

Suggestions for Teaching The Nature and Effects of Narcotics

FOR USE IN GRADES 7-12



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TO HEADS OF ALL SCHOOLS:

The educational problems which have arisen because of the use of narcotic drugs by teen-agers have placed an additional burden for developing a positive educational program upon the schools and the community agencies which are involved in the education and protection of children. To meet this situation, which varies from community to community and from school to school, this material has been prepared to supplement courses of study and syllabi already in use in the schools. Since the problem is an all-school one, cooperation among all departments, divisions and bureaus is necessary. Additional material will be supplied at a later date.

No single program or approach or plan is adequate to meet the conditions that exist in different schools and communities. Therefore *the method of dealing with the situation will differ from school to school and from community to community.*

The Director of Health Education and his staff, including the district health education counselors, are at the disposal of any school or group of schools in considering the problem of mapping out a plan to meet local needs. In addition, we have alerted all bureaus and divisions, supervisors and teachers, to the problem.

The preparation of this material, as well as the program for dealing with the problem, is a contribution of the joint efforts of the New York City Board of Education, the New York City Department of Health, the Police Department of New York City and other governmental and community agencies. A speech given by Assistant Superintendent Clare C. Baldwin before representatives of our administrative and supervisory staff is included because it contains much suggestive material on the seriousness of the problem, and ways of combatting it. The occasion was a special meeting held to discuss "What Every Teacher Should Know About Narcotics and the Problems Involved" at the New York Academy of Medicine on March 8, 1951.

WILLIAM JANSEN

Superintendent of Schools

June 1, 1951

ACKNOWLEDGMENTS

This material has been produced through the cooperative efforts of the school staff. The various phases of this project were carried out under the direction of Dr. I. H. Goldberger, Director of the Bureau of Health Education, and Dr. William H. Bristow, Director of the Bureau of Curriculum Research.

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INTRODUCTION

The need for appropriate teaching concerning narcotics has long been recognized, as is shown by the fact that such teaching is required by the State law. More recently the incidence of use by teen-agers, especially in certain areas of the city—but not confined exclusively to these areas—has aroused serious concern on the part of both community and school authorities. Although the availability and the illicit sale of narcotic drugs are essentially police problems, there are moral, social and emotional implications involved in the use and addiction to narcotic drugs which are of concern to all school personnel.

The narcotics problem today seems to represent a carefully-planned effort on the part of organized groups to invade a new market—the recruitment of adolescents to narcotic use and addiction. In this respect, it is a problem new to the city and to the schools and far more serious in scope than is commonly recognized. No area in the city is entirely immune from this problem.

Basic to an instructional program must be the orientation of the entire school staff in both the elementary, junior and senior high schools with respect to the seriousness and nature of the narcotics problem and methods of detecting and preventing its spread. An effective educational program should be organized for all school children in all areas of the city from grades seven to twelve. In grades five and six elementary school teachers should be alerted to the problem.

The responsibility for the detection phase of the narcotics problem rests not only with the Health Education Department of the school but also with all other members of the faculty including teachers, Deans, Guidance Counselors, Health Counselors, Attendance Coordinators as well as with attendance officers in the field and parents and the community. However, the health education teachers, home nursing teachers and supervisors as well as teachers of swimming and showers are in a particularly strategic position to give leadership in the detection of narcotics users.

Instructional programs should face the problem frankly and openly and deal realistically with the problems of children who may already know about these things. It should include the following: (a) the conditions under which the offer of narcotics will be made to children; (b) where narcotics are likely to be peddled; (c) the serious effects resulting from the use of narcotics. It is recognized that cautions will have to be kept in mind; e.g. the detailed descriptions of the procedures involved in taking narcotics.

What is most important, however, is that instruction be given by those teachers who have the closest relationship to the children. The principal has the obligation to see that every child in grades seven through twelve is reached in some way. He must select the teacher best fitted to give instruction. In the junior high school, it may be the group guidance, homeroom or health education teacher who reaches all pupils. In the seventh and eighth grades of the elementary school it may be the homeroom, health education, or social studies teachers or combinations of such groups. In the senior high school, it is likely that the health education, science and social studies teachers will carry the major responsibility.

Since the search for status by adolescents is an important psychological factor in influencing them toward the use of narcotics, the student government and other avenues of pupil participation should be utilized in every school to create a climate of opinion that will discourage the use of narcotics. The need for status, a normal characteristic of adolescents, may stimulate the acceptance of an invitation from a friend, a classmate, or even a stranger, to try a "reefer," a "sniffer" or a "shot." The inducement may be a challenge, a dare, the promise of a new "thrill," or a combination of these. This first experience may be the beginning of the drug habit. There may be a lack of wholesome relationships within the home, the school and the community. Other important contributing factors may be a lack of adequate parental control and vigilance and lack of a sense of responsibility on the part of parents and children for their own conduct and health. Broken homes, unhappy or inadequate home conditions cause emotional disturbances which may predispose a child to succumbing to the use of narcotic drugs. Strangely enough, however, there seems to be no correlation between the relative intelligence of the children involved and the use of narcotics.

No program of narcotics education can be entirely effective without the complete and wholehearted cooperation of the community. It is therefore both necessary and desirable that any instructional program also include the education of parents and other adults. The principal should enlist the aid of heads of afternoon and evening community centers, boys' clubs, evening high schools, and adult education centers and parent groups connected with his school.

Since experiences in the use of instructional methods and materials in the field of narcotics education are limited and new, it is suggested that all groups within the school work together with the various divisions of the school system and health and welfare agencies, to prepare and evaluate materials and to publicize the best practices and procedures.

INSTRUCTIONAL PROGRAM

The instructional program should provide for the following:

- a. Group and individual health counseling of pupils
- b. Classroom instruction in the subject
- c. Staff and group conferences
- d. A school-community program of education for adults; e.g. School Health Council, Parents Associations, Mothers Clubs, etc.
- e. Emphasis of importance of wholesome family life and moral training

All-School Goals

To stimulate the growth of desirable attitudes concerning the use of narcotics

To acquaint the pupil with authentic information concerning narcotics and the problems which they produce

To create an awareness of the harmful effects of narcotic drugs

To develop a home and a community interest in the prevention and control of illegal traffic in narcotics

To develop an understanding of the moral, personal and social problems created through the use of narcotics

Pupil Goals

To assume responsibility for one's own health and behavior in school, in the home and in the community

To acquire authentic information concerning the nature of narcotic drugs; dangers involved in addiction

To develop a growing responsibility for meeting the problems in the community

To cooperate with all agencies concerned with the prevention of narcotics addiction

Scope: Topics for Consideration

History of narcotic drugs

Legal use of narcotic drugs by physicians

Forms in which the illegal use of narcotic drugs may be introduced (caps, pills, etc.)

Purpose of legislation controlling the manufacture, sale and distribution of narcotics and other habit-forming drugs

Authentic information concerning international, federal, state, and local laws governing the manufacture, sale, possession and distribution of narcotics

Manner in which some persons become introduced to habit-forming drugs

Manner of dealing with situations leading to use of narcotic drugs (parties, etc.)

Effects of narcotics on general health and social behavior

Causal relationship between crime, delinquency and the illegal use of narcotics

Effects of addiction upon one's chances for success and happiness

Dangers of self-medication including the use of barbiturates

Attitude of society toward addicts

School as a source for authentic information or guidance

Treatment and rehabilitation agencies

Individual, group or gang loyalties as factors in the initiation of drug addiction

SUGGESTED ACTIVITIES

The use of these activities depends upon the maturity of pupils, the materials available, time allotments and the situation within the community, school and class.

Topics for Discussion

What is meant by "drug addiction"? How do individuals become slaves to drugs? How are "drug addicts" treated? Why is institutional care usually needed? What is meant by the term "opiates"? Why is the sale, manufacture and distribution of narcotics strictly supervised?

Danger of self-medication (especially the use of sedatives without a physician's prescription)

Relationship between the use of marijuana and other narcotics, and undesirable behavior

Ways in which pupils can help control the situation

How other drugs differ from narcotics

What should a person do if (a) he is using narcotics? (b) he has knowledge of the sale of narcotics?

In what ways can groups of which you are a member assist in the problem of narcotics?

Topics for Research and Study

Federal, state and city legislation which prohibits the irregular manufacture, possession and sale of narcotic drugs. Actions taken by the United Nations to cope with this problem

Measures taken by federal, state and local agencies to cope with the problem of the illegal sale of narcotics

Effect of narcotics on general health

Current articles on narcotic addiction issued by the United Nations, the Federal Bureau of Narcotics, the New York City Police Department, American Medical Association, etc. Reports, charts, graphs, showing the incidence of drug addiction.

International, federal, state and local agencies primarily concerned with the control of drug addiction. The present laws dealing with narcotic drugs.

Other Activities

Collect newspaper, magazine articles and stories dealing with the narcotic problem

Dramatize situations showing how a youth might be approached to try narcotics and how he should react

Prepare reports, charts, graphs showing the increase or incidence of drug addiction

Invite the school doctor, guidance counselor, attendance officer, member of Narcotics Bureau, member of the Youth Council Bureau, Juvenile Aid Bureau of Police Department of New York City to address groups

Install a question box in which children might submit problems for discussion

Consider the following reasons given by victims for drug addiction:

"Misery likes company."

"Be a regular guy."

"Don't be chicken."

"Be one of the boys."

"Be a man."

"It won't hurt you."

"Everybody does."

Prepare a script to be used in a simulated radio broadcast

Arrange panel discussions

Prepare bulletin board and other exhibits

Write articles for class or school newspaper

Desired Outcomes

Knowledge of (1) the effects of narcotic substances on the human organism; (2) the habit-forming effects of uncontrolled use of narcotics; (3) legitimate uses of narcotics

Increased understanding of the need for and value of self-control in one's daily habits and practices

Increased feeling of responsibility on the part of youth in refraining from the use of any substance which is detrimental to his fitness and well-being

Understanding and putting into effect the positive, preventive health values of a daily regimen which includes adequate food, rest and relaxation, wholesome work and recreation, happy family life and desirable friendships

Increased understanding of the influence of narcotic drugs on one's behavior

Understanding of the social and economic effects of the use of narcotics

Understanding of the social responsibility of the individual and society in preventing and solving the problems which result from illegal manufacture, sale, and possession of narcotics

BACKGROUND INFORMATION

When properly used, few drugs are more valuable to man than the narcotics. In themselves, narcotic drugs are neither dangerous nor harmful. Indispensable to modern medicine, they are used the world over to alleviate pain and restore health. Thus used they bring a great benefit to mankind; but abused they cause much suffering, degradation and misery.

The habit-forming drugs most generally used are: opium, morphine, heroin and cocaine. In addition, marijuana, which is used in making cigarettes, and the barbiturates, which are taken usually for the relief of pain, emotional tensions and insomnia, are also possibly habit forming.

Opium

Chief of the narcotic drugs which have both helped and harmed mankind is opium, the dried juice from the seed pod of the opium poppy. Used as medicine, opium deadens pain. But when it is used for its pleasurable effects, it saps energy and mental strength, and forms a habit which can be broken only with the greatest difficulty.

Opium poppies, with their fragile flowers of red or white or purple, thrive in a hot climate, but cannot endure heavy rain. Since each plant yields but little juice and since the fields must be weeded often, the poppies can be grown profitably only where land and labor are cheap, as in Asia and the Balkans. After the poppies bloom, laborers—chiefly women and children—tediously collect the milky juice from the seed pods. Opium grows chiefly in China, India, Iran, Turkey, and Soviet Russia. Much of it is sent to Europe and the United States, where it is manufactured into opiates for medicinal use—morphine, laudanum, and codeine. Japan, once a large manufacturer, was forbidden after the second World War to produce opiates.

Opium smoking and eating have long been grave problems in the Orient. In India the government permits the moderate use of opium, but prohibits exports except for medical use. Japan has long banned use of the drug, but produced it in the puppet state of Manchukuo as a government monopoly. China has often tried to abolish opium smoking by banning the growing of the opium poppy. It fought the "Opium War" with Great Britain (1839-42) to stop British imports of the drug from India, but was defeated and forced to permit smuggling. In 1935 the Chinese government took over the control of opium and established cure centers.

Ancient peoples used opium medicinally as early as the days of the Assyrians. In the Middle Ages Arabs introduced it into India and China, and its use spread into Europe. In the 18th and 19th centuries, almost all "pain killer" medicines contained opiates. When the people of the United States came to realize the habit-forming property of these medicines, state and federal laws were enacted to drive them off the market. Physicians now prescribe opiates only to relieve pain and to bring needed sleep.

Morphine and Heroin

The most widely used of all narcotics are opium and the drugs derived from it. Opium is obtained from the seeds of the sleep poppy, which is grown chiefly in Asia. Medicines which contain opium (such as laudanum and paregoric) are still sometimes prescribed by doctors. But opium in its natural state has now been largely supplanted by the drugs derived from it—particularly morphine (from Morpheus, god of sleep) which is considered indispensable to the practice of medicine. Few drugs yet discovered equal morphine in relieving pain. Morphine and two new pain-killing drugs—demerol and methodone, produce a deep sleep from which the patient usually awakes refreshed; but they are used

cautiously by physicians, since they are quickly habit-forming. Codeine, which is derived from morphine, is milder and not so effective in relieving pain. It is widely used as a sedative for coughs.

Heroin, which is also derived from morphine, is considered the most dangerous of the narcotic poisons. Because of its disastrous effects and uncontrolled use, its manufacture in the United States as well as its importation from abroad are prohibited. Addiction to heroin is the worst form of the drug habit and the most common among criminal classes.

Cocaine, Stimulant and Anesthetic

For ages the natives of Peru and Bolivia have chewed the leaves of the coca shrub for their stimulating effect. Coca is produced also in Java and Ceylon, but is not native to those islands. The drug cocaine, which is obtained from the leaves, was one of the first local anesthetics used by surgeons and dentists, but synthetic drugs like novocaine and procaine have now largely replaced it. Cocaine also is a commonly misused drug. Like morphine and heroin, it causes a deterioration of the nervous system. Its prolonged use brings about tremors, sleeplessness, and emaciation.

Hashish or Marijuana

The same plant which gives us the useful hemp fiber also furnishes a dangerous narcotic drug. The upper leaves and flower of the plant secrete a gum that has an intoxicating effect. This drug has been used for ages by the natives of Asia and Africa. It is called "hashish" by the Arabs; and our English word "assassin" is derived from the name of a murderous Mohammedan sect which used this drug. In India it is known as "bhang," and in Mexico as "marijuana." Because of its variable effect, it has little or no use in medicine.

The hemp plant may be found growing as a roadside weed in nearly every state of the Union, and the illegal marijuana traffic is therefore difficult to control. The criminals who engage in it usually mix the drug-bearing leaves with tobacco and make cigarettes which are sold to addicts at a high price.

Other Narcotics Used in Medicine

Narcotics which have special uses in medicine but seldom attract addicts include belladonna from the deadly nightshade plant; stramonium, from the thorn apple; and hyoscyamine from the henbane.

Narcotics used for the relief of pain are called *anodynes*; and those which induce sleep are known as *hypnotics*, or *soporifics*. The same sub-

stance, however, is sometimes used for both purposes. Synthetic drugs used as sedatives are usually called hypnotics rather than narcotics. Some of these are habit-forming; and in large doses they may cause complete unconsciousness (narcosis) and death. Of synthetic hypnotics the most important are the barbiturates, derived from barbituric acid. They include barbital (veronal), phenobarbital (luminal) and certain drugs sold under proprietary names (amytal, seconal, nemutal). From chloral is derived chloral hydrate ("knockout drops").

FORMS IN WHICH DRUGS ARE INTRODUCED

(From: *Use of Narcotics by Children and Young Adults*,
New York City Police Department, 1950.)

OPIUM—When prepared, opium is a dark, brownish, sticky mass, with a bitter taste and a heavy odor. It is usually sold to addicts in round tin salve containers, about the size of a five-cent piece, and is known as a "toy." It is generally smoked in an opium-pipe, mixed with smoking tobacco or cigarettes; it also may be eaten. When taken it causes stupor, sleep or unconsciousness.

MORPHINE—Morphine, a derivative of opium, is light brown in color and is dispensed in powder, pill, capsule, cube or small package form. That which comes in capsule form is known as a "cap" and that which comes in package form is known as a "deck." When sold illegally, the price of a "deck" is about \$2.00 to \$5.00, and that of a "cap," which contains about 1½ grains, is \$1.00 to \$1.50 depending upon the quality.

HEROIN—Heroin, also a derivative of opium, is white in color, and resembles powdered sugar. It is illegally sold to addicts in the same kind tains about 1½ grains, is \$1.00 to \$1.50 depending upon the quality. of containers as morphine is sold and costs from \$.50 to \$1.50 per capsule; "decks" are sold from \$3.00 to \$5.00 per package. The method of taking heroin is the same as that used with morphine. It has the same kind but a more severe effect on the human system than morphine. It is an outlaw drug, and is not allowed to be legally manufactured, sold or possessed in the United States.

COCAINE—Cocaine is produced from the Cocos Erxthroxylan leaf. It is a white, flaky-like substance which resembles camphor or epsom salts. It is usually purchased by addicts in the same type of containers as in the sale of morphine or heroin. The price is much higher due to the shortage of cocaine at the present time. It is taken usually by sniffing up into the nostrils. Cocaine has a different effect on the human system than opium or its derivatives.

MARIJUANA OR CANNABIS INDICA—When the plant is fully matured, its leaves, flowers and seeds are ground up into a tobacco form which resembles dark grass. It is then rolled into cigarettes. These cigarettes are known as “reefers,” “muggles,” or “sticks,” and are sold for 25¢ to \$1.00 per cigarette. They are somewhat different looking from the usual, commercial kind. They are much thinner and the ends are clinched together to prevent the contents from falling out.

BARBITURATES—They are known to addicts as “goof balls” and are made from barbituric acid. They come in the form of a white powder which is sold in colored capsules or pill form. These drugs produce relaxation and sleep and are used by addicts when they cannot get their supply of narcotics.

THE CONTROL OF NARCOTICS

(Legal Use and Purpose of Legislation)

Traffic in opium became a large and lucrative business in the 19th century. In 1909 the United States brought about an international conference on the subject at Shanghai; and this was followed by an Opium Convention at the Hague in 1912, a Drug Convention at Geneva in 1925, and the Narcotics Limitation Convention in 1931. These limited the manufacture of narcotic drugs to the amounts required for medical purposes and provided that such drugs can be shipped from one country to another only with the consent of both the exporting and importing governments. The problem of narcotic drugs is in no sense a problem confined to one continent or civilization. The very nature of narcotic drugs has made it necessary to submit them to the most stringent international control.

Two United Nations groups, the Permanent Central Opium Board and the Drug Supervisory Body, control this lawful traffic. A third group, the United Nations Commission on Narcotic Drugs and two other international groups watch over lawful opium traffic and suggest measures for controlling all illegal trade. Despite these efforts, huge quantities are smuggled into many countries and sold to addicts.

In the United States the suppression of smuggling is one of the important functions of the Bureau of Customs of the Treasury Department, aided by the Coast Guard. The task of preventing unlawful trade in narcotics within the country is assigned to the Bureau of Narcotics, also of the Treasury Department. It administers the Harrison Narcotic Act (1914), which imposes taxes on narcotics and requires the registra-

tion of all dealers; and also the Marijuana Tax Act (1937), which provides punishment for anyone handling marijuana without a license. Each state also has laws to control the traffic.

The National Conference of Commissioners on Uniform State Laws after several years' study completed in 1932 the final draft of a Uniform Drug Act which it thereupon recommended for enactment in all the States. This act has been adopted, in some cases with a few changes, by 42 States, by Congress for the District of Columbia, and by the Territories of Alaska, Hawaii, and Puerto Rico. The States of California and Pennsylvania which have not adopted the Uniform State Narcotic Law, nevertheless have in effect other State narcotic legislation which the Bureau of Narcotics considers of comparable effectiveness. The States of Massachusetts, New Hampshire, Kansas, and Washington have not adopted the Uniform State Narcotic Law but have in effect State narcotic legislation which the Bureau of Narcotics does not consider comparable in effectiveness to the Uniform Law.

The Uniform State Narcotic Law provides a comprehensive plan for intra-state control of the narcotic drug traffic, and is designed generally to restrict narcotic drugs to medical channels from the manufacturer or distributor within the State to the consumer for bona fide medical purposes.

New York State has recently (1951) amended sections 1751-1753 of the Penal Law increasing the penalties for the sale and possession of narcotic drugs and for the sale of drugs to minors.

Effect of Narcotics on General Health and Social Behavior

The danger in the use of narcotic drugs—opium, morphine and heroin—does not lie in their controlled use by the physician, but in the fact that when they are used repeatedly they may cause addiction. Since unpleasant or disagreeable sensations develop as the effects of the drug wear off, the use of the drug is continued. After repeated use, it is the greater discomfort and actual suffering without the drug that impels the addict to take it again. "If the drug is suddenly withdrawn from persons addicted to it, acute illness develops. They stop eating, may vomit frequently, develop diarrhea, suffer muscular aches in the back and legs and cannot sleep. Considerable weight may be lost in one day." (*The Merck Manual*—p. 1101). These symptoms are spoken of as the "withdrawal" or "abstinence" syndrome.

Another danger in the use of these drugs is the development of what is known as "tolerance." The addict not only finds the drug increas-

ingly necessary to keep him from discomfort or actual suffering, but he also finds that it takes greater amounts to produce the desired effect. A person dependent upon a drug cannot take it or leave it at will for when the effects of the last dose wear off, he begins to suffer. He may eventually become so ill, that he has to be treated in a hospital. Since self-control is lost in a true addict, such a situation really presents a state of slavery—slavery to a form of behavior.

Why do people take habit-forming drugs? Addicts describe the effects of these drugs as giving them a “drive” or “thrill” or making them feel good. Normal people experience these feelings without drugs, and when given drugs without a medical reason they usually find the effects unpleasant.

Effects of Marijuana

The potential addict, insecure, uneasy and rebellious, in need of something that will make him feel big and important usually starts on marijuana. The viciousness of this drug cannot be minimized. The great peril lies in the fact that after a while marijuana fails to provide the desired thrill and something stronger is needed. Peddlers have found a fertile field among youngsters who use marijuana. They suggest more powerful substances and even offer a free sample. If the peddler can get the prospect to take heroin or morphine, drug addiction is likely to follow.

Merrill states that the prolonged use of large doses (of marijuana) by habitues and the single dose taken by a novice may cause criminal acts. Moreover, even small quantities can destroy the will power and the ability to connect and control thoughts and actions, thus releasing all inhibitions. (*Marihuana, The New Dangerous Drug* — Frederick T. Merrill.)

Causal Relationship Between Crime and Delinquency

Studies confirm the fact that as an addict becomes enslaved, he becomes progressively less efficient. He neglects his personal appearance and responsibilities. Lacking courage, ambition and industriousness, he may resort to stealing to acquire the money necessary to purchase drugs. Thus his life becomes completely dominated by the necessity for the drug and the finding of means for obtaining it. Since he has no legal means of supplying his craving he must buy smuggled drugs from a peddler for which he has to pay very high prices. He dare not complain either to the seller or to the police because he then would find his source of supply

completely cut off. If the young addict cannot procure the necessary funds to support his addiction, he may remain away from school in order to find the desired drugs. Delinquency and crime often follow.

Drug addicts in general constitute not only an ineffective but a dangerous group because their sense of social responsibility is blunted. When they are in need of the drug everything is secondary to its procurement; once they are under its influence, they become amoral and reckless.

Attitude of Society

Young addicts, as a rule, are compelled to associate with persons of low moral character in order to continue their addiction. The high price of peddled narcotics impels them to beg money from their friends, to obtain it from members of their family by subterfuge or to steal, in order to supply themselves with drugs. They suffer the contempt of the public and the constant fear of arrest. The unfavorable character changes and gradual moral deterioration thus brought about eventually causes them to become dependents, idlers and outcasts.

What does the average person think of when he hears someone say "He is a drug addict?" He usually visualizes a furtive person inclined to vicious crimes when under the influence of drugs. In reality these are sick people—people who were emotionally insecure or physically ill and who became addicted to drugs in order to escape from physical pain, frustration, feelings of inferiority, an unwholesome environment, or unhealthy child-parent relationships.

Treatment and Rehabilitation

The problem of teen-age addiction has two aspects—therapy and prevention. The therapeutic aspect involves youngsters who have been exposed to the drug, have become addicted and need assistance. They present a very serious problem. Since the public facilities available to them are pitifully inadequate, they remain in our schools, a constant source of danger to other pupils.

"Medical authorities agree that the treatment of addiction, with a view to effecting a cure, which makes no provision for confinement while the drug is being withdrawn, is a failure, except in a relatively small number of cases where the addict is possessed of a much greater degree of will power than that of the ordinary addict" (H. J. Anslinger). Young addicts need placement under some kind of controlled environment where the withdrawal of the drug is assured and where some personal and social guidance is provided. Under such conditions drug addiction

will yield to treatment and addicts can be permanently cured when drug taking is stopped and they are otherwise physically and mentally restored to health. (H. J. Anslinger—Pamphlet No. 56.)

The United States Public Health Service hospitals at Lexington, Kentucky and Fort Worth, Texas—are not equipped to handle the teen-age drug addict. Although no accurate statistics are available at the present time, it is estimated that the number of teen-age addicts in New York City is large.

The School as a Source of Guidance

The other and more important aspect—the preventive one—is the area in which the schools can make a definite contribution. A sympathetic and understanding approach in handling youngsters suspected of using narcotic drugs can do much to win their confidence and cooperation. Once the youngster has admitted his addiction he senses a feeling of relief at what promises to be some help.

Any deviation from the usual behavior pattern of a child should be carefully studied. Marked loss of weight in pupils who show no apparent physical cause needs investigation. Such pupils should be referred to the nurse. The presence of hypodermic needle marks on the body might indicate that a child is using narcotic drugs.

General Circular No. 18, 1950-51, issued February 6, 1951, called attention to the need for the early detection and control of the use of narcotics.

In the event that a pupil is suspected of using narcotic drugs, the case should be referred immediately to the school nurse for examination by the school physician. If the school physician is not available immediately, or where a school has no Department of Health Medical and Nursing Service, as is the case in some academic high schools, the principal should telephone to:

Dr. Harold Jacobziner
Chief of School Health Services
125 Worth Street
New York, New York
Telephone Number: WOrth 2-6900, Extension 320

A physician then will be sent to the school and after examining the child

will inform the principal if the child is suspected of using narcotics. The principal then refers the case to:

Juvenile Aid Bureau
New York City Police Department
CAnal 6-4015

In addition to the educational program outlined, it is important to maintain a healthful school climate so that unfortunate youngsters who become addicted to narcotic drugs will seek aid from understanding teachers in whom they have confidence.

Group Loyalties—Introduction to Narcotic Drugs

Teen-agers frequently adopt forms of behavior which identify them with their groups or "gang." They often affect special haircuts, wear bizarre clothing or use a particular kind of slang. Some teen-age youngsters have even started the use of narcotic drugs in order to gain acceptance by a particular group. Once addicted, loyalty to this group becomes of paramount importance. Constant fear of arrest, of being cut-off from their source of supply compels these youngsters to seek the company of known drug addicts.

Lack of constructive home and religious influences, idle curiosity, and an attitude of "try anything once" are other causes of drug addiction among teen-agers. Many begin using drugs upon an invitation from a friend or acquaintance at a party, a dance or an informal gathering. Most youngsters begin by smoking marijuana (reefers). They may go on to snuffing heroin (snorting) and follow by intra-muscular injections. Some youngsters, however, stop at snuffing because of their revulsion against injections. Injection directly into the vein (mainliner) is the final stage. Teen-agers have little knowledge of the ultimate destructive effects of these drugs on physical and mental health.

The illicit sale of narcotic drugs is most lucrative and the narcotic peddler operates in many ways. He may wait in his automobile or on the street looking for children to whom he has previously sold narcotics. He may arrange with them to be introduced to new customers. If he is a careful peddler, he will avoid giving the narcotic directly to an addict. He instructs the buyer to meet him at a definite time at some pre-arranged place to collect his money. He then directs the addict to the place where the drug is hidden—under some object in the street, yard, hallway or telephone booth.

Some sellers give narcotics to one addict to be distributed by him to others. Upon returning with the money collected, he receives free nar-

cotics for his own use. For this reason, many teen-age youngsters, who cannot support their own addiction, willingly assist peddlers of narcotics and even help them recruit new victims.

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THE PROBLEM OF ADOLESCENT DRUG ADDICTION— PREVENTION THROUGH EDUCATION

(Excerpts from the address presented by Assistant Superintendent Clare C. Baldwin at the conference of Administrative and Supervisory Personnel on the topic, "What Every Teacher Should Know About Narcotics and the Problems Involved," held at the New York Academy of Medicine, March 8, 1951.)

It is only fair to state that education has been late in meeting the problem of narcotics addiction. It has been a subject that has been surrounded by an aura of mystery and secrecy. Traditionally, narcotic drugs have been almost exclusively in the domain of criminology, pharmacology, psychiatry and general medicine, and international law. Education has been on the outside looking in. Indeed, whether education should be admitted or not is still controversial.

(Dr. Baldwin then quoted from correspondence with the Federal Bureau of Narcotics, which indicates an opposition on the part of the Bureau to an educational program in the schools.)

Today a vastly different situation obtains than heretofore, when it was almost inconceivable that a preadult could come into possession of drugs. There is positive proof that in this city, and in other cities of the country, the organized narcotics traffic has extended its operations by invading the ranks of school children, and is actively recruiting in this lucrative market.

Furthermore, to characterize as "hoodlums," with the implication that they are somehow predestined to addiction, the dozens of boys and girls in this city who have become victims of this curse puts too light a value on their lives. Nor is it sufficient to hope that the cost of drugs alone will be a deterrent, for the testimony of many of the youthful addicts confirms the fact that the first narcotic used was given to them either by a friend or a peddler. They admitted, of course, that after the habit was initiated, it was difficult to support it. But where it was necessary they met this problem, as one boy put it, by "hustling," which may have included shakedowns, pawning personal and household effects, stealing, prostitution and selling the drug itself.

But more importance is the evidence controverting the Commissioner's statement that, "We find that most young people who have become addicted, acquired this evil habit not because of ignorance of consequences, but rather because they had learned too much about the effects of drugs." Actually it is amazing how casually the first shot of

heroin was taken or the first reefer was smoked by these boys and girls. Perhaps a peddler said, "Do you want something to make you feel good? Sniff this." Or, "Smoke this." Often it was a case of "The other fellows were doing it, so I decided to try it." The simple truth is that most of these youngsters took the initial step with only an experimental curiosity to learn what the effect would be, and all of them were abysmally ignorant of the ultimate consequences. I can never be persuaded it was anything but ignorance—ignorance of the general public and the victims alike—which accounts for what has happened.

It is my considered opinion that the time for a direct educational assault on this problem has come. There is also the reason of common sense which compels it. We do not avoid marking a thin spot on the ice of a skating pond because we fear some daredevil may be lured to try it. Nor do we avoid teaching a small child the dangers of fire because he may become an arsonist. If we are unable in our schools to make a case against drug addiction, then we are either ignorant of its awful consequences or we should admit nothing can be taught.

In the past we could ignore the subject as unimportant or unnecessary, since we had full confidence that no child could possibly be exposed to drug addiction. It was, after all, an adult problem affecting a few who were otherwise criminal and psychotic. We have been bitterly disillusioned, and so long as a chance remains for a child to come into possession of drugs, then I believe it is the obligation of the school to warn of that danger. Should the time come again when no such possibility exists, then I would be the first to discard such subject matter as useless.

Notwithstanding the advice from those who would argue against an educational approach, in our district we went ahead and devised units of instruction in the subject, and made them available to all of our schools. In one junior high school, the complete series of lessons has been taught to all of the pupils in the school. The results of that project may be summed up in this statement from the principal:

Everything we have learned throughout this experiment with direct education on the use of narcotics has confirmed our original feeling that it was a most positive and helpful approach. We have found nobody in disagreement with this point of view—neither teacher, nor parent, nor pupil.

We were strengthened in our resolve to do this, not only by the advice of the psychiatrists in Bellevue Hospital who were working directly with adolescent addicts, but also from the statement of Dr.

Victor H. Vogel, Chief Medical Officer of the Federal Hospital for Narcotic Addicts at Lexington, Kentucky. Dr. Vogel declared recently:

There is a terrific education job for every parent and teacher in the addiction up-sweep. The terrible effects of heroin use must be drilled into the children.

The Bureau of Health Education of New York City, in cooperation with the Division of Curriculum Development, is now at work preparing instructional materials on this subject for use throughout our schools. We should know what we are doing and have the courage to go ahead.

Now let's look at the picture as we know it. The material which follows is limited to my experience in an area in upper Manhattan and to only a few junior high schools, but I want to caution against any conclusion that this problem is confined to this area of the city alone. I have learned much from the principals and teachers who have been close to this problem. The Psychiatric Division of Bellevue Hospital has contributed substantially to our knowledge. Lieutenant Bernard Boylan, Head of the Bureau of Narcotics, and Inspector John J. Jones, commanding the Juvenile Aid Bureau, have been most cooperative and helpful. We are acquainted with some of the literature on the subject of narcotics. Sadly, I must confess, we have learned the most from the hapless victims themselves. Since the Christmas holidays, when this situation broke wide open, I have personally talked to many adolescent boys who have revealed their experiences with drugs. We have identified at least thirty users of drugs. There are a great many more suspected users. Hundreds of boys and girls have been exposed to the practice.

It seems to me that there are two major problems confronting the schools. They are related and immediate. The first is, What should be done with identified drug users who are now in our schools? The second is, What preventive program should be instituted to protect those who have not been contaminated?

During recent months it is certain that many youths have experimented with their first marihuana cigarette or a "shot" of heroin, and have been satisfied to stop there. A supportive educational program, together with the elimination of drugs from the field of their normal social activities, will probably carry them along successfully.

There is another group, of undetermined number, who have progressed through the initial stages of "reefer" smoking, "snorting" heroin, and "skin-popping," to the "main line," whose addiction would appear

to be finally established, unless they are completely isolated from a source of supply. A dozen or more of our cases have been apprehended and have gone before the courts. Some received a period of observation in Bellevue Hospital, others were detained briefly in Youth House, some were promptly released on parole after arrest. All of these cases were returned to our schools and are now attending. A few of our cases have been sent to the New York State Training School.

Two cases who were admitted to school after a period in Bellevue have since relapsed and have been returned there.

On February 26, I talked to twelve boys who had previously admitted taking drugs. All except one claimed to have quit, but it should be noted that they are all under observation by the courts or the Juvenile Aid Bureau and could be expected to speak cautiously. But despite this, several of them expressed the difficulties confronting them. Here is the way one boy put it:

Everybody is doing it. It is almost impossible to make friends who are not addicts. If you don't want to buy the stuff, somebody is always there who is ready to give it to you. It is almost impossible to keep away from it because it is practically thrown at you. If they were to arrest people for taking the stuff, they would have to arrest practically everybody.

Other boys stated they had been able to keep entirely clear of other users and purveyors. Somewhere between these two positions is the truth.

One of the insidious aspects of drug addiction among adolescents is the chain reaction. In seeking to insure himself a source of supply, the addict tries to involve as many others as possible. To finance his own drug requirements he may become a seller and become active in recruiting new customers. The psychological drive of adolescents for group approval and status creates a special hazard. When members of any adolescent group take up the practice, it is difficult for the individual to withstand the social pressures that are applied to compel conformity.

All of these reasons argue for the exclusion of the identified drug users from the school community so long as the drugs are obtainable.

Competent medical opinion maintains there is no satisfactory method of treating narcotic drug addiction except in an institution properly staffed and equipped for the purpose.

Last month the Psychiatric Division of Bellevue Hospital was kind enough to provide me with a copy of a report prepared by Dr. James Toolan, of the staff, based on cases of adolescent addiction which were under observation. The following conclusion was reached:

We feel that this is a complex cultural socio-economic problem, not psychiatric in the usual meaning of the word. The boys who have become addicted do have certain emotional problems—but are neither constitutionally inferior nor psychopathic personalities. The only true solution will be the removal of heroin from the community. Most of the boys would benefit from a change of environment lest they relapse. An institution for normal boys would seem the best solution.

The only excuse for the present practice of permitting these pupils to remain in our schools is the lack of an adequate facility. Such an institution must be found, and we should insist upon it. Until this need is met, it will be necessary for the schools to exercise particular vigilance over the attendance and conduct of these pupils while they are in school. The Juvenile Aid Bureau, the Bureau of Attendance, and the parents, should maintain strict supervision, guidance, and protection during pupils' out-of-school time.

We now come to a consideration of a preventive program of education, which I believe is absolutely essential if the existing problem is to be contained and the remainder of the school community is to be insulated against further contamination.

Before attempting to set up such a program, some orientation to the problem is necessary. It seems to me this can best be supplied from the experience of our own school children.

Last week one of the guidance teachers in a junior high school went before two classes of ninth-year pupils and told them frankly that we wanted to learn how much they knew about drugs from their own experience. They were asked to write an essay on the subject, "What I Know about Narcotics." The papers were written on the spot, and the pupils were told not to sign their names, although many did. There were fifty-seven papers. Six of the authors revealed they had used drugs. The large majority had been direct observers of the use of drugs, and certainly showed a more than passing knowledge of them.

Allowing for play of imagination, deliberate distortions, and braggadocio, all of the compositions have something to contribute to an

understanding of the problem. Following are a few generalizations which can be drawn from them:

1. The detailed knowledge which they have of the subject.
2. The forms of approach which are used.
3. The conditions under which drugs are encountered.
4. The social pressures operating.
5. The mobility of the users.
6. The value of constructive education and guidance.

Two samples are quoted:

I am a boy going on fourteen. Many of you think that a boy my age and size have probably never had any experiences with narcotics, but if you lived in my neighborhood, you would know. I am going to tell you a true fact that happened less than a week ago. My teacher told us of the dangers and the good uses of narcotics. So one night when I was in the candy store around my block, my friends and I were talking about dope. A boy said, Let's get high, I got a few sticks. So everyone said yes except me, I didn't say anything. To tell you the truth, I was really scared. So we all went into a hallway and start snorting. When they got to me I told them to come back to me later. Just then it was a fight in the apartment upstairs and the cops came. The cops came just in time, because I didn't want to take any. We all spread out. Lucky thing nobody was caught. Right now seven of those boys are dope addicts. I guess many of you are wondering why I went into the hallway in the first place. Well the reason is because even tho they were bad, they were still my friends, and I didn't want to lose friendship with them. Since last week I stop hanging around with them. Around my block you can buy heroin in a bubble gum wrapper. I can't buy it tho, because he has steady customers.

* * * * *

I think that our school is doing a fine job of teaching the wrong and right uses of drugs. I have seen men and boys in theatres, hallways, coners, allys, using drugs. A boy that I know takes injections. He is not my friend but I know him through my brother. He started smoking marihuana at the school prom. I was in the 7th grade at that time. Now he takes much worst drugs. He is an addict. He would never even offer me any because he knows in his self he is doing wrong but he can't help it. I use to see him injecting himself and I, as anybody would, wondered how it was like when in guidance we started learning about drugs and what it would do for you. I undestood why we should not take drugs. I still wondered what it was like but, when I heard that (a former

pupil), I didn't know him personally, I used to watch him play basketball.) When I heard he had died from the use of drugs I knew right then I would never use drugs. Thursday, Washington's Birthday, I went to the Loews to see "Kim". A man was sitting in the back of me using narcotics. I thought if he knew what he was doing he'd never use it. I think everyone should be told the dangers of using drugs. They should put it in the newspaper, magazines, posters, and on trains and buses. If everybody knew the dangers like I do I doubt very much if they would use drugs. I think our school is doing an excellent job in teaching the boys about narcotics.

Now, there were actual cases of drug addiction in the school where these statements were obtained. Furthermore, a comprehensive instructional unit on narcotics had been developed and taught to every pupil in the school only a few weeks ago. In order to get a control, I requested the cooperation of a junior high school in another supervisory district. In this school, I was told, no cases of addiction had been identified and no special instruction in the subject had been given. Pupils in four ninth-year classes were asked to write what they knew about narcotics. There were 114 compositions. None contained a direct admission of personal use, but more than half indicated an intimate acquaintance with the practice. The only significant difference between these and the statements obtained in the other school was in the pupils' awareness of the effects of the habit. The pupils who had had intensive guidance in the former school—even those who were admitted users—displayed a sense of revulsion, individual resolution and awareness of the awful consequences with respect to drugs which were not nearly so evident in the statements made by the latter school.

Here are a few of their statements which indicate the nature of their experiences and knowledge of the subject:

Around where I live most of the older boys use drugs. I have seen them smoke reefers and watch them use heroin and hypodermic needles. They have even offered me some. My mother who used to be a nurse told me about drugs long ago. I know the boys play basketball, they even get tired before the half is over. Some of them ask me to loan them money to get the stuff, but I always tell them I have no money. Myself, I only smoke cigarettes. A friend of mine and I had found a capsule around our block while we were playing ball.

* * * * *

I know that there is about four ways you can take it which I have seen. Smoking, liquid, injecting and sniffing a powder form. Some of

the boys and girls I know sell it. Many of my friends say that it makes them feel good, some say it is bad. From seeing how some people take it I know it is a bad habit.

And a boy I know died because he couldn't get an injection in his arm which he was taking for about 2½ years. One time when I went to a party a girl started going crazy because she had just got some. Most of the boys and girls that I know said that I should try and if I don't they are going to call me a punk.

* * * * *

I have seen and heard a lot about narcotics. A lot of boys in my block uses it. The kind they use comes in a little container which they call a cap. The name that they call it by is Horse. Some of them puts it on a piece of a match book cover and inhails it. I don't know how it feels because I have never used it. But some of the boys says afterwards it make you stretch a lot. They won't tell where they get it from but they says it cost \$1.00 for a cap. A cap is red with a white band in the middle it is about this big (O). It also makes the boys throw up. You can tell when someone has been using it by looking at his eyes. He also stretches a lot.

I would like to propose the following program:

1. Throw the weight of the educational profession behind the demand for an institutional facility for the treatment and care of adolescent addicts, not only for their welfare, but for the safety of the uncontaminated as well.
2. Introduce as soon as possible a program of education in every eight-year elementary and every junior and senior high school in the City which will include instruction in the approaches which are made to children, the conditions under which narcotics may be encountered and the tragic consequences of their illicit use. This is not an isolated menace. It is as mobile as the drug peddler or the user. References by pupils to the Bronx, Mt. Vernon, Yonkers, 96th Street, and Brooklyn, show the range of this activity. It is recognized that each school will adopt the program according to its special needs.
3. This problem is a new one which will require orientation of teachers. The subject is not only outside their professional experience and training, but it also introduces an entirely strange content and vocabulary. These facts are recognized by the Bureau of Curriculum Research, and suitable materials are being prepared.
4. Step up the program of enforcement on the local level. Put enough police on the job so that it is not possible for a youngster to be

exposed to this evil in the normal course of his social activities. Give particular attention to bars, candy stores, poolrooms, social clubs and theaters. Warn drugstores against the sale of hypodermic needles and medicine droppers to children of school age. Prosecute violators as accessories to drug addiction.

5. Support an all out-program of publicity, using every resource to alert the public to the seriousness of the situation, and to arouse it to action. This would also include meetings of parents and other community groups on the local level.
6. Put drug addiction in the category of an acute epidemic. Release daily statistics showing the incidence of new cases and pinpoint their location on a map of the city so that the public may know the relative intensity of the problem and the course it travels. This procedure would alert community agencies, schools, and parents.
7. Mobilize the complete school personnel in this fight, including attendance officers, evening school teachers, afternoon and evening center personnel and guidance services.
8. There is need for an agency acting as a clearinghouse, through which all aspects of the narcotics problem could be channeled.
9. Regard this as a present acute emergency, requiring collective security. While we occupy ourselves with civil defense preparations against a possible enemy attack from abroad, we should not ignore the enemy within our borders.