is probably as important as student or teacher education in influencing student behaviors and providing preventative measures.

Adult Education Drug Seminar (five sessions)

Coordinated by Mr. Robert Horan, Commonwealth Attorney and members of the Fairfax County Medical Society (see Adult Education catalogue).

PTA Programs

Plan PTA meeting concerning drug abuse using one or a combination of guest speakers and materials.

Medical Doctor - to develop an understanding of nature, identification, uses, and dangers of illicit drugs.

Lawyer - to explain state and federal laws relating to narcotics and drug abuse.

Psychologist - to develop an understanding of the causes of drug addiction.

Former Drug Addict - to give testimony of what drug addiction is really like.

Fairfax County Drug Education Specialist - to coordinate and/or make suggestions on how this meeting may be conducted.

VI. Referral Services and Information

Fairfax County Health Department  
4080 Chain Bridge Road  
Fairfax, Virginia 22030

Phone 691-3251

### Drug Abuse Clinic

The Fairfax County Health Department has recently initiated a program for drug abuse. This service includes:

1. Urine surveillance to detect the use or abuse of dependence-producing drugs.

A student cannot be required to prove his innocence or guilt by participating in this program. However, if a student is suspected of being under the influence of drugs and is not, chances are he will not object to submitting a urine specimen.

2. Counseling for abuser and his family. This will include arrangements for detoxification when necessary.
3. Group therapy -- limited to drug abusers -- led by an experienced therapist.

Referrals will be accepted from physicians, nurses, service agencies, courts, schools, and families, but no formal referral is required. Inquiries should be directed to:

Mrs. Iola Scrafford, Public Health Nurse  
Home Health Services Division  
Hours: 8:00 - 4:30 p.m.

Mrs. Scrafford was formerly a counselor with the Narcotic Addict Rehabilitation Program, affiliated with the Roanoke City Health Department.

Fairfax - Falls Church Mental Health Center  
2949 Sleepy Hollow Road  
Falls Church, Virginia

Drug abuse referral service (individual requests service by phone)  
Miss Patricia Fendley                      JE-2-4121                      8:00 - 5:30

### D. C. Drug Central

Referral to treatment and facilities in area.  
Mrs. Mary Lou Gumper                      223-6800

Part of the D. C. Drug Central program includes the scheduling of the drug mobile unit containing information on dangerous drugs.  
To schedule the unit call:

Mr. Albert Carmichael 629-5384

Northern Virginia Mental Health Association

Referral by phone for anyone seeking help.

Mrs. Charlotte Basset 524-3352 9:00 - 5:00

St. Elizabeths Hospital

Washington, D. C. 20032

The Saint Elizabeth's program is described as one of preliminary rehabilitation with a goal of getting the patients drug free and "on their feet." Addicts from any catchment area are accepted but they must be referred by an existing agency which is willing to provide outpatient follow-up services once the patient is released from the hospital's two-week program.

Drug Abuse Information

Anyone may call, 24 hours a day, and hear a tape-recorded message giving common drug abuse manifestation and names and telephone numbers of community help resources. This service, sponsored by the Woodson Congregations for Community Action, was designed to help parents confronted with a drug abuse crisis.

Phone 978-7874

Other Services

As additional services become available, information will be distributed.

## Addresses of Associations for

Addiction Research Center  
USPHS Hospital  
Lexington, Kentucky 40508

American Medical Association  
1776 K. St., N.W.  
Washington, D. C.  
833-8310

American Social Health Assn.  
798 Broadway  
New York, New York 10019

Bureau of Narcotics and Dangerous Drugs  
1405 I Street, N. W.  
Washington, D. C.  
382-5551

Conn. State Dept. of Mental Health  
165 Capitol Avenue  
Hartford, Connecticut

Educational Progress Corporation  
8538 East 41st Street  
Tulsa, Oklahoma 74145

Food and Drug Administration  
2221 Jefferson Davis Highway  
Arlington, Virginia  
557-1221

Health Education Council  
10 Downing Street  
New York, New York

Health, Education and Welfare  
330 Independence Ave., S. W.  
Washington, D. C.  
963-1110

APPENDIX F

Addresses of Associations for Resource Materials

Center 40508	Health Information Foundation 420 Lexington Avenue New York, New York
Association	Metropolitan Wash. Council of Gov'ts. 1225 Connecticut Avenue, N. W. Washington, D. C. 223-6800
Health Assn. 0019	National Assn. of Blue Shield 2011 I Street, N. W. Washington, D. C. 659-5178
and Dangerous Drugs	Nat. Assn. of the Prevention of Addiction to Narcotics Hotel Astor - Room 232 Times Square New York, New York 10036
Mental Health	National Education Association 1201 16th Street, N. W. Washington, D. C. 223-9400
Corporation 5	Nat. Family Council on Drug Addiction 401 West End Avenue New York, New York 10025
Administration Highway	Nat. Institute of Mental Health 5454 Wisconsin Avenue Chevy Chase, Maryland 496-0567
Council	National Research Council National Academy of Science 2101 Constitution Ave. N.W. Washington, D. C. 20037
and Welfare S. W.	

National Safety Council  
1735 DeSales Street, N.W.  
Washington, D. C.  
393-0250

Pharmaceutical Manufacturers Assn.  
Committee on Narcotics  
1411 K Street, N. W.  
Washington, D. C. 20005

Public Health Education Section  
Conn. State Dept. of Health  
79 Elm Street  
Hartford, Connecticut

School of Pharmacy  
University of Connecticut  
Storrs, Connecticut

SPRED  
P.O. Box 423  
Norwalk, Connecticut 06856

U.S. Department of Health  
Bureau of Narcotics  
Washington, D. C.

United States Department of Health  
Bethesda, Maryland  
295-1000

United States Department of Health  
North Capitol Building  
Washington, D. C.  
541-3000

Winston Proctor  
P. O. Box 1000  
San Diego, California

World Health Organization  
525 23rd Street  
Washington, D. C.  
223-4700

U.S. Department of Justice  
Bureau of Narcotics and Dangerous Drugs  
Washington, D. C.

United States Naval Hospital  
Bethesda, Maryland  
295-1000

United States Gov't. Printing Office  
North Capital Street, N. W.  
Washington, D. C.  
541-3000

Winston Products for Education  
P. O. Box 12219  
San Diego, California 92112

World Health Organization  
525 23rd Street, N. W.  
Washington, D. C.  
223-4700

## APPENDIX G

### Resource List for Drug Abuse Lit

Printed material on the problem of drug abuse is available from non-government sources. Many government publications can be obtained from the Superintendent of Documents, Government Printing Office, (GPO) Washington, D. C. 20540. Single copies are available on orders of 100 or more. Prices that are not shown are for single copies.

The Use and Misuse of Drugs - FDA Pub. 46. For sale from GPO \$1.00.

How Safe Are Our Drugs? - FDA Pub. 44. For sale from GPO \$1.00.

Young Scientists Look At Drugs - FDA Pub. 45. For sale from GPO \$1.00.

Drug Dependence: Its Significance and Characteristics - Synthetic Narcotics and Dangerous Drugs, 1405 I Street, N. W., Washington, D. C. 20537. For sale from GPO \$1.00.

BNDD Fact Sheets 1-18 - Single copy free from Bureau of Narcotics and Dangerous Drugs, 1405 I Street, N. W., Washington, D. C. 20537 (will be a sale item if ordered in quantity).

Drugs of Abuse - Reprint from July-August issue of FDA paper Drugs and the Body.

LSD: The False Illusion - Reprint from July-August issue of FDA paper Drugs and the Body.

What You Should Know About Drugs and Narcotics - Associated Press, 1000 Broadway, New York, New York 10020. For sale \$1.00 single copy.

Drug Abuse Education - A Guide for the Professions - American Association of Drug Abuse Educators, 1405 I Street, N. W., Washington, D. C. 20037. For sale from GPO \$1.00.

Drugs and Your Body - FDA Pub. 52. For sale from GPO \$1.00.

The Drug Takers - Time-Life Books, Time Incorporated, N. Y. N. Y.

The Courier - The UNESCO Magazine, May 1968 issue. UNESCO Publications, 34th Street, New York, New York 10016. Single copy 50¢.

Handbook of Federal Narcotic and Dangerous Drug Laws - Bureau of Narcotics and Dangerous Drugs, 1405 I Street, N. W., Washington, D. C. 20537. Sale item from GPO 50¢ each.

## APPENDIX G

### Resource List for Drug Abuse Literature

the problem of drug abuse is available from the following government and  
es. Many government publications can be purchased from the Superintendent  
ment Printing Office, (GPO) Washington, D. C. 20402. There is a 25% dis-  
00 or more. Prices that are not shown may be obtained from the publisher.

of Drugs - FDA Pub. 46. For sale from GPO 15¢ each.

gs? - FDA Pub. 44. For sale from GPO 15¢ each.

ok At Drugs - FDA Pub. 45. For sale from GPO 15¢ each.

ts Significance and Characteristics - Single copy free from Bureau of Nar-  
s Drugs, 1405 I Street, N. W., Washington, D. C. 20537.

8 - Single copy free from Bureau of Narcotics and Dangerous Drugs, 1405  
shington, D. C. 20537 (will be a sale item at GPO in summer).

print from July-August issue of FDA papers. For sale from GPO 20¢ each.

ision - Reprint from July-August issue of FDA Papers. GPO, 15¢ each.

y About Drugs and Narcotics - Associated Press, 50 Rockefeller Plaza, New  
D. For sale \$1.00 single copy.

n - A Guide for the Professions - American Pharmaceutical Assn., 2215 Con-  
W., Washington, D. C. 20037. For sale \$1.00 single copy.

- FDA Pub. 52. For sale from GPO \$1.00 each.

me-Life Books, Time Incorporated, N. Y. \$1.00 single copy.

UNESCO Magazine, May 1968 issue. UNESCO Publications Center, U.S.A. 317 East  
rk, New York 10016. Single copy 50¢.

Narcotic and Dangerous Drug Laws - Bureau of Narcotics and Dangerous Drugs  
item from GPO 50¢ each.

Drug Abuse: Game Without Winners - Department of Defense. For sale fr

Drugs on the College Campus - National Association Student Personnel Ad  
Inn, Suite 405, 5440 Cass Avenue, Detroit, Mich. 48202.

International Control of Narcotic Drugs - United Nations Publication Sa  
Nations, New York, New York. Single copy 25¢ each.

Cool Talk About Hot Drugs - November 1967 Reader's Digest, Pleasantvill

What We Can Do About Drug Abuse - Public Affairs Pamphlet 6390, Public  
Avenue, South, New York, New York 10016. Single copy 25¢ each.

The Crutch That Cripples, Drug Dependence, Department of Mental Health,  
535 North Dearborn Street, Chicago, Illinois 60610. Single copy 25¢.

Darkness on your Doorstep - Los Angeles County Department of Community  
Broadway, Los Angeles, California 90012.

Drug Abuse: The Empty Life - Smith, Kline & French Laboratories, Burea  
Drugs, 1405 I Street, N. W., Washington, D. C. 20537. Single copy free

Community-Based Treatment Programs for Narcotic Addiction - Public Heal

The Up and Down Drugs - Public Health Service, Pub. 1830. For sale from

Marihuana: Some Questions and Answers - Public Health Service, Pub. 18

LSD: Some Questions and Answers - Public Health Service, Pub. 1821. F

Narcotics: Some Questions and Answers - Public Health Service, Pub. 18

Merchants of Heroin - Reader's Digest Reprint, Aug-Sept, 1968 issue. TH  
Pleasantville, New York 10570. Single copy, \$1.00.

Drug Abuse: A Course for Educators - A Report of The Butler University  
of Pharmacy, Butler University, Indianapolis, Ind.

Traffic In Opium and Other Dangerous Drugs - Annual report of Bureau of  
for sale from GPO, 40¢.

The Effects of Drugs on the Foetus - U.S. Department of Health, Educatio  
Rehabilitation Service. Children's Bureau, Washington, D. C.

Winners - Department of Defense. For sale from GPO 50¢ each.

opus - National Association Student Personnel Administrators, International  
Avenue, Detroit, Mich. 48202.

Narcotic Drugs - United Nations Publication Sales No. 65.I.22, United  
ork. Single copy 25¢ each.

s - November 1967 Reader's Digest, Pleasantville, N.Y. 10570. Ten copies 50¢.

g Abuse - Public Affairs Pamphlet 6390, Public Affairs Pamphlets, 381 Park  
New York 10016. Single copy 25¢ each.

Drug Dependence, Department of Mental Health, American Medical Association,  
t, Chicago, Illinois 60610. Single copy 25¢.

p - Los Angeles County Department of Community Services, Room 701, 220 N.  
alifornia 90012.

ife - Smith, Kline & French Laboratories, Bureau of Narcotics and Dangerous  
W., Washington, D. C. 20537. Single copy free.

t Programs for Narcotic Addiction - Public Health Service Pub. 1813. GPO, 5¢.

Public Health Service, Pub. 1830. For sale from GPO, 5¢ each.

ns and Answers - Public Health Service, Pub. 1829. For sale from GPO, 5¢ each.

Answers - Public Health Service, Pub. 1821. For sale from GPO, 5¢ each.

ns and Answers - Public Health Service, Pub. 1827. For sale from GPO, 5¢ each.

ader's Digest Reprint, Aug-Sept, 1968 issue. The Reader's Digest Association,  
10570. Single copy, \$1.00.

r Educators - A Report of The Butler University Drug Abuse Institute. College  
ersity, Indianapolis, Ind.

er Dangerous Drugs - Annual report of Bureau of Narcotics and Dangerous Drugs,

the Foetus - U.S. Department of Health, Education and Welfare, Social and  
Children's Bureau, Washington, D. C.

A Doctor Discusses Narcotics and Drug Addiction - Budlong Press Co  
Chicago, Ill. 60625. Single copy, \$1.75.

Drug Abuse and You - Chronicle Guidance Publications, Inc. Moravia

Students and Drug Abuse - A reprint from the National Educational  
free from National Institute of Mental Health, Box 1080, Washington

The Pastor and Drug Dependency - Department of Publication Service  
475 Riverside Drive, New York, New York 10007. Single copy 50¢.

Drug Abuse Directory - A directory from the National Coordinating  
Information. It lists materials available from the 63 National Or  
cil, P. O. Box 19400, Washington, D. C. Single copy \$1.00.

Drug Identification Guide - A reprint from the "Physician's Desk R  
size, full-color reproductions of the most commonly prescribed dru  
able without prescription. Medical Economics, Inc., 550 Kinderkam

Drug Abuse: The Chemical Copout - Booklet published by the Nation  
Available from Medical Services of D.C., 1021 14th St., N. W., Was  
Assn. of Blue Shield Plans, 211 E. Chicago Ave., Chicago, Ill. 606

Narcotics and Drugs - A list of 58 publications concerning drugs f  
that are sale items from the Superintendent of Documents, Governme  
D. C. 20402. Single copy free from GPO.

Drug Dependence: A Guide for Physicians - American Medical Associ  
Illinois 60610. Single copy \$1.00.

Alcohol and Drug Addiction - Budlong Press Company, 5428 N. Virginia Avenue,  
Single copy, \$1.75.

Alcohol Guidance Publications, Inc. Moravia, N.Y. 13118.

Reprint from the National Educational Association Journal. Single copy  
of Mental Health, Box 1080, Washington, D. C. 20013.

Agency - Department of Publication Services, National Council of Churches,  
New York, New York 10007. Single copy 50¢.

Directory from the National Coordinating Council on Drug Abuse Education and  
Materials available from the 63 National Organizations that comprise the Coun-  
cil on Drug Abuse, Washington, D. C. Single copy \$1.00.

A reprint from the "Physician's Desk Reference." Guide contains actual  
names of the most commonly prescribed drug products, as well as some avail-  
able. Medical Economics, Inc., 550 Kinderkamack Road, Oradell, N. J. \$2.00.

Dropout - Booklet published by the National Association of Blue Shield Plans.  
Washington, D.C., 1021 14th St., N. W., Washington, D.C. 20005, or National  
211 E. Chicago Ave., Chicago, Ill. 60611. Single copy free.

List of 58 publications concerning drugs from various government agencies  
available from the Superintendent of Documents, Government Printing Office, Washington,  
free from GPO.

Drugs for Physicians - American Medical Association, 535 North Dearborn, Chicago,  
Single copy \$1.00.

## APPENDIX H

### Recognizing Symptoms of Drug Abuse

Instructors, traditionally concerned with the general health of students from "normal" for any individuals, will find it extremely difficult to recognize drug abuse in its various forms can produce identifiable effects. Symptoms are, at their onset, identical to those produced by conditions having to do with drug abuse. What's more, some students may be using legitimate doctors' instructions - but without their teachers' knowledge. For example, a student with diabetes, or asthma may require maintenance drug therapy that will produce drowsiness. Or, a student might be drowsy from ingesting a nonprescription product. Whatever the reason, a student appearing unwell or disturbed will be cause for concern to an educator. But a clue to the possibility of drug abuse comes with peculiar symptoms that might otherwise appear "routine."

Although it is difficult to recognize drug abusers, many potential abusers can be rehabilitated if their involvement in drug abuse is spotted in its early stages. Help can be brought to bear on the problem in an effective manner. In addition to their educational role, teachers are properly concerned with identifying deviations from normal behavior patterns as cause for concern. Should a teacher suspect a student is a drug abuser, he should confidentially seek assistance from the principal, guidance counselor,

#### General Traits

- general change in behavior - not always for the worse.
- is often immature and dependent, seeking a sense of belonging; often is uncomfortable with classmates and teachers.
- changes in attendance, discipline and academic performance (legitimate caliber of homework).
- display of unusual degrees of activity or inactivity as well as mood swings involving strong emotion or temper.
- changes for the worse in personal appearance and health habits.
- furtive behavior regarding actions and possessions, sunglasses worn constantly, and places, long-sleeved garments worn constantly, even on hot days.
- drug abusers, and use of strange jargon.
- always trying to borrow money or stealing items easily converted to cash.
- found at odd times in strange places such as closets, storage rooms, etc.
- unusual thirst or excessive expectoration.
- demands immediate gratification of his needs - is racked with anxiety.
- lacks direction and goals in life, finds the world a hostile and competitive environment and it difficult to compete and excel in life.

## APPENDIX H

### Recognizing Symptoms of Drug Abuse

ditionally concerned with the general health of students and alert to departures of individuals, will find it extremely difficult to recognize drug abusers. Although its various forms can produce identifiable effects, almost all such manifestations are identical to those produced by conditions having nothing whatever to do with drug use. In addition, some students may be using legitimate drugs in accordance with physicians' prescriptions but without their teachers' knowledge. For example, such disorders as epilepsy, asthma, and diabetes may require maintenance drug therapy that will produce low-level side effects. A student who is drowsy from ingesting a nonprescription product - such as an antihistamine - or a student appearing unwell or disturbed will be cause for concern on the part of the teacher. The cause of the problem due to the possibility of drug abuse comes with persistence of symptoms which are not "routine."

Difficult to recognize drug abusers, many potential "hard-core" addicts can be identified only when their involvement in drug abuse is spotted in its early stages ... when professional help is available to bear on the problem in an effective manner. Instructors, therefore, in addition to their primary role, are properly concerned with identification of abusers, and any change in behavior patterns is cause for concern. Should this occur, the teacher should seek assistance from the principal, guidance counselor, or school nurse.

Change in behavior - not always for the worse.  
Insecure and dependent, seeking a sense of belonging; often feels out of place and uncomfortable with classmates and teachers.  
Decline in attendance, discipline and academic performance (legibility, neatness, and homework).  
Unusual degrees of activity or inactivity as well as sudden irrational flare-ups of strong emotion or temper.  
Deterioration in personal appearance and health habits.  
Unusual behavior regarding actions and possessions, sunglasses worn at inappropriate times, long-sleeved garments worn constantly, even on hot days, association with known drug users, and use of strange jargon.  
Inability to borrow money or stealing items easily converted to cash.  
Hiding in strange places such as closets, storage rooms, and parked cars.  
Frequent coughing or excessive expectoration.  
Inability to derive gratification of his needs - is racked with anxieties and tensions.  
Lack of direction and goals in life, finds the world a hostile and dangerous place and finds it difficult to compete and excel in life.

- blurred memory, loss of will power, difficult to concentrate, attention dissipates, honesty disappears, and they soon become accomplices

### Specific Manifestations

#### Glue Sniffer

- solvent sniffer usually retains the odor of the substance
- irritation of the mucous membranes in the mouth and nose resulting in secretions
- redness and watering of the eyes
- may appear intoxicated or lack muscular control, and may complain of ringing in the ears, vivid dreams and even hallucinations
- drowsiness, stupor and unconsciousness may follow excessive use

#### Depressant Abuser (barbiturates and some tranquilizers)

- similar symptoms to alcohol - no odor of alcohol on breath
- may stagger or stumble - frequently falls into deep sleep if overdosed
- lacks interest and is disoriented
- thickened or slurred speech
- convulsions when going through withdrawal

#### Stimulant Abuser (amphetamines, methadrene, and related drugs)

- characterized by excessive activity
- irritable, argumentative, extremely nervous, and has difficulty concentrating in classroom
- eyes dilated
- drying effect on mucous membranes resulting in unidentifiable dryness on lips to keep moist - often resulting in chapped and reddened lips
- dryness causing the abuser to rub and scratch his nose vigorously to relieve the itching sensation
- talking constantly about any subject at hand
- often chain smoking and hand tremor
- often goes for long periods of time without sleeping or eating, but will resist letting others know about it

#### Narcotic Abuser

- traces of white powder can be seen around the nostrils of the abuser, which is red and raw
- scar tissue "tracks" develop along the course of veins, usually in the upper sleeved clothing

y, loss of will power, difficult to concentrate, think, or reason, ambition  
onesty disappears, and they soon become accomplished liars.

ons

er usually retains the odor of the substance  
the mucous membranes in the mouth and nose resulting from excessive nasal

watering of the eyes  
toxicated or lack muscular control, and may complain of double vision,  
e ears, vivid dreams and even hallucinations  
stupor and unconsciousness may follow excessive use of the substance

arbiturates and some tranquilizers)

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t and is disoriented  
slurred speech  
hen going through withdrawal

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gumentative, extremely nervous, and has difficulty sitting still in the

on mucous membranes resulting in unidentifiable bad breath, licking of  
moist - often resulting in chapped and reddened lips  
ng the abuser to rub and scratch his nose vigorously and frequently as  
e itching sensation  
antly about any subject at hand  
moking and hand tremor  
r long periods of time without sleeping or eating and usually cannot  
g others know about it

te powder can be seen around the nostrils of the inhaler, and nostrils are

tracks" develop along the course of veins, user will usually wear long

in

- presence of equipment.
- often fix displays symptoms of deep intoxication, later lethargy
- pupils are often constricted and fail to respond to light, eyes
- inhibition of pain perception.
- signs of withdrawal are nervousness, restlessness, anxiety, runny nose, and profuse perspiration, enlarged pupils, muscle twitching, and depression.

#### Marihuana User

- unlikely to be recognized unless under heavy influence.
- in the early stages, the drug acts as a stimulant and the user appears almost hysterical with loud and rapid talking and great energy.
- in the later stages, the user may seem in a stupor or sleepy.
- user usually has dilated pupils.
- possession of cigarettes often rolled and containing seeds and stems rather than regular tobacco.
- odor of smoke like burnt rope and readily noticeable on the breath.
- fingers may show burns from smoking.

#### Hallucinogen Abuser

- person under the influence will usually sit or recline quietly
- occasionally users become fearful and experience a degree of terror
- delusions and hallucinations both visual and auditory, upset reactions

ment.  
ays symptoms of deep intoxication, later lethargy and yawning.  
n constricted and fail to respond to light, eyes are reddened and watery.  
ain perception.  
awal are nervousness, restlessness, anxiety, running eyes and nose, sweating  
spiration, enlarged pupils, muscle twitching, aches and pains, feeling of

recognized unless under heavy influence.  
ages, the drug acts as a stimulant and the user may be very animated and  
ysterical with loud and rapid talking and great bursts of laughter.  
ages, the user may seem in a stupor or sleepy.  
s dilated pupils.  
igarettes often rolled and containing seeds and stems greener in color  
bacco.  
like burnt rope and readily noticeable on the breath and clothing of smoker.  
w burns from smoking.

e influence will usually sit or recline quietly in a dream or trance-like state.  
ers become fearful and experience a degree of terror.  
allucinations both visual and auditory, upset reality perception.

## APPENDIX I

### Fairfax County Drug Treatment Program

As a part of the total drug program for Fairfax County, the following is the drug treatment program.

The purpose of the program is to provide treatment and counseling for the individual with a drug problem, regardless of their referral source into the program. A referral can be made without a formal referral. The implementation of the program requires the cooperation of various resources; i.e., schools, police department, health department, juvenile court, health clinics, commonwealth's attorney, hospitals, and other agencies which have a working relationship to the program.

A "Drug Team", composed of six members representing the Health Department, Health Clinics, Juvenile Court, Fairfax Hospital and the School will be formed.

- a. The team will meet daily to consider any and all cases referred to the program.
- b. Routine cases can be taken in by the initial contact agency. If a referral is made, proper referral made to other members of the Drug Team during the meeting.
- c. Problem cases, i.e., cases in which questions exist as to the proper referral, through courts, NARA programs, etc., will be actually interagency. A decision will be made as to the proper agency referral.
- d. The source person presenting the case will be responsible for the individual who is to undergo treatment.
- e. Referrals to the Juvenile or Adult court will be made as needed by the program by the drug user.
- f. Full use will be made of the services of any voluntary group providing expert assistance to the program. This assistance will be in the operation of the "store front", intake centers and/or operation of the program. Details of the method of referring individuals from these voluntary groups will be worked out as the program progresses.

A decision as to whether or not an individual participates in the program is associated with the Health Department or is referred to the Mental Health Department or enters the NARA programs, will necessarily be a decision that will be made by the person be considered suitable for the County program, the operation of the program and the obligation to the programs will be clearly explained.

## APPENDIX I

### Fairfax County Drug Treatment Program

total drug program for Fairfax County, the Board of Supervisors has established a

program is to provide treatment and counseling for any individual having a drug  
their referral source into the program. A student may voluntarily seek assistance  
1. The implementation of the program requires the full use of all available  
, police department, health department, juvenile court, adult court, mental health  
attorney, hospitals, and other agencies which would have a direct or indirect  
gram.

posed of six members representing the Health Department, Police Department, Mental  
e Court, Fairfax Hospital and the School will serve as the operational team.

meet daily to consider any and all cases referred to it.

can be taken in by the initial contact agency as appropriate, with a  
made to other members of the Drug Team during the daily meeting.

i.e., cases in which questions exist as to the proper disposition of either  
NARA programs, etc., will be actually interviewed by the Drug Team and a  
as to the proper agency referral.

son presenting the case will be responsible for preparing information concerning  
who is to undergo treatment.

the Juvenile or Adult court will be made as necessary, to insure continuation in  
the drug user.

be made of the services of any voluntary group known to have a capability of  
rt assistance to the program. This assistance may be in the form of counselling,  
he "store front", intake centers and/or operating of half-way houses as needed.  
method of referring individuals from these voluntary agencies to the Drug Team  
out as the program progresses.

Whether or not an individual participates in the family counselling group currently  
lth Department or is referred to the Mental Health Clinic for more intensive therapy  
grams, will necessarily be a decision that will be made by the intake team. Should the  
uitable for the County program, the operation of each program and the drug users  
ams will be clearly explained.

Policy 6000

## APPENDIX J

Drugs and Intoxicants

The illegal use, possession or distribution of drugs and intoxicants on school property or in connection with any school activity is prohibited in school policy as well as in law, and is cause for suspension from school.

The school staff will maintain close coordination with other public agencies in the prevention of drug abuse and in the rehabilitation of drug users.

To carry out this policy and to fulfill its larger educational mission, the curriculum will include at all levels a strong and effective program of drug education. This program will be described in a published curriculum guide, and will be supported by suitable instructional materials and teacher training.

Policy adopted September 3, 1970

#### Drug Counselor

To assist the principal and faculty of each intermediate school, members shall have special training in the identification of drug use. This faculty member shall serve as drug counselor to students. His services shall be made well known to all students and shall include group counseling to students who come to him on a voluntary basis for corrective counseling. He will call upon outside agencies as needed, working through the principal and through other school officials.

#### Procedure for Suspected Drug Abuse

The principal or other school official in charge shall identify a student seriously suspected of being engaged in any form of drug use. In obtaining appropriate services or treatment including counseling, specific procedures are as follows:

- A. Students showing marked change in behavior or other signs of drug use shall be referred to the school drug counselor and school nurse.
- B. Should the school nurse/counselor feel that drug use is suspected, the student shall be referred to the principal.
- C. The principal, if he finds sufficient reason to believe that drug use is occurring, shall call the parents or guardian and an immediate conference shall be held with the student, principal, and school nurse/counselor.
- D. Following the conference, should the principal believe that drug use is occurring, he shall call on or refer the parents or guardian to the school nurse/counselor.
- E. When material suspected to be illegal drugs is found, the principal shall refer the material to the Fairfax County Police Department for analysis.
- F. If, in the opinion of the principal, additional action is warranted, he shall refer the parents or guardian to the appropriate agency.
- G. If the principal is unable to contact either parent or guardian for cooperation of the parent or guardian, he will refer the student to the appropriate agency.

Regulation 6000.2

and faculty of each intermediate and secondary school, one or more of its special training in the identification and handling of drug abuse victims. All shall serve as drug counselor to students and consultant to other faculty members. This shall be made well known to all students and he shall be available for individual and group counseling of students who come to him on a voluntary basis as well as those who are assigned to him. He will call upon outside specialists, ex-addicts and other consultants through the principal and through other County agencies.

Drug Abuse

The school official in charge shall immediately inform the parents of any student suspected of being engaged in any form of drug abuse and shall offer assistance and refer the student to the services or treatment including the services of the school drug counselor. The procedure shall be as follows:

1. A marked change in behavior or difference in daily function will be reported to the school drug counselor and school nurse as needed.

2. If the school nurse/counselor feel that drug abuse is involved, the student will be referred to the principal.

3. If the principal finds sufficient reason to suspect drug abuse, he will notify the parent or guardian and an immediate conference will be arranged with parents or guardian, principal, and school nurse/counselor.

4. If necessary, should the principal feel additional help is necessary, he will refer the parents or guardian to the appropriate Fairfax County agency.

5. If a sample of suspected to be illegal drugs is found, a sample will be referred to the Fairfax County Police Department for analysis.

6. If, in the opinion of the principal, additional help is necessary, he should call on or refer the parents or guardian to the appropriate Fairfax County agency.

7. If the principal is unable to contact either parent or guardian or if he cannot enlist the aid of the parent or guardian, he will proceed to the next step.

#### Procedure for Actual Drug Violation

If it is determined that a student is in violation of the provision against illegal use, possession or distribution of drugs, he may be suspended from school and reinstated only upon firm assurance from parents and student that they will cooperate fully in avoiding further violations. The principal will immediately contact the parent and will report the legal violation to the Police Department, Intelligence Section.

The student will be assigned for counseling and rehabilitation to the school drug counselor and referred to other corrective services as are appropriate and available in the community. Special schedules for school attendance may be arranged to permit the student to take advantage of such services.

The principal will follow up each incident with student and parents at appropriate intervals to insure that positive response has been made.