ABSTRACT

This fifth grade unit is one of a sequential learning series of the Focus on Inner City Social Studies (FICSS) project developed in accordance with the needs and problems of an urban society. A description of the project is provided in SO 008 271. This specific unit examines the personal and social problems of drug abuse. The use of drugs is purely an individual decision which can lead to a positive or negative utilization of personal power. Specific student inquiry areas include the types of drugs and their effects, reasons for drug use, procurement and control, control and treatment, organized crime in drug traffic, and the crime that results from supporting the expensive habit of addiction. The format of the unit includes teaching strategies, source materials, learning objectives, specific learning activities, and teacher and student resources. (Author/DE)
DRUGS AND YOU

GRADE FIVE, UNIT THREE

5.3

according to the
"Comprehensive Social Studies Curriculum for the Inner City"
as developed by

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ACKNOWLEDGEMENT AND DISCLAIMER

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SCOPE OF THE FIFTH GRADE CURRICULUM

The curriculum of grade five builds upon the units of previous years. It is especially related, however, to the grade three curriculum in which the pupils study power at local level. In many ways the grade five curriculum is an extension of some of the learnings of grade three but its major focus is upon power at the state and national level.

The curriculum of grade five is concerned with describing and locating the loci of power. It is not necessarily limited to the political sphere although this is, of course, a central focus point. Power is also gained through education and self-realization. Power comes through knowledge of forces which seek to enmesh us whether we will or not.

In a more personal way, power comes through being aware of social forces which impinge upon our lives. One needs to consider the positive and negative aspect of crime as it affects one's life. By grade five, pupils will have heard of drugs. They need a point in the curriculum at which they can discuss drugs as a positive or negative force in their lives. As with crime, the choice of the use of drugs is purely an individual decision which can lead to a positive or negative utilization of personal power.

The final unit of this year is devoted to power in other countries. In this way the pupil can learn that the loci of power shift and vary from one nation to another. He will be able to perceive that other nations may have different bases for the distribution of power. Through some comparative studies he will be able to evaluate the degree of personal power of the individual which is permitted in the United States and some other nations. Hopefully, he will also recognize the degree of personal vigilance which is required in the winning and maintenance of personal liberties.

The specific units of this grade are:

5.1 Political Power in the State and Nation: (6 weeks)
5.2 Education Power in the State and Nation (6 weeks)
5.3 Social Power: Personal and Organizational (6 weeks) a. Drugs b. Crime
5.4 Power within Other Nations- a. Soviet Union B. South Africa c. France
SCOPE OF UNIT 5.3

In this unit the emphasis is on a problem that is both personal and social. The use and abuse of drugs has increased until it has become a major problem in schools and in communities. The unit seeks to familiarize the students with the types of drugs and their effects, the reasons people use them, the illegal traffic in drugs, and the treatment of addiction. There is a brief study of the organized crime that supports the drug traffic and of the crime that results from addiction and supporting an expensive habit.

A wide variety of learning and reporting activities is suggested so that every pupil in the class can be deeply involved in his own learning. Presumably most inner city children are intimately aware of the drug problem. Children of suburbia, however, are also not immune. This unit offers them a study of a real life, close-at-hand dilemma, and aids them in value formation as they consider their own response to the pressures that lead so many young people to "turn on and tune out."
INTRODUCTION TO A UNIT TEACHING STRATEGY
INCORPORATED IN UNITS

Suggested Teaching Procedures

Teaching Procedures

1. These units are based on a depth study strategy approach. It is felt that this method is consistent with the "learn by doing" theories of John Dewey which have been corroborated by Piaget.

2. The basic steps for this strategy consist of introductory activities conducted by the teacher which excite the interest of the student and cause him to ask questions about the new study. These questions serve as an introduction to the scope of the topic.

3. The students, working in groups, or individually, research the questions they have raised and categorized. Each student contributes to the committee work in his own special way and at the same time develops the ability to work in a group situation.

4. One of the most easily recognized trends in the development of recent thought in social studies education is that which is directed toward providing inquiry experiences for the pupil. In these experiences students would not necessarily be told the meaning of the data they would encounter nor would the data necessarily be presented to them. They would have to search for it and to bring meaning to that which they found. From this description, then, it is seen where the depth study strategy proposed here is in concert with the spirit of inquiry.

5. When the group prepares its presentation for the class, they have many occasions to review and restructure their information. After hearing each of the presentations the teacher leads the class in an overview and helps them gain perspective on the topic. The facts gained are used to develop hypotheses and generalizations. Again the facts and understandings are used to develop the culminating activity. Although each of these activities is somewhat different, they all are forms of review or reuse of acquired information. The student, then, is involved in no less than three opportunities to recall and use the new data. Each time, of course, the information is called for in a new context.

6. In a depth study approach, the teacher assumes the role of the structurer of learning activities. Also, however, the teacher is the most readily available resource person, both for process and content. The class could conceivably ask the teacher to talk to them about a specific topic or to discuss a film or filmstrip. If the teacher has had special experiences which are pertinent to the study, the class may ask upon him to show slides or to deliver a special talk.
ESSENTIAL SOURCE MATERIALS

The following materials are considered essential for teaching this unit:

BOOKS

<table>
<thead>
<tr>
<th>Title</th>
<th>Publisher and Location</th>
<th>Quantity</th>
<th>Cost</th>
<th>Total</th>
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<tr>
<td>Teaching About Drugs</td>
<td>American School Health Association, P.O. Box 416, Kent, Ohio 44240, 1970</td>
<td>5</td>
<td>$4.00</td>
<td>$20.00</td>
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<tr>
<td>Houser, Norman. Drugs</td>
<td>Glenview, Illinois: Scott, Foresman &amp; Company</td>
<td>8</td>
<td>3.75</td>
<td>30.00</td>
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<tr>
<td>Wolk, Donald, ed. Drugs and Youth</td>
<td>National Council for Social Studies, 1201 Sixteenth Street, Washington, D.C. 20036, 1971</td>
<td>1</td>
<td>2.25</td>
<td>2.25</td>
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PERIODICALS

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<th>Date and Source</th>
<th>Quantity</th>
<th>Cost</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Today's Health. &quot;Students and Drug Abuse&quot;</td>
<td>March, 1969</td>
<td>8</td>
<td>.50</td>
<td>4.00</td>
</tr>
<tr>
<td>Junior Scholastic</td>
<td>April 27, 1970</td>
<td>10</td>
<td>.10</td>
<td>1.00</td>
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<tr>
<td>Life. &quot;Teenagers on Heroin&quot;</td>
<td>February 20, 1970</td>
<td>4</td>
<td>.50</td>
<td>2.00</td>
</tr>
<tr>
<td>Urban World</td>
<td>Columbus, Ohio: American Education Publications</td>
<td>5</td>
<td>1.50</td>
<td>7.50</td>
</tr>
</tbody>
</table>
ESSENTIAL SOURCE MATERIALS (Cont')

OTHER

Pamphlets, H.E.W., State of Ohio, Department of Narcotics

"Summary for Parents and Students", Linda Lamb; 1969

Combination Package: No. 1
U.S. Educational Marketing Corporation
20 W. 23 Street, New York, New York

TRANSPARENCIES (To be made by school audio-visual aids department).
1. Map of drug traffic in *Scholastic* magazine or *Time/Life*
2. History of Narcotic Addiction--*Urban World*
3. Drug Scene--*New York--Scholastic*
4. Teenage Addict--*Scholastic*
5. Federal Laws--Ohio Laws (See content under Control)

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<td>35</td>
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<td>8</td>
<td>.50</td>
<td>4.00</td>
</tr>
<tr>
<td>2</td>
<td>7.70</td>
<td>15.40</td>
</tr>
</tbody>
</table>

*(to be ordered by teacher)*
GLOSSARY

Acid | LSD, LSD-25 (lysergic acid diethylamide)
Acidhead | Frequent user of LSD
Bag | Packet of drugs
Ball | Absorption of stimulants and cocaine via genitalia
Bang | Injection of drugs
Barbs | Barbiturates
Bennies | Benzedrine, an amphetamine
Bindles | Packet of narcotics
Blank | Extremely low-grade narcotics
Blast | Strong effect from a drug
Blue angels | Amytal, a barbiturate
Blue velvet | Paregoric (camphorated tincture of opium) and Pyribenzamine (an antihistamine) mixed and injected
Bombita | Amphetamine injection, sometimes taken with heroin
Breed | Money
Bum trip | Bad experience with psychedelics
Bummer | Bad experience with psychedelics
Busted | Arrested
Buttons | The sections of the peyote cactus
Cap | Capsule
Chipping | Taking narcotics occasionally
Coasting | Under the influence of drugs
Cokie | Cocaine addict
Cold turkey | Sudden withdrawal of narcotics (from the gooseflesh, which resembles the skin of a cold plucked turkey)
Coming down | Recovering from a trip
Connection | Drug supplier
Cop | To obtain heroin
Cop out | Quit, take off, confess, defect, inform
Crash | The effects of stopping the use of amphetamines
Crash pad | Place where the user withdraws from amphetamines
Crystal | Methedrine, an amphetamine
Cubehead | Frequent user of LSD
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cut</td>
<td>Dilute drugs by adding milk, sugar, or another inert substance</td>
</tr>
<tr>
<td>Dealer</td>
<td>Drug supplier</td>
</tr>
<tr>
<td>Deck</td>
<td>Packet of narcotics</td>
</tr>
<tr>
<td>Dexies</td>
<td>Dexedrine, an amphetamine</td>
</tr>
<tr>
<td>Dime Bag</td>
<td>$10 package of narcotics</td>
</tr>
<tr>
<td>Dirty</td>
<td>Possessing drugs, liable to arrest if searched</td>
</tr>
<tr>
<td>Dollies</td>
<td>Doxophine (also known as methadone), a synthetic narcotic</td>
</tr>
<tr>
<td>Doper</td>
<td>Person who used drugs regularly</td>
</tr>
<tr>
<td>Downers</td>
<td>Sedatives, alcohol, tranquilizers, and narcotics</td>
</tr>
<tr>
<td>Drop</td>
<td>Swallow a drug</td>
</tr>
<tr>
<td>Dummy</td>
<td>Purchase which did not contain narcotics</td>
</tr>
<tr>
<td>Dynamite</td>
<td>High-grade heroin</td>
</tr>
<tr>
<td>Fix</td>
<td>Injection of narcotics</td>
</tr>
<tr>
<td>Flash'</td>
<td>The initial feeling after injecting</td>
</tr>
<tr>
<td>Flip</td>
<td>Become psychotic</td>
</tr>
<tr>
<td>Floating</td>
<td>Under the influence of drugs</td>
</tr>
<tr>
<td>Freakout</td>
<td>Bad experience, with psychedelics; also a chemical high</td>
</tr>
<tr>
<td>Fuzz</td>
<td>The police</td>
</tr>
<tr>
<td>Gage</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Good trip</td>
<td>Happy experience, with psychedelics</td>
</tr>
<tr>
<td>Goofballs</td>
<td>Sleeping pills</td>
</tr>
<tr>
<td>Grass</td>
<td>Marijuana</td>
</tr>
<tr>
<td>H</td>
<td>Heroin</td>
</tr>
<tr>
<td>Hard narcotics</td>
<td>Opiates, such as heroin and morphine</td>
</tr>
<tr>
<td>Hard stuff</td>
<td>Heroin</td>
</tr>
<tr>
<td>Hash</td>
<td>Hashish, the resin of Cannabis</td>
</tr>
<tr>
<td>Hay</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Head</td>
<td>Person dependent on drugs</td>
</tr>
<tr>
<td>Hearts</td>
<td>Dexedrine tablets (from the shape)</td>
</tr>
<tr>
<td>Heat</td>
<td>The police</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td>High</td>
<td>Under the influence of drugs</td>
</tr>
<tr>
<td>Holding</td>
<td>Having drugs in one's possession</td>
</tr>
<tr>
<td>Hooked</td>
<td>Addicted</td>
</tr>
<tr>
<td>Hophead</td>
<td>Narcotics addict</td>
</tr>
<tr>
<td>Horse</td>
<td>Heroin</td>
</tr>
<tr>
<td>Hustle</td>
<td>Activities involved in obtaining money to buy heroin</td>
</tr>
<tr>
<td>Hustler</td>
<td>Prostitute</td>
</tr>
<tr>
<td>Hype</td>
<td>Narcotics addict</td>
</tr>
<tr>
<td>Joint</td>
<td>Marijuana cigarette</td>
</tr>
<tr>
<td>Jolly beans</td>
<td>Pep pills</td>
</tr>
<tr>
<td>Joy-pop</td>
<td>Injectable narcotics irregularly</td>
</tr>
<tr>
<td>Junkie</td>
<td>Narcotics addict</td>
</tr>
<tr>
<td>Kick the habit</td>
<td>Stop using narcotics (from the withdrawal leg muscle twitches)</td>
</tr>
<tr>
<td>Layout</td>
<td>Equipment for injecting drug</td>
</tr>
<tr>
<td>Lemonade</td>
<td>Poor heroin</td>
</tr>
<tr>
<td>M</td>
<td>Morphine</td>
</tr>
<tr>
<td>Mainline</td>
<td>Inject drugs into a vein</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Keeping at a certain level of drug effect</td>
</tr>
<tr>
<td>(The) Man</td>
<td>The police</td>
</tr>
<tr>
<td>Manicure</td>
<td>Remove the dirt, seeds, and stems from marijuana</td>
</tr>
<tr>
<td>Mesc</td>
<td>Mescaline, the alkaloid in peyote</td>
</tr>
<tr>
<td>Meth</td>
<td>Methamphetamine (also known as Methedrine, Desoxyn)</td>
</tr>
<tr>
<td>Methhead</td>
<td>Habitual user of methamphetamine</td>
</tr>
<tr>
<td>Mikes</td>
<td>Micrograms (millionths of a gram)</td>
</tr>
</tbody>
</table>
GLOSSARY

Narco, Narcotics detective
Nickle bag 55 packet of drugs
O.D. Overdose of narcotics
On the-nod Sleepy from narcotics
Panic Shortage of narcotics on the market
Pillhead Heavy user of pills, barbiturates or amphetamines or both
Pop Inject drugs
Pot Marijuana
Pothead Heavy marijuana user
Purple hearts Dexamy1, a combination of Dexedrine and Amytal (from the shape and color)
Pusher Drug peddler
Quill A matchbook cover for sniffing Methedrine, cocaine, or heroin
Rainbows Tuinal (Amytal and Seconal), a barbiturate combination in a red and blue capsule
Red-devils Seconal, a barbiturate
Reefer Marijuana cigarette
Roach Marijuana butt
Roach holder Device for holding the butt of a marijuana cigarette
Run An amphetamine binge
Satch cotton Cotton used to strain drugs before injection; may be used again if supplies are gone
Scag Heroin
Seore Make a purchase of .gs
Shooting gallery Place where addicts inject
Skin popping Injecting drugs under the skin
Smack Heroin
Smoke Wood alcohol
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snorting</td>
<td>Inhaling drugs</td>
</tr>
<tr>
<td>Snow</td>
<td>Cocaine</td>
</tr>
<tr>
<td>Speed</td>
<td>Methedrine, an amphetamine</td>
</tr>
<tr>
<td>Speedball</td>
<td>An injection of a stimulant and a depressant, originally heroin and cocaine</td>
</tr>
<tr>
<td>Speedfreak</td>
<td>Habitual user of speed</td>
</tr>
<tr>
<td>Stash</td>
<td>Supply of drugs in a secure place</td>
</tr>
<tr>
<td>Stick</td>
<td>Marijuana cigarette</td>
</tr>
<tr>
<td>Stoolie</td>
<td>Informer</td>
</tr>
<tr>
<td>Strung out</td>
<td>Addicted</td>
</tr>
<tr>
<td>Tracks</td>
<td>Scars along veins after many injections</td>
</tr>
<tr>
<td>Tripping out</td>
<td>High on psychedelics</td>
</tr>
<tr>
<td>Turned on</td>
<td>Under the influence of drugs</td>
</tr>
<tr>
<td>Turps</td>
<td>Elixir of Terpin Hydrate with Codeine, a cough syrup</td>
</tr>
<tr>
<td>25</td>
<td>LSD (from its original designation, LSD-25)</td>
</tr>
<tr>
<td>Uppers</td>
<td>Stimulants, cocaine, and psychedelics</td>
</tr>
<tr>
<td>Weed</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Works</td>
<td>Equipment for injecting drugs</td>
</tr>
<tr>
<td>Yellow jacket</td>
<td>Nembutal, a barbiturate</td>
</tr>
</tbody>
</table>
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**Introduction**
- Introduction to the Fifth Grade Curriculum
- Introduction to the Unit 5.3
- Introduction to Teaching Strategy
- Essential Source Materials/Glossary

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* Standard Page
** Contained at the beginning of each individual committee
OBJECTIVES

KNOWLEDGE

The pupil will know:

About drugs and their effects

1. Addiction is physical dependence.
2. As the body becomes accustomed to drugs a stronger dose is required to get the desired reaction.
3. Addictive drugs cause a withdrawal illness if the person does not get the drugs.
4. Amphetamines are stimulant drugs used to combat fatigue, sleepiness, and in dieting.
5. When taken in large doses amphetamines produce undesireable physical effects.
6. Mainlining is injecting the drug directly into the vein.
7. Methadrine ("speed") can cause hallucinations, coma, and possible death.
8. Barbiturates are taken to calm the nerves and to induce sleep.
9. Barbiturates are addicting.
10. Barbiturates may cause death if taken in large amount.
11. "Narcotics" refers to opium and pain-killing drugs made from it such as heroin and morphine.
12. Heroin slows down breathing and can result in death.
13. Hallucinogens are mind-expanding drugs.
14. LSD can produce physical symptoms.
15. Marijuana comes from the hemp plant.
16. Marijuana can produce physical effects, although it is not an addictive drug.
17. Marijuana can produce physical dependence as well as psychological dependence.
18. Volatile chemicals can cause great damage to blood, brain, nervous system, and kidneys.
19. An abuser is a person who takes drugs by disregarding precautions and using drugs illegally.
20. LSD causes a change in perception, hallucinations, and may cause mental illness.
21. Marijuana is a hallucinogen and not a narcotic.
22. A false feeling of well-being induced by drugs is called "euphoria".
23. A delusion is a belief in something that is contrary to reality.
24. An LSD user may have the delusion that he can fly or walk on water.
25. An hallucination is the vision (or perception) of something that is not there in reality. One may hallucinate sights, sounds and feelings.
26. A person who is under the influence of drugs may harm himself and others because he hallucinates and acts as though he were experiencing reality.
27. Perception refers to the mental impression not necessarily to the object perceived.
KNOWLEDGE

28. A stimulant excites or produces a "high".
29. A depressant slows down or produces a "down" or a "low".

About reasons for use:
30. Most drugs cause psychological dependence or craving for their effort.
31. Amphetamines are taken by many types of people including truck drivers, athletes, housewives, and students in order to keep them awake or pep them up.
32. Amphetamines change a person's mood.
33. Amphetamines cause mental illness if abused.
34. Amphetamines are socially dangerous because some users are unable to be useful members of society and they suffer a dangerous after-reaction.
35. Barbiturates calm the nerves but they also can impair the power to think and emotional control.
36. Heroin is taken by depressed and anxious people as a means of escape from problems.
37. Many poor people take heroin because it is a way to forget their problems and is usually easy to get in the inner city.
38. Heroin makes a person relax and feel very self-confident.
39. An addict's only concern in life is to get a supply of drugs.
40. Addicts usually have to turn to crime in order to get enough money to pay for the increasing amounts of the drugs their bodies crave.
41. Addicts of heroin, amphetamines, and barbiturates lose interest in and neglect themselves.
42. Drug addiction deprives society of the talents of many people who would otherwise be creative and productive.
43. People take drugs for many reasons including depression, lack of confidence, worry, and to escape.
44. LSD is taken in order to increase understanding of the inner self or to have mystic experience.
45. Marijuana is used by people who want to get rid of their inhibitions.
46. Glue sniffing can cause unpredictable behavior.
47. Drugs are taken mainly to reduce tensions and anxiety.
48. Tense, anxious people are worried and nervous people.

About procurement and control:
49. Drugs are distributed illegally by organized crime groups.
50. Heroin is very expensive because of the many transactions required to smuggle it into the country and because of a desire for all to make a high profit.

51. Federal and state penalties are very severe for possession, sale or use of drugs such as heroin and marijuana.

52. Drug addicts are regarded as criminals.

53. Illegal drug activity is a major source of income of organized crime.

54. Marijuana enters the United States from Mexico and the Orient.

55. Hard drugs are produced in the Middle East, processed in France, and smuggled into the United States.

About treatment and control:

56. Rehabilitation means restoration to health through treatment and training.

57. Withdrawal from drugs means treating addiction by total abstinence from use.

58. Withdrawal results in severe physical symptoms for the addict.

59. Most large cities have clinics or treatment centers for addicts.

60. Synanon, Teen Challenge, and Daytop are self-help treatment centers.

61. In half-way houses addicts share their experiences and work as a group building strength to resist drugs.

62. Almost all drug addicts return to drug use when they have the opportunity.

63. Methadone treatments offer a harmless substitute for drugs.

64. Synanon treatment involves group sensitivity and group pressure for change in thinking.

65. "Cold Turkey" means abrupt total withdrawal.

66. Most government institutions where convicted addicts are sent treat addiction by the "Cold Turkey" method.

67. Residential treatment centers involve twenty-four hour a day care.

68. Drug treatment centers are sponsored by volunteer groups, churches, and social agencies.

69. Clinics treat addicts on an out-patient basis.

70. Hospitals usually treat only physical symptoms and not the psychological problems of addicts.

71. Many new approaches are being tried to cure addiction.

SKILLS

The pupil will be able to:

1. Analyze pamphlets, newspaper articles and periodicals to learn facts about drugs.
OBJECTIVES

SKILLS (cont'd)

2. Locate places on the world map.
3. Read statistical data from charts and graphs.
4. Request information and materials from sources outside their community.
5. Organize and prepare a presentation to share information with the class.
6. Relate class discussion to personal or vicarious experience.
7. Identify narcotics, hallucinogens, and sedatives and distinguish between them.

BEHAVIOR

The pupil will:

1. Contribute his time and effort to the work of the committee to which he is assigned.
2. Accept his role as leader or follower.
3. Attend other speakers.
4. Present his report as completely and skillfully as he is able.
5. Participate in shared learning experiences in all phases of the study.

ATTITUDES

The student will:

1. Believe that treatment of addiction is to be preferred to punishment if rehabilitation of the addict is desired as evidenced by the verbalization of such views.
2. Believe that there is danger in experimenting with drugs as evidenced by his willingness to point out these dangers during class discussion.
3. Be compassionate for those who seek escape from hopelessness in drugs, and desire to help others avoid such problems as evidenced by participation in community improvement projects and school improvement projects.
4. Believe that self use of drugs will not solve his problems but act only as an escape evidenced by verbalization of such views.
5. Believe that current legislation is unresponsive and ineffective in eliminating drug abuse as evidenced by his willingness to point out weaknesses in various laws.
6. Believe that it is organized crime and the pusher who bear responsibility in drug abuse as evidenced by his discussion of legislation and prevention.
The purpose of the introductory activity is to stimulate questions about the topic in the minds of students. Therefore, several interest-arousing activities are suggested from which the teacher may select to design his own introduction to the unit.

1. Creative displays: pictures of people taking drugs, people going for treatment of addiction, psychedelic posters which are supposed to show what "trippers" see, etc.

2. Warnings of Addition: Play the record made by the twelve year-old who died from an overdose (Contact WKYC, Cleveland)

   OR

   Read a case history of a drug addict or Claude Brown's description on Harlem drug addicts in *Manchild in the Promised Land*.

3. Drugs and You: Distribute a short questionnaire to the class with such questions as:

   - Have you ever smoked marijuana? Do you know anyone who has?
   - Have you ever taken pep pills or bennies? Do you know anyone who has?
   - Have you ever taken heroin? Do you know anyone who has?
   - Do you personally know an addict?
   - What do you know about how people get hooked?

   Keep it anonymous, of course, and keep the results confidential.

4. Make a "Question Box" and have students anonymously write their questions or problems about drugs.

5. From the glossary select such terms as "nickle bag", "quill", and "slag" to post around the room to raise interest in drugs.
II. Raising Questions

Allow the children to explore, to examine the pictures, and to hear the tape or record several times. Spontaneous questions should come from the class and it may be suggested that a list of all the questions that they want to explore should be written on the chalkboard. Encourage each child to offer questions and to expand his ideas and the ideas of the others. When one topic is fairly well-covered, direct the class' attention to other aspects of the problem to develop the needed breadth of the unit.
III. Categorizing Questions

After many questions have been listed on the board, (at least forty to sixty are needed) it will become apparent that the questions tend to fall into related categories. The questions then should be arranged by the class into four or five categories. These categories can serve as the topics which can be investigated by various committees. It is not expected that the categories the class chooses will exactly duplicate those of this unit. The content material has been organized around four major areas. These areas are:

Committee A--What are the main drugs and their effects?
Committee B--Why do people use drugs?
Committee C--How do drugs get to the community and how is traffic controlled?
Committee D--How are drug addicts treated?
IV. Formation of Committees

1. To identify the necessary tasks of the committees

The students may wish to work in groups to pursue those topics which most interest them. The content might also be revealed through a more traditional approach but the unit writers believe it of great importance that pupils learn the skills and the problems associated with cooperative efforts. Thus they do recommend the committee as the agent for seeking factual information. The committee organization also allows for individual excellence especially as it is perceived as effecting group goals.

Activities

Discuss and decide on something like this:

Class discussion concerning:
1. The tasks of a committee.
2. The roles of committee persons.
3. How to find information.

A. Tasks of Committees

1. Organize committee
   a. Random choosing by teacher or students
   b. Students rank choices on slips of paper.
   c. Student's choice on basis of their interest in subject matter to be explored
   d. Using sociograms to achieve balance within a committee (may be homogeneous or heterogeneous)
   e. Number selection: students in the classroom count off, 1, 2, 3, etc., all 1's one committee, all 2's second committee, etc.

2. Utilize class question as starting point for planning committee work.

3. Add new questions suggested by committee members.

4. Assign research, find information, coordinate information, develop and present.
2. To determine desired roles in committee operation.

B. Roles in a Committee
   1. Leader
      a. Help make everyone become a part of the group.
      b. Let everyone have his turn at the "good" group jobs.
      c. Get ideas from all members of the group.
      d. Let the group decide which ideas are best.
      e. Keep the group moving to get its job finished in the best way it can.
      f. Keep from being "bossy".
      g. Help your group decide what its job is.

   2. Group Members
      a. Help the leader carry out plans.
      b. Do your share of the work.
      c. Work without disturbing other group members.
      d. Ask other members for their ideas.
      e. Select only those ideas which help the group do its best work.
      f. Cheerfully take the jobs the group wants you to do.
      g. Make other members of the group feel welcome.
2. To determine desired roles in committee operation.

3. To identify sources for obtaining information.

C. Finding Information (See Section 1)

1. Textbooks and books
   a. Use of index
   b. Use of glossary, appendix, map lists, illustrations

2. Encyclopedias
   a. Use of key words, letters on volume, index, class reference

3. World Almanac
4. Pamphlets
5. Pictures
6. Filmstrips
7. Charts, cartoons, posters, graphs
8. Records
9. Community

Discussion possibilities for presentation:

1. Reports
2. Panel and round table discussions
3. Show visual aids
4. Make and show graphs and charts
V. Suggested Retrieval Activities

1. Get books about drugs at your school or public library.

2. Use Reader's Guide to Periodical Literature to find magazine articles about drugs.

3. Ask parents of your classmates to send in old magazines (the ones with articles about drugs) so that you can cut out pictures and parts of articles.

4. Use your school's film list to find movies or films or film strips about the problem. Ask the teacher to order them for you.

5. Ask some doctors for pamphlets about drugs.

6. Write to the addresses (listed in Bibliography) for pamphlets and reprints.

7. Visit a drug aid center.

8. Interview a physician or pharmacist.

9. Talk to people who speak freely about their use of dope.
V. Suggested Retrieval Activities

Committee A. Drugs and Effects

1. Collect newspaper clippings about drugs and arrange them on

2. Cut out magazine articles or pictures about drugs for a bulletin board display.

3. List all the names you can for each drug and for its users.

4. Find out about the deaths of Janis Joplin, Jimmy Hendrix and Sonny Liston. See if any other famous people died from overdose.

5. Find out if anyone in the class knows a pharmacist or a salesman of medicines who would talk to the class or to your committee.

6. Make a list of all the "legal" drugs one might have at home. (prescription and non prescription)

7. List TV commercials that give the idea that drugs can eliminate discomfort or distress.

8. Gather ads for coffee, tea, cigarettes which suggest that they are relaxing or stimulating.

9. Collect containers with printed warnings pointing out the hazards of misuse.

10. Identify everyday skills that could be affected by misuse of drugs.

11. Visit a drug store and make a list of all the "medicines" that can be bought without a prescription.
V. Information Retrieval

A. Introduction idea that Americans think there is a drug to relieve every unpleasant sensation

1. TV commercials give impression that all common discomforts have medications which can be taken for relief.
2. TV introduces idea of self-medication and self-diagnosis.
3. Ads in papers and magazines give impression that self-medication and taking of self-prescribed drugs can lead to health and happiness.

B. Americans use drugs in great amounts and in many situations

1. Aspirin and analgesics
2. Tranquilizers
3. Cough Syrups
4. Antibiotics
5. Vitamins
6. Digestive aids
7. Dieting aids

C. Adults use mild and "acceptable" drugs freely

1. Coffee - caffeine; tea and cola drinks - contain caffeine in small amounts
2. Cigarettes, cigars - nicotine
   a. Adults continue to use them even when they are known to be hazardous to health.
3. Alcohol - beer and liquors
   a. Social use
   b. Abuse of alcohol leads to alcoholism
   c. Contributes to auto accident rate
V. Information Retrieval

Committee A

Drug's and Effects

4. Discuss the effect on children of seeing adults use and abuse legal drugs and stimulants.

5. Effects on children who watch TV and see advertisements for non-prescription drugs as well as tea, coffee and cola drinks.


II. Some terms to understand

A. **User** - anyone who uses any drug more than once or twice is called a "user".

B. **Habit** - constant use of any drug and a need to use it on certain occasions or under certain conditions is called "having the habit" (example: the cigarette habit or the coffee habit).

C. **Experimenter** - a person who tries a drug but does not become a user is called an "experimenter".

D. **Abuser** - a person who uses a good drug in the wrong way or who uses it to excess or for a purpose not intended is an "abuser".

E. **Hard Drugs** - usually refers to heroin or other addicting substance. Contrasting with the non-addicting drugs.

F. **Tolerance** - a condition in which the body adapts itself to the drug and requires higher and higher amounts of the drug to achieve the effect desired.

G. **Addiction** - physical dependence upon a drug with accompanying body changes that make its continued use necessary to maintaining body efficiency.


Sources:

"The Drug Scene" by John Finlator in "Teaching About Drugs" p. 196.

"Drugs in the High School" in Drugs and Youth Work, ed. NCSS, p. 29.
III. Stimulants

A. Definition: drugs that directly stimulate the central nervous system

B. Sources
1. Natural substances, coca plant, tobacco plant
2. Synthetic – made in laboratories – amphetamines

C. Common types.
1. Caffeine: coal, tea, coffee
2. Nicotine: cigars and cigarettes
3. Cocaine: used by doctors as a pain reliever legally classed as a narcotic
4. Amphetamines
5. Methamphetamine

D. Effects (immediate)
1. Feeling of well-being
2. Alertness
3. Excessive energy
4. Nervousness
5. Agitation
6. Sleeplessness
7. Raised blood pressure
8. Loss of appetite
9. Faster pulse rate
10. Dryness and metallic taste in mouth

E. Long Term Effects due to misuse
1. Loss of weight and appetite
2. Tension, nervousness
3. Sleeplessness
4. Slurred speech
5. Anxiety
6. Psychotic aberrations
7. Possible, death

Sources:
Teaching About Drugs pp. 50-52
More about amphetamines (speed, meth, bennies, dextes, co-pilots, A's)

1. First became available for medical use in 1930's.
2. Used to combat fatigue, sleepiness, curb appetite in medically supervised weight reducing programs.
3. About nine billion pep pills are used in a year (one-half through the Black Market).
4. By stimulating the release of norepinephrine (a substance stored in nerve endings) and concentrating in the brain, the action of the heart, and metabolism processes are speeded up.
5. "Speed" or "Meth"
   a. A crystallized powder, tablet or liquid taken intravenously
   b. "Speed run"
      (1) After injection the "run" begins--three to six days of confused, irrational behavior (continue injections)
      (2) "Crash"--stop taking injections
      (3) Begin to hallucinate
      (4) Take oral depressants to slow down hallucinations and induce sleep
      (5) Sleep--18 to 48 hours
      (6) Awaken feeling depressed and fatigued
      (7) Take an oral stimulant to start moving. "Speedfreak" will begin intravenous injections again.
   c. Causes abnormal heart rates
   d. Causes the semi-coma
   e. Suspected of damaging the brain

IV. Depressants - sedatives

A. Definition: drugs that directly depress the central nervous system.
V. Information Retrieval

B. Sources
1. Natural - alcohol from grain, fruits
2. Chemical - from laboratories
   a. barbiturates, tranquilizers, etc.
C. Common types
1. Alcohol - beer, wine, distilled spirits
2. Barbiturates - seconal, phenobarbital
3. Tranquilizers
D. Immediate effects
1. Euphoria (feeling of well-being, floating, etc.)
2. Drowsiness
3. Slurred speech
4. Loss of coordination
5. Confusion
6. Slowed rate of breathing and pulse
7. Impaired judgement
8. Delayed reaction time
E. Harmful long-range effects
1. Mental confusion
2. Intoxication
3. Dependence
4. Brain and liver damage (alcohol)
5. Physical deterioration
6. Death from accidental or intentional overdose; from unsupervised withdrawal
F. More about barbiturates
1. Sedatives developed to relax the nervous system
2. In 1903, a synthetic drug, Veronal, was developed to induce sleep.
3. Physicians prescribe them to control high blood pressure, epilepsy, to help tense people sleep and to treat mental illness as well as hyperactive thyroid.
4. Nicknames: "goof balls", "barbs", "yellows" or "nimbies", "reds", "red birds", "pink ladies", "blue angels".
V. Narcotics (hard drugs)

A. Definition: Medical: drugs that directly affect the central nervous system to relieve pain
B. Sources
1. Natural substances - opium and derivatives from opium poppy
   2. Laboratory - Methadone, Meperidone
C. Common types
   1. Opium
   2. Morphine
   3. Heroin
   4. Codeine
   5. Methadone

Houser, Norman--Drugs
Teaching About Drugs, pp. 58-9
6. Meperidine
   Paragoric
   Immediate effects and long-term results
   1. Euphoria
   2. Drowsiness
   3. Stupor
   4. Disorientation
   5. Sleep (in case of overdose)
   6. Dependence
   7. Vomiting
   8. Constipation
   9. Pinpoint pupils
   10. Death from overdose

7. Meperidine
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   Immediate effects and long-term results
   1. Euphoria
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   4. Disorientation
   5. Sleep (in case of overdose)
   6. Dependence
   7. Vomiting
   8. Constipation
   9. Pinpoint pupils
   10. Death from overdose

E. More about narcotics—hard drugs
   1. Generally—opium and pain-killing drugs made from
      opium, such as heroin, morphine, paragoric, and
      codeine.
   2. Obtained from juice of poppy fruit.
   3. Several synthetic drugs such as demerol and
      dolophine are classified as narcotics.
   4. Codeine from coca leaves and marijuana are
      classified legally but not chemically as
      narcotics.
   5. Nicknames for heroin: "horse", "H", and "junk".

F. Physical effects of heroin
   1. After sniffing, injecting under skin ("skin-popping"),
      or into veins ("mainlining") produces immediate effects
      a. Dulls senses, relieves pain
      b. Depresses central nervous system
      c. Slows heart and respiratory rate
      d. Causes giddiness
      e. Causes stupor or coma
      f. Causes dilated pupils
      g. Causes pallid complexion
      h. Causes dilated pupils
V. Information Retrieval

Committee A

Drugs and Effects

2. Less immediate effects after continuing use
   a. Loss of appetite
   b. Malnutrition
   c. Serious loss of weight
   d. Constipation

3. Physical addiction—tolerance—larger and larger doses are needed ("hooked")

4. Withdrawal: symptoms appear about 18 hours after drug has been discontinued
   a. Sweat
   b. Shake
   c. Gets chills
   d. Diarrhea
   e. Nausea
   f. Sharp abdominal and leg cramps

5. Because a person never knows strength of dose, always risk of death

6. Secondary effects due to unsanitary conditions
   a. Unsterilized needles—hepatitis, tetanus, blood poisoning, walls of veins break from repeated punctures—abscesses form

7. Abrupt and complete withdrawal without medical treatment can cause death

VI. Mind Altering—Hallucinogens

A. Definition: Substances that produce hallucinations. Sometimes called psychedelic.

B. Sources
   1. Natural substances—mescaline from peyote cactus, marijuana from Cannabis Sativa (hemp)
   2. Laboratory—lysergic acid diethylamide (LSD) also THC and DMT
V. Information Retrieval

Committee A

Drugs and Effects

C. Common type
   1. Marijuana, hashish
   2. LSD
   3. DMT
   4. Mescaline
   5. STP, DET, PCP, HDA, THC

D. Effects
   1. Illusion
   2. Confusion
   3. Excitation and/or depression
   4. Disorientation
   5. Hallucination
   6. Bloodshot eyes
   7. Nausea, vomiting, dizziness
   8. Distortions of space perception, time, and other sensory perceptions
   9. Recurrences of hallucination at later time (LSD)
   10. Possible damage to chromosomes (LSD)
   11. Temporary or long-lasting psychotic reactions
   12. Personality changes

E. More about LSD
   1. A powerful man-made chemical: Tysergic acid diethlyamide
   2. Produces strong and strange mental reactions
   3. Nicknamed--"Acid"
   4. Physical effects
      a. Average dose lasts eight to ten hours
      b. Because it can be taken in a sugar cube, cracker, or cookie, the person is not always aware that it was taken
      c. Acts mainly on the nervous system but can result in physical symptoms
      d. Synesthesia--transference of impressions from one sense to another

SOURCES
V. Information Retrieval

Committee A

Drugs and Effects

F. Marijuana

1. Description
   a. Found in flowering tops and leaves of the Indian hemp plant, cannabis sativa, grown around the world especially in Mexico, Africa, India, and Middle East.
   b. Leaves and flowers are dried, crushed, and usually smoked in short cigarettes or in pipes or can be taken in food.
      (1) Cigarettes are referred to as "reefers", "joints", "sticks"
      (2) Smoke smells like burnt rope or dried grass.

2. Physical effects
   a. When smoke is inhaled THC (Tetrahydrocannabinol) passes quickly into blood system and begins to affect brain centers in minutes.

VII. Other substances that may be harmful

A. Definition: substances used for other than their intended purposes

B. Sources
   1. Natural - parts of plants
   2. Synthetic - solvents, aerosol propellants

C. Common types
   1. Plastic glue
   2. Aerosol propellants (spray cans)
   3. Gasoline
   4. Lacquer thinners
   5. Lighter fluid
   6. Spot removers
   7. Nail polish remover
### V. Information Retrieval

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<td>Drugs and Effects</td>
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#### D. Possible harmful effects of use

1. **Voice changes**
2. **Nausea, vomiting**
3. **Nervous excitation**
4. **Blurred vision**
5. **Slurred speech**
6. **Ringing ears**
7. **Delirium**
8. **Psychotic behavior**
9. **Anemia**
10. **Permanent damage to brain and liver (toxic inhalants)**
11. **Death by asphyxiation**

### VII. Serious physical problems which can result from abuse of drugs

| A. Damage to vital organs |
| B. Aggravation of existing health problems |
| C. Masking of signs and symptoms of diseases |
| D. Malnutrition |
| E. Harmful tolerance |
| F. Dependence |
| G. Withdrawal symptoms |
| H. Death |

### IX. Psychological problems which can result from drug abuse

| A. Depression |
| B. Hallucinations: unpredictable, recurring |
| C. Temporary or permanent psychosis |
| D. Loss of self esteem |
| E. Unacceptable behavior |
V. Information Retrieval

Committee A

Drugs and Effects

F. Dependence
G. Suicidal tendencies
H. Loss of judgment and reality

X. Social Problems which can result from drug abuse
A. Rejection by family and friends
B. Family problems
C. Loss of income
D. Accident proneness
E. Criminal activities undertaken to pay for drugs
F. Association with dealers and pushers
G. School failure
H. Effects on future job opportunities

XI. Other health problems related to use of illegal drugs
A. Strength and purity of drug not controlled
B. Illegal-drugs manufactured in unsanitary conditions
C. May be "cut" with harmful substances or harmful substances substituted for the drug
D. Danger of infection from needle--hepatitis, tetanus, etc.
V. Suggested
Retrieval
Activities
Committee B

Psychological
and Social
Reasons for Use

1. Find news or magazine articles about drug use and try to find out why people use them.

2. Preview a film about drugs and write some good questions about it for the class to discuss.

3. Find some statements that celebrities have made about drugs (Mick Jagger, the Beatles, or Johnny Cash, for examples).

4. Try to find out how some leaders of the Black community feel about the drug problem (Dick Gregory has written about it).

5. Interview someone on the local police force about the problem of drug abuse in your city. Either tape record the interview or invite the policeman to talk to your class.
V. Information Retrieval

Committee B

Reasons for Use of Drugs

I. Reasons for taking drugs

A. User: employs the drug properly to prevent, improve, or cure some physical or mental condition
   1. Takes the drug with attention to proper strength, quantity and frequency as indicated by prescription.
   2. Uses only for purpose intended.
   3. Gives attention to any warning from physician or drug manufacturer.
   4. Obtains the drug in a legal manner.

B. Abuser
   1. Description: a person who takes drugs but disregards precautions.
   2. Often takes a drug without knowing the strength or purity of it.
   3. Often obtains drug illegally.

C. Reasons for drug abuse
   1. As a result of self-medication
   2. Drug administered over long period of illness becomes addictive
   3. As a "crutch"
   4. As a result of habitually using sleeping pills or pep pills
   5. Believing that it is a sign of being sophisticated or adult
   6. Desire to be accepted by a group
   7. Because family members do
   8. Curiosity or desire to experiment
   9. Rebellion against parents or authority
   10. Dissatisfaction with self or others
   11. Failure in school work
   12. Disappointment
   13. Desire for instant gratification
   14. To avoid facing problems
   15. For kicks
   16. Hopelessness
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<td><strong>A. Pill Society</strong></td>
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<tr>
<td>1. Dr. James L. Goddard: &quot;We are a nation of drug takers, we are the greatest over-medicated society in history&quot;.</td>
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<td>2. Dr. Margaret Mead: &quot;It is a distinctive American belief that if something is wrong you ought to fix it... We should not have to go through a day with a headache.&quot;</td>
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<td><strong>B. Causes personal and social damage</strong></td>
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<td>March 8, 1965--President Lyndon Johnson--&quot;Drug addiction is a double curse. It saps life from the afflicted. It drives its victim to commit untold crimes to secure means to support addiction.&quot;</td>
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<tr>
<td><strong>III. Psychological dependence</strong></td>
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<tr>
<td><strong>A. Drugs produce effects which are desirable to user:</strong> (<em>&quot;High&quot; or relaxation</em>)</td>
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<tr>
<td><strong>B. Need for drugs may be fairly mild or uncontrollably craving.</strong></td>
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<td><strong>C. Degree of dependence varies with drugs, body chemistry and personality of user.</strong></td>
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<td><strong>D. Compulsion may seem harmful in itself.</strong></td>
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<tr>
<td>1. Addict feels &quot;a monkey on his back&quot;.</td>
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<tr>
<td>2. Others see him as &quot;a slave to the drug&quot;.</td>
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<td><strong>IV. Psychological and Social effects of the drug abuse.</strong></td>
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<td><strong>A. Amphetamines</strong></td>
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<td>1. Types of persons who use amphetamines</td>
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<td>a. Misused by people of all ages, occupations, and economic levels</td>
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<td>b. Greatest group of abusers--young people.</td>
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<td>(1) extend and intensify a weekend</td>
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<td>(2) want greater awareness instead of escape</td>
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<td>(3) cram for exams</td>
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V. Information Retrieval
Committee B
Reasons for Use of Drugs

2. Social effects
   a. Because drugs can drive a person to do things beyond physical endurance, they can collapse--truck drivers can have serious accidents
   b. Unpredictable behavior
      (1) aggressive outbursts can lead to fighting, even murder
      (2) "Speed freak" believes he must kill before being killed
   c. May lose job
   d. Person may lose family and friends
   e. May induce others to take pills
   f. May seek narcotics
   g. May commit crime

B. Barbiturates
   1. Types of persons--one who finds life too much to cope with--one who needs to release tension
   2. Social effect
      a. Causes distortion of reactions and responses which can cause fighting
      b. Important cause of accidents
      c. Social deterioration--unable to work
      d. Rejection by family
      e. Commit crimes and don't remember

Typés of people who use narcotics
C. 1. Minority groups in inner cities
   a. In 1965 Clark said that 40-60% of the 60,000 addicts in the U.S. live in New York City, Clark, Kenneth Dark Ghetto
   b. Use of hard drugs concentrated in the largest cities, Harper & Row and largely in the ghetto areas where it is sold more pp. 90-97 or less openly
   c. The use of narcotics in Harlem in the late 1950's was ten times as great as use elsewhere in the city.
V. Information Retrieval

Committee B

Reasons for Use of Drugs

d. Ghetto or inner-city area not only site of greatest use, but distribution center. Addicts tend to come to the city and to stay in the area where pushers congregate.
e. Non addicts pay a large price for the presence of addicts in their midst—addicts often rob people and burglarize homes to get money for drugs.
f. Addicts who have money do not have to steal to buy drugs.
g. Ghetto addict more often likely to get "cut" drugs or an overdo.
h. For ghetto youth, narcotics offer what seems to them to be a life of glamor and escape.
   (1) They see addicts in their neighborhoods and apartments.
   (2) Since many legitimate jobs are closed to inner city people, they may get discouraged and begin to use drugs.
   (3) Once they are "hooked", they can get money for drugs by becoming pushers themselves.
   (4) The local pushers present a "mess model" to inner city youth. They have money, fine clothing, cars and seem to be on top of the world.
   (5) From the point it is only a small step into other forms of crime, such as pimping or thievery.
   (6) Ghetto police seem to overlook the presence of pushers on the streets. Probably that there is a pay-off involved.
i. The effect on the inner city of having large numbers of its people addicted to drugs—loss of productive labor and possible leadership. (Dick Gregory considers this a sort of plot to keep the ghetto down.)

2. Doctors, nurses, druggists, who can get drugs easily
3. People who have started by "experimenting" and have got "hooked"

   a. Characteristics of some addicts
      (1) Need to escape situations of poverty and discrimination
      (2) Always worried—life is constant pain

Claude Brown, Manchild in the Promised Land

(29)
V. Information

Retrieval

Committee B

Reasons for Use of Drugs

b. More than half of addicts are under thirty years of age.
c. More middle and upper class young people--1960's
d. Some babies are born addicted because of mother's use of drugs.

Drug Scene
Walter Max, p. 44

5. Personal and psychological effects

a. Psychological dependence

b. Effects

(1) Feel "high"
(2) Produce sense of well-being
(3) Reduces tension
(4) Eases fears "appears to dull edge of reality"
(5) Relieves worries "makes my troubles roll off my mind"
(6) Produces self-confidence "makes me feel sure of myself"
(7) Period of calm wears off 18 hours after injection--period of inactivity bordering on stupor

c. Effect depends upon personality of user, size and frequency of dose, and method of taking

d. Way of life

(1) Main concern in life is to get a continued supply
(2) Prevents person from continuing education or work
(3) Turn to crime to get enough money to buy drugs
(4) Poor health--sick one day because of withdrawal--sick the next because of overdose
(5) Shortened life span by fifteen to twenty years
(6) Loss of purpose and energy
(7) Change of values
V. Information Retrieval
Committee B
Reasons for Use of Drugs

6. Social
   a. Heavy drain on human resources--loss of purpose, physical, mental, and occupational competence
   b. Rejection by family
   c. High cost
      (1) Cost of law enforcement
      (2) Cost of treatment
      (3) Cost of rehabilitation
      (4) Cost of stolen goods (above 30 million dollars)

New York: city where 50% of addicts in U.S. live
Every twelve minutes or less a drug user steals from non-user
Converts the items into hard cash
Drug users only receive one-fifth of the value of the item
Not uncommon that a person will need $75 to $100 a day to buy supply

(5) Crime--usually acts of crime against property rarely crimes of passion or violence
(6) Form of slavery--Stokely Carmichael--"The flooding of black communities with drugs, especially heroin is nothing less than a program of genocide against black people."
Beneficial only to enemies of people

D. LSD
   1. Types of users
      a. Classification
         (1) Ages 17 to 30
         (2) Students or recent school drop-outs
         (3) From middle to upper class home
         (4) Have ability and opportunity for higher education
      b. Reasons
         (1) Curiosity
         (2) Kicks
         (3) Understand self better
V. Information Retrieval

Committee B

Reasons for Use of Drugs

2. Psychological effects
   a. Distorts and intensifies sensory perception
      (1) Walls appear to move
      (2) Colors are brighter
      (3) Unusual patterns are formed
      (4) Flat object in three-dimension
      (5) Senses are more acute
   b. Hallucinations
   c. Sensory impressions may be translated or merged into another
      (1) Music appears as color
      (2) Colors have taste
   d. Feeling of two strong and opposite emotions at same time
      (1) Happy and sad
      (2) Depressed and elated
      (3) Relaxed and tense
   e. Reduces ability to discriminate between fact and fantasy
   f. Affects thinking
      (1) Distorts sense of time
      (2) Usually remembers what happened on "trip"
      (3) May become mystical and feel like being reborn
      (4) Can reason logically up to a point
      (5) Continued use could impair powers of concentration and ability to think
   g. Heightened creativity is questionable
      (1) Some believe because LSD heightens senses, LSD can help them to be more creative
      (2) In some cases work is poorer than before taking LSD
   h. Causes panic--person becomes frightened and fears losing mind
   i. Paranoia
      (1) Becomes suspicious and feels someone is trying to harm him or control his thinking
      (2) Usually lasts 72 hours after the drug has worn out
V. Information Retrieval

Committee B

Reasons for Use of Drugs

j. Recurrence
   (1) Days, weeks, months later things seen and felt may recur.
   (2) Person believes he is going insane

k. Accidental death
   (1) Because a person feels he can float or fly will endanger his life
      a. leap out window or fall from great height
      b. drive or walk in front of moving car
   (2) Reasons
      a. natural protective attitudes disappear
      b. common sense and normal judgement disappear
      c. ability to perceive and evaluate ordinary dangers no longer exist

l. Changes in value system
   (1) Ambition dwindles
   (2) Purpose is gone
   (3) Drop plans for careers

m. Can cause acute and long-lasting mental illness

Social

3. a. "drop out" in society--a sub-culture has developed
   b. Because of "missionary complex", becomes highly persuasive and persistent in getting friends and relatives to take LSD

E. Marijuana

1. Types of persons
   a. Many school age (H.S.) and college students
   b. Mentally unstable are attracted
   c. Jazz musicians--play more excitedly

2. Social effects
   a. Dangerous to drive under influence
   b. Could lead to narcotics use
      (1) No direct cause-and effect link
      (2) Predisposal to abuse one drug may lead to use of a stronger one
      (3) Greater contact with pushers
      (4) Question of legalizing
Content Materials

V. Information Retrieval

Committee B

Reasons for Use of Drugs

(2) more interested in self-exploration and mind expansion—upper-caste hippies, intellectuals and pseudointellectual, religious and pseudo-religious search for inner truth and peace—bored, dissatisfied curious and desperate, need to find something different

(3) Average, curious, uninhibited people out for a lark
(1) some youths use drugs now and then
(2) enjoy seeing adults turn pale
(3) enjoy playing with effects
(4) status symbol

c. How used by upper class—intellectuals, artists, students, professionals, artists, musicians, actors
(1) "maintain" to explore self
(2) "maintain" means to defer enjoyment and utilize the experience to better understand one's self and rid oneself of "hang-ups". Hang-up: Psychological problem that prevents one from arriving at desired state of ultimate composure or of "being cool".

d. States of being
(1) Square—not with it—doesn't know what's going on
(2) Hip—may or may not be out of age group
(a) may or may not take part in action
(b) knows where it's at—aware of situation
(c) probably approves actions
(d) straight hip—either ignores or disapproves of these drugs
(e) groovy hip—casts a tolerant and friendly eye

(3) Groovy
(a) aware of the scene
(b) groovy cat is always hip but hip individual may not be capable of grooving
(c) Groove: ability to communicate or "rap"—express serious, usually personal thoughts

(4) Cool—"has made it"
(a) conquered at least in his own opinion all his hang-ups
(b) knows what's happening and where it's at
V. Information

Committee B

Reasons for Use of Drugs

a. Marijuana vs. Tobacco
   (1) Marijuana does not impair functioning of heart
       Marijuana not identified as cancer cause
   (2) Tobacco
       (a) does not intoxicate or make persons violent
       (b) can still perform normal duties without
           damaging mental or emotional responses
       (c) can cause damage to heart and lungs
       (d) can lead to lung cancer

b. Marijuana vs. Alcohol
   (1) Marijuana
       (a) is both a stimulant and depressant
       (b) physiological dependence
       (c) less dangerous and harmful to body than tobacco
       (d) stimulates appetite
       (e) may lead to automobile accidents and criminal acts
       (f) little physical dependence
       (g) in large quantities--sometimes causes dangerous
           patterns of behavior
   (2) Alcohol
       (a) is a depressant
       (b) more physical dependence results--psychological
           dependence
       (c) harmful to body if over used
       (d) decreased appetite may result
       (e) leading cause of automobile accidents
       (f) large quantities--drunken stupor

5. Another culture
   (a) Choen says, "World of marijuana is a state within a state,
       a culture within a culture; and it is impossible to
       estimate its population."
   (b) Personalities
       (1) old group of anti-social misfits--lower caste groups
       (uneducated, unemployed, and poorly motivated)--soon
       turned to strong drugs.
STRATEGY

V. Information Retrieval

Committee B Reasons for Use of Drugs

(c) can "maintain" or trip, can "grove" or "cool it"
(d) capable of existing in reality because he understands himself and problems
(e) if a person departs from tolerance and expresses himself without maintaining control of emotions--"blown his own cool".

MATERIALS

Reasons for "blown his own cool"

Getting source of supply is illegal
(1) Is grown in U.S.A.--easily detected by police
(2) Can be smuggled across Mexican border--but hazardous
(3) Can borrow from friends--causes friction
(4) Acquire a "stash" (private supply) by "cop" (buy)

Crime
(1) Deadens perception of reality
(2) May release latent criminal tendencies
(3) Does not cause violence but facilitates it

Causes considerable waste of man-power--educated people are sent to prison for possession

F. Volatile chemicals
1. Personalities
   a. Younger children--average age is 14
   b. Lack of parental supervision or control
   c. Usually introduced to habit by schoolmates or friends

2. Reasons for taking
   a. Pressure from friends
   b. Feelings of hopelessness
   c. Inadequacy
   d. National emphasis on pleasure seeking

3. Effects--Personal and Psychological
   a. Loss of interest
   b. Impulsive
   c. Unpredictable
   d. Violent or erratic activities (serious falls, car accidents)

   e. Extreme use can cause aggressive behavior, complete amnesia
   (1) A sixteen year old boy attacked and tried to beat up four marines. Another boy stood on train tracks and attempted to fight a train.
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<th>STRATEGY</th>
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| V. Information Retrieval Committee B | 4. Social problems that can result from drug abuse  
   a. Rejection by family and friends  
   b. Other family problems  
   c. Loss of income  
   d. Accident susceptibility  
   e. Criminal activities to obtain drugs  
   f. Association with pushers and criminals  
   g. School failure  
   h. Less opportunity for employment |
| Reasons for Use of Drugs | |
| MATERIALS |
V. Information Retrieval Activities

1. Find news or magazine articles that tell about drug traffic. Cut them out for a bulletin board or display.

2. Locate on the globe or map the major centers of drug production. Trace the route they follow to the USA. Be ready to show the class.

3. Interview a pharmacist to find out how drugs are controlled by law. Either tape record the interview or invite him to come speak to the class.

4. Use the transparencies in the kit to help you understand the laws about drugs.

5. Interview a policeman to find out how drugs get into your community. Tape record or write a report on the interview.

6. Make a report on drug smuggling or the Mafia related to the illegal drug trade.

7. Find in books every reference to buying drugs and find out what sort of people "pushers" are. List selling points a pusher might give to get someone started on drugs.

8. Find out how drugs get into your own community.
I. Drugs—an American problem
   A. America is a prime market for illegal drugs
      1. Because of climate cannot grow poppies--opium. Can grow cannabis but is of a lower grade.
      2. LSD and Methedrine can be home made from chemicals.
      3. Nation has a lower socio-economic segment which becomes perfect customer for illegal traffic.
   B. President Kennedy—September 27, 1962—said the nation had two key objectives:
      1. Elimination of illicit traffic in drugs.
      2. Rehabilitation and restoration of addicts to society.
   C. A social problem
      1. Great use of drugs is an indication of failure of control.
      2. Prohibition and police policy effects
         a. Encourage racketeering and high prices
         b. Cause excessive recruitment of young, lower class males as pushers
      3. Attitude of Federal Bureau of Narcotics (FBN)
         a. Treats drug abuse as police problem and until recently resisted any efforts to treat primarily as a socio-medical problem
         b. Any person using, selling, or possessing drugs is a criminal to FBN
         c. In Europe—user is considered an unfortunate person whose problem is primarily psychological and medical

II. Black Market—invisible network of drug procurement
   A. Reaches into every major city as well as thousands of smaller communities.
   B. Illegal sale of addictive drugs is profitable business.
   C. Drugs are purchased by some 60,000 known addicts in U.S.
V. Information Retrieval Committee C Procurement and Control of Drugs

D. Black Market maintains prices. If FBN makes a big catch--causes a shortage--prices go up very high.

E. Is financed by rest of population--non-addictive world--addicts forced to steal to obtain money for drugs.

F. The Mafia--Cosà Nostra (Our Family)--involved in illegal drug traffic

1. History--existed for 1200 years
   a. Began in Sicily with a group of rebels against Arab rule.
   b. Because Sicily was occupied by many different groups (Arabs, Normans, Germans, French, Spanish etc.) people came to ignore temporary government and laws.
   c. Felt they had the right to rule themselves by own stern code--principle of omertà--conspiracy of silence and death.
   d. Carried tradition wherever a mafioso emigrated--mainly to United States.
      (1) Total disregarded laws governing gambling, liquor, and narcotics
      (2) Have contact with counterparts in Italy and Sicily

2. How Mafia is organized
   a. Each of twenty-four groups is known as "family"
   b. Membership varies from 20 to 700 men
   c. Most cities have one family; New York has five
STRATEGY
V. Information Retrieval
Committee C
Procurement and Control of Drugs

CONTENT

BOSS--Head of family
Underboss--Vice President--Consigliere (Adviser)
Caporegina--buffers between family members
avoid direct contact with workers

Soldiers--lowest (button men)
With and through non-member associates
and fronts--participate in, control or
influences

Legitimate industry
Food Product
Restaurants
Garbage disposal
Taverns
Labor Unions

Illegal activities
Gambling
Narcotics
Labor Racketeering
Extortion

MATERIALS
Leunwand, Gerald (ed)
Crime and Juvenile Delinquency
p. 93-95
III. Illegal drug traffic--Heroin

A. Growth of poppies (papaver somniferum)
   1. Turkish peasants grow and sell raw opium to their government at a fixed price ($167 per 10 kilos or 22 pounds).
   2. Some divert part of their crop into illegal channels at higher prices ($350).
   3. A family may harvest over 400 pounds a year.

B. Traffic of illegal opium--Western Route
   1. Moved from Turkish farmers to Syria in armed convoys of camels, mules, trucks, and cars.
      a. Are guarded by as many as thirty men armed with rifles and machine guns.
      b. Have many bloody skirmishes with border police.
   2. Reaches hands of an illicit dealer in Aleppo or Beirut.
      a. Put through a purification process which converts the raw opium into a kind of morphine base and reduces the original 10 kilos to one kilo.
      b. Made more convenient for smuggling.
      c. Has increased value of one kilo (2.2 pounds) to $700 or $800.
   3. Convert base into heroin.
      a. Change a kilo of morphine into a kilo of heroin in hidden laboratories located in Paris and Marseilles, France.
      b. Has increased value of one kilo to $3500.
   4. Distributed from several connections in Italy.
      a. Centers are located in Milan.
      b. Distributors export heroin by ship from Naples, Genoa, or Palermo.
      c. Exported by plane from Rome.
   5. Transported to New York or Montreal.
      a. Carried by sailors, airline stewardesses, diplomats.
      b. Smuggled onto plane or ship in many ingenious ways.
      a. Most heroin along with cocaine is distributed by the Mafia.
      b. Passed on by a number of wholesalers.
V. Information Retrieval Committee C

7. Supplying the addicts
   a. Big stashes distributed by network of men
   b. Reaches pushers usually an addict who sells to feed his habit--Addiction breeds addiction.
   c. Finally reaches addict--cost of one fix $5.00--some pay $75 to $100 per day for habit

C. Eastern Route
   1. Grown in Yunnan Province of Communist China, Thailand, Burma and Laos.
   2. Converted illegally into morphine base in Bangkok or Rangoon.
   3. Shipped to Singapore and Hong Kong where heroin laboratories are located
   4. Smuggled to United States, Canada, Japan, Phillipines and South America

D. Mexico
   1. Raised illegally in states of Durango, Sinaloa, and Sonora
   2. If discovered by police, whole fields are burned
   3. Still maintains a $2 million dollar trade

VI. Control

A. Federal Bureau of Narcotics
   1. Organized in 1930's
   2. Has considered drug addiction a crime
   3. Since 1955--impossible to stop by prohibition
      a. Failure of attempts to stop supply.
      b. Use punitive approach--stiff penalties.
      c. Regard user as criminal--no distinction between degrees of violation.
      d. Rigid control over physicians use and prescription of drugs.
V. Information Retrieval

Committee C
Procurement and Control of Drugs

B. Federal Laws
1. Harrison Act of 1914
   a. First effective control measure
   b. Background
      (1) Morphine widely used during Civil War to relieve pain produced many addicts
      (2) Syringe invented for medical use in period of Civil War
      (3) Opium and by-products could be purchased at drug store without prescription
      (4) Physicians could administer drugs to people who needed them.
      (5) More women addicts than men then.
   c. Act was chiefly a revenue measure--enforced a tax of one cent per ounce on narcotic drugs produced or imported.
   d. Regulated and controlled--production, manufacture, preparation, importation, transportation, sale, purchase, and possession.
   e. Specific laws to cover procedure, search and seizure, arrest and trial, and penalties for conviction.
   f. Made sale of narcotic drugs illegal unless written order of recipient on an official form supplied by Treasury Department.
   g. Made it illegal for physician to "feed" or maintain narcotic addiction.
2. Narcotic Drug and Import and Export Act of 1929
   a. Intended to eliminate use of narcotics except for legitimate purposes
   b. Treatment of pusher
      (1) Legal penalties most severe
      (2) Preferential treatment for informers
   c. Abuser
      (1) Under constant pressure of being discovered
      (2) Would suffer consequences of having a criminal record
3. Marijuana Tax Act of 1937
   a. Provided controls of marijuana similar to Harrison Act
V. Information Retrieval

Committee C

Procurement and Control of Drugs

4. Opium Poppy Control Act
   a. Prohibited production of poppy in the United States except under license of Secretary of Treasury

5. Boggs Act--1951
   a. Established mandatory, severe penalties for conviction for all narcotic offenses
   b. Made little distinction between distributors, pushers, or addicts

6. Narcotics Control Act--1956
   a. Intended to impose very severe penalties
   b. Unenforceable--would have meant imprisoning every addict

7. Drug Abuse Control Amendment--1965
   a. Adopted strict controls on stimulants, depressants, LSD and similar substances with provisions to add new substances
   b. Restrictions
      (1) All those handling drugs must keep record for three years--Registration--Inventories--number of prescription filled
      (2) Prescriptions expire at the end of six months
      (3) Restrict user to five refills
   c. Registration-procedures set up by Bureau of Drug Abuse Control--proposed for a distinctive product identification on all labels of all covered drugs--Rx within a Capital C in a square of contrasting color


C. Penalties (see following charts on state and federal laws)

V. State Control

A. New York--1962--Metcalf Volker Act
   1. Attempted to handle addiction as a medical problem not a criminal problem
   2. Defined three classes of addicts
      a. Civil commitment of those arrested
V. Information Retrieval Committee C

Procurement and Control of Drugs

B. Facts about State Laws

1. In 18 states addiction is a crime.
2. In twenty-five of the fifty states the penalty for the first offense is not less than two years.
3. Only sixteen states have a mandatory, minimum sentence.
4. For possession of drugs in Texas, the sentence can be for life.
5. In Louisiana and Oklahoma--penalty could be death for selling drugs to minors.
6. Every state but Montana restricts sale of non-narcotics, "dangerous" drugs.

C. Ohio Law

1. Uniform Act of 1937
2. Increased Penalties--1955
3. Prohibits
   a. Knowingly making false statements in a prescription, order, report or record.
   b. False or forged prescription or order.
   c. Affixing a false or forged label.
4. Revised Code prohibits
   a. Manufacture, sale, delivery of adulterated or misbranded drugs
   b. Adulteration or misbranding
   c. Sale or delivery of new drug (not evaluated as safe or effective)
   d. False advertisement
   e. False guarantees
   f. Removal or disposal of a detained or embargoed article
   g. Acts resulting in misbranding
   h. Forgery, counterfeit, simulation
   i. Sale or delivery at retail without a prescription of any drug which under Federal or Ohio law must be sold on prescription--revealing trade secrets.
V. Information Retrieval

IV. International Control

A. Federal Bureau of Narcotics
B. Interpol--international police
   1. Headquarters in Paris
   2. About 100 members
   3. An organization only for communications
C. League of Nations
   1. Had suggested all countries submit yearly estimates of manufacture and consumption
D. United Nations--1961--countries were obliged to report growth of opium poppy

VII. Community Control

A. MAD--Mothers Against Drugs--Harlem
   1. States that pushers are "murderers of our children"
   2. Urges people to record names, license plates of suppliers and pushers
   3. Believe "police simply don't care about drugs in the black community"
4. Black Citizens Patrol--John Shabazz--Brooklyn
   a. Believes narcotic addiction weapon to control black youth
   b. Method
      (1) Document an area as a dope drop
      (2) Turn document over to police
      (3) If nothing is done, put up posters designating place
      (4) Lastly, barricade the place
      (5) Citizen arrest by off duty black police

B. Misuse of drugs can involve legal consequences
   1. Strict penalties for illegal possession, distributing, using, or manufacturing
   2. Loss of certain rights after drug conviction
V. Information Retrieval

Committee C

VI. Agencies concerned with the drug problem

A. World Health Organization
B. National Institute of Mental Health
C. Bureau of Narcotics and Dangerous Drugs
D. Federal Trade Commission
E. Bureau of Customs
F. State and local health departments
G. Law enforcement bodies - federal, state, local
H. Professional people - doctors, nurses, pharmacists

3. Penalties for accidents or crime while under the influence of drugs
V. Information Retrieval

Committee D: Treatment

1. Find out where a person with a drug problem can go for help in your community.

2. Visit a clinic or treatment center, if possible.

3. Find news or magazine articles about drug treatment, copy them or cut them out for display.

4. Write to the medical association and ask for any pamphlets they might have on treatment of drug addiction.

5. Interview someone who has been involved in treatment of drug abuse, an ex-addict, a doctor, a preacher, or a social worker. Either record or write about the interview.

6. Let each committee member study one special type of treatment and then plan a report to the class—perhaps in a panel discussion.

7. Find out local school policy about drug education.

8. Ask your police chief about drug problems in your city. Record the interview and play it to the class.

9. Prepare a report on the methods used by the Bureau of Customs to prevent entry of illegal drugs into the United States.

10. Plan a class panel discussion about the possible effects of legalizing marijuana.
V. Information

Retrieval

Committee D

Treatment

I. Attempts at rehabilitation

A. 1925--Some forty cities established clinics
   1. Were therapeutically effective
   2. Failed due to hostile attitude of Federal Narcotics Bureau

B. U.S. Public Health Service Hospitals established by federal government
   1. Only two major treatment facilities in United States
      a. Lexington, Kentucky
      b. Fort Worth, Texas
   2. System designed to take addict off drugs and keep him off
      a. Most who enter can't afford to get severe habit--so
         withdrawal is like a bad case of the flu
      b. Are given drugs to substitute for heroin or barbiturates
         (1) Heroin--given methadone
         (2) Barbiturates--pentobarbital
      c. Three weeks orientation
         (1) Tested
         (2) Interviewed by psychiatrists, psychologists, social
            workers and job trainers.
   3. Relapse rate is 90%
   4. Found almost all addicts had family problems
   5. Seem to be used as temporary respite from drugs instead of permanent
      cures
   6. Now 70 treatment centers in United States
   7. Only two hospitals in New York
      a. Withdrawn from heroin over period of three weeks
         (1) Routine, effective and not so fast as to cause
            great discomfort
         (2) After declared "clean" addict is discharged
         (3) Told to report to West Side Rehabilitation Center
   8. One hospital in California--partially successful--program continues
      for some time after discharge

II. Methods of treatments

A. Physical -- total withdrawal
V. Information Retrieval

Committee D

B. Substitute Drugs (Methadone)

1. Doctors Vincent P. Dole and Marie Nyswander discovered use of drug methadone hydrochloride

2. Abandons goal of re-education, at least, temporarily

3. Effectively blocks "narcotic hunger"

4. Periods of treatment
   a. First period -- person is kept in unlocked hospital ward and allowed to leave for school, libraries, shopping, and other activities -- usually accompanied by a staff member.
   b. Second period -- person becomes an outpatient and returns for daily injection of methadone
   c. Third and final period -- person has become socially normal, self-supporting person; still on methadone and dependent on it, but no craving for heroin and its "high".

5. Dr. Nyswander believes it is not necessary to get off methadone as long as the person is a socially useful citizen happy with self and society.

C. Half-way houses

1. Teen Challenge
   a. Started by Reverend David Wilkerson
   b. Believes in power of God to help all people
   c. Method
      (1) Person must go "cold turkey" eased only by prayer and kind words
      (2) Indoctrination in tenets of Fundamentalism
      (3) Rural retreats
         (a) Regimented routine of work
         (b) Bible study
         (c) Fervent religious services
   d. Only half who enter stay more than two weeks -- claims that 80% of those who stay are cured.
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<td><strong>e.</strong> Many who complete become preachers and help at the nine centers</td>
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<td><strong>f.</strong> Criticisms—negative</td>
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<td>(1) accepts only addicts strongly motivated to kick habit</td>
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<td>(2) encloses in unreal world of &quot;emotional religion&quot;</td>
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<td><strong>g.</strong> Positive criticisms</td>
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<td>(1) Confronts, real discipline—leads to self-discipline—key to maturity</td>
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| **2. Synanon (Similar to Alcoholics Anonymous)** |
|---|---|
| **a.** Started in 1958 by Charles Dederick (ex-alcoholic) |
| **b.** Term synanon—newly arrived addict mixed words symposium and seminar |
| **c.** Program |
| (1) Person must go "cold turkey" |
| (2) Has to live in community for two years |
| (3) Uses group therapy |
| (a) meet in groups of eight or twelve for one and one-half hours, three times a week |
| (b) subject each other to most searching and vicious criticism, abuse, and ridicule—must get over self-pity |
| **d.** Theory |
| (1) Addict is not a responsible adult and is impossible to treat as one |
| (2) Demands unfaltering allegiance to "family" |
| (3) TLC—Tender Loving Care is a crucial part |
| (4) Motto is "Hang Tough" |
| **e.** Stages of development |
| (1) Growing period—about three months |
| (a) Makes few decisions |
| (b) Performs tasks in house |
| **f.** Interracial |
| (1) Three-fourths of people are white |
| (2) One-fourth—Black, Puerto Rican and Mexican |
V. Information Retrieval

Committee D

Treatment

g. Centers
   (1) Santa Monica
   (2) Westport
   (3) Connecticut
   (4) Reno, Nevada

h. Great difficulty from prejudiced people in "lily white" neighborhoods

i. Claim "cure" and rehabilitation higher than any other method

j. Objections: Racial imbalance
   People who misunderstand movement do not want addicts in their neighborhoods.--Some object to methods.

3. Daytop Village and Daytop Lodge--Staten Island
   a. Self-help organization
   b. Off-shoot of Synanon
   c. Program planned around 18 month stay
      (1) Use group therapy
      (2) Only two rules
         (a) No violence
         (b) No chemicals
   d. Participants are either paroled or go voluntarily
   e. Group has also suffered from intolerance of neighbors

D. Other groups and persons who help

1. Narcotics Anonymous--self-help
   a. 29 chapters
   b. Meet anywhere and discuss almost anything
   c. Emphasizes therapeutic value of confession

2. East Harlem Protestant Parish Narcotics Community--1956
   a. Dispenses personal support and professional service
   b. Help with red tape--entering hospital, visit and counsel
   c. After person leaves hospital, help find good, acceptable lodging, food and jobs

3. Dr. Robert Baird
   a. Haven Clinic--Harlem
   b. Uses a number of approaches
IV. Information Retrieval.

Committee D

Treatment

III. Proposed plans for treatment

A. Mandatory hospitalization

B. Institutions

C. Follow plan of Great Britain--provide drugs
   1. Non-punitive
   2. Removal of profit to illegal traffic
   3. Eliminate addict's need to steal
   4. Addict is maintained under supervision

D. Community houses--suggested by Saul Jeffee
   1. Community house program designed to be nationwide--control supply, eliminate illegal traffic and treat addict--provide free drugs.
   2. All participating addicts are to be registered. Must carry an ID card with picture to prevent non-registered individual from obtaining drugs.
   3. All drugs are to be FREE and administered by medical official at Community House.
   4. Addicts are to be divided into two groups
      a. Those on maintenance dosage and those who seek withdrawal treatment and rehabilitation
   5. Rehabilitation programs
      a. Seek to develop new attitudes
      b. New occupational programs and environmental programs
      c. Give best chance to stay "clean"
   6. Rehabilitation--include psychiatric counseling with addict's family to avoid misunderstanding
   7. After care programs--to prevent relapse
   8. Those who violate rules or use drugs outside Community house will be asked to undergo treatment under strict control of another institution.

IV. Father Daniel Egan--"junkie priest"
   a. Has helped young women addicts in New York House of Detention for Women
   b. Helped to found Village Haven--a halfway house in Greenwich Village
V. Information Retrieval

Committee D

Treatment

9. Ultimate Goal—Dry up market of underaged

E. Proposal b. MAD (Mothers Against Drugs)

1. Want community-based hospitals

2. Develop national health camps

F. Advocates—Reserve Fleet—Fr. Benny Prumm

1. Patients treated where impossible for pushers to get to them

2. Ships tied at piers—round the clock treatment

3. Use of the ships—prevent people from protesting building center in community
VI. Reporting Committee Findings

A wide variety of activities were suggested for each committee to help it gather information. If the activities were done as a part of learning they can be shared with the whole class to make interesting committee reports.

**PLEASE AVOID READING WRITTEN REPORTS**

Try to tell the information using your own words or even better: Use charts, films, photos, tape recordings, skits, etc., and talk about them.

Plan your committee report together. Each person should be able to contribute something he has made or planned to show what he learned.

1. Make a bulletin board display of news articles and pictures about your topic.
2. Pick out film and film strips and arrange to show all or part of them.
3. Play a part of a tape-recorded interview.
4. Invite a speaker to come to class at the time of your report and give him a list of questions to answer.
5. Read a story you have written or put it on ditto so everyone can read it.

Remember, the committee report is an interesting way of telling the class what you have learned.

6. Make charts showing (a) the physical and mental effects of each drug, (b) the vocabulary, giving important words and definitions, (c) some of the reasons people take drugs, (d) where each drug comes from and what law controls it, and (e) types of treatment.
7. Make a transparency to show any information you may organize to tell the class, e.g., the chart in No. 6, list in No. 4.
VI. Reporting Committee Findings

8. Prepare a skit showing someone who has many problems he can't solve and he gives up by turning to drugs. Show how his problem remains unsolved.
9. Write a story about a person your age who takes drugs or urges others to try them.
10. Write a letter to an imaginary friend who uses drugs and try to explain the dangers to him.
11. Make a poster showing the "road to addiction".
12. Make hand puppets and write a playlet showing how one character starts to use drugs.
13. Make up a skit showing how a pusher first gives away drugs, then charges for them. Show how an addict may become a pusher in order to get drugs for himself.
14. Make a list of "bad moods" and how a child gets into a bad mood. Suggest some constructive ways to get out of it.
15. Role play how friends or groups try to influence others to use drugs. Let the class suggest ways of resisting.
16. Have a debate or panel discussion on the topic, "It is easier to form good habits than break a bad one."
17. Write an original story about a person who abuses drugs. Read it to the group.
After the committees have made their reports to the class, time should be allowed to review what has been learned and to evaluate the efforts of the learners. At this point, the questions which were raised in the introduction should be brought out and the class should see whether they have been answered.

The teacher should lead the class in a review of the major points that were considered as a preparation for the generalizations which they will make.

There will be some major questions to consider as a result of the study. They may be questions of opinion such as, "Should the use of marijuana be legalized?". Value questions might also occur, such as, "Why is the drug particularly harmful to members of the inner city (or the black community)?". Personal questions might be proposed, such as, "How can a person avoid getting involved in taking drugs and yet not seem like a 'square'?"

Such questions and many more should be discussed by the class. Probably many will come up during the reporting sessions of the committees and they can be considered briefly at the time (the opportune moment for learning is when the question occurs to the student—not when it is scheduled).

The free discussion sessions are not meant to be indoctrination periods. Opinions and values of the children should be considered. The aim of the session is to involve the children in value formation and to give them experience in critical thinking about a real problem. There will be no "right" answers, but a variety of acceptable and unacceptable opinions.
After discussing their opinions and the factual data about drugs, the children are ready to consider the general principles of human behavior which seem to them to be important.

The teacher may lead the class in formulating the generalizations, but should not make it an exercise in guessing the "right answers". Tentative suggestions offered by the students may be written on the board and revised after the class considers possible modifications.

The unit writers list below several generalizations which may be suggested by the content of the unit:

1. The drug problem can affect a whole community resulting in an increase in crime and wasting the lives of many of its people.

2. When any illegal activity is carried on without an effort to get at the real dealers, there is probably corruption of the law enforcement agencies.

3. People who are denied social and/or economic quality tend to seek escape through drugs and alcohol.

4. It is often people who are affluent that tend to seek excitement and diversion through drugs and alcohol.

5. Enforcement of a law considered to be unnecessary or overly strict tends to promote increased violation of that law, attempts to modify the law, and/or a loss of respect for law in general.

6. The tendency to consider physical and mental illnesses as illegal often reinforces organized crime, which furnishes supplies not available through legal means.
SUGGESTED CULMINATING ACTIVITIES

1. Make a display for the whole school to see. Use the display cases and put pictures and posters on the walls.

2. If any skits or playlets were used in the reporting activities, invite another class or several classes to see them presented again.

3. If you found that a film had particular interest, show it to all the Fourth, Fifth and Sixth grade classes.

4. Put together all the reports and stories and add some more that the class writes to make a booklet about drugs. Ditto it, make covers, and distribute it as widely as possible to the school.

5. Present a sort of debate to the class on one of the topics you found pupils had different opinions (i.e., whether marijuana should be legalized.)

6. Put out a class newspaper with news articles about the drug problem in your own community, cartoons, and stories or poems.

7. Plan a program for parents or for PTA. If the committees used a variety of reporting activities, you will already have displays, skits, possibly a puppet show, a debate, a newspaper or booklet, stories, pictures, poems, and anything else your own originality suggests.
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Describes the physiological effects of narcotics, modern social changes in drug use, the personality and treatment of narcotics users.

The story of Father Daniel Egan and his works.

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The author treats the medical, psychological and social facts of drugs. Although the author lived in Britain when the book was written, he discusses the drug problem in the United States because more research has been done here.


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<td>Opiates, LSD</td>
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<td>Marijuana</td>
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<td>NARCOTICS: THE INSIDE STORY</td>
<td>12 min. color</td>
<td>Narcotics</td>
<td>Jr., Sr. High School</td>
<td>Charles Cahill &amp; Assoc. Inc., P.O. Box 3220 Hollywood, Calif. 90028</td>
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<td>LSD, Marijuana</td>
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<td>Tranquilizers</td>
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<td>Sedatives</td>
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<td>THE HIPPIE TEMPTATION</td>
<td>51 min. (Pt. i, 31 min., Pt. II 20) color</td>
<td>LSD</td>
<td>General Sr. High School Adults</td>
<td>McGraw-Hill Films Highstown, New Jersey 08520</td>
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FILMS AND FILMSTRIPS

Drug Addiction EBF--22 minutes; black and white--$3.75
How a young man was introduced to drugs and how he was influenced by them; emphasizes procurement and rehabilitation.

The Drug Information Series--four filmstrips--Guidance Associates, Pleasantville, New York
Sedatives, Narcotics, Stimulants, and Psychedelics.

The High: Drugs and You--19 minutes; color; $8.00--1970 Moreland-Latchford; Coronet
Teenage marijuana pusher's story.

Keep Off the Grass--10 minutes; color; $5.00--1970 Moreland-Latchford Production--Sterling
Dilemma of teenagers caught between family and friends over smoking marijuana.

LSD: Trip or Trap--19 minutes; color; $9.00--Sid Davis Productions
Narcotic habit/social problems

Marijuana (Sonny and Cher); 35 minutes; color; $11.25; Avanti-Bailey
Examines reason some teenagers give for smoking pot and exposes them rationally.

Marijuana: The Great Escape; 21 minutes; color; $9.00--1970 A. Gary Mitchell: B&A
Psychological dependence on marijuana.


Narcotics: A Challenge to Youth; 22 minutes; color; $8.50--Narcotic Education Foundation of America
Stresses responsibilities of teacher learning facts about drugs.

Narcotics: Pit of Despair; 29 minutes; color; $9.00--Smith and Holst Film Laboratory
How teenage boy is trapped into drug addiction--methods of drug traffic, law control, and treatment.
BIBLIOGRAPHY (continued)

FILMS AND FILMSTRIPS

Speed Scene: The Problem of Amphetamine Abuse; 17 minutes; color; $8.00--1969 Medi-Cine Films
Psychological and physical problems of the "speed" culture.

The Drug Scene (for 5th and 6th grades); 16 minutes--Hanna-Barbera Productions, Educational Division,
3400 Cahuenga Boulevard, Hollywood, California 90028,

Trip to Nowhere--52 minutes; color; $17.00--1970 NBC Education Enterprises
Why and who of drug use --among young people, ghetto and suburbs.

You and the Law; Part I and II--two filmstrips; Guidance Associates, Pleasantville, New York

Young People and Drugs--Steck Vaughn Company--Austin, Texas

Prohibition and Pot--Steck Vaughn Company--Austin, Texas