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AUTHOR Robin, Fay
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ABSTRACT

This report is an evaluation of selected New York City Umbrella Programs funded under a special grant from the New York State Legislature. The 1975-76 Education in Action Program, a community health education program, served 427 elementary and junior high school students and 105 community parents in the Harlem and East Harlem communities. The program was designed to provide knowledge and expand awareness of prevention and treatment of health problems though conducting workshops on health related topics. Student participants were selected on the basis of their interest and their residency in the target areas. The staff included a coordinator, an educational assistant, an educational associate, a family worker, a clerk-typist, a part-time teacher, and volunteer consultants. The major objectives of the program were: (1) that 75% of the student participants demonstrate a 70% mastery of the adverse affects of venereal disease, cancer, poor hygiene and drug abuse; and, (2) that 75% of the parent participants demonstrate a 70% mastery of the adverse effects of venereal disease, alcoholism, cancer, poor hygiene, drug abuse, hypertension, and sickle cell anemia. Criterion referenced tests, developed by staff personnel were used as pre and post-test measures. An analysis of the test scores revealed that mastery was achieved by students and parents for each objective. (Author/BS)

EVALUATION REPORT

Function No. 20-63411

EDUCATION IN ACTION

SCHOOL YEAR 1975-1976

FAY ROBIN

CONSULTANT

An Evaluation of Selected New York City Umbrella Programs funded under a Special Grant of the New York State Legislature performed for the Board of Education of the City of New York for the 1975-1976 school year

Dr. Anthony J. Polemeni, Director

BOARD OF EDUCATION OF THE CITY OF NEW YORK
OFFICE OF EDUCATIONAL EVALUATION
110 LIVINGSTON STREET, BROOKLYN, N. Y. 11201

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I. PROGRAM DESCRIPTION

The 1975-76 Education in Action Program was a community health education program developed to service 415 elementary and junior high school students and 150 commuity parents in the Harlem and East Harlem communities. The program conducted workshops on hygiene, cancer, drug abuse, alcoholism, hypertension, venereal disease, and other health related matters.

The program was designed to provide knowledge and expand awareness of prevention and treatment of health problems. Various educational methods were employed, including films, pamphlets, "rap sessions", guest speakers, and field trips. Efforts were made to involve parents in the workshops.

The workshops for the students were planned to be conducted in IS 44, IS 136, PS 207, PS 76, and PS 88. The parent workshops were conducted upon request from parent organizations in schools in the area. Students participants were selected by the following criteria: (a) registration in one of the participating schools, or residency in the target area; and, (b) an indication of interest in the program.

The staff consisted of a coordinator, an educational assistant, an educational associate, a family worker, a clerk-typist, a part-time teacher, and consultants (volunteer).

II. EVALUATION PROCEDURES

Evaluation Objectives

Objective 1: As a result of participation in the Education in Action school year 1975-76 program, 75 percent of the students will, upon completion of applicable workshops, demonstrate mastery of the adverse affects of venereal disease, alcoholism, cancer, poor hygiene, and drug abuse, as measured by pre and posttesting on a ten-item criterion referenced instrument, separate for each workshop, developed by staff personnel. The criterion of success will be mastery of seventy percent or more on the respective instrument items.*

*Students who initially master seventy percent or more of the respective workshop items will be retained during the duration of the workshop as peer resource people.

Objective 2: As a result of participation in the Education in Action school year 1975-76 program, 75 percent of the community parents will, upon completion of applicable workshops, demonstrate mastery of the adverse affects of venereal disease, alcoholism, cancer, poor hygiene, drug abuse, hypertension, and sickle cell anemia, as measured by pre and posttesting on a ten-item criterion referenced test instrument, separate for each workshop, developed by staff personnel. The criterion of success will be mastery of seventy percent or more on the respective instruments.

Objective 3: The program as actually carried out will coincide with the program as described in the proposal and any subsequent addendums/modifications.

Evaluation Procedures and Data Analysis

Objectives 1 and 2: The criterion referenced test for each workshop was designed, administered, scored, and recorded by program staff. Recorded data was provided to the evaluator.

Each pretest was administered to participating students and parents at the beginning of, or prior to, the respective workshops on a given topic. The posttests were administered at the end of the series on that topic.

A frequency distribution was developed and data was then analyzed by the evaluator to determine whether the success criteria of mastery of 70 percent by 75 percent of the participants were obtained.

Objective 3: The program was monitored from the time of the evaluation assignment for implementation of all program elements as described in the proposal. Interviews were held with program administrators and staff on an ongoing basis. A sample of student and parent workshops was observed.

Observations contributed to an informal assessment of program implementation, student responsiveness, and overall program effectiveness in meeting goals. Informal feedback from administrators, staff, and

cooperating teachers was elicited regarding their perceptions of the value of the individual workshops and the effectiveness of the program in meeting program goals.

Since tests were administered during the workshop, data was made available for collection by the evaluator at intervals throughout the course of the program.

Some of the workshops were not yet conducted or completed at the time of the evaluation report submission; therefore, data results from these workshops, which are scheduled for a later date, could not be included in the evaluation. This involves the topics of mental health and venereal disease for the student groups, and hypertension for the parent group at PS 156.

All of the tests were designed, and testing procedures initiated prior to the evaluation assignment.

III. FINDINGS

For Objective 1: Mastery by 75% of the students of 70% or more on a criterion referenced test concerning the adverse effects of venereal disease, alcoholism, cancer, poor hygiene, and drug abuse.

The following discussion indicates the test results for the health topics for which data is available,[1] in the order in which they were covered.

[1] Test date on venereal disease and mental health were not available because the workshops have not yet been completed. They are scheduled for the latter part of the 1975-76 school year. Data is not available for smoking at IS 44, or for hygiene, smoking or drugs in IS 136, because workshops were not conducted on these topics. Data is missing on drugs from one class in 207, and one class in IS 44.

Hygiene

A 14 question test was administered. Pre and post-test results were reported for 7 classes. Scores were provided for 173 and 165 students on the pre and post-tests. Each group taking the pretest met the mastery criteria; in all, 146 of 173 or 84.4% scored 70% or better in the pretest. Only 2 of 165, or 1.2%, failed to attain the 70% posttest score.

The posttest average score of 13.0 was significantly higher than a pretest 11.2 average.

Smoking

A 14 question test was administered. Pre and post-test results were reported for 5 classes, or 128 and 135 students for the pre and post tests respectively. Although 3 of the 5 classes did not meet the 75% mastery criterion in the pretest, the students tested as a whole did, with 100 of 128, or 78% scoring 70% or better. Only 1 of 135 students, less than one percent, scored less than 70% on the posttest.

Averages for the reported pre and posttests were 11.1 and 13.2 respectively.

Alcohol

A 15 question test was administered. Pre and post-test results were reported for all classes. Scores were provided for 313 and 323 students for the pre and posttests, constituting 73% and 76%, respectively of the 427 students stated to be in the program. 208 of 313 students, or 66.4% scored 70%

or better on the pretest. Every eighth grade class met the 75% pretest criterion; no other classes did. 319 of 323 students, or 98.8% passed the posttest.

Pre and posttest averages were 11.1 and 13.8 respectively; a highly significant reported increase.

A minor discrepancy was noted in reported results at IS 44. 76 students were reported to be in the program, but posttest scores were reported for 79 students.

Drugs.

A 14 question test was administered. Pretest results were reported for 7 classes with 146 students. Posttest results were reported for 6 of these 7, having 131 students. Pretest results varied greatly from those of the other subjects; 69 of 146, or 47.3% of the students scored less than 70% on the pretest. No class passed the pretest; in contrast, all classes met the post-test mastery criterion (although one class, with 7 of 28 post-test failures, just made the 75% mastery criterion). 123 of 131 students, or 93.9%, were reported to demonstrate post-test mastery.

Pre and posttest averages were 10.5 and 12.6 respectively, a significant increase.

The above data indicates that the program effectively met success criterion in each health topic tested. Over 75% of the student participants demonstrated mastery of 70% or more on each of the respective posttests.

It should be noted, however, that the success criterion was also met on the pretests--in hygiene and smoking by all of the groups; and in alcohol by the eighth graders. In the drug topic alone was the pretest not passed by any of the groups. This suggests that the criterion level for success (70%) might have been too low, and/or that the quiz content might not have been sufficiently sophisticated-- particularly in hygiene and smoking, for all the groups, and in drugs for older students--to most beneficially measure the effects of the program's intervention.

Despite the high scores on the pretests, considerable increase was demonstrated between pre and posttest scores in each of the workshop topics. This indicates that the program succeeded in increasing knowledge in the subject area for which workshops were given.

Findings for Objective 2: Mastery by 75% of the community parents of 70% or more on a criterion referenced test on the adverse effects of venereal disease, alcoholism, cancer, poor hygiene, drug abuse, hypertension, and sickle cell anemia.

The following discussion indicates the test results by topic for parent workshops for which data was available.[1]

[1] A hypertension workshop in PS 156/46 is scheduled for a future date. The parent program in PS 76 reportedly preferred not to be tested. Data is not available for pretests in the PS 149/207 alcohol workshops. No workshops were conducted for parent groups on the subjects of venereal disease, hygiene, or sickle cell anemia.

A 15 question hypertension pre and post test was reported to have been administered to 50 (pretest) and 46 (posttest) adults at PS 207/149. All of the posttest scores met the mastery criterion. However, the criterion was also met by 94% of the pre-test scores. Averages on the pre and posttests were 13.6 and 14.3, respectively.

A 15 question alcohol test was reported to have been given to 17 (pre) and 15 (post) adults at PS 156. In addition, 15 posttests all scoring 100% were reported, without a pretest, from PS 207/149. All adults met the 70% mastery criterion in both the pre and posttests, although the posttest average of 14.7 was significantly greater than a pretest 13.2.

A 15 question pre and post cancer test was reported to have been given to 23 adults at PS 156/46. Results reported were that 17 of 23, or 74% passed the pretest, and that 100% passed the posttest. Average scores reported 12.2 and 14.7 respectively.

The data indicates that success criteria were effectively met for objective 2. Following participation in the workshops over 75% of the community parents tested demonstrated mastery of 70% or more on the respective health topics, for which data was available. The criterion for success, however, was also met on each of the pretests, though by a lower margin than on the posttests. This suggests, as for the students, that the program had a positive impact on increasing knowledge

and awareness of health related problems among community parents.

A few problems were noted in the design and administration of the evaluation instruments. They are being mentioned with the intention of providing considerations for enhancing the program in the future and improving its means of measuring effectiveness.

- As mentioned above, because the criteria for success was passed in many of the pretests at mastery level, the criterion level as established may have been too low, and/or test content may not have been sophisticated enough for some participants (e.g., a gift from a stranger may contain drugs." "true, false, do not know.")
- Because the parent workshops were conducted in one period, the pre and posttests were occasionally both administered at the same session (PS 149/207). As an alternative, on occasion, pre and/or posttests were administered prior to or following the workshops (PS 156), to available parents and workers. This created a problem of testing a population which may have been different from that which attended the workshops.
- A correlation analysis of the degree and significance of improvement between pre and posttests, though not required, could not be conducted, because participants were intentionally not identified by name or number. Such an analysis might have proven to be appropriate and useful in evaluating the student program, and in providing

an additional substantive evaluative measure.

- Test constructions included questions which occasionally contained double negatives, had unclear, interpretive, or misleading meaning, or were unrealistic. For example: "A drug addict has to use more and more heroin." "true," "false," "do not know." (This question suggests that heroin is the only thing that is addictive.) "Marijuana is smoked like a cigarette." "true," "false," "do not know." (The answer might be often but not necessarily. The inference might be that if it is not smoked like a cigarette it is not marijuana.) "You should not brush your teeth after every meal." "true," "false," "do not know."

- According to the participating teachers, many of the students who had severe reading problems had difficulty reading the tests. This undoubtedly would interfere with an accurate testing of the student's knowledge. Reading the tests aloud might have obviated this problem.
- Tests were missing from some of the workshops.
- On occasion, the number of test scores provided was greater, or considerably smaller, than the class registers or observed number of participants.
- A minor discrepancy from the proposal was that "students who initially mastered 70% or more of the respective workshop items" were not "retained during the

duration of the workshop as peer resource people", as proposed. (Pre and posttests were not processed until after the workshops were completed.)

- A second minor discrepancy was that the number of questions varied between 14 and 15, rather than the standard number 10 specified in the proposal.

Despite the noted problems, test results indicated that mastery was achieved, and that the program was responsible for increasing knowledge and awareness of health issues among participating students and community parents.

Findings for Objective 3: The 1975-76 Education in Action Program was found to be implemented essentially in accordance with program specifications. Workshops for students were conducted in IS 136, IS 44, PS 76 and PS 207. The parent workshops took place with the cooperation of the schools' parent programs in PS 149/207, PS 156/46, and PS 76. All of these schools are in or service the target area.

Schools were selected for participation which had developed positive working relations with the program over the years. Within the two junior high schools, the program was conducted in the hygiene classes, because of the compatibility of the subject area. In the elementary schools, the fifth grade classes were selected to participate, so that the program might serve the older elementary school students. Within the fifth grades, specific classes were chosen by principals and program staff. The program started on September 22, 1975. Classes began October 21, 1975.

Each of the participating student groups was visited by the program staff approximately once a week during the year, for about 40-45 minutes at each period. PS 136, an exception, was presented only one series, alcohol, upon request by the teacher. About four to five weeks was spent on each health topic. A number of films, pamphlets, workbooks, comic books, exhibits, discussions, and occasionally a speaker were included in each workshop series, as scheduled. Some of the groups were additionally taken to see the play, "The Me Nobody Knows."

Workshops were held for the parents in cooperation with, and as requested by, the parent organizations in the respective schools. The sessions generally lasted about three hours. They included guest speakers, who were professionals from organizations involved in the given health area. The speakers presented lectures, films, discussions, and on occasion, role playing activities, referral information, demonstrations, and preventive screenings. Refreshments were served at the parent meetings.

The following table indicates the locations at which the workshops were conducted.

Table A:

Education in Action Workshops, 1975-76

x = completed by 4/30/76

* = scheduled to be completed

	Hygiene	Smoking/ Cancer	Alcohol	Drugs	Mental Health	Venereal Disease	Hyper-tension	Breast Cancer	Sickle Cell Anemia
Students:									
IS 136 (5 classes)			x						
IS 44 (3 classes)	x		x	x	*	*			
PS 76 (2 classes)	x	x	x	x	*	*			
PS 207 (3 classes)	x	x	x	x	*	*			
Parents:									
PS 76			x						
PS 149/207			x				x		
PS 46/156			x				*	x	

16

17

As the table indicates, all workshop topics were not presented to every group. Sickle cell anemia for example, was not covered for any of the groups.

As specified in the proposal, the staff consisted of a program coordinator, who served as program administrator and liaison with public and private organizations, schools, and community groups, a secretary, and a team of an educational associate, educational assistant, and family worker, who under the supervision of the coordinator, designed and implemented the workshops. The family worker also worked on recruiting parent participants. A part-time teacher assisted in training staff and in preparing lesson plans. Consultants, paid by their own cooperating organizations, served as guest speakers.

In addition to providing the proposed workshops, the program supplied additional services for the community, such as administering a community blood bank, offering hypertension screening and participating in a booth at the second annual Adolescent Learning Fair of the Board of Education's Division of Special Education.

According to class registers provided by program staff, the program served a total of 427 students. This exceeds the anticipated 415 students, as stated in the proposal. According to test numbers and observations, however, participation was less than the register signifies probably due to absenteeism. The total number tested, taking the largest

number for each group, was approximately 341 students. According to program estimates, observations, and test numbers, approximately 105 parents participated in the program, compared with the anticipated 150. At the two observed parent workshops there were approximately 15 participants, about half of them workers in the parent program in the school. The project director stated that the average attendance was from 25 to 40.

The program was found to serve an important, well-documented need in the community. According to the coordinator, funds for other organizations serving similar functions were being cut, increasing the significance of the role of this program.

The response of participating teachers and parent program coordinators interviewed was generally enthusiastic. They felt the program served a worthwhile need for the participants. Some of the teachers indicated, moreover, that the students looked forward to the workshops.

The program was conducted by a dedicated staff, who demonstrated commitment to getting the messages of the workshops across to the participants. They appeared, for example, to be sincerely concerned that the students remain off drugs. They worked well as a team.

Another positive aspect of the program was found to be the selection of supplies and materials used in the workshops and exhibits. There were an abundance of films, pamphlets, comic books--in Spanish and English, coloring books, kits, etc., that appeared to be well-suited to the goals of the

program and the individual workshops, as well as appropriate to the interests and educational levels of the participants. Students and parents were observed to be highly involved and interested in the films and exhibits. The coordinator was very resourceful in developing relationships with, and in recruiting materials from, several public and private organizations, such as the American Center Society, the American Dental Association, the New York State Drug Control Commission, the Health Services Administration, and more. These organizations voluntarily provided much of the educational equipment and supplies which were used in the workshops.

The recruitment and selection of guest speakers was similarly found to be a highly beneficial program element. The speakers in the observed workshops from Sobriety Unlimited and the Guttman Institute were very knowledgeable in their areas, and presented well-planned well-executed workshops appropriate to the program objectives. Their presentations were found to stimulate participant motivation and involvement.

The program staff demonstrated responsiveness to and flexibility in relating to community and school needs. For example, they altered some of the workshop schedules at the request of the teachers. They provided several community health services, mentioned above, and offered additional presentations and lectures to churches and other community groups.

Though well-meaning, the classroom discussions in the

workshops were found to be one of the weaker program aspects. The style and content of the discussions did not stimulate active student involvement and interest in lively fran' open conversations, as hoped. On the contrary, the interest level was generally observed to be low. Frequently only a few students participated, others were apparantly uninvolved, non-motiva ed, and occasionally restless, indicating that the program was not effectively reaching the students or stimulating learning.

Discussions were seen to lack the use of positive motivational techniques or developmental planning. Questions frequently sought one-word answers, rather than thought-provoking or sustained thought responses. The approach to the discussions was seen to be whole-group and non-personalized, and to be lesson-oriented rather than child-oriented. Although the staff met with the groups weekly, the students were never referred to by name. The content was, on occasion, seen to be dealt with moralistically rather than informatively, which seemed to turn off student interest and to inhibit "rap session" type discussions, as proposed. Though well-meaning and dedicated, the staff exhibited a need for training in effective group process, educational methods, and class management skills.

The degree of participation by classroom teachers in the discussions varied, and seemed to strongly influence the workshops' effectiveness. In those classes in which the teachers took an active part in the discussions as well as in classroom management, involvement and responsiveness was seen to be greater.

By contrast, in those classes in which participating teachers, though present, absented themselves from the situation --discussions and classroom mangement-- the student participation was lower and discipline more of a problem.

Following are a list of the recommendations from last year's evaluation:

1. sampling participants for their opinions
2. structured follow-up by participating teachers and staff
3. further training for program staff in questioning techniques, motivation, concept development, and inquiry procedures
4. visits to other umbrella program operations
5. development of materials on reading levels suitable to student ability
6. determination of whether small group workshops are the most effective; increase in audio-visual presentations and literature.

There is evidence that some efforts were made regarding recommendations #3 and the latter part of # 6.

IV. SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

The 1975-76 Education in Action Program was found to succeed in achieving its program objectives of 70% by 75% mastery by the students and community parents in presented health workshops, for which data was available. Although the criterion was met in many of the pre-tests, improvement still indicates that the program positively effected awareness and knowledge in the relevant health related areas. Several problems in evaluation measures were noted for future consideration.

The program as actually carried was found to be essentially in compliance with the program as described in the proposal. Discrepancies noted involved the total numbers served, the degree coverage of all topics for all participating groups, and minor testing discrepancies.

Well-selected appropriate and abundant materials, highly qualified guest speakers, a dedicated staff, and responsiveness to school and community needs all contributed to program benefits. Weakness in classroom management, classroom planning and approaches to group discussions detracted from potential student involvement and program effectiveness.

CONCLUSION

The Education in Action Program serves an important need in the Harlem, East Harlem Community of providing education to students and community parents about the prevention and treatment of several health related problems. The 1975-76 program met its evaluation objectives, and was implemented essentially in compliance with program specifications. Several weaknesses and problems were noted, which should be addressed; however, the program was found to serve a need and to provide benefits to its recipients.

RECOMMENDATIONS

1. It is recommended that this moderately successful program be refunded.

   The following recommendations are intended to enhance the program in meeting its objectives and to improve its evaluation measures. For further discussion on each point, please see Section III, Findings.

2. Each of the participating groups should be presented workshops on more of the proposed health related topics. This would enable participants to be exposed to information about more proposed health areas, and thus derive extended benefits from participating in the program. If a school teacher or parent program decides to participate, it might be understood, for example, that several topics will be covered.

3. Efforts should be made to involve more student and parent participants, as proposed.

4. Greater outreach should be conducted to try to recruit more community parent participants.

5. Program staff should receive intensive training in group process, teaching, and classroom management skills, to enhance the quality of the workshop discussions, and increase the level of student involvement.

Training should include:

- planning in developmental lessons
- thought provoking, sustaining questioning skills
- positive personalized child-oriented, rather than whole group lesson oriented, approaches to learning
- motivational techniques
- positive approaches to discipline

Training might involve observations by staff of effective teachers and group discussion leaders.

6. Efforts should be made to provide consistently, frank, realistic, and open approaches to content.

7. Because the criterion level for success was frequently met on the pretests, the content level of the test questions should be reviewed to be certain that the points are not too easily known from common knowledge. If possible, the revised test should be pretested.

8. Test content and style should be further reviewed to avoid double negatives and unclear, interpretive, or mislead-

ing meanings.

9. Student names should be provided on the tests, if possible, to permit a correlation analysis of increased knowledge.

10. The tests should be read aloud to the students to prevent reading problems from interfering with a student's ability to demonstrate knowledge.

11. Data should be provided from all conducted workshops.

12. Participating classroom teachers should take a more active part in the programs with joint planning, follow-up activities, and where appropriate, participation in activities. Their roles should be more clearly articulated.

13. The program should plan and develop a strategy for using the students who pass the pretest as peer resource people, as was suggested in the proposal.

APPENDIX A --- SAMPLES OF TWO TESTS (REDUCED FROM 8-1/2 x 11)

EDUCATION IN ACTION
Public School 149
34 West 110th Street
New York, New York 10026

Pre-post Post

HYGIENE QUESTIONNAIRE
STUDENTS.

1. Good hygiene means taking care of the body.
   True False Do not know
2. It is important to eat healthy foods.
   True False Do not know
3. You should not brush your teeth after every meal.
   True False Do not know
4. It is important to wash your body everyday.
   True False Do not know
5. You should comb your hair once a week.
   True False Do not know
6. It is healthy to smoke cigarettes.
   True False Do not know
7. Smoking makes your lungs turn black.
   True False Do not know
8. Children get crabs.
   True False Do not know
9. A doctor can give you medicine to get rid of crabs.
   True False Do not know
10. You should not wear clean clothes everyday.
    True False Do not know
11. Smoking gives you bad breath.
    True False Do not know
12. Eating too much candy without brushing your teeth can cause cavities.
    True False Do not know
13. Deodorant should be used to stop underarm odor.
    True False Do not know
14. A child needs only two hours of sleep every night.
    True False Do not know

EDUCATION IN ACTION
Public School 149
34 West 110th Street
New York, New York 10026

Pre-post Post

DRUG QUESTIONNAIRE
STUDENTS

1. All drugs are harmful to your body.
   True False Do not know
2. Heroin, marijuana and pills are drugs.
   True False Do not know
3. Sniffing glue cannot kill a child.
   True False Do not know
4. If you smoke Marijuana, you might take heroin.
   True False Do not know
5. A child should only take medicine given to him by his parents or a doctor. True. False Do not know
7. Marijuana and cigarettes are made of the same kind of tobacco.
   True False Do not know
8. You will be sent to jail if caught with Heroin and Marijuana.
   True False Do not know
9. A gift or present from a stranger may contain drugs.
   True False Do not know
10. A child cannot become addicted to Marijuana.
    True False Do not know
11. A drug addict has to use more and more Heroin.
    True False Do not know
12. An overdose of drugs is not harmful to the body.
    True False Do not know
13. Some drugs are good for your health.
    True False Do not know
14. Marijuana is smoked like a cigarette.
    True False Do not know
15. A drug addict has to take less and less drugs.
    True False Do not know