

THE EFFECTIVENESS OF NARCOTICS COURSES TAKEN IN COLLEGE
BY LONG ISLAND HEALTH TEACHERS

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CHAPTER I

INTRODUCTION

The mores of American society sometimes create complex social problems. One of the most difficult and highly complex socio-psychological problems today is the insidious growth of narcotic addiction and drug abuse. The most pressing problem in the struggle against drug abuse and narcotic addicts is the lack of information given to the teacher, parent, and student. No sophisticated high school or college student will listen to an adult spouting misinformation. As an example, many adults still harbor the misconception that marijuana is addictive.

As Dr. Herbert S. Anhalt has stated, "One of the best ways of preventing narcotic addiction is through education."¹ Educators, such as Dr. Anhalt and medical authorities such as Dr. Robert W. Baird are agreed, that helping the pupils in our school to develop well-adjusted personalities is basic to the prevention of drug addiction and the abuse of chemical production and other substances.

The emphasis in the school health education program should be the establishment of desirable attitudes and health habits that will help pupils attain physical, mental,

¹Long Island New York Press, November 7, 1966.

and emotional stability. However, there must be a qualified teacher to teach the course.

It is important that teachers acquire a background of information concerning narcotics. This will enable them to answer with reasonable accuracy, the many varied inquiries of pupil and parent.

Beginning September 1, 1970 the New York State Education Department will require health and narcotic education to be taught in New York Public High Schools.² These organizations involved in this study are the New York State Health and Physical Education Association, the Narcotic Addiction Control Commission, the New York State Cancer Society Association along with other leading agencies concerned with Health Education.

These agencies found not only drug abuse prevalent but venereal disease and smoking, which have increased at such an alarming rate as to cause concern among the educators. There are 30,000 known drug addicts today in New York State with a total estimate of 60,000. One per cent of the addict population of New York dies each year from an overdose of drugs.³ It has been proved that teenagers are the state's

²New York State Narcotic Addiction Control Commission, The Attack (Forecast for Back-To-School! New York: Narcotic Addiction Control Commission, 1969), p. 9.

³Lawrence W. Pierce, Total Approach to New York State's

highest habitual users of narcotics.

No one knows how many youngsters take marijuana, heroin, LSD or cough medicine. Dr. Duke Fisher of the University of California estimates that up to fifty per cent of the students in Los Angeles high schools may have had experience with LSD alone. A survey at Great Neck High School on Long Island, New York indicated nearly ten per cent had used either LSD or marijuana at least once.⁴

Education still is needed. A bill sponsored by State Senator Edward J. Speno of East Meadow, New York calls for a five year program to alert public school children to the dangers of smoking, drinking, and drugs.⁵

Through this research, the Department of Education of the State of New York has advised that a certified health course should be required for all high school students. Do we have enough qualified teachers to teach narcotics to high school students in New York State and have they taken the courses in college to teach narcotics education?

Prevention, Rehabilitation Research, A Report Prepared by the Narcotic Addiction Control Commission (Albany: New York State Narcotic Control Commission, 1968), p. 1.

⁴New York City Newsday, January 6, 1966.

⁵Long Island New York Press, March 7, 1966, p. 8

I. THE PROBLEM

Statement of the problem. It was the purpose of this study to investigate the background and formal educational experiences concerning drug education which teachers of health education in Nassau County, Long Island, New York utilize within their own high school classroom.

Significance of the problem. As of September 1, 1970 Health Education will be a required course for all high school students. No longer will teachers have to defend health education to the local Board of Education. What is needed now is a critical analysis of the education of the teacher in regards to narcotics education. Are teachers receiving enough information about narcotics while attending college? There now seems to be a lack of knowledge between the experts and classroom teacher as to teaching content.

Frederick M. Garfield, Assistant Director for Science and Drug Abuse Prevention, has stated, "We certainly agree that there is a continuing need for positive programs for drug education, particularly at the primary and secondary level."⁶ It seems as if the child is continually surveyed to learning but rarely has the teacher been surveyed as to what he has learned or not learned.

⁶Frederick M. Garfield, "Bureau of Narcotics and Dangerous Drugs" (letter sent to writer of thesis, Wappingers Falls, New York, August 20, 1969).

In 1962, President John F. Kennedy summoned more than 400 people who shared his interest in the problem to the first White House conference on Narcotic and Drug Abuse. "I don't think there is any field," he told them, "about which there is so much divided opinion, so much possible to do, and in some places, such limited action... This problem merits national concern."⁷ President Kennedy foresaw a need for some national concern of drug abuse.

In 1969, President Nixon sent a special message to Congress urging new legislation and outlining several new steps toward meeting the critical problem of drug abuse.

One Superintendent of Schools sent this letter to parents in his district. He reported that:

This is a time to face facts. A narcotics problem exists on Long Island. A narcotics problem exists in Plainview. Let us not seek comfort in the fact that many other communities have a similar problem, probably worse than that in our community, or should we allow ourselves to be complacent because it now only affects a small hard core of our youth. Drugs and narcotics use by any portion of our teenagers is a potential danger to the welfare of our entire community. He continued, What can be done about it? As a start, every junior and senior high school student will soon be given a special educational program on the dangers of drugs. The program will start in the physical education classes.

⁷Norman P. Ross, "The Drug Takers," Time-Life Special Reports, (New York: Time Incorporated, 1965), p. 4.

⁸New York City Newsday, February 15, 1966, p. 3.

However, there still remains the question, how qualified are these teachers to teach narcotics education to the students and will their information be correct? In New York, the health curriculum is being revised after a period of forty years to give the health teacher some guidance on the danger of drug addiction. However, Dr. Warren W. Knox, Assistant New York State Education Commissioner for curriculum, told the health teachers that it would be at least two years before the state has a prepared guideline for instruction on narcotics. "Until then, you're on your own."⁹

Today, there are new programs being devised by administrators, state legislators, and health departments for the reduction of narcotic addiction. The role of the health teacher is of prime importance in this field of study; and then the development of a strong health program should be made.

The value of narcotics education in the curriculum is being recognized as a very important addition to the educational system. However, the problem which administrators encounter today is, whether or not they have enough teachers to teach narcotics education. The greatest hope for long range reduction lies in prevention through education for all societies from the beginning of life to death.

⁹Long Island New York Press, March 28, 1966, p.3.

II. PURPOSE OF THE STUDY

The study was instigated for the selective purpose of revealing how much educational background in narcotics education, health teachers of Nassau County, Long Island, New York have or have not had.

There are many new narcotic programs being introduced into the educational system today. Therefore, it is imperative to know if health teachers are qualified to teach narcotics education.

Assumption. It was assumed that teachers have failed to take qualified courses in narcotics education.

Hypothesis. Three hypotheses were established:

1. There are non-certified health teachers teaching in the Nassau County High School System.
2. There are health teachers in Nassau County who felt that the narcotics courses taken in college were insufficient to teach narcotics education on the high school level.
3. There are health teachers who have taken fewer narcotics education courses.

III. DEFINITION OF TERMS

Addict. A person who is a slave or devotee to a

habit.¹⁰

Amphetamine. Amphetamines are stimulants, prescribed by physicians chiefly to reduce appetite and to relieve minor cases of mental depressions. They are often used to promote wakefulness and/or increase energy. Their common names are bennies, co-pilots, footballs, hearts, and pep pills.¹¹

Barbiturates. Barbiturates are sedatives, prescribed to induce sleep or, in smaller doses, to provide a calming effect. All are legally restricted to prescription use only. Signs of physical dependence appear with doses well above therapeutic level. They are also known as red birds, yellow jackets, blue heavens, and goof balls.¹²

Board of Education. A Board of Education is a group of people elected by the residents of the school district to govern the policies of all the schools within that district. It is their responsibility to develop and maintain good educational systems on the local level. In a Union Free District a Board of Education consists of from three to nine

¹⁰Clarence L. Barnhart, The World Book Dictionary (Chicago: Doubleday and Company, 1968), p. 23.

¹¹American Social Health Association, Legitimate Drugs. A Report Prepared by the Drug Dependence and Abuse Advisory Committee (New York: American Social Health Association, 1968).

¹²Ibid.

members. A Board of Education in a Central School District may have five, seven or nine members.¹³

Certified health course. All courses acceptable for health education to complete specific requirements of New York State.¹⁴

Certified health teacher. One who is qualified to teach health education in New York State which requires thirty-six semester hours in health.¹⁵

Cocaine. Extracted from the leaves of the coca bush, cocaine is a white, odorless, fluffy powder that looks like crystalline snow. It is also known as the leaf, snow, speedballs (when mixed with heroin).¹⁶

Codeine. A component of opium and a derivative of morphine, in most respects codeine is a tenth or less as effective as morphine, dosewise. Codeine is usually taken orally, in tablets, for pain; or in a liquid preparation, of

¹³Stallman, Leslie. "New York State High School Requirement" (letter sent to writer of thesis, Wappingers Falls, New York, 1970).

¹⁴Mark Caldwell, "New York State Health Requirements" (letter sent to writer of thesis, Wappingers Falls, New York September 3, 1969).

¹⁵Ibid.

¹⁶American Social Health Association, Legitimate Drugs. A Report Prepared by the Drug Dependence and Abuse Advisory Committee (New York: American Social Health Association, 1968).

variable alcohol content, for cough. It is also known as schoolboy.¹⁷

Drug abuse. The misuse of illegal drugs. Chronic use may lead to both physical and psychological dependence. Many experts consider psychological dependence to be the more serious problem. As tolerance develops, there is a need for ever-increasing doses. Physical and moral deterioration are often present.¹⁸

Drug abuser. The appeal of opiate-type narcotics to the drug abuser lies in their ability to reduce sensitivity to both psychological and physical stimuli. The abuser feels better because the drug may relieve fear, tension, anxiety or conscience, and may produce euphoria. While under the influence of opiates, the addict is usually lethargic and may display symptoms of deep intoxication.¹⁹

Drug user. A drug user is a person addicted to narcotics. He is in the process of taking narcotics.²⁰

Fix. A fix occurs when a person takes an injection of

¹⁷Ibid.

¹⁸James B. Landis, M.D., "Drug Groups Subject to Abuse, Drug Abuse (Philadelphia: Smith, Kline and French Laboratories, 1965), p. 4.

¹⁹Ibid.

²⁰J. E. Schmidt, Narcotics Lingo and Lore (Springfield, Illinois: Charles C. Thomas, 1959), p. 187.

a narcotic given to him by a drug addict.²¹

Hallucinogenic. LSD is a drug used to produce hallucinations (things seen or heard when there is no external cause for them). A person becomes hallucinogenic when he is addicted to LSD.²²

Health education. The development of knowledge, skill, ability, or character by teaching, training, study, or experience as relates to the general condition of the body or mind.²³

Heroin. Heroin is diacetylmorphine, an alkaloid derived from morphine which does not occur in opium. A white, off-white, or brown crystalline powder, it has long been the drug of choice among opiate addicts. Its possession is illegal. It is known as snow, stuff, H, junk, and others.²⁴

High. A drug addict becomes involved beyond the squalid structure of reality. He is on the inertia of a narcotic explosion.²⁵

²¹Ibid., p. 62

²²Clarence L. Barnhart, The World Book Dictionary (Chicago: Doubleday and Company, 1968), p. 893.

²³Ibid., p. 626, 910.

²⁴American Social Health Association, Legitimate Drugs. A Report Prepared by the Drug Dependence and Abuse Advisory Committee (New York: American Social Health Association, 1968).

²⁵J. E. Schmidt, Narcotics Lingo and Lore (Springfield, Illinois: Charles C. Thomas, 1959), p. 80.

Hooked. The narcotics user becomes addicted after he has taken drugs several times a day for about two weeks.²⁶

Kick. A person ceases to use drugs.²⁷

Length of Addiction. A state of periodic or chronic intoxication produced by the repeated consumption of a drug.²⁸

Marijuana. Marijuana is the dried flowering or fruiting top of the plant Cannabis Sativa L., commonly called Indian Hemp. It usually looks like fine, green tobacco. Its possession is illegal. Hashish is a preparation of cannabis, taken orally in many forms. It is known also as joints, sticks, reefers, weed, grass, pot, muggles, mooters, Indian hay, locoweed, mu, giggle-smoke, griffo, mohasky, and Mary Jane.²⁹

²⁶Public Health Service, Facts About Narcotic Drug Addiction, A Report Prepared by the National Institute of Mental Health Publication No. 1322 (Washington: U. S. Government Printing Office, 1965), p. 1.

²⁷Lawrence W. Pierce, "Drug Jargon vs. Straight Talk," The Attack (Albany, New York: New York State Narcotic Addiction Control Commission, 1968), p. 14.

²⁸Norman P. Ross, "The Drug Takers," Time-Life Special Reports (New York: Time Incorporated, 1965), p. 4.

²⁹American Social Health Association, Legitimate Drugs, A Report Prepared by the Drug Dependence and Abuse Advisory Committee (New York: American Social Health Association, 1968).

Maturing out. A period of time occurs when addicts stop taking drugs, often without much treatment.³⁰

Morphine. Morphine is the principle active component of opium. Morphine sulphate is a white crystalline powder which comes in light porous cubes or small white tablets. It is also known as M, dreamer, and many others.³¹

Narcotic addiction. Narcotic addiction is a state of periodic or chronic intoxication, detrimental to the individual and society, produced by the repeated consumption of a drug. Its characteristics include:

- 1) One feels an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means.
- 2) It gives one a tendency to increase the dose for drugs.
- 3) One develops a psychic (psychological and sometimes physical) dependence on the effects of the drug.³²

Narcotic Education. Narcotic Education is used as a

³⁰Charles Winick, Ph.D., The Narcotic Addiction Problem, Narcotics Addiction Service Center (New York: American Social Health Association), p. 15.

³¹American Social Health Association, op. cit.

³²Public Health Service, Facts About Narcotic Drug Addiction, A Report Prepared by the National Institute of Mental Health Publication No. 1322 (Washington: U. S. Government Printing Office, 1965), p. 1.

process whereby drug addicts are treated so that they will not continue using drugs.³³

Needle scars. A scar on the body resulting from an injection of an addiction narcotic.³⁴

Nembutals. Nembutals are a derivative of pentobarbital sodium. They are used as a sedative. A person may become hypnotic after taking them.³⁵

Non-certified health teacher. One who is employed if the superintendent can find no certified person to fill the position, and if at least six semester hours a year are completed by the individual toward certification in health.³⁶

Opium. Opium is the dried juice obtained from the unripe capsule of the opium poppy. It has a number of important alkaloids such as morphine, codeine, and heroin.³⁷

Overdose of drugs. More drugs than are needed or wanted

³³Clarence L. Barnhart, The World Book Dictionary (Chicago: Doubleday and Company, 1968), p. 1287.

³⁴J. S. Schmidt, Narcotics Lingo and Lore (Springfield, Illinois: Charles C. Thomas, 1959), p. 128.

³⁵Barnhart, op. cit., p. 1297.

³⁶Mark Caldwell, "New York State Health Requirements" (letter sent to writer of thesis, Wappingers Falls, New York, September 3, 1969).

³⁷Seminar, "Glossary of Terms on Drugs and Abuse Problems" (New York: Nassau Community College, 1967), p. 1. (Mimeographed)

are consumed by a person resulting in sickness.³⁸

Physical dependence. The physiological adaptation of the body to the presence of a drug. The body develops an actual need for a drug.³⁹

Psychological dependence. A person develops a strong drive to use drugs, either to obtain pleasure and/or to avoid discomfort.⁴⁰

Sniffing glue. The practice a person partakes of by inhaling the vapors of glue containing amyl-alcohol to induce a narcotic effect.⁴¹

Turned me on. One makes use of narcotic drugs for the first time or introduces another person to make use of them.⁴²

Withdrawal. Physiologic (bodily) disturbances following abrupt disturbances; following abrupt discontinuation of a drug by a physically dependent user. This, in turn, depends on the size of the habit. The onset of symptoms usually occurs about eight to twelve hours after the last dose.

³⁸Clarence L. Barnhart, The World Book Dictionary (Chicago: Doubleday and Company, 1968), p. 1379.

³⁹Seminar, op. cit.

⁴⁰Ibid.

⁴¹Barnhart, op. cit., p. 848

⁴²Pennsylvania Department of Health, Dangerous Drugs and Narcotics, A Report Prepared by the Division of Behavioral Problems and Drug Control (Harrisburg, Penn. 1963).

Thereafter, the symptoms increase in intensity, reaching a peak between thirty-six to seventy-two hours, and then gradually diminish over the succeeding five to ten days. However, weakness, insomnia, nervousness, and muscle aches and pains may persist for several weeks.⁴³

IV. LIMITATIONS OF THE STUDY

The study was limited to 113 health teachers of Nassau County, New York State. Nassau County was selected because it is the second highest drug addiction area in New York State. Only teachers who presently teach health education were mailed questionnaires. The questionnaire was sent to subject directors found in the 1968-69 Physical Education School Directory of Nassau County. Only certified and non-certified health teachers who actually taught the health course in the school received the questionnaires. It was limited to the high school, grades ten through twelve. The questions were limited in scope to the respondent's opinion of preparatory courses, his approach in meeting the requirements of the state, and an indication of the extent in which he uses the narcotics information in his classes.

⁴³James P. Landis, M.D., "Drug Groups Subject to Abuse," Drug Abuse (Philadelphia: Smith, Kline, and French Laboratories, 1965), p. 5.

CHAPTER II

REVIEW OF THE LITERATURE

Very little has been said about the place of narcotics in the education of the student. Articles have been written and books have been published about how a person becomes "hooked" on narcotics or takes drugs "just for a kick." In the past few years laws have been passed to upgrade the teaching techniques of the health teacher, but not much information can be found concerning the education of the health teacher regarding narcotics. Since narcotics education is a relatively new field, it was difficult to find enough, if any, information at all concerning the teachings of this subject. Therefore, the writer will identify reasons for narcotics education only recently being introduced into the curriculum and why addiction of the teenager is on the increase.

I. THE LACK OF NARCOTICS EDUCATION IN THE HIGH SCHOOL

There are forty-three out of fifty states that "require teaching about narcotics, dangerous drugs, stimulants and depressants and the like," and most such statutes have been in effect for at least twenty years, says Marvin R. Levy, Director of the Drug Abuse Education Project of the American

Association for Health, Physical Education and Recreation.¹

Evidence of such drug laws can be seen in Chapter 413, Section 804a of the New York State Education Laws written July 1, 1952 dealing with education in the dangers of the use of drugs.² However, there is an increase in addiction of drugs among young people. The five steps of this act deal with all aspects of drug education but yet there is an increase of drug addiction. The New York State Legislature is in agreement with the point of view that education in the dangers of the use of drugs is one of the best means for helping solve this problem. This law reads as follows:

Instruction regarding the nature and effects of narcotics and habit-forming drugs. (1) The courses of study beyond the first eight years of full-time public day schools shall provide for instruction in the nature and effects on the human system of narcotics and habit forming drugs, in accordance with the provisions of this section. (2) It shall be the duty of the commissioner to prescribe such courses of instruction as he may deem necessary and desirable to the welfare of the student and the community. The contents of such courses may be varied to meet the needs of particular school districts, or portions thereof, and need not be uniform throughout the state. The courses shall emphasize desirable health habits, attitudes and knowledge of the effects of narcotics and habit-forming drugs upon the

¹Alton Blakeslee, "What Parents Can Do," What You Should Know About Drugs and Narcotics, (Washington: The Associated Press, 1969), p. 40.

²Board of Education of the City of New York, Teenage Narcotics Addiction Abuse of Chemical Products, A Report Prepared by the Board on Teenage Addiction (New York: Board of Education Publication Sales Office, 1963-64), p. 16.

physical, mental and emotional development of children and youth. (3) The local school authorities shall provide needed facilities and definite time and place for such subjects as prescribed by the commissioner. (4) Similar courses of instruction shall be prescribed and maintained in all private secondary schools in this state. (5) In all state teachers' colleges and state colleges for teachers adequate time and attention shall be given to instruction in the best methods of teaching such subjects, and no teacher shall be licensed to teach at the secondary level who has not passed a satisfactory examination in such subjects and the best methods of teaching them.

Plans for an expanded and formalized narcotics education course in the public schools starting in 1966 were announced by Commissioner Allen.

Warren W. Knox assistant state education commissioner for curriculum stated in March, 1966, "that it will be at least, two years before New York State has a prepared guideline for instruction on narcotics. Until then, you're on your own."³

Chapter 932 became a law May 22, 1969, with the approval of the Governor. This act directed the commissioner of education to establish a five year program for critical health problems, and making an appropriation therefor, in relation to the contents of the five year program. The People of the State of New York, represented in Senate and Assembly do enact as follows:

³New York Newsday, April 12, 1966, p. 67.

- (1) Full descriptions of the stimulants, depressants and hallucinogenic drugs by competent authorities.
- (2) Presentation of experimental misuse of such drugs by representatives of the United States Food and Drug Administration.
- (3) Presentation of the narcotics problem, cigarette smoking and lung disease.
- (4) Establishment of special training centers to provide health training for teachers.
- (5) Development of cooperative health training programs between school districts and institutions of higher education whereby the qualified health personnel of such institutions would be available for local programs.
- (6) Establish new health curricula for use in the schools of this state including relating to cigarettes, drugs and narcotics, and alcohol, and such other health areas as shall be prescribed by the commissioner of education.⁴

As of the 1969 school year there is not yet a curriculum for narcotics education in the New York State schools. As Mr. Levy has stated, "Unfortunately, most laws requiring schools to present information about drugs do not specify how much and what kind of information shall be transmitted, how long it will be transmitted, at what age level, and perhaps most important, by whom."⁵ How many of the forty-three states have the same narcotic problem without a state-wide curriculum for their teachers?

Lynbrook is the first Long Island school district to

⁴Appendix

⁵Alton Blakeslee, "What Parents Can Do," What You Should Know About Drugs and Narcotics, (Washington: The Associated Press, 1969), p. 40.

devote a full-time position to the drug problem. The first objective of narcotics education will be to initiate student and faculty workshops, get the community better acquainted with the problem of narcotics education, and formalize a curriculum for teachers who are to teach narcotics education in the junior and senior high school.⁶

Donald Cosgrove, superintendent of schools in Lynbrook hopes that in time a full-time narcotics education program can be initiated from the kindergarten level and continue through the twelfth grade. "We are now planning for a junior and senior high school curriculum, but we aren't sure about the lower grades."⁷

Many experts have advised the start of narcotics education in the early years of a student's high school career, before he is tempted to try drugs.

Dr. Lawrence Roeder, assistant superintendent of the Hempstead School District says, "Drugs exist everywhere; to say that it doesn't exist would be a lie. It is a problem that every community should be concerned with."⁸

As of 1969 health teachers still do not have a statewide

⁶New York Newsday, August 27, 1968, p. 4.

⁷Long Island New York Press, August 28, 1968, p. 20.

⁸New York Newsday, February, 1969, p. 20.

guideline for narcotics education. Health teachers in New York State are still on their own as to the choice of material to teach and how to teach narcotics education.

"Today's youth demands accurate, factual, unprejudiced information, and when given such information honestly and directly, in my opinion they respond sensibly," says Dr. Deniston a noted authority on Narcotics Education. Without this, drug abuse will continue on the upsurge as it has been doing.⁹

Teenagers are not easy to reach when talking about narcotics education. One of the reasons is the fact that there is misinformation about drugs which students have acquired through other students. There is also a lack of understanding as to the dangers of this drug abuse. Students do not realize that drug abuse can lead to incidents that will result in delinquent attitudes toward life. This may also lead to an improper attitude toward teachers and drug use.

Teenagers can be reached if the instruction in drug abuse is sufficiently comprehensive. Preaching to the student must be avoided in favor of a presentation that will encourage

⁹Alton Blakeslee, "What Parents Can Do," What You Should Know About Drugs and Narcotics, (Washington: The Associated Press, 1969), p. 40.

the student to make a wise choice should he one day face the pressure of going along with the crowd. It must be remembered that teenagers are not "dumb." They can tell when someone is not telling the truth or exaggerating.

It should be remembered that the teacher has a great responsibility in communicating with the teenager in his health class. The teacher should present his students with accurate information about the drug question. The teacher should not try to avoid direct questions about the subject of drug abuse. If he does not know the answer the best procedure is to say so. The teacher should avoid preaching or moralizing. As one addict puts it, "they laugh because the 'educators' almost always know far less about the subject matter at hand than their students."¹⁰ As the teacher, one must depend on the maturity and immaturity of students, plus the personality of each one. The teacher should give the pro's and con's on the subject and let the student decide. Flexability in dealing with the problem of drugs may be the key to successfully explaining it. If the teacher proceeds in this direction he must know his material or he will fail. He should have an approach which will enable the students to grasp the implications of abuse. All sides of the course

¹⁰Daily New York News, January 15, 1970, p. 52.

should be aired, so that the students can make their own conclusions. All ideas should be encouraged and exchanged between student and teacher. There should be a clarification of facts.

The basic idea is to have students decide on their own about drug abuse. As the teacher, he must know the students and the subject, each goes hand in hand.

Mr. John Finlator, Associate Director of the Bureau of Narcotics and Dangerous Drugs of the Department of Justice has said, "We should tell them that if they take marijuana they may get into trouble. We should tell them that LSD can lead them to a hospital. We should not only tell them but let them find that what we tell them is true. Let them read about it, all of it. Kids are smart. They're going to make decisions. Let's give them good, informal, intelligent information.

"It would be best if our schools also developed programs teaching respect for drugs in general or in particular. But if a high school, for example, suddenly puts on a program about drug abuse only, youngsters will laugh at it. The idea of respect for drugs should be developed in courses or classes in general health education.¹¹

¹¹Alton Blakeslee, "Drugs and Narcotics," (Washington: Associated Press, 1969), p. 37.

II. HISTORY OF NARCOTICS

Origin of the use of drugs. The use of various drugs is quite prevalent not only in the United States but also in foreign countries. Among some aborigines of Australia, men, women and children often chew the leaves of the pituri plant. These burnt leaves create much the same craving for the leaf as smokers have for tobacco. The Indian in tropical South America chews coca plant leaves for their cocaine effects. The Scythians of Asia Minor smoke Indian hemp (hashish) and grow drunk by the mere smell of its fumes. From the Middle East to Northern and Central Africa, from Mexico to Manhattan, hashish or its cousin, marijuana, is smoked to a wide extent in pipes or cigarettes. Throughout the Pacific Islands, pepper kava, a beverage and betel nut chewing is popular in Malaya, India, Polynesia, and Africa. The khat tea is also found in northeast Africa and parts of Arabia. This reduces the need for sleep and gives one a feeling of contentment and excitement. The one which causes the most concern to narcotic addiction and drug abuse is (*Papaver somniferum*) or the opium poppy.¹²

Today, there is none so dangerous or habit forming as

¹²Norman P. Ross, "The Drug Takers," Time-Life Special Reports, (New York: Time Incorporated, 1965), p. 31.

the opium poppy. The opium poppy yields a variety of different drugs such as, morphine, codeine and heroin which are the most potent of all illegal drugs now in use.

Opium dates back as far as 4000 B.C. when it was being used in the Mesopotamia region of Sumer. Opium was handled mostly in the Middle East, carried to India and then to China. Contrary to a wide-spread belief, the fact is that opium smoking did not begin in China until the seventeenth century. Up to that time it had been used there exclusively as a remedy for dysentery.¹³

In England opium usage was quite serious. Poets, peasants, the rich and poor people all could buy laudanum (tincture of opium) or gum opium from any apothecary. "Happiness might now be bought for a penny and carried in the waist coat position. Portable ecstasies might be consumed in a bottle, and peace of mind sent down by the mail" wrote Thomas De Quincey in his Confessions of an English Opium Eater.¹⁴

Another distinguished English opium user was Samuel Taylor Coleridge. In 1797 while under the influence of opium he wrote the poem "Kubla Khan." In time Coleridge

¹³Ibid., p. 32.

¹⁴Sidney Cohen, "The Drug Dilemma," (New York: MacMillan, 1969), p. 3.

became addicted to opium and became a slave to it. He gradually drifted into his own world, all to himself.¹⁵

For centuries, opium was not known to be addictive. Many years had to pass before the Western World realized that cocaine also was a dangerous drug. It has already been recorded in history that ours is a drug-taking age.¹⁶

About 1865, the United States was introduced to opium by way of San Francisco and the Chinese community. Before this date opium was mostly used by the Chinese people.¹⁷ Before 1900 most addicts were women. They were older, predominately middle-aged and lived in rural areas. Most had become addicted by taking opium prescribed by doctors in such patent medicines as Dr. Calis Catarrh Cure, Gadsfrey's Cordial, and Perkins Diarrhea Mixture.¹⁸

During the nineteenth century ether and chloroform were novelties. People were fascinated by these strange liquids and managed to find ways to misuse them. Cambridge University held chloroform parties until its toxicity became apparent. Harvard University used ether at parties even

¹⁵Norman P. Ross, "The Drug Takers," Time-Life Special Reports, (New York: Time Incorporated, 1965), p. 31.

¹⁶Cohen, op. cit., p. 5.

¹⁷Ross, op. cit., p. 33.

¹⁸Ibid. p. 52.

before they knew the value of its substance. Sir Humphrey Davy found that nitrous oxide or laughing-gas in the nineteenth century could disinhibit persons in quite delightful and hilarious manners.

In 1914 the Harrison Act was passed and sharply reduced consumption of opium. This act and its amendments were passed to regulate the importation, manufacturing, and production, along with compounding, sale, dispersing or giving away of opium or coca leaves, their salts, derivatives or preparations. Under this law all wholesale and retail dealers, doctors, institutions, hospitals, and others dealing in or prescribing drugs for medicinal use must obtain licenses and keep an accurate inventory of the drugs bought, used, and sold. With this law coming into effect, the Bureau of Narcotics began its efforts to carry out the controls in which the Harrison Act carried within it.

As can be seen from the graph,¹⁹ there was a sharp reduction of addiction from 190,000 to 20,000 as of 1945. This sharp reduction was due to World Wars I and II in which we were involved and because of a long economic depression. Only until the war was over and the people were economically situated did addiction again increase.

¹⁹Appendix

By 1920, there were over 190,000 narcotic addicts in the United States using opium. Presently, there is another influx of drug abuse and drug addiction. As of 1969 there are about 100,000 drug addicts and the rate is increasing. Now, it is not the Chinese who bring it in, but the Sicilians and the Corsicans who supply the United States with narcotics.²⁰

III. THE DEVELOPMENT OF THE NARCOTIC ABUSER AND USER

The ensuing chapter will explore the important factors pertaining to the development of a drug user and abuser. These growth patterns will represent age and origin of the beginner addict, a description of the individual using drugs, and the duration of time the drug abuser and user consume narcotics.

Age and duration of addiction. In every category of drug use, there is a substantial group of persons who cannot use drugs without abusing them, that is, using them to the point that they seriously interfere with the user's health, economic status or social functioning. Most drug abusers are people who start using drugs at a very young age.

²⁰ Joel Fort, Dr., "The Drug Scene," The New York Times Newspaper Series, January 8-12, 1968, p. 4. (Mimeographed).

Professor David W. Miller of Columbia University has taken data from the Federal Bureau of Narcotics and by subtraction has computed the number of persons beginning drug use at each age as can be seen in Table II, page 31. It is interesting to see how many persons commence drug use at each age and how long the addict continues to use them. The mean number of years of duration of addiction, at each age of onset, was therefore tabulated, and is shown in Table III, page 31. The mean number of years that the persons in this data use drugs shows that the younger a person starts taking narcotics, the longer is his period of drug use likely to last.

Many teenagers are suffering from a personality disturbance so severe that they turn to drugs. The young persons' separation from school during this period of decision, whether by graduation or dropout, removes whatever blunting effect the school has had in absorbing the motives and drives that may appear in narcotics use. During this time of life the teenager and young adult is faced with many social behavior problems, such as job, family, home life and what to do with his free time. When a person cannot face these decisions, he may well substitute narcotics as an escape from having to make normal everyday decisions. Many people who try drugs out of curiosity, do not become addicts, but drug abusers. Following are several beliefs about drug

TABLE II

Number of persons beginning drug use at various ages

Age	Number of persons	Age	Number of persons
7	1	37	76
10	1	38	81
11	3	39	57
12	10	40	58
13	16	41	52
14	46	42	40
15	59	43	43
16	167	44	33
17	253	45	50
18	320	46	33
19	405	47	30
20	449	48	33
21	499	49	25
22	462	50	22
23	505	51	19
24	438	52	22
25	416	53	30
26	430	54	20
27	347	55	24
28	293	56	14
29	268	57	17
30	214	58	17
31	151	59	11
32	153	60	11
33	122	61	17
34	103	62	9
35	126	63	6
36	90	71	1

TABLE III

Mean number of years of duration of addiction at each age of onset

Age	Average duration	Age	Average duration
7	27	37	7.7
10	31	38	9.8
11	36.3	39	7.9
12	19.9	40	9.2
13	16.1	41	8.0
14	13.8	42	6.7
15	13.7	43	8.9
16	10.9	44	7.5
17	10.4	45	8.3
18	10.2	46	9.2
19	8.7	47	7.5
20	8.7	48	6.4
21	8.9	49	6.5
22	8.2	50	6.2
23	8.2	51	6.3
24	8.3	52	7.6
25	7.7	53	5.7
26	8.2	54	5.6
27	7.6	55	5.4
28	7.8	56	5.9
29	8.1	57	5.1
30	7.9	58	5.3
31	8.1	59	5.6
32	8.0	60	5.2
33	8.4	61	5.3
34	8.8	62	5.1
35	9.3	63	5.0
36	8.8	71	5.0

U.N. Bulletin on Narcotics, Vol. XVI, No. 1, January-March 1964.

addicts:

1. About fifty-three percent of the addicts are Negroes, twenty-eight percent native-born whites, and the remainder primarily Puerto Ricans and Mexicans. One in five is a woman. Most are young, under thirty-five years of age. Most are poor, but the pattern seems to be changing. Among teenagers, Negro addiction is falling, white addiction rising - both sharply. This indicates a move to the more affluent suburbs.²¹

2. Half of the country's addicts live in New York; roughly twelve percent in California, and thirteen percent in Chicago. The rest live in a few major cities such as Detroit, Washington, D.C., Newark, Philadelphia, San Antonio, and San Diego. In these cities, addicts tend to cluster in a few neighborhoods.²²

3. Twelve persons in every 100 among young adults in their twenties say they have tried marijuana. The proportion for the nation as a whole is four in one hundred, or an estimated five million adults. If all age groups, including teenagers, are taken into account then an estimated total of ten million Americans have tried marijuana. And an addition-

²¹David Lyle, "The Logistics of Junk," Esquire, (March, 1966), p. 60.

²²Ibid.

al five million adults say they would try a marijuana cigarette if it were offered to them.²³

4. Dr. Mitchell Bolten of the National Institute for Mental Health cites studies indicating that "more marijuana is being used and the age is going down." This trend seems to have come along in the last four years.²⁴

5. At the State University Center in Stony Brook, Long Island, New York, a study of incoming freshmen by John De Francesco, a former assistant dean of students who is now employed by the student government, indicated that thirty-one per cent of 1400 freshmen had used one kind of drug or another while in high school. An additional fifteen percent said they intended to experiment with illegal drugs while at Stony Brook.²⁵

6. Teenagers illegitimately consume nearly half the legitimately produced nine billion pill-a-year supply of barbiturates and amphetamines.²⁶

7. A survey completed at Yale University showed that Freshmen were the most frequent users of marijuana, indicating

²³The Evening [Newburgh, New York] News, October 25, 1969.

²⁴Alton Blakeslee, "The scope and Signs of Drug Use," What You Should Know About Drugs and Narcotics. (Washington: The Associated Press, 1969), p. 9.

²⁵New York Times, February 17, 1970, p. 30.

²⁶New York Journal American, March 6, 1966.

that students have begun to experiment with drugs at an earlier age.²⁷

8. Drug usage is increasing most rapidly among the young, suggesting that the next generation may be even more dependent on drugs than this one.²⁸

9. Most college students are turning to marijuana, amphetamines, and barbiturates. Heroin and LSD are found to interfere with school and study. "A survey by correspondents of the New York Times, including reports from sixteen colleges (New York State) and universities, indicates that only an extremely small number of students experiment with heroin, but that there is a widespread readiness to experiment with marijuana and other such drugs." The use of heroin in college has grown, but the number of addicts is small.²⁹

Three Groups of Drug Abusers. Almost everyone is likely to use drugs of some kind, ranging from common opium to antibiotics or birth control pills. As a result of this widespread use, many people have adopted an almost casual attitude toward drugs. In our drug oriented society we have many types of drug users and abusers from the housewife to the

²⁷New York Daily Column, June 4, 1968, p. 9.

²⁸David Lyle, "The Logistics of Junk," Esquire, (March, 1966), p. 60.

²⁹New York Times, March 11, 1969, p. 35.

college student. The American Association for Health, Physical Education and Recreation has divided the drug abusers into three groups which are (1) for specific or situational purposes, (2) the Spree User, (3) the Hard-Core Addict. These three areas will cover a wide variety of drug abusers and drug addicts.³⁰

Group One uses drugs for a specific situation. First, there is the student who uses amphetamines to stay awake so he can study for tests. Second, the housewife who uses anti-obesity pills for additional energy to get through household work. Third, the salesman and truck driver who use amphetamines to stay awake while driving. Fourth, the athlete who needs pills for extra energy or as a pain reliever. Many of these people receive their pills from prescriptions. Dr. Sidney S. Greenberg finds fault with our physicians who give pills indiscriminately. "He is rushed, not interested in the patient, and if the patient appears very aggressive he will give him a prescription for fifty to one hundred pills rather than ten to twelve."³¹ There are close to ten million

³⁰Nassau Community College, "The Drug Abuser and Method of Therapy," (Philadelphia : Smith, Kline and French Laboratories, 1967), p. 46, 47. (mimeographed).

³¹Dr. Sidney S. Greenberg, "The Drug Scene," The New York Times Newspaper Series, January 8-12, 1968, p. 15.

persons who use prescription sedatives (barbiturates and tranquilizers) and stimulants (amphetamines). Abusers of these types of drugs may number between 300,000 to 500,000 such as the ones we have named.³² Many of these individuals may or may not exhibit psychological and physical dependence. It all depends on the amount of drugs taken and how often.

Group Two consists of "spree users," usually of college or high school age. Drugs are used for "kicks" or just to experience the feeling they give one. The drugs which are used most widely are, marijuana, amphetamines, and barbiturates. There are two to four million Americans who have smoked marijuana at least once and this number is constantly on the rise.³³ One will find that most marijuana smokers behave much as moderate drinkers do - using their drugs to relax, to remove some inhibitions, to make it easier to mix with others and to avoid life and its problems. Dr. Glaser associate commissioner for research for New York Narcotic Addiction Control Commission has indicated, "that eighty percent of the college students in New York City have had some experience with marijuana, but only thirty-five percent define themselves as users of marijuana. Most of these use it on weekends and at parties rather than regularly. Less

³²Ibid., p. 4.

³³New York Times, March 11, 1969, p. 35.

than one percent use heroin and only five percent of the users use LSD."³⁴

Unlike the hard-core addict, who pursue their habits alone or in pairs, spree users usually take drugs only in a group or social situation. There may be some degree of psychological dependence, but little or no physical dependence because of the sporadic and mixed pattern use. If the sporadic user becomes constant the addict then may well become a hard-core addict.

Group Three is the "hard-core" addict. He is a person who exhibits a strong psychological dependence for the drug and is often reinforced by physical dependence, when certain drugs are involved. The addict's life revolves entirely around drugs and where he will get his next "fix." The hard-core addict is usually on heroin, cocaine, barbiturates or amphetamines. The Federal Bureau of Narcotics estimates 60,000 to 75,000 fall into the hard-core area.³⁵ With hard narcotics such as heroin, cocaine, barbiturates, amphetamines, authorities agree that users are always abusers. Typically the hard-core addict began drug abuse on a "Spree" basis. The addict has been on drugs for some time and presently feels that he cannot function without drugs for support.

³⁴Ibid. p. 5.

³⁵New York Times Newspaper Series. "The Drug Scene," January 8-12, 1968, p. 4.

Obviously, there is much overlapping between these groups, and a "spree" user or "situational" user may deteriorate to the "hard-core" group. The transition occurs when the interaction between drug effects and personality causes loss of control over drug use. The drug then becomes a means of solving or avoiding life's problems.

IV. SUMMARY

To summarize this chapter, the history of narcotic abuse thus far has shown how it has affected illegal entry into this country. The increase of narcotic addiction has been on the rise since the 1900's and up to the present day. From 1914 to 1918 and 1939 to 1945, there was a sharp decline in addiction because all shipping and commerce were cut off with the countries that grow the opium poppy. After each of these wars addiction went up again, although not above the pre-war levels. Soon after World War II addiction showed a sharp rise, particularly among young people. In 1914, the Harrison Act was passed which sharply reduced narcotic use from 200,000 people to 20,000 in 1945. The Boggs Act was at that time passed to reduce further narcotic use. But since 1945, narcotic addiction has grown from 20,000 to a conservative figure of 300,000.³⁶ Law enforcement and the passing

³⁶Norman P. Ross, "The Drug Takers," Time-Life Special Reports, (New York: Time Incorporated, 1965), p. 31.

of new acts are not ways in which narcotic addiction can be stopped.

It is important to know what a narcotic user must go through to obtain his drugs. Much more is needed to be learned about the addict himself before an answer is found. It is generally known that addiction begins within the junior and senior high school level. These youngsters are starting drug use at an earlier age and the earlier they do start using drugs, the longer it will last. When drugs are begun at a younger age it is because of contact with a peer group. Peer groups are listened to, rather than people of authority. It is easier to commence drug use at a younger age because of the information obtained from peer groups. Teachers are those who in authority have access to accurate information. They must have before them correct, concise, and true facts concerning each drug so that they can relay this subject matter to the students. Education of drugs, if taught correctly at this point in a teenager's life, can try to alleviate the problem of drug addiction. Increased narcotic education is needed for the entire population. It should provide accurate information and encourage constructive attitudes and feelings about dealing with drug use. One goal of any educational campaign is to create a climate which discourages the abuse of chemical substances. Education

about drug abuse must include effective teachers and teaching procedures.

There have been cycles of intensive drug use and misuse in years prior to that in which we live now. All classes of mind alterers have had their periods of popularity and decline; for instance, Needle Park in New York City, Haight-Ashbury in San Francisco and Capsule Corner in Los Angeles.

Any drug education which is not scrupulously honest will fail with the students; once you exaggerate, you lose all youth.

CHAPTER III

DESIGN OF THE STUDY

It was the purpose of this study to investigate the background and formal educational experiences concerning drug education which teachers of health in Nassau County, Long Island, New York, utilize within their own high school classrooms. Health Education will be a required course for all high school students as of September 1, 1970. Instituted within this program is the subject of narcotics education. An analysis, therefore, was made of the education of the health teacher in regards to narcotics education. Since narcotics education is a relatively new field, information was limited concerning the teaching of this subject.

Procedures used. In order to make a comparison of the objectives and program in narcotics education as carried out in the high school, a questionnaire¹ was constructed, designed to include certification and non-certification of health teachers, narcotics courses taken in college, college attended, narcotics education course, narcotics education as a unit of course, effectiveness of courses taken.

¹Appendix.

Sample population. The questionnaires were mailed, with an initial letter² explaining the purpose of the study, to fifty-eight high schools in Nassau County, New York, to be completed by the health teachers. Selection of specific schools contacted was made from the School Directory³ of the Nassau County Interscholastic Sports Program. All the high schools were utilized because this county is rated as the second largest leader of drug abuse in the state of New York. Eighty-nine health teachers returned their results. Other sources contacted for information were Secretary of the State of New York for laws of New York, Chapter 932; United States Public Health Service Hospital for reprint statistical health charts; Bureau of School Health Education State of New York for certification of health teachers; Science and Drug Abuse Prevention, United States Department of Justice, Washington, D. C. for drug abuse prevention programs.

Development of the survey. Data gathered were classified into categories for purpose of comparison: (1) certified health teachers teaching health, and (2) non-certified health teachers who were currently teaching health.

Factors of certification and non-certification of health teachers, narcotic courses taken in college, of the college

²Appendix

³School Directory, Nassau County Interscholastic Sports Program, (Mineola, New York, 1968-69).

attended, of the type of narcotics education courses, of narcotics education as a unit, of the knowledge learned about narcotics education were computed on a percentage basis.

Description of data-gathering instrument. The instrument used was based on the standards of a health education program set up by the State of New York for the course of study in narcotics education.

The respondents were to give their certification status, college courses taken in narcotics education, the name of the institution giving training in narcotics education, credit received for a course taken in narcotics education, and usefulness of courses taken in college. Question One referred to the certification and non-certification of health teachers. Question Two dealt with the specific narcotics courses taken in college. Question Three asked the name of the institution giving training in narcotics education. Question Four had to do with credit for a narcotics education course. Question Five wanted to know if credit were received for a course which included narcotics as a unit or section of the course. Question Six set out to find whether or not these courses taken were effective enough to teach narcotics education to high school students.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The purpose of this study was to reveal the amount of narcotics education that health teachers have had and if they found this information adequate enough to teach narcotics education to high school students.

Questionnaires for the survey were mailed to 113 health teachers teaching health in the public high school systems of Nassau County, New York. These questions were sent during the academic school year 1968-69. The sample of 113 teachers represented fifty-eight public high schools. Of the 113 questionnaires mailed, eighty-nine were returned, which represented a percentage of seventy-eight point two.

I. KNOWLEDGE OF HEALTH TEACHERS REGARDING NARCOTICS EDUCATION

The survey lists six questions. Its purpose was to find information in such a way as to make it easier for the health teacher to complete. Each question had in it one main point from which conclusions could be made. The survey was divided into two main categories, (1) schools with non-certified health teachers and (2) schools with certified health teachers.

Certification and non-certification of health teachers.

Question One was designed to identify those teachers holding certification in health education.

Question One illustrates there was a forty-one point five percent or thirty-seven of the non-certified teachers who returned surveys out of the total number received which was eighty-nine.

The survey further indicates that of the eight-nine surveys received, fifty-two are certified to teach health education. This is a percentage of fifty-seven point two.

Narcotics courses taken in college. Question Two relates to the college course in narcotics. It involves courses which are concerned with social behavioral problems, such as alcohol, smoking, and drugs. This would be one course of study which devotes all its time to alcohol, smoking, and drugs.

In 1969 there will be stronger laws passed in New York State concerning the use of cigarettes, drugs and narcotics and the excessive use of alcohol. The idea of the laws is to teach these three problem subjects to high school students. Table VI, page 47, Question Two, shows how many teachers have taken courses relating to these subjects. A careful analysis of this question will determine whether teachers have taken any courses. Table II also shows the percentage of subjects who answered "yes," for studying narcotics as a main course of study having a ten point two percent difference between

the certified and non-certified teacher. Nine non-certified health teachers or twenty-four point four percent have taken some type of courses concerning narcotics education within a main course of study. Twenty-eight or seventy-five point six percent of the non-certified health teachers have taken no narcotics courses at all.

Narcotics education learned in a main part of the health course of study showed that eighteen certified or thirty-four point six percent used their information obtained to teach high school students. Subjects who answered "no," did not study narcotics as part of a main course of study, showed thirty-four or sixty-five point four percent of the certified health teachers.

Table VI, page 47, illustrates that certified health teachers have taken more courses than non-certified health teachers. Two assumptions can be made from this conclusion: (1) certified teachers are taking more courses primarily concerned with narcotics education, and (2) colleges and universities are not offering courses primarily concerned with narcotics education.

Identification of college offering narcotics education courses. Question Three concerned itself with the name of the school where health teachers had taken their health course. As could be predicted, a great majority of colleges

TABLE VI

CERTIFIED AND NON-CERTIFIED HEALTH
TEACHERS HAVING RECEIVED COLLEGE
CREDIT FOR A COURSE PRIMARILY
CONCERNED WITH NARCOTICS
EDUCATION

Certified Teachers				Non-Certified Teachers		
Course	Total No. Teachers	Had Courses Yes %	Did Not Have Courses No %	Total No. Teachers	Had Courses Yes %	Did Not Have Courses No %
Part of Main Course Question 2	52	18-34.6	34-65.4	37	9-24.4	28-75.6

mentioned are in New York State and most of these colleges are within the New York City, Nassau and Suffolk County area. In order to verify these surveys the writer personally contacted the various colleges to find out what courses were being offered concerning narcotics education. Of the eighty-nine health teachers, fifty-one answered with a brief description of colleges attended. Forty-three health teachers said they had taken a narcotics course while in college. Of the remaining health teachers, eight had either attended a conference, in-service course, or had been self-taught. These eight teachers are placed into two groups. One group of six teachers took narcotics education courses as part of an in-service program or attended a conference. Five of these health teachers were certified and one was non-certified. The other group of two teachers was self-taught, one being certified and the other non-certified. These eight teachers will not be used because they were self-taught or took an in-service course. They are mentioned here as a small minority group shown only for comparison sake in Table VII, page 50, and Table VIII, page 51. Due to the fact that the survey was sent to teachers in the eastern part of New York, it was expected to find many of the health teachers to have attended eastern schools. Table VII, page 50, and Table VIII, page 51, show where each school is found and also that seventy-seven point seven percent of the

teachers had gone to a New York State college. Five of these eleven colleges are located in the New York City and Long Island area; one in New Jersey; four in upper New York State; one in Ohio; and one in Indiana.

What each teacher answered or did not answer pertaining to information learned in his narcotics education course for Question Three will be analyzed after the contents of Questions Four, Five and Six have been examined. Only at this time will the reader understand the analysis of the last part of Question Three about information learned in a narcotics education course.

College credit received for a separate course in narcotics education. Question Four is concerned about whether the college credit for a separate course in narcotics was given or not. The curriculum of the course is narcotics education.

The subjects who received college credit for a separate course of narcotics as seen in Table IX, page 53, Question Four, twenty-nine or seventy-eight point four percent of the thirty-seven non-certified health teachers were not given credit for this unit of study. The subjects who received college credit for a separate course of narcotics as seen in Table IX, page 53, Question Four, sixteen or thirty point seven percent of the fifty-two certified health teachers were given credit for this unit of study. The subjects who did not

TABLE VII

CERTIFIED HEALTH
TEACHERS
WHO ANSWERED QUESTION THREE

COLLEGE	LOCATION	QUESTIONS			
		2	4	5	6
Adelphia	N.Y.	yes	yes	yes	yes
Adelphia	N.Y.	yes	yes	yes	yes
Adelphia	N.Y.	yes	yes	yes	yes
Adelphia	N.Y.	yes	yes	yes	yes
Brookport	N.Y.	no	no	yes	no
Brookport	N.Y.	yes	yes	yes	yes
Columbia	N.Y.	no	no	yes	no
Cortland	N.Y.	yes	yes	no	yes
Cortland	N.Y.	no	no	yes	yes
Dayton	Ohio	yes	yes	yes	yes
Hofstra	N.Y.	yes	yes	yes	yes
Nassau	N.Y.	yes	no	yes	yes
Nassau	N.Y.	no	no	yes	no
N.Y.U.	N.Y.	yes	yes	yes	yes
N.Y.U.	N.Y.	yes	yes	yes	yes
N.Y.U.	N.Y.	yes	yes	yes	yes
N.Y.U.	N.Y.	yes	yes	yes	yes
N.Y.U.	N.Y.	yes	yes	yes	yes
N.Y.U.	N.Y.	yes	yes	yes	yes
N.Y.U.	N.Y.	yes	yes	yes	yes
N.Y.U.	N.Y.	yes	yes	yes	yes
N.Y.U.	N.Y.	no	no	yes	yes
N.Y.U.	N.Y.	yes	no	yes	yes
N.Y.U.	N.Y.	no	no	no	no
Seton Hall	N.J.	no	no	yes	no
Syracuse	N.Y.	no	no	yes	no
In-service		no	no	yes	no
In-service		no	no	yes	no
In-service		no	no	yes	no
In-service		no	no	no	yes
In-service		no	no	no	no
Self-taught		no	no	no	no
Total		no 14 yes 18	no 16 yes 16	no 5 yes 27	no 11 yes 21
Total Percent					77.7

TABLE VIII

NON-CERTIFIED HEALTH
TEACHERS
WHO ANSWERED QUESTION THREE

COLLEGE	LOCATION	QUESTIONS			
		2	4	5	6
Adelphia	N.Y.	yes	yes	yes	yes
Adelphia	N.Y.	yes	yes	yes	yes
Adelphia	N.Y.	yes	yes	yes	yes
Adelphia	N.Y.	yes	no	yes	yes
Adelphia	N.Y.	no	no	yes	yes
Adelphia	N.Y.	no	yes	no	yes
Ball State	Indiana	yes	yes	no	yes
Ball State	Indiana	no	no	yes	yes
Columbia	N.Y.	no	no	no	no
Cortland	N.Y.	yes	no	yes	no
Cortland	N.Y.	no	no	yes	no
Hofstra	N.Y.	no	no	yes	yes
Nassau	N.Y.	yes	yes	yes	yes
Nassau	N.Y.	no	no	yes	no
N.Y.U.	N.Y.	yes	yes	yes	no
N.Y.U.	N.Y.	yes	yes	yes	yes
Syracuse	N.Y.	no	no	yes	yes
In-service		no	no	yes	no
Self-taught		no	no	yes	no
Total		yes 9 no 10	yes 8 no 11	yes 16 no 3	yes 12 no 7

receive college credit for a separate course of narcotics as seen in Table IX, page 53, Question Four were thirty-six or sixty-nine point three percent of the fifty-two certified health teachers.

In summation, it seems as if more instructional courses are needed primarily involved with narcotics education. It also indicates whether or not there are health teachers teaching who have taken courses dealing with narcotics education.

Narcotics courses studied within an Introduction to Health Program. Question Five seeks to find if narcotics education courses taken in college were included as a unit or section of a course; such as Introduction to Health, which is offered at most colleges; and if college credit were received for this course.

The subjects who received college credit for studying narcotics as a unit of course seen in Table X, page 55. Question Five, shows that twenty-six or seventy-two percent of the thirty-seven non-certified health teachers were given credit for this section of study. The subjects who did not receive college credit for studying narcotics as a unit of course seen in Table X, page 55. Question Five, shows that eleven or twenty-nine point eight percent of the thirty-seven non-certified health teachers were not given credit for this section of study.

TABLE IX

CERTIFIED AND NON-CERTIFIED HEALTH
TEACHERS HAVING RECEIVED COLLEGE
CREDIT FOR A SEPARATE COURSE
CONCERNED WITH NARCOTICS
EDUCATION

Certified Teachers				Non-Certified Teachers		
Course	Total No. Teachers	Had Courses Yes %	Did Not Have Courses No %	Total No. Teachers	Had Courses Yes %	Did Not Have Courses No %
Separate Course Ques. 4	52	16-30.7%	36-69.3%	37	8-21.6%	29-78.4%

The subjects receiving college credit for studying narcotics as a unit of course seen in Table X, page 55, Question Five, illustrates that thirty-six or sixty-nine percent of the fifty-two certified health teachers were given separate credit for a narcotics section of study. The subjects who did not receive college credit for studying narcotics as a unit of course seen in Table X, Question Five, shows that sixteen or thirty point seven percent of the fifty-two certified health teachers were not given credit for this section of study.

Table X provides opportunity for one to see that a higher percentage of teachers have had some type of narcotics education, even though it was incorporated within a health course. Of the certified and non-certified teachers, there are sixty-two who have had some type of narcotics education. This means there are twenty-seven health teachers who have taken no narcotics education.

Are health teachers well enough informed on narcotics to teach the subject to high school students? Question Six pertains to perceivable information information learned about narcotics in a college course in order to teach narcotics education to high school students. This number summarizes what the other five questions have sought to find, whether or not courses studied offered sufficient information concerning narcotics to the health teacher.

TABLE X

CERTIFIED AND NON-CERTIFIED HEALTH
TEACHERS HAVING A NARCOTICS
UNIT WITHIN AN INTRODUCTION
TO HEALTH PROGRAM IN
COLLEGE

Certified Teachers				Non-Certified Teachers		
Course	Total No. Teachers	Had Courses Yes %	Did Not Have Courses No %	Total No. Teachers	Had Courses Yes %	Did Not Have Courses No %
Narcotics As Unit Of Course Ques. 5	52	36-69.2%	16-30.7%	37	26-70.2%	11-29.8%

The subjects who have learned sufficient material about narcotics in a college course so that they, in turn, could teach narcotics education to high school students as seen in Table XI, page 57. Question Six, shows fifteen or forty point five percent of the thirty-seven non-certified health teachers stating they could teach narcotics to high school students. The subjects who did not feel they learned enough about narcotics in a college course to teach narcotics education to high school students as seen in Table XI, page 57. Question Six, shows twenty-two or fifty-nine point five percent of the thirty-seven non-certified health teachers stating they could not teach narcotics to high school students.

Of the fifty-two certified health teachers, twenty-one or forty percent accredited a college level course on narcotics education to high school students as seen in Table XI, page 57. The subjects who did not feel they learned enough about narcotics in a college course to teach narcotics education to high school students as seen in Table XI, Question Six, shows thirty-one or fifty-nine point six percent of the fifty-two certified health teachers stating they could not teach narcotics to high school students.

It can be seen that fifty-three or fifty-nine point four percent of the eighty-nine health teachers felt they could not teach narcotics education.

TABLE XI

**CERTIFIED AND NON-CERTIFIED HEALTH
TEACHERS WITH COLLEGE CREDIT
IN NARCOTICS INFORMATION IN
REGARDS TO TEACHING HIGH
SCHOOL STUDENTS**

Certified Teachers				Non-Certified Teachers		
Course	Total No. Teachers	Had Courses Yes %	Did Not Have Courses No %	Total No. Teachers	Had Courses Yes %	Did Not Have Courses No %
Sufficient Information Question 6	52	21-40.4	31-59.6	37	15-40.5	22-59.5

In regards to Question Three, a breakdown of it into two groups will be made. (1) Certified health teachers who answered Question Three as compared to certified health teachers who did not answer Question Three. (2) Non-certified health teachers who answered Question Three as compared to non-certified health teachers who did not answer question Three. Each of these two groups will respond to the following information that will be asked of Question Three.

Subjects who responded to Question Three which asked for the name of a college in regard to Question Six, about sufficient narcotics information learned to teach high school students; to question Five about narcotics as a unit of course; to Question Four about credit received for a separate narcotics course; to Question Two about credit received for narcotics as a main part of the course are listed in Table XII, page 64, and Table XIII, page 65, of Group A.

Subjects who did not respond to Question Three, which asked for the name of a college; in regard to Question Six, about sufficient information learned to teach high school students; to Question Five, about narcotics as a unit of course; to Question Four, about credit received for a separate narcotics course; to Question Two, about credit received for narcotics as a main part of the course are listed in Table XII, page 64, and Table XIII, page 65, of Group B.

The subjects to be used for Table XII, page 64, and Table XIII, page 65, will be taken from Table VII and Table VIII. In regard to certified health teachers there were thirty-two teachers who gave an answer for Question Three. Of these thirty-two teachers, twenty-six gave the name of a college where six gave the response of in-service or self taught courses. These six will not be used in Table XII and XIII, but will appear later. The twenty-six subjects will be compared to the other twenty certified health teachers who did not answer Question Three.

Of the nineteen non-certified health teachers who answered Question Three, two will not be used in Table XII and Table XIII, because of answers that were given as part of an in-service course or were self-taught. These seventeen non-certified health teachers will be compared to the eighteen non-certified health teachers who did not answer Question Three.

Question Three, shall be divided into two main groups. Group A will be non-certified and certified health teachers who gave some answer such as a college or university to Question Three. Group B will be non-certified and certified health teachers who did not answer Question Three.

Table XII. Number and percentage of non-certified subjects who responded and did not respond to Question Three.

with regard to Questions Two, Four, Five and Six.

Group A. There is a sixty-three point one percent or twelve subjects who learned sufficient narcotic information (Question Six), in college to teach narcotics education to high school students. Five subjects said they had not received sufficient information to teach narcotics education.

Group B. There is a sixteen point six percent or three subjects who stated they had learned sufficient narcotics information in college to teach narcotics education to high school students, (question Six). Fifteen subjects stated they did not learn sufficient narcotics information to teach to high school students.

Group A. Credit received for a course which included narcotics as a unit or section of the health course (Question Five) showed the percentage to be eighty-two point three percent or fourteen subjects who attained college credit. Three subjects stated they did not attain credit for a course of narcotics taught as a unit of study.

Group B. Credit received for a course which included narcotics as a unit or section of the health course, (Question Five), showed the percentage to be fifty-five point five percent or ten subjects who attained college credit. Eight subjects stated they did not attain credit for a course of narcotics taught as a unit of study.

Group A. Credit received for a separate course of

narcotics (Question Four), showed the percentage to be forty-seven percent or eight subjects who stated they were given college credit. Nine subjects said they were not given credit for a separate course of narcotics in college.

Group B. Credit received for a separate course of narcotics (Question Four), showed the percentage to be zero. No one stated they were given college credit for taking a separate course in narcotics education. Eighteen subjects said they were not given credit for studying narcotics education as a separate course.

Group A. Credit received for a course primarily concerned with narcotics (Question Two), showed the percentage to be fifty-two point eight percent or nine subjects who responded to achieving credit. Eight subjects responded that they had not achieved credit for a course primarily concerned with narcotics.

Group B. Credit received for a course primarily concerned with narcotics (Question Two), showed the percentage to be zero. No one responded to having achieved credit. Eighteen subjects responded that they had not achieved credit for a course primarily concerned with narcotics.

Table XIII. Number and percentage of certified subjects who responded and did not respond to Question Three, with regard to Questions Two, Four, Five and Six.

Group A. There is a seventy-six point nine percent or

twenty subjects who learned sufficient narcotics information (Question Six), in college to teach narcotics education to high school students. Six subjects said they had not received sufficient narcotics information.

Group B. There is a zero percentage or no subjects who learned sufficient narcotics information (Question Six). Twenty subjects stated they did not learn sufficient narcotics information to teach to high school students.

Group A. Credit received for a course which included narcotics as a unit or section of the health course (Question Five) showed the percentage to be ninety-two point three percent or twenty-four subjects who attained college credit. Two subjects stated they did not attain credit for a course of narcotics taught as a unit of study.

Group B. Credit received for a course which included narcotics as a unit or section of the health course (Question Five) showed the percentage to be point forty-five percent or nine subjects who attained credit. Eleven subjects stated they did not attain credit for a course of narcotics taught as a unit of study.

Group A. Credit received for a separate course of narcotics (Question Four), showed the percentage to be sixty-one point five percent or sixteen subjects who stated they were given college credit. Ten subjects said they were not given credit for a separate course about narcotics in college.

Group B. Credit received for a separate course of narcotics (Question Four) showed the percentage to be zero. No one stated he was given college credit for taking a separate course in narcotics education. Twenty subjects said they were not given credit for studying narcotics education as a separate course.

Group A. Credit received for a course primarily concerned with narcotics (Question Two), showed the percentage to be sixty-nine point two percent or eighteen subjects who responded to achieving credit. Eight subjects responded that they had not achieved credit for a course primarily concerned with narcotics.

Group B. Credit received for a course primarily concerned with narcotics (Question Two) showed that the percentage was zero. No one responded to having achieved credit. Twenty subjects responded that they had not achieved credit for a course primarily concerned with narcotics.

In summation of Question Three, pertaining to the certified and non-certified health teachers who gave an answer for Question Three, there showed a higher percentage of courses taken, and enough information learned about narcotics so that teachers could teach narcotics education to high school students.

In Table XII, page 64, and Table XIII, page 65, it can

TABLE XII

NON-CERTIFIED SUBJECTS OR GROUP A
RESPONDING TO QUESTION THREE
WITH REGARDS TO QUESTIONS
TWO, FOUR, FIVE, AND SIX

Question	Narcotics Studied As Part Of Main Course 2	Narcotics Studied As Separate Course 4	Narcotics Studied As Unit Of Course 5	Sufficient Information Learned About Narcotics 6	Total
Had Courses YES	9	8	14	12	43
Did Not Have Courses NO	8	9	3	5	25
Total Percent	52.8	47	82.3	63.1	

NON-CERTIFIED SUBJECTS OR GROUP B
NOT RESPONDING TO QUESTION THREE
WITH REGARDS TO QUESTIONS TWO,
FOUR, FIVE, AND SIX

Question	Narcotics Studied As Part Of Main Course 2	Narcotics Studied As Separate Course 4	Narcotics Studied As Unit Of Course 5	Sufficient Information Learned About Narcotics 6	Total
Had Courses YES	0	0	10	3	13
Did Not Have Courses NO	18	18	8	15	59
Total Percent	0	0	55.5	16.6	

TABLE XIII
CERTIFIED SUBJECTS OR GROUP A
RESPONDING TO QUESTION THREE
WITH REGARDS TO QUESTIONS
TWO, FOUR, FIVE, AND SIX

Question	Narcotics Studied As Part Of Main Course 2	Narcotics Studied As Sepa- rate Course 4	Narcotics Studied As Unit Of Course 5	Sufficient Narcotics Information Learned 6	Total
Had Courses YES	18	16	24	20	78
Did Not Have Courses NO	8	10	2	6	26
Total Percent	69.2	61.5	92.3	76.9	

CERTIFIED SUBJECTS OR GROUP B
NOT RESPONDING TO QUESTION
THREE WITH REGARDS TO
QUESTIONS TWO, FOUR,
FIVE, AND SIX

Question	Narcotics Studied As Part Of Main Course 2	Narcotics Studied As Sepa- rate Course 4	Narcotics Studied As Unit Of Course 5	Sufficient Narcotics Information Learned 6	Total
Had Courses YES	0	0	9	0	9
Did Not Have Courses NO	20	20	11	20	71
Total Percent	0	0	.45	0	

be seen that of the 121 "yes" answers to Question Three given, twenty-two answered "yes" who did not answer Question Three. Of the health teachers who gave a college name for Question Three, 121 answered "yes" for all four questions as compared to those who did not answer Question Three, twenty-two answered "yes" to all four questions. Those who named a college and answered "yes" showed a higher percentage of teachers who have taken a course and feel qualified to teach narcotics education to high school students. Those who did not answer Question Three, were in the minority of teachers who felt qualified to teach narcotics education.

IV. SUMMARY

In summation, all high schools will have to offer a health course to high school students by September 1970 as set up by New York State Education System. To date the information brought about through this study found that the amount of narcotics education that health teachers have had has been very little. Fifty-nine point six percent of the certified and non-certified health teachers felt the information they had learned was insufficient to teach narcotics education to high school students.

It was also found that there are teachers who have taken separate narcotics education courses, but are teaching health education. Sixty-nine point three percent of the certified

subjects said "no," they had not received credit for a separate course of narcotics education. Seventy-eight point four percent of the non-certified subjects said "no," they had not received credit for a separate course of narcotics education. These people can only hope to gain their background of narcotics information from schools of higher learning such as have been mentioned in this study.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS FOR FURTHER STUDY AND DISCUSSION

It was the purpose of this study to investigate the background and formal educational experiences concerning drug education which teachers of health education in Nassau County, Long Island, New York utilize within their own high school classrooms. The study was based on a survey that was mailed to all health teachers in Nassau County, New York. Through their responses, it was found what has not been done, and what should be done to up-grade the level of the health teachers regarding narcotics education. Are there health teachers who are qualified to teach narcotics education? A health teacher must be proficient to teach the subject matter for which he is trained.

Selected to participate in this study were 113 health teachers from fifty-eight high schools in Nassau County, Long Island, New York. The subjects were divided into two groups which were, (1) certified health teachers, and (2) non-certified health teachers. Through the statistical information obtained from the evaluation, one is able to see the necessary goals in health education concerning narcotics to be achieved in the future.

Data concerning the survey was placed into six areas.

The first area consisted of the number of certified teachers teaching health education. The second group was the number of teachers who studied courses in college pertaining to narcotics education. The third group represents the percentage of teachers from a stated college who felt they acquired enough material with which to teach narcotics education. The fourth group was made up of those teachers who studied a health course with a certain proportion devoted to narcotics education. The fifth group consisted of teachers who took a narcotics course integrated within a health course. The sixth group had in it teachers who knew their courses were informative enough for them to teach narcotics education to a high school class.

Each question had a specific purpose to resolve alone, and then to show by comparison how each one related to the other. Variation between non-certified and certified health teachers was quite evident. The information attained refers to the teachers of health education and not to the school systems. Formulations of the findings are as follows:

1. Of the eighty-nine questionnaires returned, there were fifty-two certified health teachers compared to thirty-seven non-certified health teachers.
2. Lack of college courses taken by health teachers for a separate narcotics course was found to be twenty-nine subjects or seventy-eight point four percent non-certified health teachers as compared to thirty-six or sixty-nine point three percent certified health teachers.
3. Of the certified and non-certified health teachers

that said, "no" for taking a credit course primarily concerned with narcotics education, the ratio was thirty-four or sixty-five point four percent of the certified health teachers and twenty-eight or seventy-five point six percent of the non-certified health teachers.

4. College credit given for narcotics education courses within an Introduction to Health Education program totaled sixteen or thirty point seven percent certified health teachers stating "no," as to eleven or twenty-nine point eight percent non-certified health teachers stating "no."
5. Those taking college credit for sufficient narcotics information to teach high school students showed thirty-one certified health teachers stating "no," to twenty-two or fifty-nine point five percent non-certified health teachers stating "no," for sufficient narcotics information attained.

The conclusions show three important facts as having been proven in regards to the survey. Each question dealt with a point answered within the questionnaire. The following conclusions were reached:

1. There are more non-certified health teachers teaching in the Nassau County High School System. Of the eighty-nine questionnaires returned fifty-two health teachers are certified to teach health education while thirty-seven are non-certified to teach health education.
2. There are more health teachers who have taken fewer narcotics education courses than there are who have not.
 - a. Of college credited courses primarily concerned with narcotics education - there were twenty-seven health teachers who had taken a course primarily concerned with narcotics education, as to sixty-two non-certified health teachers who had not taken a college credit course primarily concerned with narcotics education.
 - b. Of college credited units concerning narcotics education, there were twenty-four health teachers who said "yes," to sixty-five non-certified health teachers who did not attend unit courses dealing with narcotics education.

- c. Of narcotics education courses within an Introduction to Health credit course, sixty-two health teachers said "yes," they had taken a credited course, whereas twenty-seven said "no," they had not taken a college credit course relating to narcotics education within an Introduction to Health course.
3. There are more health teachers in Nassau County who felt that the narcotics courses taken in college were insufficient to teach narcotics education on the high school level. Thirty-six health teachers felt they could teach narcotics education sufficiently on the high school level whereas fifty-six health teachers felt they could not teach narcotics education on the high school level.

In a survey such as this, there are always topics which arise that prove of importance for further study. There remain questions which are still unanswered such as:

1. An investigation of the certification of health teachers for New York State in regard to narcotics education.
2. A comparison of certification of New York State to other states to see what type of certification would produce quality health teachers.
3. An investigation of the colleges as to the types of courses given in regards to narcotics education.

A discussion of the belief that the best way to attain the objectives of better narcotics education for the student and less use of narcotics by the student is through a total approach program within the community. This method would involve educators, parents, and the community. These three groups working together might bring about changes so that narcotic abuse might cease to exist.

Courses in college dealing with the social problems of

our society should be taught separately. They should not be placed within an Introduction to Health Education course.

Dr. John Sinacore, Director of Health for New York State has stated in regards to certification of teachers in New York State, "with regards to our 1970 deadline in finding certified health teachers, we would hope that all teachers would be certified in the health area at this time. However, we know that realistically this is impossible. We are, therefore, asking schools to initiate their program with the most nearly qualified educators." So that problems like this do not arise, there should be constant up-grading by the health teacher in regards to health education. It would have to be up to the state to handle most of this burden for informing the health teacher through conferences and materials made available to them.

In any area of health education which deals with social problems, we can no longer afford the luxury of time, especially today in our rapidly moving society. As educators, we must continually think ahead - drug use and abuse is now with us. How will we solve future problems that may cause deterioration within our society?

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APPENDIX

CHAPTER 932

AN ACT to amend chapter seven hundred eighty-seven of the laws of nineteen hundred sixty-seven, entitled "An act directing the commissioner of education to establish a five year program for critical health problems, and making an appropriation therefor", in relation to the contents of the five year program

Became a law May 22, 1969, with the approval of the Governor. Passed by a majority vote, three-fifths being present

The People of the State of New York, represented in Senate and Assembly do enact as follows:

Section 1. Sections one and two of chapter seven hundred eighty-seven of the laws of nineteen hundred sixty-seven entitled, "An act directing the commissioner of education to establish a five year program for critical health problems, and making an appropriation therefor", are hereby amended to read as follows:

Section 1. The legislature hereby finds and declares that the best interests of the citizens of the state of New York necessitate that the educational requirements regarding cigarette smoking, drugs and narcotics and excessive use of alcohol set forth in this act become the basis for broad, mandatory health curricula in all elementary and secondary schools. ~~Such curricula shall include instruction appropriate for the various grade levels in nutrition, mental and emotional health, family living, disease prevention and control and accident prevention.~~

§ 2. The commissioner of education is hereby directed to establish a five year program for critical health problems designed to educate the citizens of this state with regard to the deleterious effects resulting from the use of cigarettes, drugs and narcotics and excessive use of alcohol with particular emphasis to be placed on the education of children attending schools in this state. Such program shall include, but shall not be limited to, the following:

(a) organization of a task force to conduct a series of conferences to which will be invited public, private and parochial school authorities, for the development of programs including:

(1) full descriptions of the stimulants, depressants and hallucinogenic drugs by competent authorities.

(2) presentation of experimental misuse of such drugs by representatives of the United States Food and Drug Administration.

(3) presentation of the narcotics problem, cigarette smoking and lung disease, and

(4) summaries by state health and state education department representatives.

(b) establishment of special training centers to provide health training for teachers;

(c) development of a state-wide in-training health program for teachers whereby school districts in the state may establish local health training programs for their teachers leading to certification by the department of education as health education teachers;

(d) development of cooperative health training programs between school districts and institutions of higher education whereby the qualified health personnel of such institutions would be available for local programs;

(e) utilization of the state bureau of radio and television to encourage participation in the program established by this act and to communicate to all the people of the state the objectives of such programs;

(f) establish new health curricula for use in the schools of this state [including] relating to cigarettes, drugs and narcotics[,] and alcohol[,] and such other health areas as shall be prescribed by the commissioner of education[];

(g) contract with commercial agencies for the development of television tapes, kinescopes and films showing the evils involved in the use of cigarettes, drugs and narcotics;

(h) contract with the communications media of this state to show the above mentioned films during regular television hours;

(i) develop a state program to insure that the appropriate above mentioned films will be shown in all the elementary and secondary schools of this state;

(j) refine the health syllabus with the advice and counsel of the state department of health and other medical authorities.

§ 2. This act shall take effect immediately.

STATE OF NEW YORK }
Department of State } ss:

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

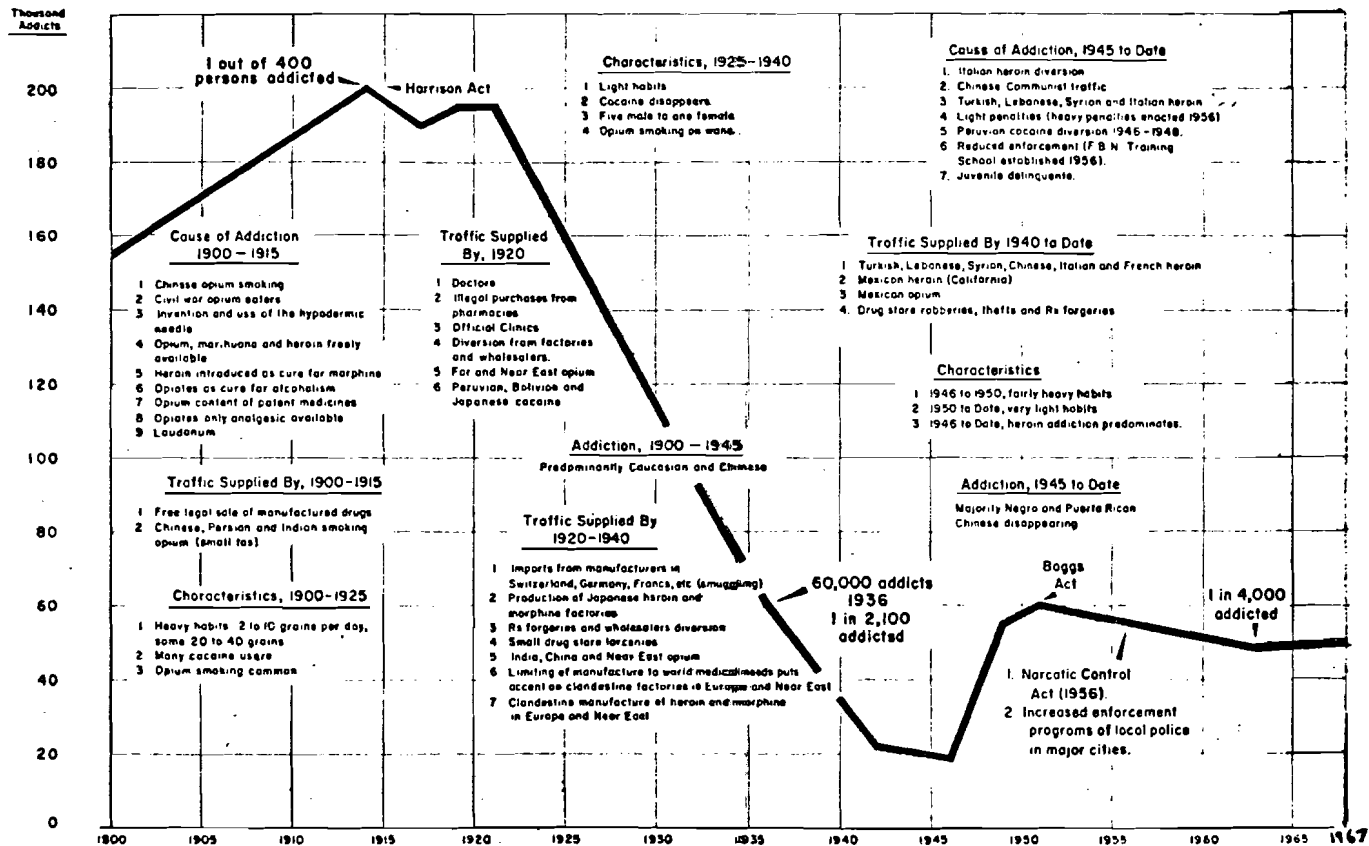
JOHN P. LOMENZO
Secretary of State

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EXPLANATION -- Matter in *italics* is new; matter in brackets [] is old law to be omitted.

TABLE I

HISTORY OF NARCOTIC ADDICTION IN THE UNITED STATES



Reprint U.S. Public Health Service

Lexington, Kentucky 1967

A SURVEY CONCERNING NARCOTIC EDUCATION

Please answer the following questions.

1. Are you certified to teach health education in New York State? Yes No
2. Did you receive college credit for a course primarily concerned with narcotics? Yes No
3. From what college or university did you take these narcotics courses? _____
City and State _____
4. Did you receive college credit for a separate course of narcotics? Yes No
5. Did you receive college credit for a course which included Narcotics as a unit or section of the course? Yes No
6. Did you find these courses informative enough for you to teach narcotics education to High School students? Yes No

JOHN JAY HIGH SCHOOL
Happingers Central School District No. 1
Hopewell Junction, New York 12533

June 12, 1969

As part of the requirement for the Degree of Master of Science in Physical Education at Kansas State Teachers College, Emporia, Kansas, my thesis topic concerns formal educational experiences about narcotics.

I hope to find out in this survey if High School Health Teachers in Nassau County, located on Long Island, New York are provided sufficient information in college to teach narcotics education.

I would appreciate it if you would please give the enclosed questionnaire to the proper instructor or instructors to be completed as soon as possible. I am enclosing a self-addressed stamped envelope for your convenience.

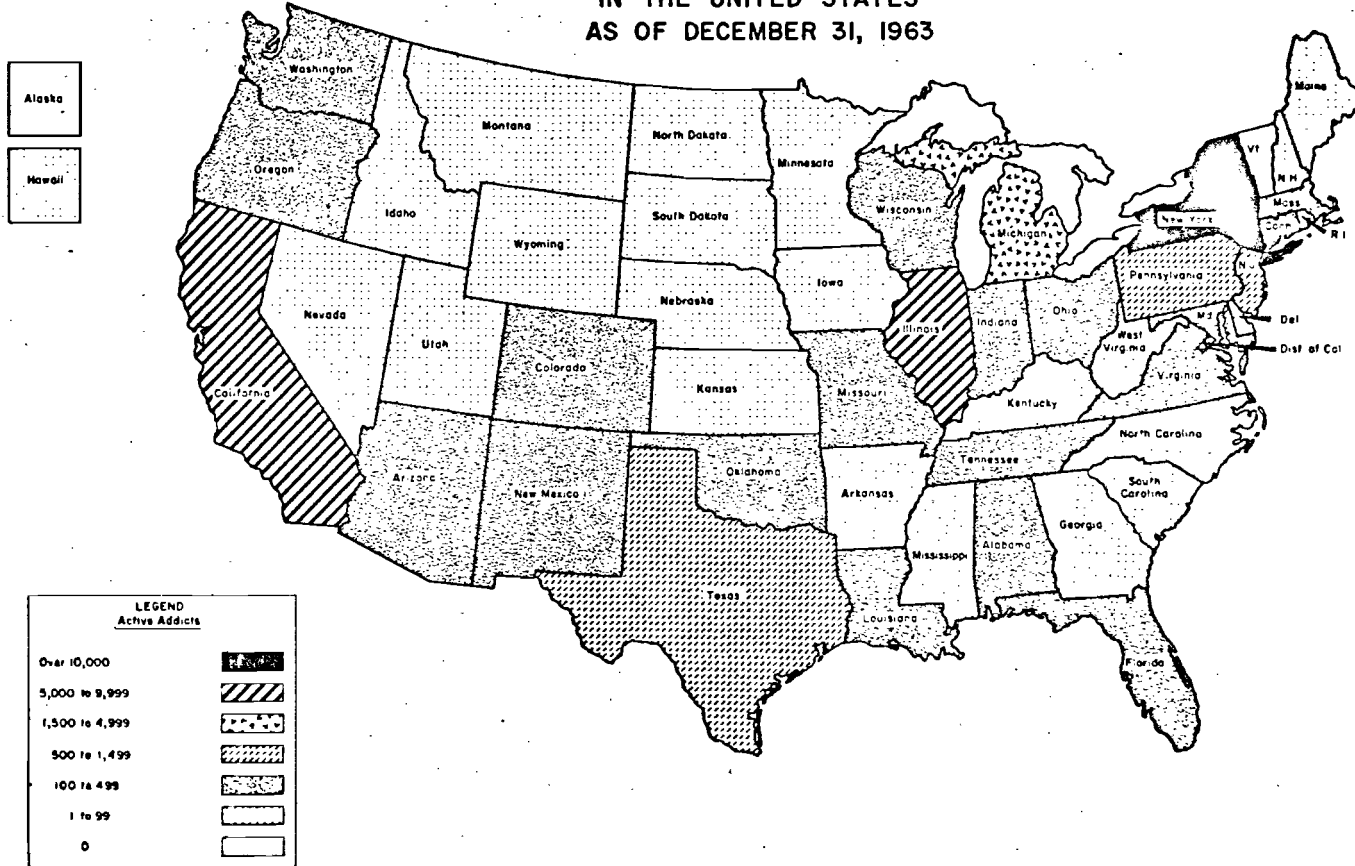
Thank you for your co-operation.

Sincerely,

James W. Fraley, Jr.

TABLE IV

ACTIVE NARCOTIC ADDICTS
IN THE UNITED STATES
AS OF DECEMBER 31, 1963



Health: 36* semester hours

The schedule which follows will be used to appraise the said 36 semester-hour program:

Fields	Semester-Hour Minimum
Human anatomy and physiology (the structure, integration and function of the systems of the organism-skeletal, circulatory, respiratory, digestive, excretory, nervous, endocrine and reproductive)	4
Human growth and development (physical, intellectual, emotional and social factors from birth through adolescence; curricular practices and other influences affecting normal growth and development)	4
Health and hygiene-personal, mental and community (health practices for optimal health; human contact and behavior; motivation; the varieties of adjustive behavior; techniques and practices of mental hygiene; community health and sanitation; public health problems; the function of local, State and Federal health authorities; curricular practices in personal, mental and community hygiene)	9
Foods and nutrition (food selection and preparation-child adolescent and adult; food composition; nutritive value of foods; normal metabolism; relation of food to health; food costs in relation to nutritive values; problem of school feedings; formation of desirable food habits)	4
Safety and first aid (survey of home, school and community programs of safety and first aid; control of factors to promote safety; study of immediate, temporary treatment given in cases of accident or sudden illness prior to medical aid)	2
Health aspects of home and family life (analysis of family health and social problems; family interrelationships; home care of the young, the sick and the aged; types and functions of agencies contributing to individual and community health; hospitalization; health and accident insurance)	2

Health (Continued)
Fields

**Semester-Hour
Minimum**

Health counseling (identification of physical, mental, emotional and social health problems; remedial procedures; counseling techniques . .	2
Organization, administration and supervision of school health program (survey of school programs including organization, administration, supervision, personnel, curriculum, equipment and finance; kinds and grades of school health services and interrelationships; testing and evaluation techniques; developmental programs in health education; legal aspects)	2
Additional hours in the above fields	7