

MOREHEAD STATE UNIVERSITY

**TITLE I
RESEARCH GRANT**

**Drug Education Technical Assistance
Program**

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TABLE OF CONTENTS

	Page
Overview-The Problem	1
Abstract of Proposal	2
Specific Objective of the Program.	3
Description of the Program	3
Program Objectives.	3
Educational Activity.	6
Sequence of Presentation.	7
Perry County (Hazard).	7
Montgomery County (Mt. Sterling).	13
The Program in Retrospect.	14
Table I--Scope and Sequence of Hazard Program	16
Appendix A - Amended Budget.	17
Appendix B - Perry County Survey Instrument.	20
Appendix C - Drug Awareness Sheet.	23
Appendix D- Social Seminar Material.	25
Appendix E - Mt. Sterling Research Study	

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Overview- The Problem

One of the very real community health problems facing the people of our nation today is the menace of drug abuse.

Dr. Gunnar Myrdal, writing in the Saturday Review, November 14, 1970, adds drug addiction to pollution, population problems, and modern weaponry as the major threats that may wipe out "half of the earth's population by the year 2000." "It appears now that the drug problem has reached epidemic proportions and that only a major effort in drug prevention can help to stem the tide of drug abuse."

Governor Rockefeller, writing in the New York Law Journal, believes that "the answer lies in summoning the total commitment of America." He states that "what an investment of over 2 billion dollars." He maintains that "the need now is to see drug abuse as a national crisis." "Drug addiction represents a threat akin to war in its capacity to kill, enslave and imperil the nation's future; akin to cancer in spreading a deadly disease among us and equal to any other challenge we face. Unless the drug menace is stopped, thousands more Americans will die and hundreds of thousands will be condemned to the living death of addiction."

Forest E. Ludden, Director, Bureau of Primary Prevention, Alabama Department of Public Health has pointed to the fact that parents are confused as to what is a sound approach to use in educating their children for drug use and abuse. He points out in an article, "Puff of Smoke and Hidden Drop," that high school and college students are using both LSD and marijuana. He points out these children must be taught and guided early in life concerning drugs. He adds if parents and teachers will provide the proper learning environment

for drug education he feels it will greatly aid in solving the problem of drug abuse.

Lindsay R. Curtis, M. D. an eminent drug educator has pointed out two problem areas in drug education. First, parents are not aware of specific drug problems. Second, many youngsters who use drugs are totally unaware of the dangers of drug usage.

Indicitive of the ~~ign~~orance of our youth about the effects of drug use is that dangerous drug use is the principal reason for 25% of the arrests of young people under fifteen. It further accounts for 16% of the arrests of those eighteen and older.

The closeness of the drug problem is reflected in the following message from a former governor of Kentucky, Louis B. Nunn. He stated that "One of our very personal concerns today is the growing problem of drug abuse and narcotics addiction. It is a serious problem confronting many of our fellow citizens and a potential problem for many more in the future. I am convinced that drug abuse and addiction to narcotics....particularly among our young people....will not be solved until drug education is literally brought into the homes of every person in Kentucky". Brochure from the office of the Governor, December 3, 1970.

Abstract of Proposal

The original proposal of Five Communities was amended to include a reduced number of communities because of a reduction in the total proposed funds. The amended proposal is shown in Appendix A. This proposal has been written because of a need that exists in communities that are contained in the vast region of Eastern and Central Kentucky that are served by Morehead State University. Drug abuse has become one of the nation's prime health problems and is rapidly and insidiously making inroads into the communities of Kentucky to a large extent.

In order to meet this problem it is proposed that a series of drug education training sessions be held in two selected communities by competent drug educators. Community leaders from each of the communities will be selected to take part in a series of five two-hour drug education training sessions.

The training sessions will include a variety of drug topics and are designed to provide participants with the knowledge and methodology necessary to implement drug education programs in their local communities.

The project personnel will continue to work with the local community leaders upon completion on the training sessions to insure that on-going programs of drug education are implemented. Project personnel will conduct periodical evaluations of local drug education programs, once instituted, to determine there impact and significance upon the local drug abuse problems.

Specific Objective of the Program

The specific objective of this program is to train selected leaders in two communities so that they can carry on successful drug education programs. On-going advisory services will be provided and periodic evaluation of the programs will be conducted on a follow-up basis.

Description of the Program

1. Program objectives
 - a. To identify community leaders with an interest in the drug problem, who are willing to take an active role in combating this problem by implementing drug education programs in their own local areas.

b. To conduct pre-program surveys in the selected communities in order to gather data on the nature and extent of the drug problems within those communities.

c. To train selected community leaders to function as a team that will implement on-going drug education programs within their local communities.

d. The selected community leaders will be expected to fulfill the following specific objectives that are derived from the topics that will be covered during the course of the training sessions:

The participants of the training sessions will develop knowledge, skills, and attitudes in regard to the following specific behavioral objectives.

1. Given the following list of drugs, the participants will be able to contrast them according to:

a. physical properties	ALCOHOL
b. signs and symptoms of use	TOBACCO
c. kinds and dependence created	OPIATES
d. treatment and rehabilitation programs	MARIJUANA
e. extent of use	LSD
f. current research findings	AMPHETAMINES
g. myths and misconceptions	BARBITURATES
h. common questions asked about them by youth	
i. initial physiological response upon taking	
j. long term effects	
k. economic aspects	

2. The participants will be able to identify personality problems related to drug abuse.

3. The participants will be able to list the narcotics and dangerous drugs listed in Kentucky statutes and explain the penalties attached to their abuse.

4. The participants will be able to locate pertinent sources of material that are available for drug use education programs.

5. The participants will be able to list the major federal laws pertaining to drug abuse.
6. The participants will be able to identify the reasons why people abuse drugs.
7. The participants will be able to give standard arguments of youth for drug use and be able to refute them with facts based on scientific evidence.
8. The participants will be able to define the terms which are associated with drug use and drug abuse.
9. The participants will be able to enumerate some of the myths surrounding drug abuse and clarify each with scientific evidence
10. The participants will be able to list the techniques for communicating effectively with youth about drug abuse.
11. The participants will be able to identify evaluation techniques that can determine the effectiveness of the drug education programs.
12. The participants will be able to identify the criteria necessary for effective drug education programs.
13. The participants will be able to construct guidelines for use in drug education programs.
14. The participants will be able to recommend and initiate courses of action when confronted with specific problems of drug abuse.
15. The participants will be able to identify specific people, community organizations, governmental units, institutions, etc. that are available for consultation on drug abuse problems.
16. The participants will be able to list the techniques available in evaluating influences such as commercial ads,

news reports, films, and published materials dealing with drug abuse.

e. To periodically send newsletters to the selected communities containing the latest information on drug abuse, i.e., statistics, new educational approaches, available films, and articles of interest.

f. To develop a Drug Media Center on the Morehead State University campus that would contain films, film strips, books, periodicals, and other pertinent literature that would be available to the selected communities.

g. To conduct post-program surveys in the selected communities to ascertain the effectiveness of the on-going community program.

h. To provide follow-up consultant services to the selected communities involved in the project.

i. To develop an increased institutional expertise in combating drug abuse as a result of identifying pertinent community problems, and through the evaluation of the quality and effectiveness of the local on-going community programs.

Educational Activity

Emphasis in the training sessions will be on the following topics:

1. Definitions of drug use, misuse, and abuse.
2. Pharmacology
3. Role of Education
4. Legal Aspects
5. Statistics
6. Goals of Drug Abuse Education
7. Current Research in Drugs
8. Cultural Influences and Determinants in Drug Use
9. Analysis of Existing Drug Education Programs
10. Guidelines for Drug Education
11. Use of Media in Drug Education

Materials will include the use of films, film strips, records, tapes, books, pamphlets, and periodicals. Methods include topical presentations

by project personnel and consultants, group discussion, visitations to community resources, and open question-answer sessions.

Sequence of Presentation

<u>1st Meeting</u>	<u>2nd Meeting</u>	<u>3rd Meeting</u>
Identify local problems and needs for specific kinds of emphasis	Definitions of drug use, misuse, sbuse	Pharmacology of drug
Goals of drug abuse education	Current research in drug education	Statistics of drug usage
Role of education	Guidelines for drug education	
 <u>4th Meeting</u>	 <u>5th Meeting</u>	
Legal aspects	Analysis of existing drug education programs	
Cultural influences and determinants in drug use	Use of media in education	

Perry County - Hazard Program

Initial interest in Perry County as one of the program's target communities came about as a result of an article in the Louisville Courier-Journal dated August 26, 1972. The article verbatim is as follows.

"Perry grand jury criticizes prosecutors"
By Frank Ashley

"Hazard, Ky.--A special Perry County grand jury impaneled recently to investigate local drug abuse yesterday chided area law enforcement agencies and local prosecutors after concluding that from 30 to 50 per cent of the area's youth have tried illegal drugs.

The jury after nine days of deliberations under the direction of the state attorney general's office, returned no indictments but

listed the following recommendations in a lengthy report:

That the next state legislature be asked to consider enactment of a law requiring medical personnel to report apparent drug overdoses and make available tentative diagnoses of such cases to a specified law enforcement agency.

That special training in narcotics investigations be provided for personnel of the Hazard Police Department and the Perry County sheriff's deputies.

That local courts assure themselves of vigorous prosecution and that the Kentucky Bar Association take "appropriate action" in cases where prosecution of drug cases appears inadequate.

That parents LISTEN (jury emphasis) when told by the police that their children are or may be violating drug or other laws.

'Perspective' advised

"Conversely," the report added, "When these children are over 18 and therefore adults under the law, parents are urged to let their children face their responsibilities and accept the consequences of their own actions."

The jury explained that the estimated 30 to 50 per cent of local youth who have tried drugs include onetime marijuana users and should be kept in "perspective."

"There appears to be no heroin problem at present," the report stated. The investigation showed, the report stated, that drug use begins with marijuana and "generally progresses to LSD or pills,"

The report stated that drugs became a problem in Hazard about two years ago and that local drug use since has increased yearly. Users mainly are adults, 18 to 25, the report said, adding that there are some users in the 14 to 18 age group.

The jury was impaneled Aug. 2 after Dr. Clyde Wooten, a Hazard optometrist, began a one-man crusade against local drug abuse after his 15-year-old son was hospitalized from an apparent overdose of drugs.

At the jury's request, an assistant attorney general began working with the jury after local residents circulated a petition asking that outside authorities without local ties head the jury investigation.

The jury reported "evidence" of local abuse of prescription drugs and urged local doctors, when prescribing amphetamines and barbiturates, to inform patients of the possible ill-effects as well as the consequences of overdoses of addiction.

The jury concluded that there is "sufficient" drug education in local schools although, it added, "there is not complete agreement as to its advisability." There is a need for additional adult education on the subject, the report added.

Without elaborating, the report stated that "some things" which surfaced in the grand jury's investigation may bring "results" at a later time."

Initial contact in Perry County was made with Dr. Clyde Wooten since he appeared to be the main force in initiating some semblance of a drug prevention program in the Hazard Area. An appointment was made with Dr. Wooten during early September. Dr. Wooten was very cooperative and supplied information about the local problem and heartily supported our ideas about instituting a drug education program in Perry County. Dr. Wooten, however, declared that he no longer was interested in his crusade and showed us a gun he was carrying as a result of threats against his life and his family for his part in the grand jury proceedings. Several names and organizations

were supplied by Dr. Wooten as possible contacts for the initiation of the program.

Appointments were made with several citizens and leaders in local service organizations. The two most interested and most promising were the Women's Auxiliary of the VFW and the Hazard Senior Chamber of Commerce.

Both organizations expressed interest in the program we had in mind, but on-going 1972 programs would not be completed until the first of the year, and they could not begin any new services programs until January of 1973.

Correspondence was continued with the presidents of the two service groups and in January an appointment was made with Robert Owen, the president of the Jaycees. Mr. Owen stated that his organization had discussed our program and had decided to participate and be the catalyst in the initiation of a drug education program in their local community.

A survey of drug use in Perry County was not initiated at this point because of the obvious nature of the drug problem pinpointed by the Perry County grand jury. However, a survey is planned and will be carried out in January of 1974, one year after the commencement of the program. The Hazard Jaycees will conduct the survey. See Appendix B for survey instrument.

The details of the program in Perry County carried out with the cooperation of the Hazard Jaycees area as follows. Early in January, local community leaders were contacted and invited to participate in the training program. Fifteen local citizens including educators, government officials, law enforcement people, social workers, students and Jaycees were selected to attend the training sessions. Hazard Community College provided the facilities and the

training sessions began in late January and concluded in May.

A total of twenty hours of instruction was given, the scope and sequence has been shown above.

During the time span of the training, continuing discussions were carried out as to how the program would be continued after the training was completed. A scope and sequence of activities was initially decided upon. It was decided that the drug education program would be conducted in four phases. The first included the training sessions and the development of a speaker's bureau. The speaker's bureau consists of three teams of five people each. The teams consist of people that participated in the training sessions plus several lawyers and pharmacists that volunteered because of their expertise in drug related areas.

Phase two of the program was a community meeting, held at La Citadelle Motel. This was held during the month of May and twenty people were present at the meeting; representing all phases of the business, civic, educational and governmental community. The scope of the proposed program was discussed at the meeting and many suggestions were offered. Support of all people at the meeting was offered. An explanation about the use of the social seminar approach to drug abuse was also given.

Phase three of the program developed out of the meeting. This was a plan to start off the drug education program by proclaiming a Drug Awareness Week in Perry County, starting the second week in April. All segments of the media were contacted and agreed to provide exposure for the drug education program. The local television station kicked off the program with a one hour show on drug abuse with people in the training program as guests. A saturation mailing was also accomplished with drug awareness sheets sent to approximately one thous-

and residents of Perry County - See Appendix C.

The main impetus of the awareness week was to advise local service groups, schools and other organizations of the availability of the speaker's bureau.

Phase four of the program was then put into operation. The speaker's bureau has received numerous invitations to speak and present programs throughout the community.

The first four phases of the program as shown above have met the stated objectives of this Title I grant. In assessing the program it appears that an effective means of educating the citizens of a Kentucky community as to the dangers of drug abuse is viable when local people are interested in and participate in the program. Verbal feedback from people in the Hazard area indicates that the participation and lending of the name of a local civic group to drug abuse education invites a greater recognition of a program than would result from an outside group attempting to organize such a program.

Although the Grant objectives have been met a commitment to continue with this program has developed and further phases are planned.

Phase five of the program includes the implementation of the Social Seminar in the education structure of Perry County. Plans are being developed to offer the Social Seminar to teachers and administrators as extension work from Morehead State University beginning late Fall 1973. Material showing the Social Seminar approach is shown in Appendix D. The Social Seminar is one of the newest and most exciting approaches to drug prevention and presents another way of implementing the program in Perry County.

Phase six of the program will be the involvement and participation of the young people in the community in the program. The development of School Drug Councils will be the focal point of attention starting in the Spring of 1974. It is felt that the involvement of youth is eventual key to any successful community program.

Phase six of the program will also include working with local school administrators and teachers in the development of a model drug education curriculum, based upon the needs and expressed opinions of the school age population in Perry County. See Table I for complete scope and sequence of the program. As shown above this program has met its stated objectives and as a result is being carried on after the expiration of the grant. A commitment by Morehead State University and its staff has been made to continue the program broadening its scope to include all phases of an effort that includes, total community involvement, and the education of children, parents and teachers.

Montgomery County - Mt. Sterling Program

Initial contact with civic, education and government officials was made during Fall 1972 after conversation with people from each of these areas. Working in cooperation with a local service organization seemed to present the best approach for initiating a drug education program in Mt. Sterling.

After numerous organizations were contacted Gamma Delta Chapter of Beta Sigma Phi, a woman's service group, volunteered to make the drug education program a 1973 project for their group. Media in Mt. Sterling announced the formulation of the training program and the program began early in April. Training sessions were held at Montgomery County High School and a total of twenty hours of instruction were

held throughout the Spring of 1973.

After finishing the training program various women who participated in the training program, volunteered to serve as speakers for any organizations and groups who might desire their services.

As a part of the total program a research design was formulated to determine the extent of drug use in Montgomery County. Cooperation was eliated from school officials and a instrument was developed to survey student drug use in Montgomery County Schools.

As a result of the survey a comprehensive research report was developed. The report, shown in Appendix E, is probably only one of a few drug surveys that have been made in the State of Kentucky. The results of the report indicated that the second phase of the Mt. Sterling program should be focused on the schools. At this time plans are being developed to institute the Social Seminar Process into the educational mainstream of Montgomery County. Involvement of the student population in the program is also anticipated.

The Program in Retrospect

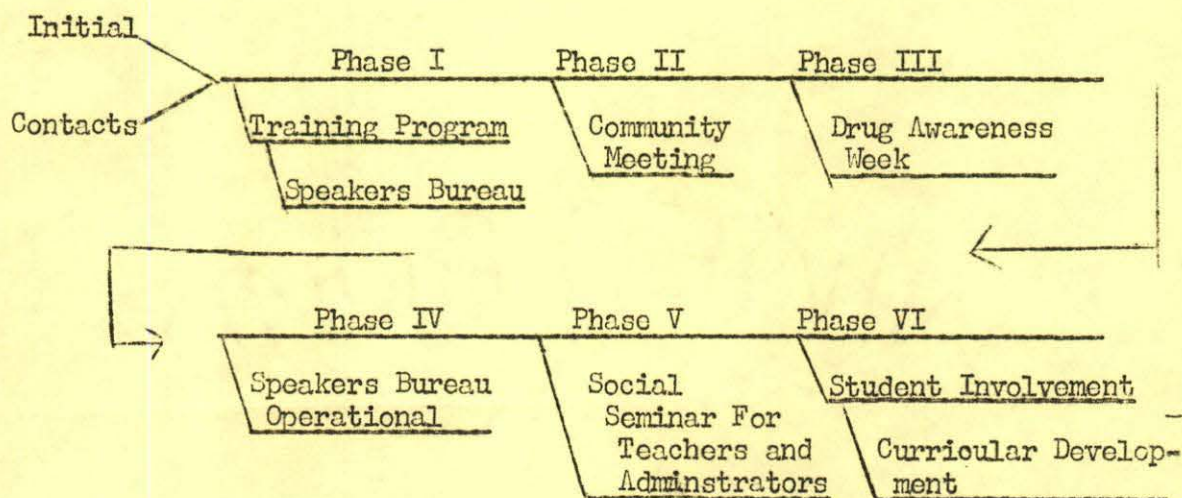
The initial stages of the Drug Technical Assistance program progressed at a slow pace as many people and local organizations were contacted and queried about their interest and support of such a program. Few people and organizations expressed a willingness to become involved and a general pattern of apathy soon became apparent to the directors of the program. Eventually, however, certain civic groups who were aware of the problems in their communities volunteered their memberships to be the catalysts for a drug education program.

These organizations worked very hard in recruiting community leaders for the training sessions and brought about a large involvement

of a cross section of responsible citizens. In retrospect, the use of civic organizations was the essential key to workable programs both in Hazard and Mt. Sterling. Although the stated objectives of the Title I Program were met through the training sessions, and consequent availability of those personnel for educational purpose, the interest generated has resulted in a broadening of the program to include such various follow-up activities as Drug Awareness weeks, the use of the Social Seminar training for educators, Curriculum development in the schools, and in-depth research studies of drug use among young people. The program has been a catalyst in creating community awareness of the drug problem and as it continues hopefully will generate other efforts in the communities fight against drug use.

TABLE I

Pert Chart of the Scope and Sequence of the Perry County Program



APPENDIX A

A Proposed Community Service or Continuing Education Project
Submitted to the University of Kentucky as the State Agency
for Administration of Title I of the Higher
Education Act of 1965 in Kentucky

SUMMARY OF PROGRAM CHANGES

1. It is proposed that the Drug Education Technical Assistance Program content remain the same as in the original proposal, with the following exceptions. There were five communities that served as the focal points of drug training in the original proposal. The number of communities now to be served will consist of three; Mt. Sterling, Jackson, and Prestonsburg. By reducing the number of locations served the revised program budget should provide for the depth of instruction and training that meets the original intent of the proposal.

9. What kind of a drug education program do you think is needed in Perry County? _____

10. What do you consider to be the drug used most often in Perry County? _____
11. Is it easy to obtain drugs illegally in Perry County?
Yes _____ No _____
12. Who is responsible for stopping drug abuse in Perry County?

13. Does the local television station devote anytime to drug prevention?
Yes _____ No _____
14. Do the local radio stations devote anytime to drug prevention?
Yes _____ No _____
15. Do the local newspapers devote anytime to drug prevention?
Yes _____ No _____
16. Have you read any books about drugs?
Yes _____ No _____
17. Have you read any magazine articles about drugs?
Yes _____ No _____
18. Are there any drug abuse prevention programs operating in your community at the present time?

19. Do you use tobacco?
Yes _____ No _____
If yes, what type do you use:

20. Do you use alcoholic beverages?
Yes _____ No _____
If yes, what type do you use? _____

21. Do you keep prescription drugs in your house?

Yes _____ No _____

APPENDIX C

PROBLEMS OF IDENTIFICATION

It is important to recognize the symptoms and signs of drug abuse. The following outline was prepared by David J. Lehman, MD, chairman of Teenage Alert, an education program sponsored by the Broward County Medical Association, Fort Lauderdale, Florida. The information was abstracted by Dr. Lehman from the publication, Drug Abuse: Escape to Nowhere.

I--Common symptoms of drug abuse

- A--Changes in school attendance, discipline and grades
- B--Change in the character of homework turned in
- C--Unusual flare-ups or outbreaks of temper
- D--Poor physical appearance
- E--Furtive behavior regarding drugs and possessions
- F--Wearing of sunglasses at inappropriate times to hide dilated
--or constricted pupils
- G--Long-sleeved shirts worn constantly to hide needle marks
- H--Association with known drug abusers
- I--Borrowing of money from students to purchase drugs
- J--Stealing small items from school
- K--Finding the student in odd places during the day such as
closets, storage rooms, etc. to take drugs

II--Manifestations of specific drugs

- A--The glue sniffer
 - 1--Odor of substance inhaled on breath and clothes
 - 2--Excess nasal secretions, watering of the eyes
 - 3--Poor muscular control, drowsiness or unconsciousness
 - 4--Presence of plastic or paper bags or rags containing dry
plastic cement
- B--The depressant abuser . . . (barbiturates-"goofballs")
 - 1--Symptoms of alcohol intoxication with one important exception--no
--odor of alcohol on the breath
 - 2--Staggering or stumbling in classrooms or halls
 - 3--May fall asleep in class
 - 4--Lacks interest in school activities
 - 5--Is drowsy and may appear disoriented
- C--The stimulant abuser . . . (amphetamines-"bennies")
 - 1--Cause excess activity--student is irritable, argumentative,
--nervous and has difficulty sitting still in classrooms
 - 2--Pupils are dilated
 - 3--Mouth and nose are dry with bad breath, causing user to lick
--his lips frequently and rub and scratch his nose.
 - 4--Chain smoking
 - 5--Goes long periods without eating or sleeping

D--The narcotic abuser . . . (heroin, Demerol, morphine)

(These individuals are not frequently seen in school, and usually--begin by drinking paregoric or cough medicines containing codeine--the presence of empty bottles in wastebaskets or on school grounds is a clue.)

- 1--Inhaling heroin in powder form leaves traces of white powder--around the nostrils, causing redness and rawness
- 2--Injecting heroin leaves scars on the inner surface of the arms--and elbows (mainlining). This causes the student to wear long--sleeved shirts most of the time.
- 3--Users often leave syringes, bent spoons, cotton and needles in--lockers--this is a telltale sign of an addict.
- 4--In the classroom the pupil is lethargic, drowsy. His pupils are constricted and fail to respond to light.

E--The marijuana abuser

(These individuals are difficult to recognize unless they are under the influence of the drug at the time they are being observed.)

- 1--In the early stages student may appear animated and hysterical--with rapid, loud talking and bursts of laughter
- 2--In the later stages the student is sleepy or stuporous
- 3--Depth perception is distorted, making driving dangerous

Note: Marijuana cigarettes are rolled in a double-thickness of brown or off-white cigarette paper. These cigarettes are smaller than a regular cigarette with the paper twisted or tucked in at both ends and with tobacco that is greener in color than regular tobacco. The odor of burning marijuana resembles that of burning weeds or rope. The cigarettes are referred to as "reefers, sticks, Texas tea, pot, rope, Mary Jane, loco weed, jive, grass, hemp, hay."

F--The hallucinogen abuser

(It is unlikely that students who use LSD will do so in a school-setting since these drugs are usually used in a group situation under special conditions.)

- 1--Users sit or recline quietly in a dream or trancelike state
- 2--Users may become fearful and experience a degree of terror which--makes them attempt to escape from the group
- 3--The drug primarily affects the central nervous system, producing--changes in mood and behavior
- 4--Perceptual changes involve senses of sight, hearing, touch, body image and time.

NOTE: The drug is odorless, tasteless and colorless and may be found in the form of impregnated sugar cubes, cookies or crackers. LSD is usually taken orally but may be injected. It is imported in ampuls of clear blue liquid.

APPENDIX D

Social Seminar Material

What is the social seminar?

The Social Seminar is a multi-media drug abuse education program designed for teachers, school administrators, and other school personnel. Because drug abuse is not just a school problem, but rather a total community problem, The Social Seminar can also be used effectively as an adult education program for a community.

The core of The Social Seminar consists of an 18-part multi-media package including 15 films made by young, enthusiastic filmmakers at the Extension Media Center, U.C.L.A. Accompanying the package is an overall descriptive film, general guidelines, and a discussion guide for each film designed to facilitate and encourage participant interaction. Discussion is an indispensable part of The Social Seminar. Also included in the package is a programmed text covering the factual and pharmacological material relating to drugs. The Social Seminar is completed with a role-playing simulation program which includes a Leader's Guide, role cards, and a Player's Manual for each participant. The Social Seminar approaches the problems of drug abuse and drug abuse prevention within the context of total society. The perspective underlying The Social Seminar is that there are no simple solutions to complex problems. The Social Seminar does not pretend to answer all the questions related to drug abuse and drug abuse education. It is, however, a comprehensive orientation upon which school systems, universities, and individual communities may build drug abuse education programs to fit their particular needs.

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APPENDIX E

MT. STERLING RESEARCH STUDY

TABLE OF CONTENTS

Chapter	Page
1. INTRODUCTION	
Overview	
Drug Education	
Statement of Problem	
Need for Study	
Definition of Terms	
Limitations	
Basic Assumptions	
Background	
2. REVIEW OF LITERATURE	
Drugs	
Smoking	
Alcohol	
3. RESEARCH PROCEDURES	
General Procedures	
Sources of Data	
Administration of the Questionnaire	
The Questionnaire	
Treatment of Data	
4. PRESENTATION AND ANALYSIS OF DATA	

CONTENTS (continued)

5. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

 Conclusions

 Recommendations

APPENDICES

A. DEFINITION OF DRUGS

B. ADDITIONAL INFORMATION ON MONTGOMERY COUNTY AND
 MOUNT STERLING, KENTUCKY

C. LETTER OF INTRODUCTION

D. QUESTIONNAIRE

E. FOLLOW-UP LETTER

BIBLIOGRAPHY

LIST OF TABLES

Table	Page
I. Drugs Abused in Montgomery County.	
II. Occurrence of Drug Abuse by Age Group in Montgomery County	
III. Do The Public Schools in Montgomery County Have A Planned Drug Education Program?.	
IV. Distribution of Drug Education Information Through Various Media in Montgomery County.	
V. Is There A Need for Drug Education In Montgomery County?.	
VI. Groups To Be Responsible for Drug Education in Montgomery County.	
VII. Suggested Activities for A Drug Education Program	

A DESCRIPTIVE STUDY OF POTENTIAL DRUG PROBLEMS
IN MONTGOMERY COUNTY AND MOUNT STERLING, KENTUCKY

Richard B. Cobb, M.A.
Morehead State University, 1973

Director of Thesis Dr. Daniel Atha

The major purpose of this study was to survey the potential drug problems of Montgomery County and the community of Mount Sterling, Kentucky. A secondary purpose of the study was to determine if a drug education program was needed in Montgomery County.

The subjects used for this study were dichotomized into two groups. The first group consisted of one hundred and forty seven students enrolled in ninth through twelfth grades in Montgomery County High School, during the spring semester of 1973. The second group consisted of an arbitrary number of two hundred and fifty people randomly selected from the population of Montgomery County. The Superintendent of Schools of Montgomery County was contacted to obtain permission to administer the questionnaire. A letter of introduction and the questionnaire were mailed to the selected subjects from Montgomery County. A follow-up letter was mailed to the subjects, again requesting their cooperation in the study.

A drug questionnaire was developed for the purpose of collecting the desired information by Dr. Dan Atha of Morehead State University. The questionnaire was structured for opinionated responses. It was agreed that the questionnaire served the purpose

of its intended use by the members of the thesis committee.

The results of the questionnaire were tallied and presented in tabular form. Comparisons were made in order to discover if there were any observable differences between the groups. The groups were then combined into a total sample population. Based on the results of the total sample population the following conclusions were made:

1. The respondents of the survey indicated they observed a number of drugs being abused in Montgomery County. Alcohol, tobacco, marijuana, glue sniffing, tranquilizers, barbiturates, amphetamines, L.S.D. and opiates were the abused drugs and were reportedly abused in that order.

2. The respondents of the survey indicated that the majority of drug abuse occurs between the ages of sixteen and twenty-nine in Montgomery County.

3. The individuals surveyed indicated that a planned drug education program is needed for Montgomery County. This was evident by the high percentage of responses favoring a planned drug education program.

4. The respondents of the survey indicated that a majority of the drug education information in Montgomery County has been distributed by the television media. Other means of distribution in order of importance were: magazines, newspapers, radio, church, civic groups and businesses.

5. The respondents of the survey indicated that public schools be responsible for the organization and implementation of a planned drug education program in Montgomery County.

EDUCATION

<u>Public Schools</u>	<u>Mount Sterling Independent</u>	<u>Montgomery County</u>
Total Enrollment	1,178	2,620
Elementary	659	1,913
High School	519	707
Student-Teacher Ratio	27-1	27-1
Elementary	28-1	27-1
High School	27-1	27-1
State Rating of High School	Standard	Standard
Other Accreditations	Southern Association of Colleges and School	
Per Cent High School Graduates to College	54.9	35.5
Current Expenditures Per Pupil	\$433.62	\$430.36
Bonded Indebtedness, June 30, 1970	\$404,000	\$1,004,000

Chapter 1
INTRODUCTION

Overview

Today when people talk about the drug problem, really in essence, they are referring to the problem of drug abuse. The problem of drug abuse is widespread. It involves not just a distant world of criminals and "dope fiends," but many reputable people in every walk of life.

Drug abuse is a transcultural phenomenon in the sense that it has been observed as China and the United States. It is not a recent phenomenon, as it was known to occur in ancient Rome and in the Inca civilization.¹

It has been said many times that no one really knows how many drug addicts there are in this country. The Bureau of Narcotics and Dangerous Drugs reported that there were 64,011 active narcotic addicts at the close of 1968.² The Bureau continued by saying that most of the addicts are from four states: New York, New Jersey, California and Illinois.

A major problem with the narcotic addict is that he places the burden of responsibility on the rest of society to reclaim

¹George B. Griffenhagen, A Guide for the Professions: Drug Abuse Education, Second edition, (American Pharmaceutical Association), pp. 26-33. N.D.

²Brent Q. Haffen, Readings on Drug Use and Abuse, (Brigham Young University Press: Provo, Utah, 1970), p. 24.

its members. The taxpayer pays the bill to rehabilitate the addict.

The Bureau of Narcotics and Dangerous Drugs also stated:

A research psychiatrist for one treatment program indicates it costs his State approximately \$1,300 a year to rehabilitate just one addict. Doctors in another program estimate six weeks of in-patient treatment followed by aftercare totals \$3,000. Just assuming these treatment programs were available to all addicts in the country, society would pick up a tab ranging from \$83,214 to \$192,033,000.³

These figures are alarming but in no way reflect the total cost of the abuse of narcotics and dangerous drugs.

The drug dilemma is an ever increasing problem for the American people. It is a problem that should be understood and corrected. This study was made in an attempt to report the conditions of a survey of potential drug problems in a rural community.

Drug Education

In 1918, the National Education Association appointed a commission on the reorganization of secondary education. The result was the formation of the Seven Cardinal Principles of Secondary Education. The first Cardinal Principle listed is Health.⁴ Most states agreed with this objective and consider drug education as having a place in the Health Education program. It is of interest that according to the October 1967 National Education Association Journal:

Teaching about alcohol and narcotics is being required of the public schools by more state legislatures

³Brent Q. Haffen, Readings on Drug Use and Abuse (Provo, Utah: Brigham Young University Press, 1970), p. 25.

⁴Rudyard K. Bent and Henry H. Kronenberg, Principles of Secondary Education (New York: McGraw-Hill Book Company, Inc., 1961), p. 138.

than any other topic, according to a study made by George D. Marconit for the Iowa-Center for Research in School Administration. Forty-three states require -- such courses. The second most popular topic for designation as a must by state legislators is the U. S. Constitution, required by 28 states.⁵

A major breakthrough for the education of drug abuse was the Drug Abuse Education Act of 1970, signed into law by President Nixon on December 3, 1970. A principle purpose, according to a special report of the House Education and Labor Committee, was to "help eliminate drug abuse by striking at the heart of the problem --the lack of knowledge on the part of the average citizen, young and old, on the dangers of improper drug use."⁶

The act authorized the expenditure of fifty-eight million dollars over three years for a variety of programs to combat drug use and abuse. The following is a summation of the principle points of the bill.⁷

1. The bill authorized the Secretary of Health, Education and Welfare to make grants and contracts with institutions of higher education, state and local education agencies (including public and private school systems), and other public and private research institutions to support the development of new and improved curricular materials for use in elementary, secondary, adult and community education programs, as well as the dissemination of information on such materials.

⁵National Education Association, "News and Trends," NEA Journal (Washington, D. C., October 1967), p. 4.

⁶J. William Jones, Drug Crisis, National School Public Relations Association, 1971, p.49.

⁷Ibid., p. 49.

2. The bill provided funds for preservice and inservice teacher training programs, including seminars, workshops, and conferences on drug abuse education.

3. The bill provided funds for community and adult drug education, including funds for peer-group programs such as drop-in centers, outpatient counseling and drug hot line telephone services.

4. The bill included explicit provisions to recruit, train, organize and employ professionals, former drug users and para-professionals to participate in drug education programs.

The present study was done under the direction of Title I of the Drug Assistance Project at Morehead State University. The major purpose of the project was to promote drug education programs in Eastern Kentucky. Before a drug education program is undertaken, a need must be shown. A method of demonstrating such a need is to survey the community.

Statement of Problem

The purpose of this study was to survey the potential drug problem(s) of Montgomery County and the community of Mount Sterling, Kentucky.

Need for Study

Marijuana; Marijuana: L.S.D., L.S.D.; Scientists make it, Teachers take it; Why can't we? Why can't we?"⁸ That cute little lyric was sung by elementary students to the tune of "Frere

⁸J. William Jones, Drug Crisis: Schools Fight Back with Innovative Programs (National Schools Public Relations Association, 1971), p. 16.

Jacques". According to Pennsylvania's Secretary of Education,
David H. Kurtzman,

. . .this does not mean that 7 year olds are popping
bennies and shooting horse, but it does indicate word
has drifted down from the older kids that drugs are
fun. Youth is convinced that puffing a reefer is no
worse than smoking cornsilk behind the barn.⁹

It has been reported that sometime in 1967 or 1968 the
"drug scene" left the boundaries of the urban ghetto and spread
into Surburbia, U.S.A.¹⁰ At this period of time, it suddenly
became obvious that the connection of drugs and youth knew no
racial, class, ethnic or socioeconomic bounds. Gradually police,
educators, and parents began to realize the enormous scope of the
problem.

A problem with people and society in general, has been
that they seem to take the attitude that "it couldn't happen here."
Sure, maybe a few "hippies" here and there have fooled around with
drugs but certainly "it couldn't happen here." Leonard J. Patricelli,
a Hartford, Connecticut, radio and television executive had this
comment:

To New Yorkers and a good many others, Connecticut
has always been a nice place to visit when you wanted
to forget your problems and I suppose it still is.
But the drug problem is something you can't get away
from nowadays--even in a pleasant place like Connecticut.
Half of the people who get arrested in our state these
days are drug users. The high schools in those pretty,
picture postcard towns 30 or 40 miles from the nearest city
have drug problems. There probably isn't a youngster living

⁹J. William Jones, Drug Crisis: Schools Fight Back with
Innovative Programs (National Schools Public Relations Association,
1971), p. 16.

¹⁰Ibid., p. 1.

anywhere in the state--even in rural areas--who doesn't know someone who uses drugs. And there are probably only a very few who don't know where to get marijuana as easily as you and I can get aspirin.¹¹

What is the picture today? It is not to the point of hysteria. The use of drugs, especially experimentation, has increased a great deal in the past five years. This is not just an increase in the old groups who used drugs, but a spreading to new segments of the population. As John E. Ingersell, director of the Federal Bureau of Narcotics, puts it,

We know that the age level of drug users is constantly decreasing. Four or five years ago, college seniors were virtually the only students involved with marijuana. In two or three years, smoking pot had moved down to freshman level. In another two years, it had become a problem in high schools and now it is getting into the junior high schools and even into elementary schools.¹²

Those new groups who use it now are better off and better educated; therefore, they are more articulate in saying why they think they are using drugs. And, to some extent, drug use has become a symbol of rebellion from the mainstream of society.

The abuse of drugs has, according to the 1963 President's Advisory Commission on Narcotics and Drug Abuse, aroused two extreme attitudes--the punitive and the permissive--the commission reports as follows:

Some people are concerned primarily with the effects of drug abuse on the community. They know that it can debilitate and destroy the inner fabric of a man and that if it leads to addiction, the abuser becomes obsessed with his

¹¹J. William Jones, Drug Crisis: Schools Fight Back with Innovative Programs (National Schools Public Relations Association, 1971), p. 1.

¹²Ibid., p. 2.

drug, living for nothing else. They know that drug abuse is primarily spread by the drug abuser who persuades others to try the drug. Though they may not always consider drug abuse a crime, this school takes an essentially punitive approach. Because most serious drug abusers return to drugs if left to themselves, these people would shut the drug abuser away from society for as long as possible.¹³

The permissive attitude holds that serious drug abuse is usually symptomatic of a mental disturbance and that in essence the abuser is a sick person. The drug abuser must be treated for his sickness rather than punished.¹⁴

Statistics, if used properly, have a way of demonstrating the magnitude of any problem. The past few years have produced an enormous amount of research dealing with the drug problem, and with such, many statistics have been published indicating the seriousness of the problem. Jones¹⁵ compiled an enormous amount of statistics representative of the research being done in drug education. The following are some examples:

1. There are about 18 million students in the nation's public secondary schools, and somewhere between 16 per cent (President Nixon's estimate, which he labels 'deliberately cautious') and 25 per cent to 35 per cent of them (the estimate range of most doctors, educators and drug abuse authorities) are experimenting with marijuana. This means that up to 6 million students are taking drugs illegally.

¹³George B. Griffenhagen, "A History of Drug Abuse," Readings in Drug Use and Abuse, (Provo, Utah: Brigham Young University Press, 1970), p. 18.

¹⁴Ibid., p. 19.

¹⁵J. William Jones, Drug Crisis: Schools Fight Back with Innovative Programs (National Schools Public Relations Association, 1971), p. 1.

2. Some 12 per cent to 15 per cent (up to 2.7 million) are taking marijuana and other various "soft" (generally non-addictive) drugs on a regular basis.

3. It has been reported that from 2 per cent to 3 per cent (or some 500,000 youngsters) are hopelessly hooked on hard drugs like heroin.

4. The total number of marijuana smokers in the country have been estimated to range from 8 million to 20 million.

5. A recent Gallup poll found that 42 per cent of college students are now experimenting with marijuana, as compared with 22 per cent in 1969 and 5 per cent in 1967. Similarly, experimentation with L.S.D. has increased from 1 per cent in 1967 to 4 per cent in 1969 to 14 per cent in 1971.

6. There are more than 100,000 heroin addicts in New York City alone. Approximately 25,000 of them attend the city's public schools. In 1970, 900 persons, including 224 teen-agers, died from the use of heroin, which in that city caused more deaths of persons aged 15-35 than any other single cause. In 1966, 30 New York teen-agers died from heroin.

7. In Philadelphia, deaths related to drugs climbed to 186 in 1970, more than five times the number of local servicemen killed in Vietnam. In 1970, 805 drug cases came before juvenile court, compared to 17 in 1965 and 403 in 1969.

8. A survey of seven schools in the Fullerton (California) Union High School District, showed that in 1970, 34 per cent of the students had tried marijuana, compared with 22.5 per cent in 1968. In 1970, 17 per cent reported they used it more than 10 times,

compared with 11.7 per cent in 1968.

9. A survey of the Cincinnati public school pupils in grades 7-12 showed that 31 per cent had tried drugs. Some 16 per cent said they had experimented with LSD and other hallucinogens, and 8 per cent said they used them once a week.

10. 14 per cent of the high school students in Dallas said they had tried marijuana, and 6 per cent said they had used it 10 or more times. Three per cent (1,700 pupils) said they were using heroin or morphine.

11. In Houston, 22 per cent stated that they had experimented with marijuana; 12 per cent had used it more than 10 times. Six per cent (5,800) said they were using heroin or morphine.

As the statistics continued to mount, it becomes evident that there is a drug problem in the United States. The problem of drug abuse has been a reality of the metropolitan areas of this country for some time.¹⁶ What has not been shown is the drug situation in the rural communities of this nation. The purpose of this study was to survey the potential drug problems of Montgomery County and Mount Sterling, Kentucky. Information gathered from this survey can be used to determine if a planned drug education program is necessary for Montgomery County. A method of combating the spread of drug abuse is an awareness of potential problems by the people. If communities are aware of problems and drug abuse problems, in particular, the appropriate action can be taken to eliminate the problem.

¹⁶J. William Jones, Drug Crisis: Schools Fight Back with Innovative Programs (National Schools Public Relations Association, 1971), pp. 1-2.

Definition of Terms

It is important that a certain amount of space be provided for the proper definition of terms, in this way the reader will not become confused as to the exact terminology used in this study.

Drug or drugs. When referred to in this study, drug or drugs will be limited to a select number of items. These items will include: alcohol, tobacco, tranquilizers, marijuana, amphetamines, barbiturates, opiates, L.S.D. (and other hallucinogenics) and glue sniffing. (Appendix A gives additional information on drugs.)

Limitations

The study has the following limitations:

1. The study was designed as a survey to learn about the characteristics of a given target population. It was not designed to test problems, or to engage in hypothesis testing.
2. The study was also limited in regard to time and money.

Basic Assumptions

A more definitive view of the study may be presented by enumerating the guiding assumptions that were basic to the study:

1. The assumption was made that the number of subjects used in the study was representative of the population of Montgomery County and Mount Sterling.
2. It was further assumed that the subjects used in the study held basic beliefs and attitudes concerning the drug situation in Montgomery County and Mount Sterling and through their responses to the questionnaire made their beliefs and attitudes known.

3. It was assumed that the responses would be a significant number, which would make the survey a valid technique.

Background Information

Mount Sterling is located on the eastern edge of Kentucky's Blue Grass Region, and is the county seat of Montgomery County. Mount Sterling is located 40 miles east of Lexington, 102 miles east of Louisville, and 119 miles southeast of Cincinnati.

The population of Mount Sterling in 1970 was 5,083. Montgomery County had a population of 15,364.¹⁷ Appendix B gives additional information on Mount Sterling, Kentucky.

¹⁷Industrial Resources, Mount Sterling, Kentucky, prepared by the Kentucky Department of Commerce in cooperation with Mount Sterling, Montgomery County Chamber of Commerce, p. 1.

Chapter 2

REVIEW OF LITERATURE

In the past few years there has been a multitude of literature relating to drugs. Most of the literature has dealt with the effect on the human body, recently much research has been attempting to determine the amount and type of drugs consumed by the American public. However, there has been a lack of material relative to the problem undertaken for this study.

Pertinent literature reviewed for this study has been arranged into the following categories: (1) drugs, (2) smoking, and (3) alcohol.

Drugs

Many individuals knowledgeable regarding the drug problem, have long felt there existed a general lack of drug knowledge among the population and students, in particular. This feeling was expressed by Bryan, Director of the Student Health Service at the University of California in Berkley:

It is a paradox that the young adult on the college campuses of today who is intellectually capable of higher education is remarkably ignorant of the laws applying to the abuse of mind-altering substances as well as the dangers attendant to such use. This ignorance is not only the result of distrust of information emanating from an adult society about which the young person has become rather doubtful, but it is also the result of the enthusiasm

of the drug user who is usually evangelical in his efforts to recruit more companions into his life pattern.¹⁸

Instances also exist in which the individual feels he has a depth of drug knowledge, when in fact, the knowledge may be totally inaccurate. Sapratto, Professor of Pharmacy at Purdue University, has stated, "many students today have a great deal of knowledge about drugs but it is not always completely accurate and usually they do not have the complete store."¹⁹

Popoff conducted a survey which involved 14,748 individuals throughout the nation. They were asked to state their beliefs concerning the dangers associated with the use of various drugs. When questioned about sedatives, seven per cent felt that they were very safe, 21 per cent felt they were somewhat safe, 23 per cent stated that it was hard to say, 39 per cent stated that they were very dangerous.²⁰ The level of drug knowledge, held by various individuals, appeared to vary greatly as was indicated by the diversity of attitudes towards the dangers associated with the various drugs.

The New York State Narcotic Addiction Control Commission undertook a survey of the state to gather information on community attitudes and knowledge of drugs and drug abuse. A questionnaire was administered to a sample population of 6,105 persons,

¹⁸Henry B. Bryan, "Drugs on the College Campus," Journal of School Health, 40: 90-97, February, 1970.

¹⁹George R. Sapratto, "Toward a Rational View of Drug Abuse", Journal of School Health, 40: 92-96, April 1970.

²⁰David Popoff, "Feedback on Drugs", Psychology Today, 11: 51-52, April, 1970.

representative of the state, who were thirteen years old or older. Wehn questioned about marijuana, 65 per cent agreed with the assertion that people who use marijuana go on to something stronger.²¹

Francis and Patch studied the attitudes and extent of drug use on the University of Michigan campus. Two findings that are of interest are: (1) marijuana smokers were definitely more likely to be tobacco users and, (2) virtually all marijuana smokers were drinkers.²²

Barter, et al. conducted a survey of drug use among college students in the Denver-Boulder Metropolitan Area. Twenty six thousand, one hundred fifty usable questionnaires were completed by college students in that area. Their investigation disclosed the patterns and extent of the non-medical use of dangerous drugs, as well as attitudes towards the use of such drugs. Some of the highlights of the survey findings are as follows:

1. Three of every 10 students reported the use of marijuana, amphetamines, and/or L.S.D. one or more times. Of the users, 48 per cent said that they had used only marijuana and 14 per cent has used only amphetamines. Twenty one students reported using only L.S.D.

2. Of all students responding in the survey, 16 per cent were currently using marijuana, 7 per cent using amphetamines and 3 per cent were using L.S.D.

²¹Daniel Glaser, and Mary Snow, "Public Knowledge and Attitudes on Drug Abuse in New York State," Education Resource Information Center, ED059267, Washington, D.C., National Education Association, 1972.

²²John Bruce Francis and David J. Patch, "Student Attitudes Toward Drug Education Programs at the University of Michigan," Education Resource Information Center, ED059272, Washington, D.C., National Education Association, 1972.

3. The rates of drug use among students by college ranged from 16 per cent to 35 per cent.²³

Solomon²⁴ conducted a study among east village "hippies" of New York City. He questioned "hippies" about drug usage, personal background, and attitudes. It was suggested that the "hippie" movement is primarily a symptom of alienation from the dominant values of society, although the nature of the sample precluded firm generalizations. Some of the major findings on drug usage are:

1. All of the "hippies" in the study reported the prior or current use of marijuana.
2. All of the "hippies" were introduced to marijuana in their late teens.
3. Well over half reported the usage of marijuana for more than three years.

Holmes²⁵ worked with "hippies" in his study that was designed to provide descriptive data on several samples of drug users and to compare these with non-drug users. His study focused on the characteristics of four groups: hippies, weekend hippies, non-hippie drug users, and non-hippie non-users. Some of his major findings are:

²³James T. Barter, George L. Mizner, and Paul H. Werne, Patterns of Drug Use Among College Students in the Denver-Boulder Metropolitan Area, An Epidemiological and Demographic Survey of student Attitudes and Practices, "Bureau of Narcotics and Dangerous Drugs, United States Department of Justice, 1971.

²⁴Theo Solomon, "A Pilot Study Among East Village 'Hippies,'" Education Resource Information Center, ED016266, Washington, D.C., National Education Association, 1972.

²⁵Douglas Holmes, et. al., "Drug Use and Users, Drug Use in Matched Groups of Hippies and Non-Hippies--Final Report," Education Resource Information Center, ED061265, Washington, D.C., National Education Association, 1972.

1. Average age of all drug users in the study was 22.
2. Average age of first marijuana use was 19.
3. Drug use is primarily a peer group phenomenon.
4. The first drug use or experience was most typically, with marijuana.

Smoking

During the past several years there has been an enormous amount of literature pertaining to tobacco, its effect on the human body, and consumption by the United States. However, there has been a lack of literature relative to the problem undertaken by this study.

It is not difficult to develop the habit of smoking. There are many factors which intertwine in a multi-casual fashion to slowly entice an unsuspecting youth into a habit which he may regret for the remainder of his life.

Lawton²⁶ viewed the initiation of smoking as being largely a social and psychological process, "mediated by the mechanics of curiosity imitation, identification, status striving and rebellion." Horn²⁷ suggested three different etiologies in the acquisition of the smoking habit: (1) Familial, (2) peer group, and (3) psychological.

Horowitz²⁸ stated that "beginning to smoke is largely due to one's social environment, however, once it has started, the habit

²⁶M. Powell Lawton, "Psychological Aspects of Cigarette Smoking," Journal of Health and Human Behavior, III, 1962, p. 170.

²⁷Daniel Horn, "Modifying Smoking Habits in High School Students," Children VII, (March 1960), p. 64.

²⁸Milton J. Horowitz, "Psychological Aspects of Education Related to Smoking," Journal of School Health, XXXVI (June 1966), p. 282.

depends largely on the gratification of personal need." In response to the question, "why do you smoke?" Street²⁹ received from 8,272 students the following answers: "Because my friends smoke", "It relaxes me", "I'm old enough", "Nothing better to do", and "Because my parents smoke."

Newman³⁰ studied the social dynamics of youth smoking in an urban junior high school. The participant observer method was employed in conducting an in-depth study of the smoking and non-smoking characteristics of a small random sample of eighty students. To effect the necessary rapport and relationship with students, the investigator assumed the role of a visiting foreign educator and school counselor. The study was conducted over the nine month period of the school year. Data collected through observations and a series of student interviews were used to document the behavior patterns of these students. Additional techniques were employed to study social status, peer group membership, and personal expectations.

The findings of this research reinforced the importance of the peer group influence in both smoking and non-smoking behavior. Furthermore, the results of this study suggested that for an important segment of the youth population, smoking may be more accurately viewed as a form of compensatory behavior. The smoking student is frequently not as successful either socially or academically as his

²⁹W. K. Street, "Students Express Views on Smoking," Journal of School Health, XXXVII (March 1967), pp. 151-52.

³⁰Ian M. Newman, "The Social Dynamics of Cigarette Smoking in a Junior High School," (Unpublished Ph.D. dissertation, Graduate College, University of Illinois, Urbana, 1968), p. 153.

non-smoking counterpart. A more productive approach for the schools in lowering the rate of smoking might well be through programs aimed at stimulating the interest of these students and providing them with an experience of success in the school.

Alcohol

Alcohol has been such a familiar part of the American way of life that it is difficult to realize that it is a drug; it is every bit as active physiologically as many of the so-called "drugs" that are usually ingested as pills.³¹

Contrary to popular belief, alcohol does not stimulate the central nervous system, but according to Wolf, "... exerts a progressive and continuous depression on the reticular activating system, cortex, cerebellum, spinal cord, and medulla. What passes for stimulation results from the depression of the higher integrating centers and represents the loss of learning inhibitions acquired by training and previous experience."³²

Davis and Southworth³³ indicated that alcohol, like all narcotics, begins by dulling the powers of attention, judgement, discrimination, and self control. Lack of inhibition may be demonstrated by loss of discretion, a bringing out of natural crudeness, and taking unnecessary risks. The general effects of alcohol by degree of intoxication, have been described by Coleman, as follows:

³¹Alcohol and Alcoholism, National Institute of Mental Health, National Institute on Alcohol and Alcoholism, DHEW Publication, (HSM) 72-9127, revised 1972, p.3.

³²H. H. Wolf, "Pharmacological Effects of Drugs Subject to Abuse," Drug Abuse: A Course for Educators, Butler University Drug Abuse Institute, 1968, p. 51.

³³S. F. Davis and W. H. Southworth, Mental Hygiene, (New York: McGraw-Hill Book Co., 1954), p. 39.

when the alcohol content in the blood stream reaches 0.10 percent, the muscular coordination, speech and vision are impaired, and thought processes are confused. When the blood alcohol reaches approximately 0.05 per cent, the whole neural balance is upset and the individual passes out. Unconsciousness here, apparently acts as a safety device, for concentrations above 0.55 per cent are usually lethal.³⁴

Factors affecting intoxication have been shown by Forbes.³⁵

He found that the blood alcohol levels of subjects who have eaten before a test rise much more slowly than those who have consumed alcohol on an empty stomach. He contended that, after three hours, the quantity of food stuff remaining in the stomach will be sufficient to prevent nausea, but will not act as a buffer to prevent absorption of the alcohol.

The rate and duration of the drinking also modify the degree of intoxication. If the drinking is over a prolonged period of time, the excretory process can effectively lower the blood alcohol concentration so that great quantities of alcohol will have to be ingested to reach a high blood alcohol level. Heise³⁶ found that a man, spacing his drinks properly, can consume 25 ounces of 100 proof alcohol in 24 hours with little or no effect. Seals³⁷ stated that two men of equal weight, having their stomachs empty, will be effected differently if one man drinks his beverage quickly and the other slowly. The man drinking his beverage rapidly will be more

³⁴J. C. Coleman, Abnormal Psychology and Modern Life, Third Edition (Glenview, Illinois: Scott, Foresman, and Company, 1964), p.422.

³⁵G. Forbes, "The Effects of Alcohol on Psychomotor Reactions as Possible Index of Degree of Alcoholic Intoxication," Medicological Journal, 15:23-38, 1947.

³⁶H. E. Heise, "The Reliability of Breath Test," Traffic Safety Research Review, 50:10-11, June 1957.

³⁷T. Seals, "The Drinking Driver," Traffic Safety Research Review, 1:82, December 1957.

affected because of the greater insult to his central nervous system.

In May, 1962, the National Committee on Uniform Traffic Laws and Ordinances³⁸ amended the uniform vehicle code by reducing the presumptive level at which a person is charged with driving under the influence of intoxicants from 0.15 per cent (150 mg. per cent) level to the 0.10 per cent (100 mg. per cent) level. The 0.10 per cent (100 mg. per cent) level, according to Renaldi,³⁹ would be the equivalent of approximately five drinks, each containing one volume ounce of 100 proof alcohol or five twelve ounce bottles of beer, consumed by an individual weighing about 160 pounds, in a relatively short period of time (one hour or less).

Highway deaths in the United States have been rising steadily; it is estimated that 60,000 Americans are killed yearly.⁴⁰ A major study by the United States Department of Transportation entitled, "1968 Alcohol and Highway Safety Report",⁴¹ showed that alcohol plays a role in half, or about 30,000 of the highway fatalities.

³⁸Uniform Vehicle Code, National Committee on Uniform Traffic Laws and Ordinances, Washington 5, D. C., pp. 30-31.

³⁹J. A. Renaldi, "Blood-Alco Chart" (unpublished), J. A. Renaldi Company, Chicago, Illinois, 1963.

⁴⁰Alcohol and Alcoholism, National Institute on Alcohol and Alcoholism, United States Government Printing Office, Washington, D.C., 1972, p. 10.

⁴¹Alcohol and Alcoholism Safety Report, August, 1968, United States Printing Office, Washington, D.C., 1968.

Chapter 3

RESEARCH PROCEDURES

The primary purpose of this study was to survey the potential drug problem(s) of Montgomery County and Mount Sterling, Kentucky. Much research has been done recently, illustrating consumption of various drugs and the amount of knowledge people possess about these drugs. Surveys of this nature, primarily, have been done in metropolitan areas. No attempt has been made to discover the drug knowledge and consumption of drugs in Montgomery County and Mount Sterling. It was a purpose of this study to survey a rural environment and determine if certain drugs were being abused. A further objective was to determine by the results obtained, if a drug education program was desired and needed.

General Procedure

The questionnaire was administered by hand or mailed to one hundred and ninety-two people in Montgomery County. The subjects were classified into two groups. One group consisted of students from Montgomery County High School, while the second group consisted of a randomly selected number of subjects from the population of Montgomery County. The results of the questionnaires were tallied and placed into tabular form.

Sources of Data

The subjects were dichotomized into two groups. The first group consisted of ninth through twelfth grade students in

The questionnaire was developed for the purpose of soliciting information regarding drug abuse. The questionnaire was approved for use in this study by a committee consisting of Dr. Harry Sweeney, Dr. Ed Miller and Dr. Atha. It was agreed that the questionnaire served the purpose of its intended use by the committee. (Appendix D contains the questionnaire).

Treatment of Data

The participants of the study were asked to respond to opinionated questions structured by the questionnaire utilized in the study. The questions were stated in terms that solicited respondents opinions on what they thought or believed to be the existing drug conditions in the community.

The study was descriptive in design, and was not intended to test hypotheses. The results of the questionnaires were tallied and presented in tabular form. A second treatment was a comparison of responses by question. Comparisons were made in order to discover if there were any observable differences between the student group and the Montgomery County Group. A brief narrative follows each comparison.

Chapter 4

PRESENTATION AND ANALYSIS OF DATA

The purpose of this study was to survey the potential drug problem(s) of Montgomery County and the community of Mount Sterling, Kentucky. A secondary purpose of the study was to determine if a drug education program was needed in Montgomery County. Specifically, the purpose of the study was to summarize the responses to the questionnaire and present them in tabular form.

The results of the study are shown in Tables I through VII. The total number of participants surveyed was one hundred and ninety-two. A breakdown of participants reveals that of the total number, one hundred and forty-seven were from the Montgomery County High School and forty-five were from Montgomery County. Two hundred and fifty questionnaires were originally sent to prospective participants in Montgomery County. A followup letter was sent (after a time elapse of one and a half months) urging participants to return the questionnaires. (Appendix E contains followup letter.) The number of questionnaires returned was far below what was anticipated. The return rate of questionnaires was twenty-four per cent. The remaining twenty-five per cent were not used because they were partially answered or deceased was marked on the return envelope.

Question one requested the participants to check the number of drugs they know as being abused. Ninety-two per cent of the sample population ranked alcohol as the number one drug being abused. Eighty-one per cent and fifty-four percent of the total population positioned tobacco and marijuana as the second

and third most abused drugs. Glue sniffing and tranquilizers were separated by one per cent as they ranked fourth and fifth with twenty-nine and twenty-eight per cent, respectively. Barbituates ranked sixth as the most abused drug, with twenty per cent. Amphetamines were checked fifteen per cent of the time, and ranked seventh. The drugs reported the least were L.S.D. and opiates. Fourteen per cent of the total population checked L.S.D. and thirteen per cent marked opiates. Group responses have been shown in Table I.

The ranking of abused drugs by the school sample population was identical to the total sample population. The rank order given by the county sample population differed greatly from the school sample population. Although the top three drugs (alcohol, tobacco and marijuana) remained in the same order, a noticeable difference occurred from the third ranking to the last rank. Tranquilizers ranked fourth, followed by barbituates and amphetamines. Glue sniffing was ranked seventh by the county sample. The least marked drugs were opiates and L.S.D. The greatest difference occurred in the ranking of glue sniffing. The school sample placed glue sniffing fourth and the county sample positioned it seventh.

Conclusions

It was the purpose of this study to survey the potential drug problem(s) of Montgomery County and the community of Mount Sterling, Kentucky. A secondary purpose was to determine if a drug education program was needed in that county. On the basis of the statistical data compiled for the purpose of this study, the following conclusions are drawn:

1. The respondents of the survey indicated they observed a number of drugs being abused in Montgomery County. Alcohol, tobacco, marijuana, glue sniffing, tranquilizers, barbiturates, amphetamines, L.S.D. and opiates were the abused drugs and were reportedly abused in that order.

2. The respondents of the survey indicated that the majority of drug abuse occurs between the ages of sixteen and twenty-nine in Montgomery County.

3. The individuals surveyed indicated that a planned drug education program is needed for Montgomery County. This was evident by the high percentage of responses favoring a planned drug education program.

4. The respondents of the survey indicated that a majority of the drug education information in Montgomery County has been distributed by the television media. Other means of distribution in order of importance were: magazines, newspapers, radio, church, civic groups and businesses.

5. The respondents of the survey indicated that public schools be responsible for the organization and implementation of a planned drug education program in Montgomery County.

Recommendations

On the basis of data collected by this study, the following recommendations are made.

1. A planned drug education program should be initiated in the elementary and secondary schools of Montgomery County.
2. A planned drug education program should be initiated in the community for adults.
3. The findings of this study should be used by research personnel in drug education and should stimulate further exploratory study of the needs of the rural communities.
4. A study should be conducted to determine the reason for diversity of responses on the question concerning planned drug education programs in Montgomery County.
5. A similar study should be conducted with larger samples.

TABLE I
DRUGS ABUSED IN MONTGOMERY COUNTY

	Total Sample Population		School Sample Population		County Sample Population	
	Rank Order	Per-Cent	Rank Order	Per-Cent	Rank Order	Per-Cent
Drugs Marked as being abused:						
Alcohol	1	92%	1	98%	1	77%
Tobacco	2	81%	2	90%	2	55%
Marujwana	3	54%	3	56%	3	48%
Glue-sniffing	4	29%	4	34%	7	11%
Tranquilizers	5	28%	5	27%	4	31%
Barbiturates	6	20%	6	21%	5	20%
Amphetamines	7	15%	7	15%	6	15%
L.S.D.	8	14%	8	14%	9	8%
Opiates	9	13%	9	14%	8	11%

After the participants checked the drugs that were known to be abused, question two instructed them to check the age groups where drug abuse is most common. Group response have been shown in Table II.

The age group that ranked number one was the sixteen to twenty year olds. Seventy-five per cent of the total sample population thought this age group was the one where drug abuse was most common. Twenty-one to twenty-nine year olds were second in the ranking with twenty-six per cent, followed by the ten to fifteen

year olds with fourteen per cent.

There was a noticable decline in the per cent of older age groups checked. The forty to forty-nine year olds ranked fourth with five per cent, followed by the thirty to thirty-nine year olds with four per cent. The last two age groups checked were the sixty to sixty-nine year olds and the fifty-to fifty-nine year olds with three per cent and one per cent, respectively.

The school and country sample populations ranked the sixteen to twenty year olds and the twenty-one to twenty-nine year olds, first and second. They ranked the fifty to fifty-nine year olds seventh. A difference occurred in the ranking them third and the county sample ranked them fifth. The thirty to thirty-nine year olds were ranked third by the county sample and sixth by the school sample. The forty to forty-nine year olds were ranked fourth by the county sample and fifth by the school sample. The school sample ranked the sixty to sixty-nine year olds fourth. The county sample ranked them sixth.

The greatest differences occurred in the ranking of the ten to fifteen year olds, thirty to thirty-nine year olds and the sixty to sixty-nine year olds.

TABLE II

OCCURENCE OF DRUG ABUSE BY AGE GROUP IN MONTGOMERY COUNTRY

Age Groups Where Drug Abuse is Most Common:	Total Sample Population		School Sample Population		County Sample Population	
	Rank Order	Per- Cent	Rank Order	Per- Cent	Rank Order	Per- Cent
10-15	3	14%	3	17%	5	2%
16-20	1	75%	1	84%	1	55%
21-29	2	26%	2	24%	2	32%
30-39	5	4%	6	1%	3	13%
40-49	4	5%	5	2%	4	11%
50-59	7	1%	7	1%	7	1%
60-69	6	3%	4	4%	6	4%

The third question was structured for a yes or no reply. The concern of question three was the public schools in their district producing a planned drug education program. Fifty-one per cent of the total population said no, while forty-three per cent said yes. Group responses have been shown in Table III.

A conflict of opinion was observed in the school sample population and the county sample on question three. Fifty-one per cent of the school sample responded yes, while forty-nine per cent responded no to the question. The county sample population replies indicated yes sixteen per cent of the time and no fifty-six per cent of the time.

TABLE III

DO THE PUBLIC SCHOOLS IN MONTGOMERY COUNTY
HAVE A PLANNED DRUG EDUCATION PROGRAM?

	Total Sample Population	Total Sample Population	County Sample Population
	Per cent	Per cent	Per cent
Do Public Schools Have A Planned Drug Education Program?			
YES	43%	51%	16%
NO	51%	49%	56%
No Response	6%	0%	28%

Question four dealt with drug education information being dispersed by local civic groups or the advertising media. The participants checked with groups they thought were disseminating drug education information. Group responses have been shown in Table IV.

Television ranked number one with seventy-six per cent, followed by magazines, with fifty-seven per cent and newspapers with fifty-six per cent. Radio and the church ranked fourth and fifth with forty-three and thirty-eight per cent. The least checked were civic groups (Chamber of Commerce, Lions, Rotarians, etc.) and businesses. They ranked sixth and seventh with eighteen and six per cent respectively.

The school sample population was identical to the total sample population in the ranking of distributed drug education information.

Television was ranked first by both groups. A large difference occurred in the ranking of magazines. The school sample ranked magazines second and the county sample ranked them sixth. Newspapers were ranked very close by both groups. The school sample ranked newspapers third and the county sample ranked them second. Likewise, radio was ranked very similar by both groups, fourth by the school sample and third by the county sample. The school sample ranked the church fifth and the civic groups sixth. The county sample ranked the church fourth and the civic groups fifth. Both groups agreed on the ranking of businesses by placing it seventh.

TABLE IV
DISTRIBUTION OF DRUG EDUCATION INFORMATION THROUGH
VARIOUS MEDIA IN MONTGOMERY COUNTY

	Total Sample Population		School Sample Population		County Sample Population	
	Rank Order	Per-Cent	Rank Order	Per-Cent	Rank Order	Per-Cent
Drug Education Information Given out by Following:						
Church	5	38%	5	40%	4	31%
Magazines	2	57%	2	68%	6	22%
Civic Groups	6	18%	6	16%	5	23%
Newspapers	3	56%	3	59%	2	48%
Radio	4	43%	4	48%	3	37%
Television	1	76%	1	83%	1	62%
Businesses	7	6%	7	7%	7	4%

The fifth question asked if there was a need for drug education in Montgomery County. Eighty-eight per cent of the total population said yes while eleven per cent said no. The group responses have been shown in Table V.

There was almost total agreement by the county sample population. Ninety-nine per cent of the county sample population responded yes while one per cent checked no.

Eighty-five per cent of the school sample population checked yes and fifteen per cent checked no.

TABLE V

IS THERE A NEED FOR DRUG EDUCATION IN MONTGOMERY COUNTY?

	Total Sample Population	School Sample Population	County Sample Population
	PerCent	Per Cent	Per Cent
Is There a Need for Drug Education?			
YES	88%	85%	99%
NO	12%	15%	1%

If the participants checked yes to question five, they were then instructed to complete question six. The sixth question asked the participants to check what groups they thought should be responsible for drug education in Montgomery County.

Seventy-one per cent of the total sample population ranked the school as the number one group that should be responsible for drug

education in Montgomery County. The family and church ranked second and third with thirty-seven and twenty per cent. Civic groups ranked fourth with nineteen per cent. The group responses have been shown in Table VI.

The school and county sample both ranked the school and family as the number one and number two groups responsible for drug education in Montgomery County. The positioning of the church and civic groups were reversed. The county sample placed the church third and the civic groups fourth, where as the school sample reversed the order.

TABLE VI
GROUPS TO BE RESPONSIBLE FOR DRUG EDUCATION IN
MONTGOMERY COUNTY

	Total Sample Population		School Sample Population		County Sample Population	
	Rank Order	Per-Cent	Rank Order	Per-Cent	Rank Order	Per-Cent
Groups Held Responsible for Drug Education:						
School	1	71%	1	72%	1	76%
Family	2	37%	2	29%	2	44%
Church	3	20%	3	16%	3	32%
Civic Groups	4	19%	4	19%	4	20%

Sixty participants responded to a "write-in" blank that was concerned with things that they would like to see done in a drug education program in Montgomery County. The "write-in" responses were grouped for tabulation. The group responses have been shown in Table VII.

TABLE VII
SUGGESTED ACTIVITIES FOR A DRUG EDUCATION PROGRAM

Opinions Stated For A Drug Education Program	Number
Make Use of Audio-visual Equipment (Films, Filmstrips)	18
Lecture Procedure With Discussion	18
Give Out Published Information (Books, Pamphlets)	3
Bring In a Cured Drug Addict and Hold Open Discussion	3
Make Police Department Stronger (Enforce Laws Better)	3
Provide a Half-way House for Drug Users	1
Provide a Showcase of Drugs Being Abused	1
Closer Alliance with Church Activity	1
Special Meeting for Older People (Parents)	1
Provide More Recreation for Young People	1
Legalize Marijuana	1
Provide Greater Punishment for the User	1
Give Out Free Sample Drugs	1
Send Published Material to Parents	1

Chapter 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

It was the purpose of this study to survey the potential drug problem(s) of Montgomery County and the community of Mount Sterling, Kentucky. A secondary purpose was to determine if a drug education program was needed in that county as indicated by those included in the study. The results of the questionnaires were tallied and presented in tabular form.

The subjects used in this study were one hundred and ninety-two people from Montgomery County. One hundred and forty-seven subjects were selected from Montgomery County High School. Forty-five subjects were randomly selected from the total population of Montgomery County.

The results of the drug questionnaires were:

1. Ninety-two per cent of the total sample population believed alcohol to be the most abused drug, followed by tobacco (81%), marijuana (54%), glue sniffing (29%), tranquilizers (28%), barbiturates (20%), amphetamines (15%), L.S.D. (14%) and opiates (13%).

2. Seventy-five per cent of the total sample population indicated that drug abuse occurs most in the sixteen to twenty year old age group. The sixteen to twenty year old group was followed by twenty to twenty-nine year olds (26%), ten to fifteen year olds (14%), forty to forty-nine year olds (5%), thirty to thirty-nine year olds (4%), sixty to sixty-nine year olds (3%), and the fifty to fifty-nine year olds (1%).

3. Forty-three per cent of the total sample population stated there has been a planned drug education program in the public schools of Montgomery County. Fifty-one per cent stated that a planned program was not in effect.

4. Seventy-six per cent of the total sample population indicated television to be the media by which the greatest amount of the drug education information has been distributed. Television was followed by magazines (57%), newspapers (56%), radio (43%), church (38%), civic groups (18%), and businesses (6%).

5. Eighty-eight per cent of the total sample population said that there is a need for drug education in Montgomery County, while eleven per cent said there is not a need for drug education.

6. Seventy-one per cent of the total sample population said the school should be responsible for drug education in Montgomery County, followed by the family (37%), church (20%) and civic groups (19%).

APPENDIX A

DEFINITION OF DRUGS

For the purpose of this study, certain drugs were defined as follows:

1. Alcohol- It is also called ethyl alcohol. A primary and continuous depressant of the central nervous system. Alcohol is a depressant, but it can foster a pseudo-stimulant effect which results from the hyperactivity of various primitive parts of the brain suddenly freed from the inhibitory control of the cortex. Commercially bought wine, beer, and "hard" alcohol (whiskey, bourbon, scotch, etc.) are examples of alcohol referred to in this study.
2. Tobacco- Refers to cigarette smoking. Examples of tobacco used are all types of commercially bought cigarettes.
3. Tranquilizers- Term for a number of drugs which have a depressant effect in the central nervous system, relieves anxiety and tension, and sometimes relaxes the skeletal muscles.
4. Marijuana- The flowering tops, stems, and leaves of the female Indian hemp plant, cannabis sativa, dried, shredded and cleaned of twigs and seeds and are ingested for the hallucinogenic effects.
5. Amphetamines- Synthetic amines which act with a pronounced stimulant effect on the central nervous system. Commercial preparations most commonly taken by drug abusers include benzedine, dexedrine, methedrine, desbutal, desoxyn, and dexamyl.

6. Barbiturates- Hypnotic and sedative derivatives of barbituric acid (malonylurea), which in itself does not have these effects. Specific commercial preparations are amytal, dexamy, luminal, nembutal, seconal. Barbiturates are usually prepared in capsule form.

7. Opiates- A natural or semisynthetic derivative of the juice in the unripe seeds pods of the opium poppy, Papaver Somniferum such as morphine, heroin, and codine. Opiates may be taken by ingestion, or injection into the vein.

8. L.S.D.- (Lysergic Acid Diethylamide Tartrate 25) A hallucinogenic semisynthetic derivative of lysergic acid, and alkaloid found in the rye fungus ergot, Claviceps purpurea. L.S.D. is considered 5,000 times as potent as mescaline. The drug is usually distributed as a soluble powder packaged in capsule or as a liquid.

9. Glue Sniffing- Sometimes called Flashing. Inhaling the fumes of model airplane glue (containing toluol) for their deliriant effect. Generally the user squeezes some of the glue into a paper bag, holds the bag tightly over his nose, and inhales the fumes. This induces, in the first stage, a feeling of hazy euphoria, something like that from alcohol. Soon follows a disordering of perception: double vision, ringing in the ears, and even hallucinations. The user's speech becomes slurred, and he staggers around with poor coordination, as if he were drunk. After thirty-five to forty minutes he falls into a state of drowsiness or stupor lasting an hour, during which he is unable to recall what he was doing.

APPENDIX B

ADDITIONAL INFORMATION ON MONTGOMERY COUNTY
AND MOUNT STERLING, KENTUCKY

POPULATION TRENDS

Area	Population			Per cent Change	
	1970	1960	1950	1960-70	1950-60
Mt. Sterling	5,083	5,370	5,294	-5.3	+1.4
Labor Market Area	85,427	79,455	79,227	+7.5	+0.3
Montgomery County	15,364	13,461	13,025	+14.1	+3.3

GENERAL EMPLOYMENT CHARACTERISTICS, 1969

Major Employment Group	Employment	
	Montgomery County	Labor Market Area
Total	6,200	30,200
Agricultural	1,000	6,400
Nonagricultural	5,200	23,800
Manufacturing	2,400	7,447
Trade and Services	1,289	5,156
Government	500	3,550

¹Industrial Resources, Mount Sterling, Kentucky, prepared by the Kentucky Department of Commerce in cooperation with Mount Sterling, Montgomery County Chamber of Commerce, pp.5 and 11.

APPENDIX C

LETTER OF INTRODUCTION

January, 1973

Dear

You have been selected as a participant in a survey being conducted by the Title I, Drug Assistance Project of Morehead State University.

Please answer the enclosed questionnaire and as soon as you have answered the questions, place it in the self addressed-stamped envelope and mail it.

Thank you for taking the time to fill in the questionnaire which will help this program as it attempts to survey the needs, educationally of your community. With the information you and others provide we hope to formulate a drug education program that will strengthen you and your community.

Sincerely,

Dan Atha, Associate Professor
Health and Physical Education

APPENDIX D

QUESTIONNAIRE

DRUG EDUCATION SURVEY - Mt. Sterling and Montgomery County

1. Which of the following groups of drugs do you know are being abused in your community? Check as many as you need.

alcohol barbiturates amphetamines
 opiates (Heroin, morphine, codine) marijuana
 tranquilizers L.S.D. and other hallucinogenic drugs
 tobacco glue sniffing

2. In which of the following groups is drug abuse the most common in your community?

10-15 16-20 , 21-29 30-39
 40-49 50-59 60-69

3. Do the public schools in your district have a planned drug education program? yes no.

4. Have you noticed any drug education information being given out by the following groups or through the advertising media? Check as many as you need.

churches civic groups (Chamber of Commerce, Lions, Rotarians, etc.)
 magazines newspapers radio
 businesses television

5. Do you believe that there is a need in your area for drug education? yes no

6. If you have answered yes, in question 5, what group in your community do you think should be responsible for this education?

school church family
 civic group other _____
(fill-in)

7. What kinds of things would you like to see done in a drug education program in your community? Fill in if you have ideas.

APPENDIX E
-
FOLLOW-UP LETTER

March, 1973

Dear

Many of the drug questionnaires that were mailed have not been returned. If you have not returned your questionnaire, please take the time to fill it out and place it in the self-addressed stamped envelope that was provided and mail it.

Your assistance in returning the questionnaire will be greatly appreciated, and ultimately will be of benefit to you.

Thank you for your time and cooperation.

Sincerely,

Dan Atha, Associate Professor
Health and Physical Education

BIBLIOGRAPHY

- Alcohol and Alcoholism, National Institute of Mental Health, National Institute on Alcohol and Alcoholism, DHEW Publications, (HSM), 72-9127, revised 1972.
- Barter, James T., George L. Mizner, and Paul H. Werne.—"Patterns of Drug Use Among College Students in the Denver-Boulder Metropolitan Area, An Epidemiological and Demographic Survey of Student Attitudes and Practices," Bureau of Narcotic and Dangerous Drugs, United States Department of Justice, 1971.
- Bent, Rudyard K., and Henry H. Kronenberg. Principles of Secondary Education. New York: McGraw-Hill Company, Inc. 1961.
- Bryan, Henry B. "Drugs on the College Campus", Journal of School Health, 40:91-97, February, 1970.
- Coleman, J. C. Abnormal Psychology and Modern Life, Third Edition, Glenview, Illinois: Scott, Foresman, and Company, 1964.
- Davis, S. F., and W. H. Southworth. Mental Hygiene. New York: McGraw-Hill Company, 1954.
- Forbes, G. "The Effects of Alcohol on Psychomotor Reactions as Possible Index of Degree of Alcoholic Intoxication," Medicological Journal, 15: 23-28, 1947.
- Francis, John Bruce and David J. Patch. "Student Attitudes Toward Drug Education Programs at the University of Michigan," Education Resource Information Center; ED059272, Washington, D. C., National Education Association, 1972.
- Glaser, Daniel and Mary Snow. "Public Knowledge and Attitudes on Drug Abuse in New York State;" Education Resource Information Center, ED059267, Washington, D. C., National Education Association, 1972.
- Griffenhagen, George B. A Guide for the Professions: Drug Abuse Education, Second Edition, American Pharmaceutical Association, N.D.
- Griffenhagen, George B. Readings in Drug Use and Abuse, "A History of Drug Abuse", Provo, Utah: Brigham Young University Press, 1970.
- Haffen, Brent O. Readings in Drug Use and Abuse, Provo, Utah: Brigham Young University Press, 1970.

- Heise, H. E. "The Reliability of Breath Tests," Traffic Safety Research Review, 50: 10-11, June 1957.
- Holmes, Douglas, et.al. "Drug Use and Users, Drug Use in Matched Groups of Hippies and Non-Hippies--Final Report," Education Resource Information Center, ED061265, Washington, D. C., National Education Association, 1972.
- Horn, Daniel, "Modifying Smoking Habits in High School Students," Children VII, March 1960.
- Horowitz, Milton. "Psychological Aspects of Education Related to Smoking," Journal of School Health, XXVI, June 1966.
- Industrial Resources, Mount Sterling, Kentucky, prepared by the Kentucky Department of Commerce in cooperation with Mount Sterling, Montgomery County Chamber of Commerce.
- Jones, J. William. Drug Crisis: Schools Fight Back with Innovative Programs, National Schools Public Relations Association, 1971.
- Lawton, M. Powell. "Psychological Aspects of Cigarette Smoking," Journal of Health and Human Behavior, III, 1962
- National Education Association, "News and Trends," NEA Journal, Washington, D. C., October 1967.
- Newman, Ian M. "The Social Dynamics of Cigarette Smoking in a Junior High School," unpublished Ph.D. dissertation, Graduate College, University of Illinois, Urbana, 1968.
- Popoff, David. "Feedback on Drugs," Psychology Today, 11: 51-52, April, 1970.
- Renaldi, J. A. "Blood-Alco Chart," unpublished, Chicago, Illinois: J. A. Renaldi Company, 1963.
- Sapratto, George R. "Toward a Rational View of Drug Abuse," Journal of School Health, 40: 92-96, April, 1970.
- Seals, T. "The Drinking Driver," Traffic Safety Research Review, 1: 82, December 1957.
- Solomon, Theo. "A Pilot Study Among East Village "Hippies", Education Resource Information Center, ED016266, Washington, D.C., National Education Association, 1972.
- Street, W. K. "Students Express Views on Smoking," Journal of School Health, XXXVII, March 1967.
- Uniform Vehicle Code; National Committee on Uniform Traffic Laws and Ordinances, Washington 5, D. C.

United States Government Printing Office, Alcohol and Alcoholism,
National Institute on Alcohol and Alcoholism, Washington,
D.C., 1972.

United States Printing Office, Alcohol and Alcoholism Safety Report,
Washington, D. C., 1968.

Wolf, H. H. "Pharmacological Effects of Drugs Subject to Abuse,"
Drug Abuse: A Course for Educators, Butler University
Drug Abuse Institute, 1968.