

DOCUMENT RESUME

ED 065 804

CG 007 371

AUTHOR Case, Helen E.
TITLE Drug Education An Awakening: A Report of the NEA Task Force on Drug Education.
INSTITUTION National Education Association, Washington, D.C.
PUB DATE 72
NOTE 18p.
AVAILABLE FROM National Education Association, 1201 Sixteenth St., N.W., Washington, D.C. 20036

EDRS PRICE MF-\$0.65 HC Not Available from EDRS.
DESCRIPTORS *Drug Abuse; Drug Addiction; *Drug Education; Drug Legislation; *Health Education; *Marihuana; *Narcotics

ABSTRACT

This is a 1972 report of the NEA Task Force on Drug Education. Because of the critical proportion which drug misuse has reached in the United States, the federal government has undertaken a major national leadership role in drug education. More than a quarter of a billion dollars will be spent over the next five years in education, rehabilitation, and research efforts. The focus of federal, state, and local programs is on the individual in all aspects of his/her life. It is the belief of the NEA Task Force that teachers should be able to look to their national, state, and local professional associations for leadership and assistance with educational programs in dealing with drug misuse. The NEA Report includes the following: (1) Definitions; (2) Facts about marijuana; (3) Status of Drug Education; (4) Recommendations; and (5) Questions for further study. (WS)

ED 065804

NEA CG 007 371 5

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRO-
DUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIG-
INATING IT. POINTS OF VIEW OR OPIN-
IONS STATED DO NOT NECESSARILY
REPRESENT OFFICIAL OFFICE OF EDU-
CATION POSITION OR POLICY.

drug education **an**
awakening
A REPORT OF THE NEA TASK FORCE ON DRUG EDUCATION

NEA TASK FORCE ON DRUG EDUCATION

Chairman

Helen E. Case, Head of Social Studies
El Dorado High School
El Dorado, Kansas

Members

Mark Amy, Co-Director
Classroom Teacher Drop-In Center
Southwestern High School
Flint, Michigan

Rick Apodaca, Student
University of New Mexico
Albuquerque, New Mexico

Gordon S. Brodie, Helping Teacher on
Special Assignment
Rochester City School District
Rochester, New York

Timothy Dever, President
Student Education Association
Palm Beach Junior College
Lakeworth, Florida

Clarence Gamble, Guidance Counselor
Russellville City School System
Russellville, Kentucky

Robert G. Griffin, Director
Metro Atlanta Mediation Center
Atlanta, Georgia

Kurt Gripenstraw, Student
Cabrillo College
Santa Cruz, California

Jack E. James, Coordinator
Drug Education Resources
Flagstaff School District #1
Flagstaff, Arizona

Beverly J. Stirts, R.N., School Nurse
Studebaker School
Des Moines, Iowa

Gary Watanabe, Physical Education Instructor
Wilmette School District #39
Wilmette, Illinois

Bob Winchester, Human Ecology Instructor
Niskayuna High School
New York State Drug Trainer
Schenectady, New York

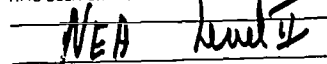
John H. Zwick, Drug Education Coordinator
Shorewood School System
Milwaukee, Wisconsin

Ex Officio Members

Donald E. Morrison, President
National Education Association

Robert A. Luke, Staff Contact
Division of Instruction and Professional
Development
National Education Association

"PERMISSION TO REPRODUCE THIS COPY-
RIGHTED MATERIAL BY MICROFICHE ONLY
HAS BEEN GRANTED BY



TO ERIC AND ORGANIZATIONS OPERATING
UNDER AGREEMENTS WITH THE U.S. OFFICE
OF EDUCATION. FURTHER REPRODUCTION
OUTSIDE THE ERIC SYSTEM REQUIRES PER-
MISSION OF THE COPYRIGHT OWNER."

Copyright © 1972
National Education Association
1201 Sixteenth St., N.W.
Washington, D.C. 20036

TABLE OF CONTENTS

	<u>Page</u>
PROLOGUE: The Teacher and Drug Education	5
LETTER TO DONALD E. MORRISON	6
DEFINITIONS USED BY THE NEA TASK FORCE ON DRUG EDUCATION	7
SOME FACTS ABOUT MARIJUANA	8
STATUS OF DRUG EDUCATION	9
RECOMMENDATIONS	10
I. Responsibility of State and Local Education Associations	10
II. Quality of Drug Education Programs	11
III. Drug Policies in Schools	11
IV. Confidentiality	12
V. Selection of Materials	13
VI. Teacher Preservice and In-Service Training	13
VII. Accommodation to Cultural Patterns	14
VIII. Administration of Prescribed Medication in Schools	15
IX. Standardization of Drug Laws	16
X. Traffic in Narcotic Analgesics	17
QUESTIONS FOR FURTHER STUDY	18
IMPLEMENTATION	18
THE UNITED TEACHING PROFESSION AND DRUG EDUCATION:	
Authorization and Charge.	19

PROLOGUE

The Teacher and Drug Education

Questions relating to drug usage have been intensively studied from the viewpoints of health, law, social conditions, and education. The findings and the recommendations have been widely disseminated, and nearly every agency of federal, state, and local government has become involved in endeavoring to treat, cure, punish, or educate those who illegally or intemperately use drugs.

That few of the approaches to illicit or intemperate drug usage have had widespread effect is all too apparent. Alleged increases in drug use seem to keep pace with increased efforts at restraint.

To those who have examined closely the drug culture of the United States, it is apparent that the approach to drug education must be considered in terms of social context. Excessive—but legal—drug usage is as much a symptom of individual difficulties in coping with a changing and complicated social structure as is illegal usage.

The problem of drug usage in the United States by both children and adults is complicated by the problem of misuse as well as prescribed use of many drugs; by physiological and/or psychological dependence on drugs. Alcohol and tobacco dependency ranks as the most critical drug problem in the United States. The national controversy over marijuana is a controversy over the use of an illegal, nonaddictive drug. The Task Force has given attention to—and its recommendations reflect—concern for drug misuse, not only for the use of marijuana and the so-called “hard drugs.”

Because the problem of drug misuse has reached critical proportions in the United States, the federal government has taken on a major national leadership role in drug education. Over the next five years, various agencies of the federal government will spend more than a quarter of a billion dollars in educational, rehabilitation, and research efforts. The fixed focus of federal or state or local programs is, however, on the individual at leisure, at work, at school, or at home in his own neighborhood.

Making certain that the federal government provides wise leadership and that local school districts provide effective educational experiences is too great a task for each teacher to undertake on his own. But, as a member of the United Teaching Profession, teachers have a right to look to their national, state, and local professional associations to insist both that authorities who are responsible for educational programs discharge those responsibilities effectively and that teachers are appropriately involved in making the educational decisions that they, as teachers, will be called on to implement.

—The Task Force



NATIONAL EDUCATION ASSOCIATION • 1201 16th St., N.W., Washington, D.C. 20036 • (202) 833-4000
DONALD E. MORRISON, President SAM M. LAMBERT, Executive Secretary

June 15, 1972

Mr. Donald E. Morrison, President
National Education Association

Dear Mr. Morrison:

This document is a result of action mandated by the Representative Assembly of the National Education Association at its 1971 meeting. The authorizing actions will be found at the end of this report. The members of the Task Force on Drug Education were representative of both teachers and students. A list of the members appears on the inside front cover.

The Task Force on Drug Education began its meetings in January 1972. Segments of the group spent several days visiting and interviewing representatives of community drug centers, teachers associations, students, and school district administrative units in an effort to obtain firsthand information concerning the usage of drugs and the effects of that usage. Field studies were conducted in Denver, Miami, and San Francisco. Members of the teams that made these studies concentrated on securing different points of view from the lay public as well as from education personnel attached to different levels of education. Between field studies, seminars were held among members of the Task Force, at which information was pooled and attempts were made to formulate statements pertinent to the topic being pursued.

The findings and recommendations of the Task Force were not totally based on visits to these three areas. Drug education programs of all states represented by members of the Task Force have been reviewed. Consultations have been held with representatives of the National Commission on Marihuana and Drug Abuse, the Special Action Office for Drug Abuse Prevention, the Drug Abuse Program of the U.S. Office of Education, the National Coordinating Council on Drug Education, the Drug Abuse Council, the Free Clinic of Washington, D.C., the Methodist Board of Social Concerns, and the Metropolitan Washington Council of Governments. The Student NEA has been actively involved. Supportive information has been provided by a number of NEA units. Input from the aforementioned agencies, together with the pooling of the vast experience and backgrounds of members of the Task Force, has been invaluable in the preparation of this report.

The assistance of all who helped is gratefully acknowledged.

To provide the NEA with some direction, the Task Force has prepared this report which includes information on the status of drug education in schools, the nature of the involvement of education personnel in drug education, recommendations, and rationale.

The report was unanimously adopted by the Task Force.

The Task Force feels that NEA has been derelict in its responsibility by waiting until this time to formulate a program for use in drug education. We do, however, feel that even though late, the NEA is the logical organization to take a stand on this problem, since education must play a vital role in the correction of social ills. The NEA, as the largest educational association in the world, should definitely be leading in proposing methods of drug education.

Respectfully,

Helen Case

Helen E. Case
Chairman
Task Force on Drug Education

**DEFINITIONS USED BY THE
NEA TASK FORCE ON DRUG EDUCATION**

I. Drugs: a pharmacological definition

Any substance which by its chemical nature alters the structure or function of a living organism.

(Not all drugs are medicines, but all medicines contain drugs. Some substances that are not ordinarily thought of as drugs—e.g., glue, paint thinner, aerosol propellants—are being used as if they were drugs, even though this is not the marketed intent of the product.)

II. Drug Dependency: a definition

Any physiological and/or psychological dependency on drugs.

III. Drug Use: a definition

The taking of a substance responsibly and in the appropriate amount, frequency, strength, and manner.

IV. Drug Misuse: a definition

The taking of a substance inappropriately and in an amount, frequency, strength, or manner that is likely to result in damage to the user's health or his ability to function.

V. Drug Education: a definition

A learning process that influences an individual emotionally, intellectually, psychologically, and socially, and that may result in the modification of attitudes that influence behavior. It not only involves the formal mechanism of presenting information but also includes a series of experiences and influences that help shape the learning environment—the atmosphere of the school, the life-style present at home, the attitude of parents, the pressures within a peer group, the popular culture, the personal experiences with or without drugs, and the availability of alternative mechanisms employed to carry out certain kinds of behavior.

An effective drug education program provides—

- A positive self-concept.
- A workable value system that includes the acceptance of the values of others.
- Skills for intelligent decision making.
- Skills for adequate communication.
- Awareness of outside influences on decisions.
- Awareness of alternatives to chemicals as a means of recreation or of handling stress situations.

SOME FACTS ABOUT MARIJUANA

Since marijuana is at the center of much of the controversy over drug misuse, some facts about it, as of 1971, have been made a part of this report:

- ...24 million Americans over the age of 11 years...have used marihuana at least once....¹
- Twenty-nine percent of the adults and 43% of the youth (who have ever used marijuana) reported that they are still using marihuana....²
- The experimenter and the intermittent users develop little or no psychological dependence on the drug.³
- ... the immediate effects of marihuana intoxication on the individual's organs or bodily functions are of little significance....these effects...are transient and have little or no permanent effect upon the individual.⁴
- ...no substantial evidence (exists) of a causal connection between the use of marihuana and the commission of violent or aggressive acts.⁵
- The fact should be emphasized that the overwhelming majority of marihuana users do not progress to other drugs.⁶
- At the state level, where enforcement of the possession laws is focused, about 93% of the arrests ... were for this (possession) offense.⁷
- ... the trend (of law enforcement) is undoubtedly to invoke the marihuana possession laws only when the behavior (possession) comes out in the open.⁸

¹National Commission on Marihuana and Drug Abuse. Marihuana: A Signal of Misunderstanding. First Report. Washington, D.C.: Government Printing Office, 1972. p. 32.

²ibid., p. 34.

³ibid., p. 66.

⁴ibid., p. 85.

⁵ibid., p. 71.

⁶ibid., p. 87.

⁷ibid., p. 110.

⁸ibid., p. 112.

STATUS OF DRUG EDUCATION

The National Education Association's Task Force on Drug Education, in its visits to schools throughout the country, found deplorable situations in the area of drug education. While a few notable exceptions do exist, some of the most glaring poor practices could be listed as:

- Failure of both administrators and teachers to recognize the existence of a problem—either because of an inability to recognize symptoms or because of a reluctance to face the program consequences of problem definition
- A general lack of concern by local and state teachers associations, as well as complete absence of clarity as to the appropriate role of teachers associations in drug education
- Poor screening of materials for use in educational programs
- Archaic methods of teaching drug education
- Misinformation disseminated by uninformed people
- Poor communication between students and school staff
- Exclusive relegation of drug education to a particular course for a specified period of time
- Absence of legal confidentiality between students and professional school staff
- Ineffective use of funds for implementation of programs both in schools and in the community
- Absence of student and parental participation in the development and implementation of drug education programs
- Failure of educational leadership to work cooperatively with other organizations that seek to improve drug education.

RECOMMENDATIONS

I. Responsibility of State and Local Education Associations

Goal:

To strengthen and clarify the role of state and local education associations in influencing the development and implementation of effective programs of drug education designed to meet the needs of the community, the school, and the student.

Rationale:

As a member of a professional association, the teacher has the power to bring about change through group action. The fact that the teacher has this power has been amply and frequently demonstrated in the economic area. Only now, however, is the potential power of the organized teaching profession to bring about change in areas of social and educational reform being recognized.

An important adjunct of this power is the highly sophisticated communication network that has been created by the professional associations to bind teachers together within communities, within states, and across the country.

The Task Force on Drug Education looks to state and local associations to help lead the way in influencing state and local school authorities to develop educational climates favorable for humanistic education and to provide rational programs of drug education.

Recommendations

1. For the Local Association:

We urge the establishment of drug education committees in every local education association. These committees should be given the responsibility of—

- a. Gathering information about drug information and making this available to members of the association.
- b. Assisting in presenting both to the public and to school authorities the need for a curriculum that reflects the societal need for humanistic education. Where drugs are involved, both preventative and alternative courses of action should be given emphasis.
- c. Representing to local education authorities the importance of including students, teachers, and parents in the development of drug education programs.

2. For the State Association:

We urge the establishment of drug education committees at the state level with the following functions:

- a. Initiation and support of legislative action that improves education or the educational climate—i.e., funding, confidentiality, etc.
- b. Defense of the right of due process for suspected, alleged, or actual violations of criminal codes for all those involved in education
- c. Support of local associations in their attempts to develop educational climates favorable for humanistic education
- d. Development of guidelines for in-service education workshops for teachers—funded from federal, state, or local funds—that emphasize mental health concepts and communication skills

- e. Assistance to local associations in implementing the NEA guidelines proposed in this report (see Recommendation II, Quality of Drug Education Programs) for the development of drug education policy
- f. Assistance in facilitating a two-way flow of information about drug information between the NEA and local associations.

II. Quality of Drug Education Programs

Goal:

To develop criteria for the implementation and evaluation of drug education programs which would be revised, reevaluated, and updated at regular intervals.

Rationale:

Many programs have been developed by administrators and/or counselors and teachers without any input from the lay public and/or students or school nurses, all of whom are essential to the development of a successful drug education program.

During the field studies, members of the Task Force found a total lack of concern among the local teachers associations. They were not interested in becoming involved in influencing the quality control of this segment of the curriculum and, in most cases, felt it was not the prerogative of the local association to deal with this subject.

The Task Force found the greater percentage of existing drug education programs to be superficial and educationally poor. Some of the programs, because of false statements made by misinformed or uninformed educators, could very well have contributed to the increase in drug usage in this society. Much money is being wasted on poor materials and misinformation—often worse than no information at all.

Recommendation

The NEA should, in cooperation with other public and private agencies such as the U.S. Office of Education's Drug Abuse Program and the constituent agencies of the National Coordinating Council on Drug Education (a private agency), develop guidelines for the identification of those parts of existing drug education programs that are successful, and for the evaluation of drug education program content. Local and state associations, lay community members, school nurses, and especially students should be involved in evaluating programs. Perhaps, rather than giving tacit approval to materials acquired, students might act as an evaluation team. This might be a means of getting students involved and could serve to break down barriers since all are seeking valid information.

Drug education programs that do not pass the evaluative criteria should not be used but should instead be replaced by other methods.

III. Drug Policies in Schools

Goal:

To have the NEA develop guidelines for uniform drug policies in schools.

Rationale:

School drug policies are often developed without full involvement of appropriate groups. Too often drug policies inhibit effective drug education by—

- Dictating what should be taught.
- Requiring that all drug user information be reported (whether truth or rumor).
- Causing persons to be placed in compromising situations when dealing with drug involvement.

Present school policies often punish an individual with little regard for other penalties already imposed by civil authority. Policies are frequently implemented in haste to ensure smooth operation of the institution, jeopardizing the rights and dignity of those involved in the drug situation.

Drug misuse should be considered a health problem, not a police problem. Policies should ensure proper disposition of cases involving any school personnel, teachers, students, custodians, secretarial help, and others who may be involved.

Recommendations

1. The NEA executive secretary should be authorized to take the steps required to commission a study on drug policies in schools, and particularly the legality and/or constitutionality of these existing drug policies as they pertain to double jeopardy.
2. The NEA should advise state and local associations of guidelines developed for drug policies in the schools.
3. The NEA should assume an active role in training representatives of state and local associations to negotiate the development and implementation of responsible drug policies in the schools.

IV. Confidentiality

Goal:

To create schools that operate in an atmosphere in which communication can be shared openly among all persons involved and that at the same time protect persons to whom information is given in confidence.

Rationale:

Educators and auxiliary staff are often threatened by legal implications resulting from their interaction with students. This threat generally arises out of the conflict between educational and legal ramifications and interpretations of a problem.

In most cases, the best course for all concerned is to share all information. However, the Task Force is aware that, in some instances, withholding of information would aid in solving the problems of the persons involved. The Task Force also agrees that the concept of confidentiality has not been thoroughly researched in terms of legality and desirability.

Note: For recommendations relating to student confidentiality, see National Education Association, Task Force on Student Involvement. Code of Student Rights and Responsibilities. Washington, D.C.: the Association, 1971. pp. 11-16.

Recommendation

In light of our concern, we strongly recommend that the NEA take the leadership in convening a committee composed of representatives of agencies and organizations involved in areas of confidentiality in order to develop a policy statement and recommend action relating to problems of confidentiality in educational institutions.

V. Selection of Materials

Goal:

To establish criteria for the selection of materials used in drug education programs.

Rationale:

The Task Force feels that the NEA, as the nation's leading professional organization of teachers, should and must demand that quality, not quantity, be the criteria for the selection of materials to be used in the nation's classrooms.

The Task Force feels that the NEA has taken few, if any, steps to provide criteria for screening and evaluating materials on drug education. Because of this failure, much false material has been produced for and used in drug education with widespread indiscretion in schools across the nation. Commercial agencies have taken advantage of the concern caused by the emergence of the drug problem and have produced and sold much material without thought of quality. The Task Force feels that use of false, poor, emotionally oriented, and judgmental materials is more harmful than no materials and is not indicative of the NEA's desire for high-level educational materials.

The Task Force further feels that drug education is a vital part of the school curriculum, and because of the mental, physical, social, and emotional implications involved in drug usage, special emphasis must be placed on the validity of materials used in the classroom or in community centers.

Recommendations

1. All materials dealing with drug education that are published or distributed by the NEA or its departments, national affiliates, and associated organizations should be cross-checked by an evaluating agency—e.g., the constituent agencies of the National Coordinating Council on Drug Education or other such reputable agencies—designated by the NEA. Articles written and/or published by the NEA must also be validated by such agencies. The NEA should also make every effort to keep the membership informed of those materials that are approved by the NEA and to call attention to those that are highly unacceptable.
2. The NEA should, through cooperation with existing screening agencies, ensure accurate, informative, unbiased material in every area of the educational spectrum.

VI. Teacher Preservice and In-Service Training

Goal:

To influence teacher training institutions and in-service departments to develop programs that involve awareness of self-concept, values, and communication.

Rationale:

The presence of drug misuse among all levels of our society is a symptom of a deeper problem—i.e., individuals are not equipped to handle stress situations because they lack—

- A positive self-concept.
- A workable value system that includes the acceptance of the values of others.
- Skills for intelligent decision making.
- Skills for adequate communication.
- Awareness of outside influences on decisions.
- Awareness of alternatives to chemicals as a means of recreation or of handling stress situations.

Teacher training institutions should, therefore, develop programs and establish courses to help the prospective teacher know himself and develop criteria for use in knowing others, and to aid him in developing an understanding approach in any subject he teaches. Further, no teacher trainee should leave an institution of higher education without being aware of the drug problem among students or the methods that might be used in a drug education program.

In-service programs should provide the experienced teacher with the know-how and the tools for teaching about drugs at any point on the educational spectrum. Stricter screening of teachers, both those in training and those already teaching, should be implemented to prevent those who are incapable of helping students develop healthful attitudes from entering or remaining in the profession.

Fortunately, the NEA is committed to helping teachers play a relevant role in the continuing professional education of its members. It has decided that this can effectively be accomplished through the seminal activities of several National Teacher Centers sponsored by the NEA.

Recommendations

1. The NEA, working with the Student NEA and other appropriate groups, should utilize the National Teacher Centers to take the lead in developing preservice and in-service training programs that will influence teacher training institutions to center their programs around a human values approach.
2. The NEA should develop guidelines for an in-service drug education training program which could be used by state or local education associations or individual school districts. The guidelines should be so designed as to encourage teachers to see the need—and have the know-how—to deal with drug use and misuse through a dignified, human approach. Such guidelines might be patterned to—
 - a. Utilize consultants and students from existing programs that use this type of approach.
 - b. Develop follow-up programs.
 - c. Develop tools for evaluation of the program.
3. The NEA, in cooperation with other agencies, should develop a list of drug education consultants available to work with teacher training institutions and in-service departments.

VII. Accommodation to Cultural Patterns

Goal:

To work toward the development of drug education materials, curriculums, and methods of instruction that take into account linguistic and cultural differences.

Rationale:

In many parts of the country the lack of mastery of the English language prevents minority groups from receiving needed information when that information is produced in only one language for only one culture. In addition, many individuals are literate in English but live in communities where life patterns are influenced by subcultures that differ in varying degrees from the prevailing national culture. Perhaps, because of other social, political, and economic barriers, the need for bilingual, multicultural drug education programs may be even greater than in areas that are not confronted with these situations.

Recommendations

1. The NEA must concern itself with the education of all segments of society. It should encourage the production and dissemination of drug education materials and information that are presented in more than one language and that take into account cultural concepts of the people of a particular area.
2. In those areas of the country where there is a blending of two languages or cultures, multiple representation should be utilized in the interpretation of drug education programs in the schools and in the community.
3. The Task Force supports the findings of the NEA Council on Human Rights' conference on bilingual instructional materials and urges that these be communicated to publishers of drug education materials.

VIII. Administration of Prescribed Medication in Schools

Goal:

To establish a means for the development of policy and procedures for the administration of drugs to students during school hours that will assure the accuracy as prescribed.

Rationale:

Many children are able to attend school regularly because of the effective use of medication in the treatment of chronic disabilities or illnesses, either physical or emotional. Although medication should be administered at home, effectiveness dictates that some drugs be taken at school.

Parental concern about apparently healthy children who are "completely unmanageable" and unable to succeed academically has forced physicians and school personnel to collaborate and try to create conditions that would make it possible for this type of child to learn. We found much concern on the part of doctors, school nurses, and teachers that educators may be indiscriminately recommending the use of drugs to modify behavior.

Recommendations

1. The Task Force recommends that a joint committee be formed including members from the following agencies: the American Association for Health, Physical Education, and Recreation; the NEA Department of School Nurses; the NEA; the American Medical Association; and other appropriate agencies. This committee should consider the problems involved in administering prescribed medication to students in schools. Among the problems that we believe the joint committee should consider are:
 - a. The desirability of having school health service personnel responsible for the administration and control of drugs dispensed during school hours

- b. The establishment of a more definitive diagnostic procedure for diagnosis of hyperkinesia and learning disabilities
 - c. The desirability of establishing a regular follow-up program including consultation with school nurses, physicians, parents, and teachers for children who are on behavior-modification drugs
 - d. The desirability of enacting regulations in elementary schools that would require that the first dose of any behavior-modification drug be given by the school nurse.
2. The Task Force recommends the establishment or continuation of an ongoing liaison among—
 - a. The NEA Department of School Nurses,
 - b. The School Health Division of the AAHPER, and
 - c. The Joint Committee on Health Problems in Education of the NEA and the American Medical Association.
 3. We recommend the establishment of guidelines pertaining to the facilitation of communication among parents, educators, school health personnel, and physicians concerning the administration of prescribed medication in the schools.

IX. Standardization of Drug Laws

Goal:

To standardize drug laws.

Rationale:

...one of the greatest needs in the entire drug area is uniformity of state laws with regard to structure and penalties. While this recommendation applies to all drugs and not just marihuana, we feel it essential to make this recommendation now to help de-emphasize the marihuana problem. Significant differences in penalties among the states constitute a valid source of irritation and conflict among various segments of our population. In an age of high mobility, it is unconscionable that penalties should vary so greatly in response to the same behavior.⁹

Recommendations

1. In light of these findings by the National Commission on Marihuana and Drug Abuse, the Task Force supports the position of this Commission, which embodies disapproval of marijuana use while removing the criminal stigma and the threat of incarceration for users.
2. The Task Force urges that state and local education associations be encouraged to seek standardization of drug laws in their respective states, and that federal legislation be sought to standardize drug laws.
3. In dealing with standardization of drug laws, the drugs themselves must first be categorized correctly. Using the New York State Department of Health's Desk Reference on Drug Abuse (2nd edition), the Task Force recommends that the following categories be used nationwide:

⁹ibid., p. 172.

- a. Cannabis (examples: marijuana, hashish, or any product of the hemp plant, cannabis sativa)
- b. Narcotic Analgesics (examples: opium, morphine, heroin, paregoric, codeine, meperidine (demerol), methadone (dolophine))
- c. Central Nervous System Depressants
 - (1) Barbiturates (examples: amytal, tuinal, nembutal, seconal)
 - (2) Volatile Hydrocarbons (examples: glue, paint and paint thinner, nail polish removers, aerosols, lighter fluid)
 - (3) Belladonna Alkaloids (examples: belladonna, scopolamine, hyoscyamine, stramonium, atropine, homatropine)
 - (4) Other Sedatives and Minor Tranquilizers (examples: miltown or equanil, librium, valium, noludar, valmid, placidyl)
- d. Central Nervous System Stimulants
 - (1) Amphetamines (examples: benzedrine, dexedrine, desoxyn, methedrine, preludin)
 - (2) Cocaine
- e. Hallucinogens (examples: LSD, psilocybin, peyote/mescaline, morning glory seeds).

In addition, the Task Force recommends that a sixth category be established:

- f. Socially Acceptable, Legal, Physiological and/or Psychological Dependency-Causing Drugs (examples: alcohol, caffeine, aspirin).

X. Traffic in Narcotic Analgesics

Goal:

To develop more effective approaches on the part of the NEA to strengthen NEA Resolution 71-27 relating to improved international agreements for controlling drug supplies at the source.

Rationale:

The Task Force feels that present laws which provide for criminal action against those trafficking in narcotic analgesics are sufficient, but that more strict enforcement of these existing laws is necessary. The NEA, through its association with and membership in the World Confederation of Organizations of the Teaching Profession, should concern itself with the magnitude of international traffic in narcotic analgesics.

Recommendation

While there are widespread economic and political implications in the area of international narcotic analgesic traffic, the Task Force recommends that the NEA, through its legal counsel, Legislative Commission, and Committee on International Relations, wherever feasible, cooperate with foreign teachers associations and other international agencies in seeking to control worldwide production and traffic in narcotic analgesics.

QUESTIONS FOR FURTHER STUDY

Although the mandate of the Task Force was restricted to a study of the educational implications of drug abuse, other questions of concern to the teaching profession came to the attention of the Task Force. The following recommendations are designed to suggest further areas of study and policy formulation on the part of the NEA and its state and local affiliates:

Recommendations

1. The profession has a responsibility for establishing guidelines for the behavior of teachers in respect to the use of drugs; for the assurance of due process to members against whom allegations of drug misuse have been lodged; and for determining what, if any, new or different standards for teacher behavior in respect to the use of drugs need to be established. The profession has a similar responsibility for guaranteeing due process for students allegedly misusing drugs.
2. The rehabilitation of students suffering from excess usage of drugs should be an educational responsibility of the public education authority. Local associations, therefore, should work for the establishment of treatment centers in which educational factors receive equal emphasis with medical rehabilitation.
3. The NEA and its state and local affiliates must address themselves to seeking ways whereby solutions can be found—by both educational and political means—to the social problems of which drug misuse is but a symptom. This calls not only for passing resolutions that direct the attention of the profession and the public to areas of needed social reform but also for directing legislative intervention on issues relating to military posture, civil rights, and other fundamental social questions.

IMPLEMENTATION

As a result of their contacts with teachers and students across the country, the members of the NEA Task Force on Drug Education know that teachers and students want to serve as a positive force in the development and implementation of drug education programs, but that teachers are confused as to their role.

Recommendation

To give teachers individually—and state and local associations organizationally—the leadership they seek, the Task Force recommends the establishment by the NEA of an Advisory Committee on Drug Education.

The Committee would be augmented by resource personnel from the principal national public and private drug education agencies and designated by those agencies.

The Committee should have the benefit of the staff services of an individual whose experience in the area of drug education includes participation in the development and/or implementation of national drug policies.

Functions of the Advisory Committee

1. Advise the president of the NEA on testimony to be presented on behalf of the NEA in congressional hearings on new legislation or in oversight hearings.
2. Develop guidelines for the activities, functions, and methods of funding of state and local drug education committees.
3. Advise the officers and the president of the NEA on the adoption and/or modification of policies of the NEA as they relate to drug education.
4. Assist in the implementation of the recommendations given in this report and monitor their development.
5. Establish guidelines for control of publications.

THE UNITED TEACHING PROFESSION AND DRUG EDUCATION

Authorization and Charge

The NEA Position on Drug Education

Resolution 71-27. Drug Abuse

The National Education Association is concerned about the problem of drug abuse, particularly among the young. It recognizes the need for improved approaches to law enforcement in this area, including international agreements to control drug supplies at the source. It supports efforts to improve treatment facilities for addicts and encourages educational programs, such as the National Drug Education Training Program. The Association urges its affiliates to cooperate in the development of leadership training teams to implement the program.

The Association also urges its affiliates to support person-oriented drug programs that deal with the causes of drug abuse.

Action of the 1971 Representative Assembly (Detroit)

The following motion was presented by the chairman of the Task Force on Student Involvement and adopted by the Representative Assembly:

That the report of the Task Force on Student Involvement be received, recognizing that it is pursuant to the principles enunciated in Resolution 70-12, and that the report be referred to the Executive Committee and the Board of Directors for implementation.

In respect to drug education, the Student Involvement Task Force had recommended:

That a task force be appointed on drug education, composed of equal numbers of students and teachers, which will work with other public agencies and recommend programs of drug education and rehabilitation.

Activities of the Task Force

The names of the members of the Task Force on Drug Education, appointed by President Morrison to undertake this charge, are listed on the inside front cover of this report.

The Task Force held three meetings and conducted field studies in Dade County, Florida; the San Francisco Bay area; and Denver, Arapahoe, Jefferson, and Boulder Counties in Colorado. In the course of its deliberations, the Task Force also consulted with representatives of agencies referred to throughout the content of this report.