

Suggestions for Teaching the Effects of

# Narcotics and Stimulants



Florida Program for  
Improvement of Schools

**BULLETIN No. 7**  
**NOVEMBER 1939**



STATE DEPARTMENT OF EDUCATION

Tallahassee, Florida

COLIN ENGLISH, Superintendent

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**Suggestions for Teaching the Effects of**

# Narcotics and Stimulants

Condensation of a Master's Thesis

Presented to

Florida Southern College

by

JOHN PERMENTER



## Florida Program for Improvement of Schools

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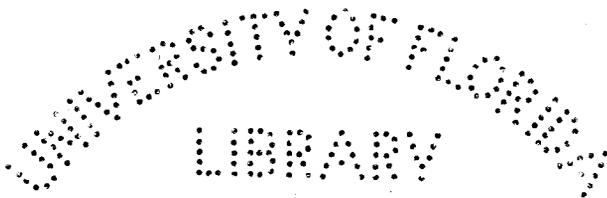
A Supplement to Part V of Bulletin No. 4, *Plans  
for Florida's School Health Program*



STATE DEPARTMENT OF EDUCATION

Tallahassee, Florida

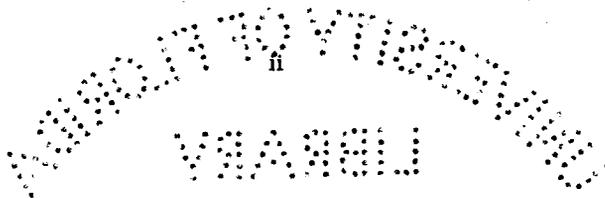
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## Foreword

Florida teachers and parents can have no higher aim than to aid our young people in building character, and no single evidence of character is more significant than temperance in all things. It is hoped that this bulletin, prepared with the idea that it might be of assistance to teachers in dealing with the difficult problems involved in creating a proper regard for the useful as well as harmful effects of stimulants and narcotics, will be of material assistance in this character building.

Our appreciation is extended to Mr. John Permenter, who, while advancing his own professional standing, has at the same time directed his efforts toward the preparation of materials which contribute directly to the Florida Program for Improvement of Schools. We also wish to thank the Woman's Christian Temperance Union of Florida whose financial assistance made the preparation of this bulletin possible.

COLIN ENGLISH  
State Superintendent of Public Instruction

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## Preface

This bulletin offers to Florida teachers a plan for including instruction in the effects of narcotics and stimulants in the school curriculum. Narcotic education begins with the narrow, exact scientific phase, and from that point it gradually spreads and branches out to include a field as broad and as complicated as life itself, and presenting just as many stimulating, intermingling problems.

This material was prepared at the request of the Florida State Department of Education and contains suggestions regarding one phase of the broad program for health as outlined in "Plans for Florida's School Health Program," which is Bulletin No. Four in the series of bulletins dealing with the Florida Program for Improvement of Schools.

There was quite a bit of research work connected with the problem, and an attempt has been made to synthesize various approaches and procedures. The hope is that the material will prove practical for administrators and teachers.

One of the areas of health subject matter listed in Part V of Bulletin No. Four referred to above is "Stimulants and Narcotics." Bulletin Four indicates the form which supplementary materials should have and the organization of this bulletin has followed the suggested plan.

Since beverage alcohol constitutes the major narcotic problem of the United States and the world today, most emphasis has been given to this phase. Very little attention has been given specifically to the so-called "heavy" narcotics, but most of the suggestions given here are broad enough for their inclusion. We realize that our efforts can no more than dent the surface of the whole great problem of stimulants and narcotics.

Source materials are indicated at the end for the use of teachers and students who seek to discover details and answers to specific problems, as well as the more general essential facts needed for building a course of study on the subject.

JOHN PERMENTER.

## Part One

# Understanding the Problem

### The Challenge

Modern civilization surrounds us with a bewildering multitude of dilemmas, confusions, contradictions, and paradoxes.

Americans want the good life as well as the good things of life. We seek perfection constantly and are impatient with delays or with the state of being resigned to things as they are. We believe in quick action and cure-alls. We theorize a great deal about "seeing life whole," but in practice we invariably compartmentalize it for our personal convenience.

We like to drink—at least some—but we do not like the ultimate personal, social, or economic effects and consequences of drinking. We compromise by ignoring these disagreeable and painful effects on the one hand, and passing a law for the teaching of narcotic education on the other—and then have the gall to be proud of our cleverness.

In the old days, with the horrors of the saloon vividly in our minds, we attacked the liquor problem with zeal and emotion, but with very little scientific knowledge. And when that assault failed to create a new world we tossed it impatiently over-board, lock, stock, and barrel. And today we are back again with a "scientific attack," and are just as confident and sure that we have a cure-all and permanent weapon that will solve all our problems.

But the truth is that science alone can no more completely solve the problem of alcohol and other narcotics than could the old-time emotionalism. Scientific knowledge concerning every part and working of the motor does not necessarily keep the mechanic from killing himself, or others, with the automobile. The doctor who knows most in the realm of scientific knowledge about the effects of narcotics on the human organism may drink himself to death at forty.

In the approach to the narcotic and stimulant problem and to our hopes of a final settlement, we owe much to science and the objective, exact methods with which it has solved and is solving some of the toughest specific problems of this great issue. However, an educational program is truly so only as it elicits a response on the part of those who take part in it; only as it gives rise to a desirable change in thought or feeling or action; only as it contributes in a positive and constructive way to clarity of understanding, to discrimination in judgment, to an enhanced appreciation of worthy values. Therefore, if we depend entirely upon science alone, and disregard deeper and unpredictable personal and personality factors, we are in danger of being destroyed by the machine which we have created too well.

In its report, *Implications of Social-Economic Goals for Education*, the Committee on Social-Economic Goals of America of the National Education Association, has this to say on the subject of Alcohol Education:<sup>1</sup>

<sup>1</sup> *Implications of Social-Economic Goals for Education* (Washington: National Education Association, 1937), p. 33.

The neglect of this subject in recent years now makes special emphasis desirable. Modern scientists state that alcohol is not a stimulant, as formerly supposed, but a narcotic which depresses the higher centers and removes inhibitions. According to a report from the Coroner of Cuyahoga County, Ohio (including Cleveland), of 110 fatal traffic cases tested, 45 percent showed the presence of enough alcohol to cause intoxication in most persons. Psychologists now see in the use of alcohol an attempt to escape from unpleasant realities. Recent insurance data emphasize the importance of temperance education. The excessive use of alcohol as a cause of uninsurability among persons under thirty years of age applying to one insurance company, increased 183 percent from 1932 to 1936. The sale of alcoholic beverages is estimated to have reached almost five billion dollars per year.

Modern advertising of intoxicating drinks is considerably more skilful than that of pre-prohibition days. The ads are brightly colored, and the ladies and gentlemen pictured in them are the well-groomed kind. They may well give the impression that all "smart people" drink. In many communities no voice is raised to give youth the facts. While all the states have laws requiring that the effects of alcohol be taught in the public schools, most of these laws were originally passed between 1880 and 1890, and in only seven states do they state that instruction must be furnished in teacher-training schools.

The departments of education in a few states in recent years have made a fresh approach to the problem. They include Kansas, Louisiana, Maine, Massachusetts, Minnesota, New Hampshire, North Carolina, and Pennsylvania. Obviously, more and better instruction in this field is needed on the elementary, secondary, and college levels.

Such is the challenge thrown out to the teachers of the land by the National Education Association. This old problem with its ever recurring and new manifestations today constitutes one of the new "frontiers of Democracy. We quote from a recent publication of The American School of the Air:<sup>2</sup>

We hear from many quarters that our frontiers are now closed, that with their closing youth has lost the opportunity for venturing into new paths and opening new territories. But clearly, if we include other than physical (geographical) problems, this is not true. There are still frontiers and they are as difficult, as challenging, as demanding of intelligent action.

How shall we conserve our human resources? How shall we reduce crime? How shall we plan for the education of our nation? These frontiers call for all of the social feeling, intelligence and zest for action that we possess. And the essence of the democratic life is that each of us can, in some way, have a part in exploring and conquering our frontiers.

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<sup>2</sup>The American School of the Air, *Teachers Manual and Classroom Guide*, Second Semester, January 30 to April 28, 1939 (New York: The Columbia Broadcasting System, 1939), pp. 9-10.

What equipment must we have for the conquest of these, our new frontiers? First we must learn to know our problems and then seek ways, with the methods of democracy, to solve them.

### The Problem in General

One of the serious problems confronting civilization is that of the prevalence of the use of narcotics. Narcotic usage, in one form or another, is as old as the recorded history of the race and its consequences have been woven into the proverbs and mores of every people on earth. Many modern problems are no more than revived and disguised old problems.

Every country has its favorite narcotic or narcotics. In our own country the manufacture, sale, and consumption of alcoholic beverages constitute the greater part of the narcotic problem. Corradini says that beverage alcohol is today the major narcotic problem in the world.<sup>3</sup> It is easy to see then why any discussion on narcotics, particularly concerning the United States, would emphasize alcohol.

It might be well to emphasize at this point the fact that alcohol and other narcotics have many important and necessary uses in the field of science and industry. Many substances which can exert a narcotic or toxic influence upon the human organism have an indispensable place in our life when used by or at the direction of competent physicians. Over 100,000,000 gallons of commercial (denatured) alcohol are used annually by commercial concerns in the United States alone. Commercial alcohol may be said to constitute a "key" industry in our country. To its use for these legitimate purposes neither science nor education objects. It is only when the product is diverted from these useful purposes and sold as beverage that men and women of ethically sensitive minds protest. That protest is based upon the nature of alcohol and upon its psychological and physical effects upon the user and the social consequences of its manufacture, sale, and use upon the community. On these points there is definite and well-authenticated data in the fields of medicine, biology, physiology, psychology, sociology, and economics.

Two facts about alcohol with reference to other narcotics seem worth notice at this point: (1) Alcohol is the only narcotic drug, the use of which is socially acceptable or a part of social custom, excluding tobacco, of course. (2) Much more is known about alcohol than any other narcotic or stimulant. Doctors, chemists, and other scientists have been experimenting, making studies and analyses with the view of learning the facts about alcohol, for a long time. They have discovered and authenticated much scientific information concerning the actions, effects, manifestations, and consequences of alcohol, inside and outside the human body, and when used in both small and large quantities. Comparatively little scientific experimentation has been carried out regarding other narcotics and stimulants.

This age-old problem changes very little, as we have said, but in its aspects and manifestations, like civilization itself, it is ever changing. Within the last decade we have seen drinking among women become widely accepted as social custom for the first time in America. And with this change have come inevitable concomitant social, economic, and moral issues and prob-

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<sup>3</sup> Robert E. Corradini, *Narcotics and Youth Today* (New York: Foundation for Narcotics Research and Information, Inc., 1934).

lems. The machine age too, particularly with reference to the automobile, has added to the complexity of the problem in innumerable ways. Within the relatively recent past the problem has been greatly intensified by the application of modern scientific methods to the manufacture and distribution of certain narcotics and stimulants and by the utilization of modern advertising methods to stimulate their sale and use. An economic system dominated by the profit motive is likely to sanctify the development of exploitative industries and to become indifferent to the personal and social demoralization created by the use of such a product as beverage alcohol in a highly mechanized and closely interrelated society. The growing problems resulting from exploitative advertising (particularly of tobacco and alcohol) are problems that affect young people and their future more directly than their elders.

In attacking our problems we must have truth and understanding, both of which are within the realm of education. We must then attack the alcohol problem by discovering the truth about alcoholic beverages through the natural and social sciences and permitting facts to speak for themselves in the conviction that truth is the most effective instrument for the attainment of our objectives. In such a program it must be recognized that the problem of the use of beverage alcohol, like that of other narcotics, does not stand alone, either in its relation to the individual user or to society, but is intimately related to such problems as a sense of personal inadequacy, frustration, maladjustment, poverty, disease, crime, social pressure, and the lack of normal human satisfactions along other lines. The creation of desirable attitudes and habits of conduct with reference to the use of narcotics is therefore to be regarded as a part of a total program for the achievement of a social order of justice, freedom, security, and happiness, which, after all, is the big aim of the health program and all education in a democracy.

### **The Educational Problem**

Narcotic education has for a long time been considered a task for the public schools, and rightly so, for the emphasis upon education in the nature and effects of narcotic drugs is not an innovation from the point of view of the principles and purposes of public education. During the past two decades educators have worked enthusiastically in the development of a program of education in health and accident prevention. A generation ago little attention was given to these aspects of education, but now no one questions the necessity of adequate programs designed to improve the health of school children and adults, and to prevent accidents among them. Narcotic instruction can parallel such instruction or be a part of it. In any event, it is in direct line with other present educational endeavors, and aims to promote the health and welfare of the American people. The aims and ideals of present-day education in a democracy place it in direct conflict with those elements in society which seek to exploit human weaknesses or which degrade or destroy personality or prevent persons from achieving their highest development.

We do not mean to imply that the public school alone can solve the narcotic problem. It can not, and although many American still expect miracles of the public school, regardless of whether they actively support

it or not, it should not be so expected. We do insist with Payne, "that no ultimate solution can be attempted or attained without the inclusion of education among the *social forces* involved in the control of the production . . . , the manufacture, the distribution, and use of the finished products."<sup>4</sup>

Laws, to be most effective, should follow public opinion, rather than attempt to create public opinion. However, we must remember that public opinion is seldom static and can move in either direction very quickly. Therefore, the function of public education is not only to create public opinion, but to safeguard it, to keep continually re-creating it toward desirable and democratic ends. Otherwise, we soon lose not only what we have just gained but much more besides. Particularly is this true in dealing with highly controversial matters, or with issues that are closely bound up with rich commercial interests. History is studded with examples which clearly illustrate these very facts.

Education then is the most fundamental weapon with which to fight the traffic in narcotics, with which to confine them to their legitimate and humane purposes. "In relying upon education, we are reverting to the most fundamental factor in social control without which all other factors will prove futile."<sup>5</sup>

The trouble with narcotic education in the past has been due to several main factors which might be summarized thus:

1. The subject was largely unorganized.
2. Teachers were untrained in this field.

3. Instructional materials were scarce, difficult to understand, and hard to get. Such studies, researches, and scientific experiments as there were, were carried on for the most part by professional doctors and other scientists who were interested only in scientific knowledge. These reports were therefore largely dull and very technical.

4. The narcotic education legislation and program was promoted largely by reformers whose personal zeal exceeded their knowledge.

The use of stimulants and narcotics is one of the grave problems which confronts our society. In the solution of this problem our schools must make provision for assuming their part of the responsibility.

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<sup>4</sup>E. George Payne, *The Menace of Narcotic Drugs* (New York: Prentice-Hall, Inc., 1931), pp. 232-233.

<sup>5</sup>*Ibid.*, p. 234.

## Part Two

# Suggestions for the Teacher

### Time Allotment and Relationship to Other Subjects

To determine the amount of time to be devoted specifically to narcotic education in a separate period is an arbitrary matter dependent upon many local factors and conditions. We do not recommend that it be given whole-period recognition except as a part of health, science, or other appropriate correlated subject matter.

The increasing emphasis upon health education of late years is causing teachers to become health conscious, and health instruction is being inserted and correlated more and more with other subjects. This is particularly true on the high school level with regard to such subjects as general science, biology, physiology, home economics, and physical education. There is a definite and needed place for that part of the health program which deals with stimulants and narcotics in each of the above subjects, and such instruction may be inserted and correlated just as easily and just as appropriately as any other phase of the health program.

Some schools are purposely avoiding definite periods for all health education and are making use of integrated units and health activities instead. Narcotic education would fit into any such scheme or plan and would serve among other things to make the whole complete and well-balanced.

Many health experts as well as curriculum makers advocate that the different phases of health education be allocated to those departments or groups of subjects in which they can be taught to the best advantage. The phases thus treated might then be co-ordinated and supplemented by a health-discussion and activity period. Such a period capitalizes on the work done in other classes and makes for a well-rounded program of health education. In such a program the different phases of narcotic instruction would be handled exactly as the other phases of the health question. No program of health is well rounded without some organized instruction in narcotics and stimulants.

Narcotic instruction touches the whole of living and because of its importance and value it should be taught both incidentally and directly, just as any other phase of the health program. A regular period for the presentation of organized and progressively arranged material concerning habits, knowledges, and attitudes is recommended.

The tendency, as stated above, is to make the health program—all of its phases—a part of an integrated and correlated larger program. In such a well-integrated program, for example, general science and biology units present the scientific foundations of health and would include the scientific phase of narcotic education. Home economics would include such topics as food composition and values, sanitation, infant care, etc. In this connection would be considered such problems as (1) Is alcohol a food? and (2) Does alcohol consumed by the mother affect the infant before birth? after birth? Physical education provides big-muscle activities and here the emphasis is placed on showing the relationship between narcotics,

stimulants, etc., and athletic prowess. The social studies emphasize community health. Therefore, in such studies we can seek to discover what the results are in communities where many persons drink or use other narcotics, the relationship of narcotics to general community health, crime, etc.

"A school health program should be concerned with the whole of life—with ways of thinking, attitudes, and emotions—quite as much as with proper habits relating to such items as food, exercise, and sleep . . . . 'Mental hygiene of the school child includes a study of the habit life of the school period, an evaluation of moods and cravings, impulses and imaginations, and play reactions and social relationships'."<sup>6</sup>

The school's responsibility for mental health, and for providing for personality needs and adjustments, is greater than ever before. "Among the factors which tend to bring about emotional stability for adults are these: an effective philosophy of life, interest and satisfaction in one's work, right use of leisure, a hobby, the feeling of belonging in a community, and proper sex and home adjustments."<sup>7</sup> These things bring emotional stability to the individual and enable him to keep it. And so we can say that they are in a very real sense preventives with regard to the use of alcohol and other narcotics. They are preventives and provide wholesome and natural substitutes for such unnatural practices as the alcohol habit. They protect the individual from beginning such habits and—which is more important—from the need of turning to any such artificial, harmful avenues of escape. Probably the most effective substitute of all is the will and the ability to take part in vigorous, well-directed muscular activity.

The place of physical education thus becomes quite important. We live in an industrial age of increasing sedentary occupations and leisure, an age of speed-mania, an age of nervous overstimulation, particularly in the overcrowded urban centers, an age where the natural opportunities for play have been reduced on many levels, an age where the demand for greater cooperation in most areas of adult life is pressing, and finally, an age where the problem of over-fatigue has become acute. The deficiencies and needs and failures of such an age produce important factors which may lead people to drink, and to the use of other narcotics. Therefore, it is only as we succeed in providing natural opportunities for play and wholesome substitutes for narcotics that we can hope for a real solution of the personal problems which they produce.

Many specialists argue that the decrease in outdoor life and vigorous muscular activity is undoubtedly one of the causes for the recent increase in deaths due to diseases of the circulatory system, kidneys, liver, and digestive tract. And these same organs, if they are at all susceptible to disease, will be harmed by alcohol and tobacco in proportion to the amount taken.<sup>8</sup>

Power to resist fatigue and power to sustain effort are built through a vigorous big-muscle-activity training program. Alcohol may temporarily produce these results, but each time it is resorted to the natural powers

<sup>6</sup> John Kelley Norton and M. M. Norton, *Foundations of Curriculum Building*, (Boston: Ginn and Company, 1936), p. 138.

<sup>7</sup> *Ibid.*, pp. 138-139.

<sup>8</sup> Raymond Pearl, "Tobacco Smoking and Longevity," reprinted in *The Narcotic Review*, Vol. III, No. 2 (1938), p. 1.

of resisting fatigue and sustaining effort are impaired and weakened. The natural and healthy solution lies in big-muscle activities which have been trained and encouraged for the sheer joy of playing, and repeated until they become a habit. Such activities bring poise and relaxation, rest, diversion, and release from tension. Before a pupil leaves school he should have developed such skill and satisfaction in games and sports such as swimming, tennis, and hiking that he will continue to participate in them until incapacitated by old age, and he should know how to relax and practice the rules of mental hygiene. If his education succeeds in making him a success in these things he is unlikely to become a victim of alcohol or of any other narcotics.

From what we have just said it is apparent that physical education should contribute to the development of the child's total personality and not merely to his physique. And it is apparent at the outset that beverage alcohol, and to a lesser degree certain stimulants, will prevent or interfere with the achievement of both the broad and specific aims of physical education. The alert teacher or coach, then, will miss no opportunity to drive home this fact.

The most effective substitutes would seem, for a variety of reasons, to be those involving big-muscle activities; however, any activities, mental or physical, which lead to the development of an effective philosophy, interest and satisfaction in one's work, right use of leisure, a wholesome hobby, the feeling of belonging in a community, and proper sex and home adjustments, are not to be overlooked as potential and powerful substitutes for narcotics. The following are diverse possibilities for younger persons chosen at random: student government, clubs, intra-mural sports, group music, poetry clubs, motion pictures (selected "educational" and entertainment films shown in schools), and organized activity courses, such as journalism, photography, social customs, safety driving, first aid, modern dancing, boys' camp cookery, art crafts, art metal work, model airplane building, penmanship and spelling, remedial reading, library practice, parliamentary practice, public housing, and the standard Red Cross first-aid course.

The radio, too, has a place. Unguided, undirected listening can sometimes be worse than harmless, but school and educational broadcasts can be meaningful for teacher as well as student and can greatly enrich the lives of children and older persons. The teacher's opportunity is to use the radio in the classroom and his responsibility is to help guide the listening of the pupils outside the classroom. "New interests are being developed by radio. Children are reading books because of radio dramas they have heard. 'Hobby Lobby' has started many a youngster on a new leisure-time activity. 'The World is Yours' has stirred the curiosity of thousands of boys and girls and stimulated their exploration of the world around them."<sup>9</sup>

For older youth and adults there are also many substitute possibilities. To mention several: the establishment of semi-professional, subtechnical, and general cultural courses such as will be made available through the upward extension of the high school; the provision of more industrial train-

<sup>9</sup>I. Keith Tyler, "Radio's Function in Education," *The Education Digest* (March, 1939), p. 32.

ing and adult education (local school system in cooperation with employer and labor groups); make schools and other public buildings and facilities more readily available for use by adult education projects; improve library facilities, particularly in rural areas; urge all colleges and universities to inaugurate adult education programs appropriate to their localities; make certain that local school guidance service and local public employment service are given full up-to-date information regarding adult education and retraining opportunities.

### Balanced Program

The philosophy upon which the health education program of the Springfield, Missouri, schools is based is as follows:

Health is not a subject or a special skill; it is a way of living. Health is a way of living—mentally, emotionally, socially, and physically—and as such cannot be taught except to a very limited extent as a special subject, but must grow out of and be a part of all child experiences in the school, the home, and the community.<sup>10</sup>

This ideal demands that the school environment be so arranged that it is always possible for pupils to practice healthful living. The Springfield committee divided the child's school day into eleven main situations that began with "coming to school—from the time the pupil leaves home" and ended with "activities outside the school hours for which the school assumes some responsibility."

Those who hold that health education should consist of experiences in healthful living are vitally concerned with all outside activities that have a bearing on health. Courses of study built according to this approach include not merely pupil activities for developing health habits, skills, and knowledge but also suggestions for awakening health ideals in pupils and for instructing, advising, and cooperating with parents. Children must be fortified with health ideals concerning narcotics that will carry over into later life. As with some other phases of health instruction, the carry-over ideal is one of the big objectives of narcotic education.

Just as health is a social and economic as well as a personal and educational problem, so is the problem of narcotics. Economic depressions have effects on nutrition of children and incidence of disease. Beverage alcohol likewise has similar effects. Socio-economic forces have a very marked influence upon nearly all health measures. That narcotics affect health has been noted from the very beginning of history.

Health education faces a serious task, even among children of educated parents, of eradicating common superstitions, misconceptions, and unfounded beliefs concerning health. Caldwell and Lundeen<sup>11</sup> have made a study of the curious histories of scores of these, and presented scientific evidence to explode such common fallacies as: (a) fish provides especially good brain food; (b) boils are caused by impure blood; (c) warts result from handling toads; and (d) feed a cold and starve a fever. They do not neglect alcohol either, about which there has immemorially hovered countless unfounded

<sup>10</sup> Hershel O. Hartley, "Constructing a Health-Education Curriculum," *Journal of Health and Physical Education*, 4:32-34 (September, 1933).

<sup>11</sup> O. W. Caldwell and G. E. Lundeen, *Do You Believe It?* (New York: Doubleday, Doran and Company, 1934).

beliefs, superstitions, and misconceptions of all degrees and types, even to the present day, ranging all the way from grave scientific misconceptions to ridiculous superstitions. For example, alcohol has long been known by modern science to be a depressant narcotic drug. Nevertheless, it is commonly accepted by many persons to be a stimulant. Another common fallacy is that alcohol is an antidote for snake poison. Such unfounded beliefs have their roots in history. Because in the past people have derived, or thought they derived certain benefits—temporary or permanent—from the use of narcotics, legends have arisen which have attributed to them almost magic powers. It is the task of the educator to uproot all superstitions and misconceptions, and replace them with objective appeals to intelligence and reason.

In general, one may say that only a limited amount of knowledge is available at the present time on the points to be considered in building a health-education course, and much of what we do know applies to specific situations and is very limited in extent. To a degree, personal opinion must still supplement objective evidence as to what should be included in a course of study in health education, including all its multitudinous phases, even that of narcotics.

### Graded Program

We have discussed certain approaches which bring us face to face with health problems which teachers and course-of-study committees should consider. "Tentative materials and activities, designed to meet these problems, have to be selected and tried out experimentally in classrooms before a graded course of study in health education is really achieved."<sup>12</sup> Such a project was carried through to completion by Turner, who, with the assistance of a special supervisor of health education, tested out various health-education procedures at Malden, Massachusetts, over a ten-year period. On the basis of his discoveries he developed a course of study. In his book he says:

The first task was to formulate a program of health training and instruction with which to begin work in our experimental classes. We first familiarized ourselves with the program of general education in the schools and with the general health problems and activities in the city. From a knowledge and a study of the field of child hygiene, supplemented by an investigation of such data as were available concerning causes of illness and death in the community, a list of specific desirable habits, attitudes, and knowledge units was developed. As our work progressed, it became possible to build our health-education program systematically from the first grade.<sup>13</sup>

In using such an approach to a course of study and a graded program the units developed would deal with all phases of health. There should be units having to do with stimulants and narcotics on all grade levels; or such instruction could be correlated with other units all along the line without having any specific mention made of it in big titles or headings. However, this instruction cannot be successfully and satisfactorily taught unless the

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<sup>12</sup> Norton and Norton, *op. cit.*, p. 135.

<sup>13</sup> C. E. Turner, *Principles of Health Education* (New York: D. C. Heath and Company, 1932), p. 48.

materials of instruction have been carefully gathered and organized; this is true at the outset whether it is correlated with other subjects, integrated into large units, or taught as a special subject.

There seems to be as much confusion and as many differences of opinion concerning a graded program of narcotic education among teachers as there are over the most heated of educational issues. Confused personal opinions, conflicting theories, and ignorance about the subject have naturally produced a great deal of confusing and confused practice, and in a vast number of instances, no practice at all.

The scientific phase of alcohol education furnishes a sound foundation upon which to build a complete and satisfactory graded program of instruction from the first grade through the college—a foundation of objective, unemotional facts, a foundation of sustaining interest.

In the primary grades the children are led by their teacher's conversational questions to state the things they know "here and now" about the problem. For example, "Accidents in Our Community" is a sure fire starting point, even for first graders. Next through what has been observed concerning drinking, children are led into activities and simple experiments which show what alcohol is and what it does. Eye appeal is added to ear appeal when there is something to see, something taking place. Children learn that plants drink by performing certain simple experiments with celery, red ink, and alcohol. They also see what the alcohol does to the celery. They also study the effects of diluted alcohol on growing plants and germinating seeds. Later they compare the effects (actions?) of alcohol and water on bread and on meat. The children bring their own containers and materials.

As pupils pass on into the intermediate grades they make other experiments with water and alcohol on common substances. They learn of the great value of alcohol in industry and business and the reasons for its value. They come to know that alcohol is alcohol because of its two characteristic and unchanging actions: (1) that of a solvent, dissolving what water will not, and (2) that of a dehydrant; and they know what those actions are because they have seen them take place. All the while they are learning by doing and by seeing. They learn again that the chemical actions of a product never change and that alcohol always has the same actions or effects, but different manifestations. "Scientific observances of the human body have shown that, even in the greatly diluted form in which, in the blood stream, it comes in contact with the nerves and tissues, these two qualities of alcohol are chiefly responsible for the effects on the body."<sup>14</sup>

The story of the elementary program is almost told. It requires very little time during any single year and can be correlated quite easily with such subjects as science, safety, character education; or, of course, it can be taught as a part of the health program. Some health, character, or science stories which emphasize the stimulant and narcotic point-of-view should be used. A few such good ones are available. An occasional dramatization or "radio program" makes for a good climax and is helpful from the interest, habit, and attitude angles. Such ventures should be planned and presented entirely by the children, if possible.

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<sup>14</sup>Bertha Rachel Palmer, *A Syllabus in Alcohol Education*, Fifth Edition (Evanston, Illinois: The National W. C. T. U. Publishing House, September, 1937), p. 19.

This sort of thing should be carried on throughout the elementary grades. Repetitions in the various grades of what they had last year or even the year before are desirable and will be welcomed by the youngsters as "reviews." Just a little more material and something different is added each year, but not a great deal is needed.

This kind of program, tried out in various types of schools and under a variety of conditions, has been found to be effective. With this sort of an elementary school foundation we find the pupils ready for and eager to tackle the deeper issues back of the problem before they are well out of junior high school. Instead of dogmatic "preaching," they have had an objective, scientific introduction to the subject, and they are eager to pry deeper into it; they are ready for the "appeal to reason."

The high school graded program, then, as has been intimated, is given over to a consideration of the social and economic, which are built logically upon the scientific, and supplemented and unified by the historical phases which, as history goes, is as old and as fascinating as the best. Such material naturally falls into the field of the social studies. But health itself is a "social study," and most health material on the high school level is largely a consideration of the social and economic phases of the subject. This is not vastly important, however, for the narcotic education program for this level can readily be correlated and integrated in various ways.

But we must not forget the status quo. Mention should be made at this point of the high school program as it is. Without the previous elementary instruction on the scientific phase the high school program is more difficult and complicated. The social and economic phases are the important part of this period of training, but without the scientific bases, there tends to be a lack of interest and an attitude of non-concern. Social consciousness is lacking or only luke warm. Because of the confusion in the public mind, the student tends to consider the whole problem as controversial and a matter of different personal opinions. In this fact lies the real value of the scientific basis, which proves to all what alcohol does. Therefore, the graded program for such high schools should include a thorough scientific background of the problem. Most modern high school science texts give at least a hint of this phase, and some review of it is desirable, regardless of what the child's previous training has been.

There are a variety of related techniques, procedures, and possible activities for presenting the problems of stimulants and narcotics to students of high school age. Some of them will be discussed in some detail as this theme is developed.

#### **Age Level and Ability of Student**

When shall health instruction begin? "Before the child is born" is the answer given by those who stress relation of pre-natal care to structure of various organs. The Children's Charter says:

For every child from birth through adolescence, promotion of health, including health instruction and a health program, wholesome physical and mental recreation, with teachers and leaders adequately trained.<sup>15</sup>

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<sup>15</sup> Norton and Norton, *op. cit.*, p. 117.

The prevailing practice is to put most emphasis upon correct health habits and skills in the kindergarten and first grades, with decreasing but repeated emphasis throughout the elementary grades. Health behavior rather than health knowledge is stressed in these grades, and as the child grows older he is given facts relative to his personal habits, since to be effective these must ultimately be rationalized.

There is a great deal of confusion as to when narcotic and stimulant instruction should begin, a wide difference of opinion as to what phase of the instruction should be included and omitted at the various age-levels. This is, of course, of vital importance in dealing with any so-called "subject matter." There must always be some attempt at differentiation to fit individual pupil needs. The health education course should be built for the particular group that is to use it, since growth rather than rigid standardization, is important. Some differentiation may even still be important. The teacher should begin "by discovering the present health status of pupils and the corresponding health-education needs of each individual pupil as shown by his habits, attitudes, and knowledge."

The chief sources of data<sup>16</sup> are (a) findings of school physician's examination of each pupil, (b) information given by the pupil and his parents, (c) health knowledge tests, (d) daily observation and check of pupil's personal habits, and (e) the use of the conversational, question method in the classroom on such points as: food habits; physical activities; sleep and rest habits; use of fresh air and sunshine; habits of elimination; habits of cleanliness; emotional responses; and attitudes toward others in the group and toward the daily problems of living—social and psychological aspects of health.

A health-education program to meet the needs of an individual pupil should be based on a knowledge of his present health habits and be adapted to his mental level and home background.<sup>17</sup>

At a recent convention of The American Association of School Administrators of the National Education Association the author questioned a score of teachers and school administrators, picked at random, concerning the problem of the grade level at which alcohol education should begin. The majority answered that such instruction should begin in the junior high school. A few others believed that it should begin at about fourth grade level.

We sometimes attempt to avoid our responsibilities by assuming that certain instruction is above the age level and understanding of the pupils. The tendency, particularly in the early elementary or foundation grades, seems to be to disregard many of the deeper issues of the health problem, such as racial hygiene, mental and nervous hygiene, narcotic education, degenerative diseases, and use of professional health service. Curriculum makers and teachers quite often do so on the grounds that the children can not understand such problems or do not have the vocabulary for discussing such complicated matters. The greater truth would seem to be that large numbers of our primary school population need such instruction exactly because they are faced with such problems in the home, or the neighborhood,

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<sup>16</sup> Jay B. Nash (editor), *Physiological Health* (New York: A. S. Barnes and Company, 1933), Chapters XX-XXII.

<sup>17</sup> Norton and Norton, *op. cit.*, pp. 145-146.

or through friends or relatives. To be sure, the tots in the first and second grades are not faced with individual drink problems, but if they have any knowledge of drinking or drunkenness, they are faced with a problem that the school should begin to do something about at the earliest possible date. Learning is not spasmodic, but is a gradual, developmental process, and the early years of a child's life are most impressionable. In deciding what to teach and where to begin the teacher needs only to find out what the children know, what their problems are, and begin at that point. The best way of organizing alcohol education materials and activities is around situations with which pupils are now face to face. From there it is a natural and gradual step to what they will be likely to meet.

As to the problem of lack of vocabulary, this need not be a problem at all, if we start with what the child knows, or has heard or seen. All we need to do is to use the conversational approach and lead the child to present and formulate the problem himself. In other words, the children will furnish the vocabulary themselves if we give them half a chance, by always starting with what they know, or where they are "here and now."

The elementary teacher will feel an added responsibility toward attacking such difficult problems as alcohol if he considers the high percentage of elementary pupils who drop out of school all along the line. For one reason or another, many of them do not get as far as junior high school. Only half of our adults over 21 years of age have had more than an eighth-grade education.

To put the matter another way, elementary health activities that offer opportunity for acquiring health habits, attitudes, skills, and knowledge about such things as washing hands after lunch period and after going to the toilet, caring for pets, listening to stories, taking walks, and dramatizing—as important as these undoubtedly are—are not sufficient; at least they are insufficient in the eyes of those who are "imbued with the belief that it is the duty of education to exercise a more dynamic role in influencing the advance of civilization toward desirable goals."<sup>18</sup>

Narcotic education on the secondary-age level is concerned primarily with the social and economic aspects of the problem. However, such a program must be based squarely upon the scientific phase, which furnishes a foundation and carry-over interest into the more involved phases that are considered on the secondary level. This point will be discussed more fully under another head.

Narcotic education is based on these principles:

1. Begin with what the class knows on this subject and proceed in an orderly manner to what they should know.
2. Approach the understanding through the eye as well as the ear.
3. Be impersonal and positive; that is, avoid negative, dogmatic, and irritating words and phrases.
4. Appeal to reason and intelligence rather than emotion.
5. Lead members of class to state conclusions in their own words.

The basic, underlying principle for the study of the effects of alcohol is that the chemical actions, as solvent and dehydrant, of absolute alcohol (discovered in simple experiments), which make it of use in industry, are

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<sup>18</sup> *Ibid.*, p. 56.

the same which, when diluted (to 4 per cent), impair growth of seeds and plants, and, when disguised (in drinks), are chiefly responsible for the psychological and physiological effects in the human organism.

With this simple approach to the whole subject and with these basic principles upon which to build, much experimenting has been carried on in various public schools in all parts of the country. The program finally worked out has proven itself practical, attractive to teachers and pupils alike, and acceptable by curriculum committees. A fuller explanation of what that program is may be discovered in the thread of thought and the philosophy which runs through this entire work.

For inclusion here we have worked out a short outline for the narcotic education program in which has been indicated a practical, psychological progression from primary to college levels, with suggestions of how to carry out and get desirable results from such a program. The outline and suggestions are based on a consideration of (1) the aim, (2) the approach, (3) the experience level of the pupils, and (4) directed activities and projects which have been successfully used. These considerations have been used for each of the several levels from primary to college, and the outline is followed with suggestions for teachers' colleges and teacher training programs. The annotated reference list which is included as a part of this outline will be found on pages 52-55. It should be remembered that any such outline or suggestions are to be considered only as such and not as a definite hard-and-fast program. General and specific suggestions are offered to aid teachers in working out their individual plans, and for that purpose only. The outline follows:

**BRIEF OUTLINE FOR NARCOTIC EDUCATION PROGRAM INDICATING  
PRACTICAL PSYCHOLOGICAL PROGRESSION FROM  
PRIMARY TO COLLEGE LEVELS**

Aim	Experience Level	Approach	Directed Activities
<i>Primary—</i>			
To build personal attitudes and habits in regard to what to eat and drink.	That drinking milk, fresh fruit juices and water "is good for you." Drinking beer and wine makes you "sick," "talk silly," "yell," "want to fight," "crazy," "have accidents." These result because the drinker "can't hear good," "can't see good," "can't think straight either."	Through information gained by observation and experience in environment of home and elsewhere.	To be correlated with science, safety, health, numbers, language, drama, character. Experiments with celery, red ink, alcohol; growing plants, germinating seeds; oil, bread, fire. References — See Annotated Reference List.

Aim	Experience Level	Approach	Directed Activities
<i>Intermediate—</i>			
To the above add new provisions to <i>meet</i> new experiences in expanding environment.	To the above is added information from informal talks with policeman, insurance man, chemist, physician, business man, traffic captain, factory manager, airplane pilot, engineer, athletic coach, food expert, etc.	With the above, offer opportunity to make intelligent use of additional knowledges and experiences in continually widening environment, including reading.	Simple experiments: (1) comparing chemical actions of <i>absolute</i> alcohol and pure water on common organic substances (oil, resin, meat, sugar, etc.) show solvent and dehydrating actions which make it valuable in industry; (2) <i>diluted</i> (to 4 per cent), on living tissue, shows interference with development of living plants and germinating seeds; (3) reports of laboratory experiments with alcohol <i>disguised</i> (in beer, wine, etc.) indicate these two (previously observed) actions are chiefly responsible for its psychological and physiological actions in the human body.
	Reading, radio and motion pictures expand experience and raise questions to which accurate and satisfying answers must be found.		References— See list mentioned above.
<i>Junior High—</i>			
Intelligent and reasonable attitudes for, and habits of personal abstinence from alcohol, other narcotics, and all harmful substances of human consumption.	As particular information is accumulated, personal rationalization of the right kind should result, based on experiences planned and developed to meet the growing understanding of the problem.	“Why do people drink?” “Does it do for them what they think it does?”  Discuss illusions and values of passing and permanent satisfactions.	Studies from printed reports of findings of professional laboratory experiments; organized interviews and conferences; oral and written reports of materials furnished by insurance companies, safety councils, police and hospital records.

Aim	Experience Level	Approach	Directed Activities
<i>Senior High and College—</i>			
To above add: To achieve social consciousness based on an intelligent understanding of the nature and actions of narcotics on human behavior and relationships in home and community life.	During this period, the student should become able to make intelligent personal decisions which are the basis for building into social and civic conduct the ideals of a democratic way of life consistent with the highest well-being for all the people.	Consideration of (1) the psychological motivation back of satisfactions seemingly attained from emotional releases secured through the use of narcotics and stimulants; (2) wholesome and socially effective substitutes which result in natural and healthful mental and physical recreation.	Above activities continued and enlarged: application of these scientific findings to the deeper social and broader economic implications and issues as they relate to and affect life in our democracy.  The study of the influences of drink and other narcotics as they are recorded and implicated in the pages of history and mirrored in the literature of all nations. Such influences may be readily traced through Greek and Roman classics, the traditions and superstitions of medieval writings and folklore, and in the forces of present everyday life as reflected in the newspapers, and in narrative and personal histories of such holocausts as the Chicago fire and the World War.  The findings from the above should culminate in a unified presentation of debates, themes and essays, plays and pageants and, most of all, specific programs for bettering unwholesome and costly social and civic community conditions.

### **Suggestions for Teacher Colleges and Teacher Training Schools**

Teachers tend to teach as they were taught. In order to meet the requirements for teachers in the several states, some definite program must be included in all teacher-training institutions.

The above suggested outline is purposely flexible and adapts itself readily to various correlations and integration. At the same time, learning and grade levels are observed in the interest of completeness, organization and psychological progression. Likewise this outline suggests practical

projects or units of work in how and what to teach in narcotic education. Such a project or unit may well be included in any of several required courses for all teachers such as physical education, natural or social sciences, and English. The outline also suggests certain specific points of value to be included in courses on methods, principles, and philosophy of education.

This outline could well be the basis of various projects or units of work within the realm of the natural or social sciences. Embryo teachers are frequently called upon to prepare and present just such units. We must not overlook the possibilities and practical values of utilizing such a suggested program, by the college instructors, teachers in training, and the pupils, in the work of the practice school. Such a project would be a definite step toward fulfilling the spirit of the state laws without additional expenditure in program time or faculty personnel, and would provide definite contributions to experimental learning and teaching.

### The Right Approach

Health education, along with sanitary measures and control of contagious diseases, has already had a share in lengthening the average span of human life. We are, however, in this as in other programs, far from fulfilling our greatest capacities. Men and women should live longer than they do today.

What the lengthening of human life means to social well-being in dollars and cents has been estimated in billions of dollars, but this saving is only a small part of the good resulting from increasing the span of human life. In the United States more than a million men and women over twenty years of age, and more or less trained, die each year. Hence a large part of the annual educational effort has to go to "replacement education." Each year added to an individual's life expectancy would mean that, once he is trained, he would have so much longer in which to use his training, to profit by experience, and to contribute ideas and labor for the social well-being. One gets a new vision of the productivity of health education when he contemplates the tremendous contribution that each generation could make if it had even one more year of life that was trained, experienced, healthy, and socially productive.<sup>19</sup>

That the continual use of alcohol over a period of years, even in "moderate amounts," is likely to have deleterious effects and thus affect length of life, is a scientific fact based on well-authenticated data. Tobacco also should be considered in this connection. Dr. Henry C. Link has this to say in a recent issue of the *Reader's Digest*: "From the recent studies of Dr. Raymond Pearl at Johns Hopkins, we know that tobacco smokers do not live as long as non-smokers."<sup>20</sup>

Most children of high school age will probably not be interested in this type of appeal concerning the tobacco habit. When one is in the teens he is not usually interested very much in adding a year or two to his life span. On the other hand the very facts of tobacco and length of life are of vital importance to the school, to democracy, and to our posterity. As

<sup>19</sup> *Ibid.*, pp. 113-114.

<sup>20</sup> Henry C. Link, "So You're Going to Stop Smoking?", *Your Life*, as condensed in *Reader's Digest* (August, 1938), p. 18.

Dr. Pearl's studies and the studies of those scientists who follow him bear out the more indefinite findings of the earlier researchers so will the educational responsibility of the school in dealing with the tobacco problem become more vital and pressing. We will have to find approaches to our educational problems that will appeal, whether they be problems of narcotics, vocational adjustment, or social relationship.

#### **Approach Through Common Basic Needs**

Deaths in the age group 45-64 are due primarily to functional disorders of the heart, lungs, liver, kidneys, and stomach. These vital organs, essential to life and well-being, depend upon big-muscle activity. The industrial age involves special strains which are reflected in the death rates of persons in middle life. The preventives are reduction in infection, such as scarlet fever, common in earlier years of life, and a better balance between work, play, and rest, more big-muscle activities through sports and games, and more time spent out of doors.<sup>21</sup>

It is common medical knowledge that the continual use of alcohol as a beverage causes functional disorders to susceptible vital organs.<sup>22</sup> If the organs are not susceptible the alcohol may produce no noticeable tissue changes when taken in small amounts, even over a long period of years. However, in this case, the "special strains of the industrial age" would probably likewise produce no noticeable physical effects on these organs. Therefore, it seems logical to conclude that the reduction of consumption of alcoholic beverages would rightfully belong in the above list of "preventives" of death in this age-group. (No consideration is given in this connection to the almost immediate psychological effects of alcohol.)

Discovery of the most prevalent diseases through analysis of mortality and morbidity statistics is only the first step in selecting health-education content and activities. The second is in analyzing and summarizing the causes of each of the major diseases. For example, for heart disease, which according to the Bureau of Census, heads the list of causes of mortality,<sup>23</sup> Cairns listed general infection, faulty habits of living, and congenital defects as the chief causes. Similarly, a review of the literature relative to causes, prevention, and reduction of cancer and other prevalent diseases will lead to the selection of additional items of instruction. Such items should include information concerning alcohol and general infection, the effects of alcohol on habits of living, alcohol and congenital defects, and the relationship that alcohol may have to the causes, prevention, and reduction of cancer and other prevalent diseases.

The fact that certain diseases are associated with particular age groups should be taken into consideration in developing health service and health-education programs. Dublin points out that the enormous waste due to preventable illness and premature death is to a great extent an educational problem.<sup>24</sup>

<sup>21</sup> Norton and Norton, *op. cit.*, p. 123.

<sup>22</sup> Haven Emerson (editor), *Alcohol and Man* (New York: The Macmillan Company, 1932).

<sup>23</sup> Cairns, *Mortality Statistics—1932* (Washington: Bureau of the Census, 1935).

<sup>24</sup> Louis I. Dublin and A. J. Lotka, *The Money Value of a Man* (New York: The Ronald Press Company, 1930), p. 120.

If these things are educational problems then certainly we should feel responsible for discovering such studies and experiments that have been made by reputable scientists as to the relationship of alcohol to preventable illness and premature death. Such reports and studies are available, if limited. The fact that additional scientific studies and experiments would make the evidence more conclusive does not mean that we should by any means disregard the well-authenticated scientific data already at our disposal.

The Committee on the Cost of Medical Care<sup>25</sup> reported that on any average day of the year about 2 per cent of the working population of the United States are disabled by illness. Seven to nine days per year, on an average, are lost by male workers, and approximately eight to twelve day per year by females . . . .

Cairn's analysis showed that the diseases causing the greatest amount of sickness are those of the respiratory tract (such as colds, bronchitis, tonsillitis, sore throat, and pneumonia), digestive disturbances, nervous diseases, headache, rheumatism, dysmenorrhea, diseases of the skin, the communicable diseases of childhood, and tuberculosis. To aid in the prevention and reduction of these ailments, as well as those which are the chief causes of mortality, Cairns lists the following outline of general health knowledge: structure and functions of the body; epidemiology; personal hygiene; mental and physical defects; race hygiene, including heredity and eugenics; maternal hygiene, and infant care; organic welfare, including both mental and physical welfare; and accident prevention.<sup>26</sup>

In relation to our problem specific narcotic knowledge and understanding should be a part of and arise from the above general knowledges. For example, an attempt should be made to discover what relationship, if any, existed between drinking and loss of working days by both men and women. Does alcohol enter into the story of those diseases which cause the greatest amount of sickness, and if so to what extent? What is the connection between alcohol and disease?

One of the techniques used in constructing a health course of study is to formulate a list of vital health problems through the method of analysis, using the judgment of specialists, literature, and statistics as a basis from which to summarize health needs. "One analysis<sup>27</sup> of twenty-four different sources, which had as its purpose the formulation of a list of health problems useful as a basis for curriculum construction, yielded one hundred and sixteen groups of problems, classified under the following ten headings: Racial hygiene, personal hygiene, mental and nervous hygiene, degenerative diseases, control of infection, community hygiene, use of professional health service, temperance education, safety education, and interpretative materials."<sup>28</sup> Under each of these divisions were scores of subtopics, a number of which had to do with some aspect of the great problem of narcotics and stimulants. "Only in a general way can frequen-

<sup>25</sup> Alden B. Mills, *The Extent of Illness and of Physical and Mental Defects Prevailing in the United States* (Washington: The Committee on the Cost of Medical Care, 1929), p. 5.

<sup>26</sup> Norton and Norton, *op. cit.*, p. 126.

<sup>27</sup> Marion O. Lerrigo, *Health-Problem Sources* (New York: Bureau of Publications, Teachers College, Columbia University, 1926).

<sup>28</sup> Norton and Norton, *op. cit.*, pp. 126-127.

cy of mention be taken as indicative of the relative importance of the health problems discovered through such an analysis." It must also be remembered that each of these problems and sub-problems is related to each other and to the whole field of health, which, as has been pointed out previously, is in turn related intricately with the great mystery of life. Our task is to seek to discover precise and influencing relationships that stimulants and narcotics have to these problems. This is one way to say that the problem of narcotics in education is primarily one of correlation and integration.

### **Approach Through Interest**

There should be recognition that the basic physiological needs and health drives can be capitalized for health education through proper environment as well as teaching emphasis. However, sight must not be lost of children's immediate interests. Although health as an end in itself may have very little interest for children or adults, both have interests which are closely associated with health, or even contingent upon it. Young and old get joy from play and games. Vocational success brings satisfaction. The girl desires to be beautiful and the boy strong. These are interests which the health instructor cannot afford to overlook. From childhood to adulthood keeping in condition for worthwhile ends is one of the drives that should be made use of in establishing health habits. It will help, as few things can, to bridge the chasm that frequently exists between knowledge and conduct in health education. This is, of course, one of the big objectives of all narcotic instruction, and probably no phase of the health program can be used more naturally and effectively for such motivating purposes.

Too much self-consciousness about health should be avoided as it endangers true interest and sound motivation. Sufficient consciousness of health to aid one in making intelligent choices in new situations is a happy medium. The teacher's interpretation of any phase of the health program can make health a bugaboo or a factor in joyous living for the individual and for the group.

A number of studies and analyses of activities and interests of children and adults have been made. Turner's<sup>29</sup> investigation is an example of this approach. He includes the following among children's incentives in health education: desire to grow; desire for approval from one's social group; interest in personal appearance; desire to participate in sports and in playground and gymnastic activities; desire to win in competition; desire to earn membership and improve standing in Boy Scouts, Girl Scouts, and similar organizations; desire to improve in athletic events.

Every one of the above personal interests of children can be utilized in a variety of ways in the promotion and development of health habits and attitudes in regard to the use of tobacco and alcohol, as well, of course, as other health ideals. Records of spontaneous questions about health, asked by children and collected by teachers, are also used as an interest basis for the selection of various health content and activities.

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<sup>29</sup> C. E. Turner, "Incentives and Interests in Health," *Journal of Education*, 110: 37-38 (July 8, 1929).

At least one negative factor should be given consideration here. Edgerton says:

Undoubted progress has been made in interesting boys and girls in personal development. Advancement in habits of cleanliness and pride in appearance are increasingly apparent. There is no question that the adolescent shows desire for, and increased attainment of, a more beautiful, efficient body machine.<sup>30</sup>

The negative interest approach to be made use of here in regard to alcohol particularly, is the appearance of the drinker. Stress should be laid upon the fact that he usually appears foolish, silly, simple, weak-willed, confused, and untidy to those who see him. In real life he does not get social approval. Sometimes we pity him, or even abhor his conduct. The boy or girl of high school age is extremely sensitive to this point of view, if it is properly presented.

Possibly the effort to interest pupils in more healthful living has resulted in over-emphasis on self, to the neglect of consideration of health problems that influence others. As we become interested in others, in the community, we develop social-consciousness. The more we are helped to practice the art of becoming socially conscious, the more we become interested in the welfare of others.

One of the most commonly known ethical facts concerning the use of narcotics is that it tends to destroy social-consciousness in the individual. The consequences of his acts are quite often visited upon others, as a direct result of this loss of social-consciousness.

Self-centered behavior is instinctive, but since all individuals do not behave selfishly, we know that it is possible to condition behavior. We should start with and utilize personal interests as motivating forces for healthful living. Upon that foundation we should attempt to build broader, unselfish interests—interests outside ourselves.

If the child is going to develop the ideal of protecting the welfare of all, ultimately every opportunity should be grasped to turn his attention from "me" to "we."<sup>31</sup>

### **Approach Through Local Needs—Indigenous Home Problems**

The health problems of one community usually have much in common with those of another; therefore as a starting point for making a course of study for a specific situation, we can well make use of a "tabulation of topics as to frequency of mention in selected 'best' courses and recent textbooks on health education." Of course differences in communities necessitate modification of any such general map of values in accordance with local needs. From topics found in selected textbooks on health education, selections can be made on the following bases suggested by Strang.<sup>32</sup>

<sup>30</sup> Avis E. Edgerton, "Social Consciousness—A Major Objective of Health Education," *The Education Digest* (March, 1938), p. 15. (Reprinted from *Elementary School Journal*.)

<sup>31</sup> *Ibid.*, p. 15.

<sup>32</sup> Ruth Strang, *Subject Matter in Health Education* (New York: Bureau of Publications, Teachers College, Columbia University, 1927).

1. Teacher's judgment of the importance of certain topics for a particular group of pupils "here and now" and in adult life.
2. Deficiencies revealed by the health examination of pupils.
3. Questionnaires answered by children concerning their health habits.
4. Tests of pupils' health knowledge.
5. Questionnaires answered by representative adults of the community concerning their health status and problems.

Important health problems of a particular group of pupils may be obtained from these five sources. Statements from selected health-education courses help in suggesting ways of acting, feeling, and thinking which will solve these problems. Topics thus tentatively selected must then be evaluated by teachers in terms of the interests and capacities (of their pupils); and, finally, school activities are selected in which the problems can most opportunely be introduced.

This approach seems appropriate and pertinent for getting at the heart of the individual problems that are born of tobacco and narcotics.

Local health needs can also be discovered by analyzing school records; by information contributed by parents, pupils, teachers, public health nurses; and by community records. The questionnaire method is frequently used to obtain facts about children's health, health problems, and surroundings. From such information aid will be derived for building a practical course in health for the particular group. This has been done in many cities. The answers to the questionnaire prove helpful by indicating what phases of hygiene and what health problems to stress. The questionnaire (when used on the secondary level) should naturally contain some questions relating to the personal, social, and economic phases of the problems created by the production, distribution, and use of stimulants and narcotics.

Perhaps the use of a specific questionnaire on stimulants and narcotics will be of much value in determining health needs along these lines; this is in addition to the general health questionnaire, which will usually contain some such questions. It is important to discover what the youth in the schools actually know about stimulants and narcotics and to discover further their attitudes relating to these drugs and their problems. High school students will usually be found to possess very little accurate information about certain narcotics. Naturally, such specific information is invaluable to the teacher in planning her work. One such questionnaire or test was constructed as follows:

At the top of the first sheet, in large letters, are these words: "Do not sign your name." Then follows a brief note of explanation addressed to the student and specific directions for answering the questions in the test. The student is asked to write one important fact about each item under consideration, and also to express an opinion; one column of the test provides spaces for telling where he obtained his information or how he formed his opinion. Not all

of the items in the test pertain to narcotics. A few items pertaining to foods, stimulants, etc., are included to provide a basis for comparing knowledge of these substances with knowledge of narcotics.<sup>33</sup>

It is interesting and of value to notice the specific sources from which the students get their information about narcotics. In one such survey, out of 242 of the sources specifically mentioned, newspapers were mentioned most frequently. Then follow in order of frequency: the dentist, books and pamphlets, magazines, school sources, the home, the physician, experience with users, movies, drug store or druggist, using or experimenting with drug, lecture, radio, and nurses. Such information is challenging to the curriculum maker and to the teacher.

If it appears that students are learning outside of school vague half truths about all or most of the narcotics, with accompanying attitudes either neutral or very weakly positive, and that the smaller number of truths learned in school are of decidedly higher quality, then we might have one additional basis for advocating more definite instruction in school. It might then be said, "The information will be obtained by these students in an inadequate and often injurious way, injurious because of indefinite nature. Let the school do the job right and see that these vague and therefore potentially harmful impressions become specific, entirely accurate, and very positive in attitude value."<sup>34</sup>

Ascertaining health needs of pupils in each grade is only one step in the development of a course of study in health education. The next steps include (a) listing the habits, knowledge, and attitudes necessary to meet these needs, and (b) suggesting some of the school situations in which this subject matter may be taught most naturally.<sup>35</sup>

A safety program is essentially a neighborhood or local program, arising out of local conditions and problems. The big problem of alcohol and accidents will be considered further on, but a word here about the local problem of safety. The first step in building a safety program is to make a survey of local conditions.

Analyses of children's activities involving the practice of safety at home and at school, on the street and on the playground, together with analyses of available material in books, magazines, and statistical reports, are the best approaches to the selection of safety-education materials and activities. One investigator<sup>36</sup> in building up in an analytic way a course in safety education to fit the actual needs of a particular community, (a) gathered data as to the extent to which safety education is already a part of the ele-

<sup>33</sup> E. George Payne, *The Menace of Narcotic Drugs* (New York: Prentice-Hall, Inc., 1931), p. 247.

<sup>34</sup> *Ibid.*

<sup>35</sup> Thos. D. Wood and Ruth Strang, "The Making of a Course of Study for a Specific Situation," *Teachers College Record*, 27:224-247 (November, 1925).

<sup>36</sup> Ruth Streitz, *Safety Education in the Elementary School; A Technique for Developing Subject Matter* (New York: National Bureau of Casualty and Surety Underwriters, 1926).

mentary-school program, (b) analyzed statistical reports showing the type and frequency of classified accidents and the need for safety education, and (c) studied specific circumstances peculiar to the school situation for which the safety-education program was being developed. This included not only a survey of the neighborhood but also a survey of pupil experiences concerning accidents which had happened to the pupils from the fourth grade to the eighth. A map was made of the school district, showing where accidents occurred. It was found that the greatest number happened from three to six in the afternoon. The things which children were most commonly doing when vehicular accidents occurred were crossing not at crossing, or at crossing, playing games in roadway, running off sidewalk into street, and stealing rides on vehicles. To meet the needs revealed by these analyses and surveys, units of safety education were drawn from materials found in courses of study and textbooks in general science, civics, and home economics.<sup>37</sup>

Such a program of safety could well be spread out over all grades. Every child of public school age has some knowledge of accidents and the terror of them. Units of safety could be worked out in every grade, starting in each grade with what they know. The units would range from very simple facts and materials in the primary grades, all the way to the complicated social and economic consequences, in the senior high school.

Since alcohol is a big cause of accidents, alcohol education could be brought into the picture naturally and without difficulty right in the first grade, and likewise be carried straight through, going from the simple to the more complex, from the immediate consequences to the far-reaching.

#### **Approach Through an Understanding of the Relationship to the Seven Cardinal Principles:**

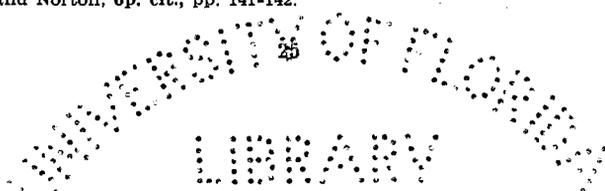
**1. Health.** "Every interest of the State whether economic, social, or moral is dependent upon the health of its people." Comment: Does not the problem of narcotics and stimulants influence the health of the people, both directly and indirectly, and so affect the economic, social and moral welfare of all the people?

**2. Command of Fundamental Processes.** "... He must be able to perform with speed and accuracy those computations incident to the activities of his life." Comment: What do tests show about the effects of the use of alcohol in large and small amounts on both speed and accuracy in the performing of both mental and physical activities?

**3. Vocational Efficiency.** "... This fact requires that our public schools give some place in their program to the training for vocational efficiency..." Comment: How far do persons who drink get in applying for positions with railroad companies, bus and truck lines, air transport companies, or even such work as operating machinery in factories, etc.?

**4. Citizenship.** "Good citizenship depends upon both the ability and the willingness of the individual to adjust himself to the demands which society and the world make upon him." Comment: If the use of narcotics

<sup>37</sup> Norton and Norton, *op. cit.*, pp. 141-142.



is an admission of poor adjustment, has it not been proved to be a highly artificial, passing, dangerous and harmful attempt to become better adjusted?

**5. Worthy Home Membership.** "The tendency toward the disintegration of the American home demands that our public schools give some direct attention in their programs to strengthening those habits and promoting those activities which will make for better home life. Cooperation, loyalty, thrift, health, child care, etc., are essential parts of the programs of our present day public schools." Comment: Is there a connection between the present tendency toward the disintegration of the American home and the recently grown customs of "cocktail parties" and drinking in the home? What are the effects of the new social custom which permits women to drink with men, inside and outside the home?

**6. Worthy Use of Leisure.** "With the increasing amount of leisure there is demand for training our citizens to spend worthily the increasing amounts of time at their disposal for play, recreation, and enjoyment . . . enjoyment of good literature, music, art, right social relationships, worthwhile hobbies, and wholesome amusements." Comment: Is the use of narcotics a worthy use of leisure, or does it develop in the individual or the group any one of the desirable growths that is produced through the worthy use of leisure?

**7. Ethical Character.** "A democracy is largely dependent upon the high moral tone of its citizens." Comment: Has the use of alcohol or other narcotics ever been known to improve the moral tone of individuals or of groups? Does not every generation record the case histories of literally thousands of individuals whose moral tone was impaired and degraded through the use of narcotics? Is not the challenge to the school and to modern democratic education plainer than ever? How shall we meet that challenge?

### Objectives

One of our first statements was this: "Nothing which would tend to break down the general aims of education or to achieve aims which are not incorporated in the general aims should be included in the program of health education." We then stated that that phase of health which dealt with stimulants and narcotics must naturally meet this acid test. In other words, any and all specific objectives, regardless of the subject-branch, must not in any way break down the general aims of education or achieve ends which are not incorporated in those general aims.

It is only natural that some of the aims of narcotic education are plainly and simply general aims of education, others plainly the aims of health instruction. Some concern character building and social-consciousness, and others deal with the more specific objectives and principles of narcotic instruction. Palmer in *A Syllabus in Alcohol Education*<sup>88</sup> divides the objectives in "Teaching Objectives" and "Pupil Outcomes," the latter being subdivided into Knowledges, Attitudes, and Habits. The following is taken directly from *A Syllabus in Alcohol Education*:

<sup>88</sup> Bertha Rachel Palmer, *op. cit.*

## Teaching Objectives

1. To promote personal health and fine character.
2. To insure community health, welfare, and progress.
3. To present practical scientific information on the subject of alcoholic drinks.
4. To impress children and young people with the seriousness of the drinking problem.
5. To undo the impression that drinking is clever, for the nature of alcohol makes true cleverness impossible.
6. To inform, equip, and fortify young persons so that they will intelligently avoid alcoholic drinks of all kinds.
7. To provide an educated public that will support state and national education programs and effective legislation.
8. To provide an influence that will spread from the classroom to the home, that will discourage the use of patent medicines and home-brewed drinks used because of tradition or the impression that they are harmless.

## Pupil Outcomes

1. Knowledges: that beer, ale, cider, wine, brandy, gin, rum, and whiskey are part alcohol; that a very little alcohol in water put on a growing plant very soon interferes with its growth and development; that bread, meat, egg and other substances will harden in alcohol; that oil, gum, resin, the color and scent-materials in leaves and flowers, dissolve in alcohol; that alcohol is of great value OUTSIDE but not INSIDE the body; that as a BEVERAGE it affects the nervous system and never aids bodily functions; that alcohol is a habit-forming drug, and that the first drink is so seldom the last; that while some people seem to use it with no apparent harm, no one tested has been found to be more skillful, or to do more or better work, after taking it, and untold thousands have been ruined by it in every generation; that because of individual differences and different conditions people are affected by it in widely different ways; of physiology and hygiene, and of the ways in which alcohol does or may injure the mind and body; of the reasons for, and the history of, the age-long fight against alcoholism; of the influence of financial interests, drinking customs, and traditions, and of the deceptive effects of alcohol itself upon the drinker; of the causes of temptation especially among young people; of some of the great scientists and how they reached the conclusions regarding the effects of alcohol; of what wise men and great leaders have said from their observations and experiences with alcohol.

2. Attitudes: desire to do only those things to make one strong and dependable in body, clear in mind; desire to eat and drink only those things which build and strengthen the body and mind; desire to EARN success by habits of skill, good judgment, thoughtfulness; desire to keep fit by avoiding dangerous or degrading acts, as well as by cultivating positive behavior; a healthy ambition for leadership toward higher ideals and a better way of doing things.

3. Habits of: refusing drinks, powders, candies, given away on the streets; refusing unfamiliar drinks at soda fountains or elsewhere; reading the printed labels on bottles or packages; consulting a reputable physi-

cian about ailments; refusing things of a questionable nature; refusing to commit acts of questionable nature; refusing to do questionable things because others do them; making an individual choice based upon what is believed to be right.

Although the above considerations were formulated for alcohol education still many of the objectives may be readily applied to the teaching of other narcotic, and stimulant material. For another consideration of the objectives of general narcotic education we turn to those of Robinson who has written a *Syllabus in Narcotic Education*.<sup>39</sup> Her eleven listed objectives are:

1. To promote personal health and welfare.
2. To insure community health and welfare and progress.
3. To insure through the education of individuals a body of sentiment that will help in solution of the narcotic drug problem.
4. To present sane information, developed from a scientific basis, on the subject of narcotics.
5. To impress upon young people the seriousness and the reality of the problem of narcotic drugs.
6. To undo the impression on the popular mind made by the stories of achievement of persons under the influence of narcotic drugs.
7. To inform the normal young person so that he will intelligently avoid contact with narcotic drugs.
8. To equip the supernormal young person so that he will intelligently help in the crusade against narcotic drugs.
9. To fortify the sub-normal young person against the perils of contact with narcotics.
10. To provide an educational stratum upon which to erect the structure of anti-narcotic legislation.
11. To provide an influence that will extend from the school to the home and help abolish the self-medication tendencies of American families, such as quieting the baby with soothing syrup, putting the child to sleep with paregoric and like compounds.

Robinson then goes ahead to suggest cumulative scales of attainment for the different grades, based partly, as she tells us, upon Thomas Wood's book *Health Behavior*. These scales are based on habits, attitudes, and knowledges to be gained progressively at each grade-level from the primary through senior high school. At each succeeding level those habits, attitudes, and knowledges of the preceding level or levels are to be reviewed and retained. Both the lists of Palmer and of Robinson should be given careful consideration by those who are planning a program of narcotic instruction.

In addition to the rather complete compilations of the objectives of narcotic instruction contained in the above lists, certain other factors seem worth consideration in view of some recent scientific findings in regard to narcotics, as well as some recent curriculum developments in our changing social order.

One such consideration concerns advertising, commercial propaganda, and industrial pressure groups—in general and in particular. One important objective of narcotic instruction on the secondary and college level should

<sup>39</sup> Gertrude Robinson, *Revised Syllabus in Narcotic Education* (Los Angeles: International Narcotic Education Association, Inc., 1936).

be to teach students how to detect and analyze propaganda so as to be able to understand it and judge it intelligently for what it is. Those who sell tobacco and alcoholic drinks, and the habits of using their products to the general public, are among the worst offenders in this entire category.

Narcotic education should also aim at promoting a general understanding among young and old concerning the latest findings relative to the results and effects of small amounts of alcohol: small amounts and accidents; small amounts and bodily functions (the nervous system); small amounts and over-confidence. And directly in connection with this is the objective of promoting an understanding of the importance and value of the recently developed scientific tests for intoxication and the illuminating facts these tests have brought to light concerning alcohol and the drinking (rather than the drunk) driver.<sup>40</sup>

Other specific objectives might be mentioned, some of which naturally more or less overlap with some already referred to, but which throw additional light upon the matter. Such objectives are:

To promote an understanding of the psychological problem of narcotic usage—particularly alcohol—without disregarding the nature of narcotics, and to promote habits, attitudes, and ideals which will help to solve the problem.

To promote the understanding that because of individual differences and different conditions persons are affected by alcohol in widely different ways, but that when proportionately equal amounts of alcohol are concentrated in the blood streams of different persons each is then equally removed from his normal condition, and this regardless of the different ways in which the alcohol manifests itself.

To make studies and discover findings of the latest scientific experiments with tobacco and caffeine and to understand the results of these findings and the relation that the use of such products has with general health, length of life, digestion, pre-natal well being, and vicious mechanical habit formation.

To build attitudes and habits of right living; wholesome, active recreation; and stimulating, creative hobbies.

To promote an understanding of the significance of the fact that "the student who emerges from the grade school, high school or college without the intelligent conviction that he is the creator of his habits, rather than their victim, is educated for defeat rather than power, for slavery rather than for freedom."<sup>41</sup>

#### **Activities-Projects**

Dorothy F. Osburn, a science teacher in a California junior high school, in working out an experiment course for teaching narcotic education, formulated and carried out a number of interesting and enlightening activity-

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<sup>40</sup> Committee on Tests for Intoxication, 1938 Report (Chicago: National Safety Council).

<sup>41</sup> Henry C. Link, *op. cit.*, p. 20.

projects for the use of her pupils. She points out that there are a number of ways to set the stage without the teacher even expressing an opinion on the matter. Several of her suggested activities follow:

1. One plan begins with a "Search for Facts" *for* and *against* the use of alcohol and other narcotics. If possible, reserve the school library for class use during the period. Merely ask the students to hunt for facts, regardless of which side the fact may support, and arrange these facts in this manner:

Facts in favor of the use of  
alcohol and other narcotics

a.  
b.

Facts against the use of  
alcohol and other narcotics

a.  
b.

Emphasize the necessity of noticing who wrote the books or sources from which facts are quoted in order to judge their validity. Ask the students to state the source of information after each fact listed.

Interest grows as one column fills more rapidly than the other and plenty of discussion will be ready when the "hunt" is over and the time comes in class to express ideas.

2. Another activity leads out of a study of all substances likely to be harmful to the human body, including poisons, patent medicines, stimulants, and narcotics. Students soon discover the limitations of the Pure Food and Drug Act and readily see that one cannot believe all that is said or printed or pictured in advertisements designed to sell any product. They also learn that one dangerous aspect of patent medicines is their alcohol or other narcotic content. This naturally leads to discussion as to why those are harmful and makes the student willing and eager to learn more facts about all narcotics.

3. Still another plan utilizes a "Trial by Jury" in which a court room situation is set up, with a judge, prosecuting and defense attorneys, bailiff, court secretary to record results, etc., and the whole plan is made as lifelike as possible. The case on the docket in "Science versus Narcotics" and every student is to be a detective in search of evidence. Preliminary discussion usually brings out many charges against alcohol or some other member of the narcotics family which need to be either proved or disproved, and one or more "detectives" are assigned (by choice or chance) to search out the evidence on each "count." Typical charges are:

- a. That alcohol is often involved in traffic accidents.
- b. That alcohol is a narcotic.
- c. That alcohol hinders athletic achievements.
- d. That alcohol ruins judgment and lessens reasoning power.

It is urged that police departments, safety councils, insurance companies, athletic coaches, physicians, railroad officials, employers of skilled labor, etc., be asked to assist in supplying material and information to be used in answering the charges against alcohol and other narcotics. This is to be in addition to that contained in text-

books and other printed sources of authentic information. Use as wide a variety of textbooks as possible. Invite special members or experts from the police department to speak to the class concerning the "heavy" narcotics or special phases of the problem.

When the search for evidence is over, the trial begins and the "detectives" report their evidence (in visual form whenever possible), "attorneys" examine and cross-examine the witnesses, the "court secretary" records the point made, and finally the whole class, by secret ballot, decides the charges upon which alcohol and the other narcotics are found "guilty."

4. Make a study of the whole field of accident prevention and first aid. Begin to prepare several weeks in advance by asking students to watch the newspapers and clip all items referring to accidents. Post these on the bulletin board and let them accumulate, without comment, until you are ready to begin the study of accidents and their social significance. Then, taking the record for whatever it happens to be at that time, let the class list the common causes of these accidents and have them suggest a set of rules by which these tragedies might have been prevented. Sometimes it is interesting and profitable to have the class construct a "Safety First Alphabet" with a safety slogan for every letter in the alphabet.

Of course, many of the accidents will be listed as due to alcohol as the primary cause, but now try to determine fairly in what ways alcohol might have been responsible for part of the other accidents which have occurred during the period of observation. In order to do this it is necessary to study the ways in which alcohol affects man both mentally and physically, and so the subject of alcohol is introduced in a normal way.

Show slides, available from the Visual Center, based upon the book, "What About Alcohol?"<sup>42</sup> Use whatever textbooks are available. Ask the local safety council and insurance companies to furnish speakers who will discuss the causes and results of traffic injuries which maim or disable for life, as these have a great economic significance. The National Safety Council, and the State Motor Vehicle Department, local safety councils and commissions, Travelers Insurance Company, and local police departments will be able to furnish information concerning total traffic accident figures as well as the number known to have involved the use of alcohol. The yearly booklets issued by the Travelers Insurance Company are especially interesting and practical as sources of information concerning the whole traffic accident problem. The results of many surveys are also available.

An interesting and worthwhile sidelight on the subject may be developed from the first aid angle, as the use of alcohol internally is "taboo" in any first aid treatment. In order to see the accident problem through the eyes of a real "First Aider," ask the director

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<sup>42</sup> Emil Bogen and L. W. S. Hisey, *What About Alcohol?* (Los Angeles: Angelus Press, 1934).

of the local Y. M. C. A. or a Red Cross officer to speak to your class or to give a First Aid Demonstration. He has a wide range of first aid experience and will make clear the things to do and not to do in connection with accidents.

As a climax to the study of alcohol and other narcotics, it is vital to let the students express their conviction by means of debates, panel discussions, and short plays, as well as by preparing slides, cartoons, or posters on the subject.

5. Since alcohol and other narcotics are a social danger it is possible to make or use still other methods of approach in the various social studies classes. The question of social progress, legislation, international relations, crime, safety, poverty, and worthy home membership all present points of contact with the narcotics problem. Use every available authentic source of current information possible in order to let the students see that it is not a static problem. Learn what other countries are doing; progress especially worthy of note is being made in Mexico, Germany, Russia, France, England, Japan, Turkey, and Italy. After a study of the problem, allow students to present their views either by writing "editorials" or by drawing cartoons to illustrate an editorial page. Debates are also useful in crystallizing student opinion.

As a unit or project a class can make a study of the nature of alcohol and its effects upon the individual and upon society. The class may be divided into committees or groups and each group can make a careful study of scientific reports concerning a particular phase, which it is to put into condensed, written form and also given to the class in the form of oral reports. Suggested subjects for individual committees may include: (1) the nature and actions of alcohol, (2) the place of alcohol in industry and science, (3) its effect upon cell structure, (4) its effect upon the brain and nervous system, (5) its psychological effects, (6) its social effects, (7) the part its beverage use plays in the revenue structure of the community, the state, and the nation, and (8) its relation to crime and other social maladjustments. The facts discovered by these committees can form the ground-work or foundation upon which other reports can be based and a broader program of education and activities developed. Special reports and special books should be consulted, as well as textbooks on hygiene, social sciences, biology, chemistry, psychology, and the like.

Getting deeper into the subject, the advanced high school or college class can embark upon the difficult task of ascertaining the problems and needs arising from the sale of beverage alcohol in the community. A specific activity in this connection might be to discover the number of boys, girls and young women who are employed in places where liquor is sold or who through the conditions of their employment are compelled to handle or sell alcoholic beverages and to compare this number with other places and with other times (prohibition and pre-prohibition days). The class might make a study to determine to what extent social pressure operates upon people in the matter of drinking. From what source does such pressure come?—clubs, fraternities, lodges, social gatherings, business demands, or what?

Various other studies and surveys can be conducted in the effort to determine the effects of alcoholic beverages upon the community. Among the lines of investigation which might be undertaken are the following:<sup>43</sup>

. . . . Additional problems will doubtless be discovered growing out of local conditions and needs. The following paragraphs call for a wide variety of information that can be obtained with a little effort, in any community. For a copy of the state liquor law one can write the secretary of state. A list of license holders in the community, together with information concerning sales, tax revenue, and other data, can be secured from the liquor control commission or from the county clerk. Police, crime, and traffic statistics can be had from the police department. Statistics covering disease and other health matters can be gotten from the local or other health offices. Certain types of information will have to be secured by observation and interviews.

Such a project-activity program as here outlined is challenging to the school and to modern education that will not remain blind to the "dangerous" issues.

(1) A study of the state or provincial liquor law or laws and analysis of its provisions. What type of liquor law does the area have? License? State control commission? State monopoly? What rights do local communities have with reference to control of liquor selling within their boundaries? Does the community have the right of local option? What regulations govern the sale of liquor, especially with reference to location, hours of sale, sale to minors, sale to intoxicated persons, the use of music, entertainment, etc.? (The Indiana liquor law, for instance, provides for an "importer" in each senatorial district and a beer "wholesaler" for each county.) What are the probable purposes of such unusual provisions? (Note the possibilities of the Indiana law with reference to the control of the state senate and house of representatives.)

(2) A listing of the liquor licenses held in the community according to name of holder, type of license, and location. If the government monopoly or dispensary system is in effect, find out the total monthly sales. Make a spot map of the liquor selling places of the community. Where are they most prevalent? What sections of the community are most affected? Business? Residential? Slum? Where license is held in the name of a corporation, secure names of principal stockholders. (Well-known citizens sometimes hide their connection with the liquor business under corporate devices.) How much revenue accrues to the local, area, and national governments from the consumption of liquor in the community? What is the probable total expenditure for liquor by the community? What is the probable total cost to the community of the sale of liquor, excluding increased crime and disease costs?

(3) A study of the police and crime records of the community. How many arrests were made for drunkenness during the past year?

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<sup>43</sup> *The Local Church and the Liquor Problem* (Chicago: The International Council of Religious Education, 1938), pp. 11-14.

From what section of the community do most of them come? Do the names and locations suggest any connection between the use of liquor and unwholesome social conditions, lack of income, lack of socially desirable alternatives? How do the records compare with records of the prohibition era? Are the types of offenses those commonly associated with the use of liquor? (Drunkenness, assault and battery, fighting, manslaughter, and so-called "crimes of passion," such as offenses against women and children, criminal assault, and murder.)

(4) A study of traffic violations for the past year. What number or percentage of cases are of a type that are likely to accompany the use of liquor? (Many offenses charged simply as "speeding," "failure to stop at red light," "leaving the scene of an accident," "driving on the wrong side of the road," etc., are due to the driver's being more or less under the influence of liquor.)

(5) A study of traffic deaths during the past year. How many fatalities involved the use of liquor on the part of the driver? How many deaths were due to the use of liquor by pedestrians? (Fatalities to pedestrians in the streets or caused by walking into the side or path of a moving car may be due to drinking.) Care should be exercised not to draw conclusions from unverified data. Not all traffic accidents are due to the use of liquor, though some authorities believe that liquor is present in a very large percentage of the cases."

(6) Liquor-caused or liquor-associated diseases in the community. Among such diseases are acute alcoholism, alcoholic insanity, cirrhosis of the liver, Bright's disease, syphilis, etc. At this point the advice of a competent physician should be sought.

(7) The situation with reference to law enforcement. Are liquor licenses refused persons with records of conviction or of known bad repute? Are regulations (both local and state) governing location, character of place, hours of sale, sale to minors and intoxicated persons, etc., observed and enforced? What is the general character of taverns and drinking places in the community? (Write for reports of Chicago Juvenile Protective Association for types found in one metropolitan area.)

(8) Bootlegging in the community. What efforts are made to curb the practice? What penalties do the courts inflict? Are sentences served?

(9) Substitutes in the community for the social features that are to be found in taverns and drinking places. Are there places where young people can congregate for sandwiches, soft drinks, dancing and a general "good time" free from the presence of liquor? Is liquor generally served at young people's social functions in the community? Is the "cocktail hour" a social institution in the so-called "best" homes of the community? If so, what effect does this have on efforts toward alcohol education?

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"Harry H. Porter, "Handling the Drunken Driver—The Modern Method," address at Art Center, Evanston, Illinois, February 24, 1938.

(10) The attitude manifested by civic organizations, clubs, luncheon groups and the like, toward the use of liquor. Consult Parent-Teacher Associations, leaders of women's clubs, leaders of business and professional organizations, etc., to learn what the practice is at functions sponsored by these groups.

(11) Interviews with superintendents of schools, teachers, trustees, family welfare agencies and the like to learn how liquor-selling has affected children.

(12) The extent, if any, to which the business of making and selling liquor enters into the economic life of the community. Is there a brewery or distillery in the community? Are there types of business that cater to the liquor trade in a secondary capacity, such as the manufacture of glass bottles, patent bottle-caps, bar fixtures, refrigerators, etc.?

(13) Protective influences at work in the community. In the homes, to what extent do parents accept responsibility for training their children against the use of alcohol? Are brewer- and distiller-sponsored radio programs popular in the community? Is the serving of liquor in the home widely practiced in the community? (Care should be taken to avoid giving personal offense in answering this question. General facts are called for, rather than attempting to catalog individuals or families.) What protective influences are at work in the schools, the churches, and through temperance groups?

Such an involved project as outlined above may be pursued in a number of ways. It might be started in the junior year and carried out during a two-year period until graduation. Or it may be divided among two or more classes or sections of a class and completed in a month or two.

... Reports should be carefully prepared, with special regard for maintaining an unprejudiced, objective, factual point of view. Data contained in the reports should be carefully studied and evaluated by the group. Eliminate all statements which do not have substantial group support. Avoid all extreme statements. The purpose of the project is to furnish facts. The needs revealed should be carefully noted. If the studies show, for instance, that a large number of young people frequent taverns and drinking places and that facilities for wholesome recreation and association are limited in the community, these facts seem to indicate a possible line of action for the group. High ratios of drunkenness, crime, traffic accidents, and fatalities, etc., suggest needs to be met. The number of class periods or other meetings of the group or groups to analyze the studies and plan a program of education and action will depend to a large extent upon the amount of accurate data secured, the care with which it is studied, and the type of program which conditions seem to require.

The reports, together with all data gathered, should be carefully filed away for future reference. Statements may be called in question, figures challenged, or more detailed information demanded. If properly classified, the reports and their supporting data ought to

be valuable source material for the school and for the community at large. In cases where community action develops, this material will form the basis for further study.

### Evaluation

Throughout this bulletin we have tried to emphasize the objectives of education, of health instruction, and more particularly, that phase of health having to do with narcotic instruction; and to show that all instruction should lead to the realization of these goals. There are always at least two reasons why the teacher should know how nearly the outcomes of instruction fulfill the objectives or reasons for an evaluation program. The first has to do with remedial instruction and the relationship of future instruction to present achievement. In the second place, a measuring program helps the teacher evaluate her materials and methods, and thus to improve her instruction from experience.

Measurements of outcomes are inadequate at best, but the teacher must use them, and if she is wise and careful how she uses them, she can secure valuable help for teaching. The four general types of tests are: standard, essay type tests, new-type tests, and observational tests. Each type has advantages peculiar to itself and occasions arise in most teaching for the use of all types. With the great stress that is being placed on objective knowledge and facts in the teaching of narcotics, it would seem that tests are of great importance. We know of no standard tests concerning narcotics at the present time; however the need is apparent. At the present time we will have to depend upon the other types of testing, particularly the essay and observational kind.

In any attempt to evaluate the outcomes of a social science subject such as narcotic education there must be consideration of the capacities for leadership, creative work, and of those elements of personality which control habits and attitudes. The most satisfactory method of evaluating such abstract ideas and ideals is through use of the observational tests in the class room, in group projects, in the halls, on the grounds, and in all situations in which there is a possibility of such qualities being displayed. "A careful check should be made of all school work and activities of the pupils in order to ascertain the various forms and quality of creative effort which is finding expression through these outlets. In this manner these traits which can not be measured by educational tests, but which are vital outcomes of the social studies can be evaluated." (See the Florida Elementary Course of Study.)

The real and important test of the effectiveness of narcotic education, like the final test of all education, comes during the period after the student has left his school days behind. The progress of our civilization toward the ideal of the good life is the great objective that should become the final outcome.

## Part Three

# Bibliographies

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Scientific - Social - Economic - Historic

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#### NUCLEUS FOR AN ALCOHOL REFERENCE LIBRARY

List of a Few of the Valuable "Out-of-Print" Books Which May Be Found in Libraries or at Second-hand Dealers

	Orig. Price
Allen, Mrs. Martha M.: <i>Alcohol, a Dangerous and Unnecessary Medicine</i> (1900), Chas. C. Haskell & Son, Norwich, Connecticut; L. N. Fowler & Company, London, England (linen) .....	\$ 1.25
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Crothers, T. D.: <i>Inebriety; a Clinical Treatise on the Etiology, Symptomology, Neurosis, Psychosis and Treatment, and Medico-legal Relations</i> (1911), Harvey Publishing Company, Cincinnati, Ohio ....	3.00
Dorchester, Daniel: <i>The Liquor Problem in All Ages</i> (1884), Phillips and Hunt, New York City; Cranston & Stowe, Cincinnati, Ohio.	
Eddy, Richard: <i>Alcohol in History, an Account of Intemperance in All Ages</i> (1887), National Temperance Society and Publication House, New York City .....	1.25
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Gough, John B.: <i>Autobiography and Personal Recollections</i> (1870), Bill, Nichols & Company, Springfield, Mass.; Bill & Heron, Chicago, Ill.	
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Gustafson, Axel, and Zadel, B.: <i>The Foundation of Death; a Study of the Drink Question</i> (1884) 5th edition, Heath, Boston, Mass. ....	1.68
Hargreaves, William: <i>Alcohol and Science; or, Alcohol, What It Is, and What It Does</i> (1884), National Temperance Society and Publishing House, New York City .....	1.25
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Horsley, Sir Victor, and Sturge, Mary D.: <i>Alcohol and the Human Body</i> (6th ed., 1920), Macmillan, London .....	1.25
International Temperance Conference, Philadelphia, 1876: <i>Centennial Temperance Volume, A Memorial</i> (1877), National Temperance Society and Publication House, New York City .....	3.00
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Warner, Harry S.: <i>Social Welfare and the Liquor Problem</i> (1913), Intercollegiate Prohibition Association, Chicago, Illinois rev. ed. ....	.50

#### Pamphlets

Baker: <i>Here's Health To You</i> —Richard J. James, 10-12 Ivy Lane, Paternoster Row, E. C. 4, London, England (May be obtained from The Signal Press, Evanston, Illinois) .....	\$ .35
<i>Inside Information</i> .....	.20
<i>The Three Partners</i> .....	.20
Caldwell: <i>Answers To Alcohol</i> , The McCormick-Armstrong Co., Wichita, Kans. ....	.20

Crabb: <i>Mrs. Gray Bunny's Children</i> , Minnie Rowe Crabb, Los Gatos, Calif. ....	.15
<i>Mrs. Gray Bunny's Health Color-Book</i> .....	.15
<i>Gray Bunny Children Still Learning</i> .....	.15
Hamlin: <i>Alcohol Talks to Youth</i> , The Signal Press, Evanston, Illinois ...	.25
King: <i>The Psychology of Drunkenness</i> , The Signal Press, Evanston, Illinois .....	.10
Palmer: <i>A Syllabus In Alcohol Education</i> , The National W. C. T. U. Publishing House, Evanston, Illinois .....	.25
<i>How I Taught Alcohol Education</i> , The Signal Press, Evanston, Ill. ..	.10
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Pressly: " <i>That Awful Ethel</i> ," Junior Life, Presbyterian Committee of Publication, Richmond, Virginia .....	.15
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Scholastic Coach Magazine: <i>Top Form</i> , Alcohol Education, 1730 Chicago Avenue, Evanston, Illinois .....	.15
Williams & Stoddard: <i>The Scientist Experiments With Alcohol</i> , The Signal Press, Evanston, Illinois .....	.25
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Landis: <i>Liquor Control</i> (32 pages) .....	.10
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National Safety Council: <i>Tests for Driver Intoxication</i> (1937) .....	.10

#### A LIBRARY SHELF OF BOOKS, PAMPHLETS AND LEAFLETS

For School, Church and Public Libraries for Narcotic Education  
Special Price, \$14.85 Plus Carriage; Signal Press, Evanston, Illinois.

#### BOOKS:

- Corradini: *Narcotics and Youth Today*.  
Demerest: *Educate for Total Abstinence*.  
Donnelly: *Alcohol and the Habit-Forming Drugs*.  
Gordon: *The Dry Fight in Europe*.  
Gordon: *When the Brewer Had the Stranglehold*.  
Harkness & Fort: *Youth Studies Alcohol*.  
Skidmore & Brooks: *Boys and Girls Learning About Alcohol*.  
Transeau: *Effects of Alcoholic Drinks*.  
Weeks: *Alcohol and Human Life*.  
The National Forum: *Alcohol Problems Visualized*.

PAMPHLETS:

- Baker: *Inside Information*.  
Baker: *The Three Partners*.  
Caldwell: *Answers to Alcohol*.  
Crabb: *Mrs. Gray Bunny's Children*.  
      *Mrs. Gray Bunny's Health Color-Book*.  
      *Gray Bunny Children Still Learning*.  
Gregg: *Practical Experiments with Tobacco*.  
Gregg: *Practical Experiments with Alcohol*.  
Hamlin: *Alcohol Talks to Youth*.  
King: *The Psychology of Drunkenness*.  
Kress: *The Cigarette as the Physician Sees It*.  
Palmer: *A Syllabus in Alcohol Education*.  
Palmer: *Frances E. Willard Day Programs, No. I and No. II*.  
Palmer: *How I Taught Alcohol Education*.  
Palmer: *What Alcohol Is and What It Does*.  
Pennington: *Teaing About* (non-alcoholic fruit juice recipes).  
Pressly: *"That Awful Ethel"*.  
Williams & Stoddard: *The Scientist Experiments with Alcohol*.

LEAFLETS (5 copies of each):

- Bourdeau-Sisco: *Subintoxication*.  
Boston Post: *Drinking Drivers*.  
Byrnes: *Alcohol and Athletics*.  
Carter: *The Citizen and Total Abstinence*.  
Christian Science Monitor: *An Adventure in Nonchalance*.  
Craig: *The Gospel of Pain*.  
Craig: *Helpful Hints on Harmful Habits*.  
Crist: *My Car— and Whiskey—Killed a Baby*.  
Emerson: *You Shall Decide—Is It YES or NO For Alcohol?*  
Ferguson: *The Simplified Story of Alcohol*.  
Hayward: *Sensible Fellow Gives His Reasons*.  
Heise: *Alcohol and Automobile Accidents*.  
Hess: *Marihuana the Killer Drug*.  
Hess: *Medicinal Alcohol Discredited*.  
Hess: *Nostrum Perils*.  
Hess: *Progressive Physicians Ban Medicinal Alcohol*.  
Macleod: *Alcohol and Aviation*.  
Palmer: *Annotated Reference List*.  
Palmer: *Beverage Alcohol and the Nervous System*.  
Palmer: *How to Reduce "Alcoholitis."*  
Palmer: *Old Fallacies and Modern Facts about Beverage Alcohol*.  
Palmer: *Teaching Plan for Alcohol Education*.  
Palmer: *The Bible and the Use of the Word "Wine."*  
Palmer: *The Danger in Wine and Beer*.  
Palmer: *What's in a Drink?*  
Palmer: *Why Drink Dulls the Driver*.  
*Think-A-Minute Series*: Nos. 309 and 312.  
Rolleston: *Alcohol in Medical Practice*.  
Stoddard: *Traffic Safety and Alcohol*.  
Transeau: *Yes, Ethyl Alcohol Is a Poison*.

## AN ADVANCED SUPPLEMENTARY LIBRARY LIST

These selected books cover the scientific, the social, the economic  
and the historic phases of the alcohol problem.

Signal Press, Evanston, Illinois.

Author and Title	Price
Cooper: <i>The Drama of Drink</i> (1932). Study of social problems caused by alcohol .....	\$ 1.50
Emerson (editor) <i>Alcohol and Man</i> (1932). Scientific articles on many phases of the liquor problem, by twenty-three authorities .....	3.50
Emerson: <i>Alcohol—Its Effects on Man</i> (1934). A summary, by Dr. Emerson, of material in <i>Alcohol and Man</i> .....	1.00
Fisher & Emerson: <i>How to Live</i> (Revised, 1938). A new approach to an old subject—health .....	2.50
<i>Review of the Effects of Alcohol on Man</i> (1931) Victor Gollancz, Ltd., London, England. Ten authorities, in their special subjects, review and summarize the findings of studies in the problem .....	2.50
<i>Social and Economic Aspects of the Drink Problem</i> (1931). Victor Gollancz, Ltd., London, England. The work of a committee producing a companion book to <i>Review of The Effects of Alcohol on Man</i> .....	4.00
Medical Research Council: <i>Alcohol, Its Action on the Human Organism</i> (1924). Report of an English study of the alcohol question .....	.50
Miles: <i>Alcohol and Human Efficiency</i> (1924). A technical study of "mild" alcoholic drinks .....	3.00
Mobley: <i>Illusion's End</i> (1938). A story based on actual news items since 1933 .....	.60
National Forum: <i>Alcohol Problems Visualized</i> (1938) Graphs, charts and diagrams .....	.70
Pickett: <i>Temperance and the Changing Liquor Situation</i> (1934). An analysis of modern conditions .....	.75
Trowbridge: <i>Frances Willard of Evanston</i> (1938). An up-to-date biography of an outstanding woman of the 19th century .....	2.00
Weeks: <i>Alcohol and Human Life</i> (1938). All phases covered. Complete bibliography. Excellent index .....	1.85

### ANNOTATED REFERENCE LIST FOR ALCOHOL EDUCATION

Elementary, secondary, and college levels

#### For the Teacher—Basic Principles and Outlines

**PALMER:** *A Syllabus In Alcohol Education*—50 pages. A logical organization of the several steps in the study of alcohol—source, nature, actions, uses outside the body and effects when taken in drinks, showing the relation between these several phases. Arranged pedagogically for teachers and others who need an orderly understanding of the subject. Easy reading, high school vocabulary. What every teacher should know about alcohol, regardless of the grade she will teach. 25 cents, \$13.00 per 100.

**PALMER:** *What Alcohol Is and What It Does* (for discussion groups)—30 pages. A course of thirteen lessons based on "A Syllabus." The style is conversational. Easy reading, time about 2½ hours. 10 cents (Cokesbury Press).

**PALMER:** *How I Taught Alcohol Education, by Successful Teachers* (a compilation) 16 pages. Reports of successful teaching projects: (1) Account and full outline of unit developed in sixth grade together with the approximate wording of the numbers in the "radio program" given by the children at the close of the course. Method suitable for grades from fourth to tenth. Fascinating reading. (2) Three correlations with high school English classes. Method adaptable to any grade. Excellent reading. 10 cents each, \$7.00 per 100.

**PALMER:** *Teaching Plan for Alcohol Education*—4 pages. An outline of material for objective teaching with suggestions for correlations at the various grade levels. 2 cents each; 65 cents per 100.

**PALMER:** *Special Program for Frances E. Willard Day* (No. I for High Schools; No. II for Grades)—16 pages each. Selections by well known authors and specially-written numbers in prose and rhyme to help make the scientific facts easy to remember. 5 cents each, \$2.75 per 100.

**HANSON:** *Seeing Is Believing*—4 pages. Cut of and directions for an exhibit in alcohol education. 2 cents each, 65 cents per 100.

*Alcohol Charts* (Manufactured by DeNoyer-Geppert Company, Chicago) W17, Alcohol: Showing that actions of alcohols which are useful outside the body cause undesirable effects inside the body (when taken in drinks). Seven colors, on cloth, with wood rollers. \$3.75 plus carriage. W18, Alcohol the Narcotic: Indicating narcotic effects of alcohol on higher, lower, and basic functions of the nervous system. \$3.75 plus carriage.

#### **For Primary Group (Grades 1, 2, 3)**

To be read to class or by pupils.

**BAKER:** *The Three Partners*—50 pages. Author is a teacher in London. Material especially for the teacher of Grades I, II, III, but invaluable help for any teacher. Six lessons on six subjects, which may be subdivided and elaborated, each followed by a story for little children, based on the preceding scientific principles. Clever illustrations, easy to copy. 20 cents each.

**CRABB:** *Mrs. Gray Bunny's Children*—44 pages. For first, second, and third grades. The little Bunnies learn many valuable things; so do the children who also learn by coloring 9 full-page pictures. 15 cents (Mrs. Minnie Rowe Crabb, Los Gatos, California).

**CRABB:** *Mrs. Gray Bunny's Health Color-Book.*

**CRABB:** *Mrs. Gray Bunny's Children Still Learning*—Uniform with *Mrs. Gray Bunny's Children*. 15 cents each.

#### **For Intermediate Group (Grades 4, 5, 6)**

**BAKER:** *Here's Health To You*—200 pages. Physiology is easy and interesting when followed through these seventeen chapters with drawings by the author (a teacher in London). A textbook for the teacher making plain the effects of alcohol. Easy reading for children above fifth grade. 35 cents (paper). (Margaret Baker, Grange Court, Leominster, Herefordshire).

**BAKER:** *Inside Information*—50 pages. Ten chapters. Material for teachers in intermediate grades. A story of a little boy who hated physiol-

ogy and wished, if he had to learn all those things, he could see inside of himself—and how his wish came true. Suitable for children's reading above fourth grade. 20 cents.

CALDWELL: *Answers To Alcohol*—45 pages. For teachers and pupils of grammar grades. Stories of fifteen visits made by the class to the chemist, the doctor, the police, etc., to ask about alcohol. Illustrated by members of the class. 20 cents. (L. H. Caldwell, principal Gardiner Elementary School, Wichita, Kansas).

#### For Junior High (Grades 7, 8, 9)

BOGEN AND HISEY: *What About Alcohol?* 100 pages. For teachers and pupils of junior and senior high school. 40 drawings; references; suggestions for correlations with other school subjects. \$1.50 (board) (Angelus Press).

DONNELLY: *Alcohol and the Habit-Forming Drugs*—218 pages. The official text for the public schools of North Carolina. The subject matter is interesting; the illustrations are excellent. 80 cents each (Alfred Williams & Co.)

PRESSLY: *"That Awful Ethel"*—24 pages; 9 chapters (lessons). Conversations between ten-year-old Billy, who is "taking a course" in alcohol education, and his college-student uncle, who gets some new ideas. For junior and senior high school. 15 cents each.

THE NATIONAL FORUM: *Alcohol Problems Visualized*—Grafts, charts, cartoons, etc. 70 cents.

Strip Films: "What Alcohol Is and What It Does" and "Alcohol Problems Visualized." Suitable also for high-school and collegiate levels. Write for terms. (Society for Visual Education, Chicago, Illinois).

#### For Senior High and Collegiate Levels (Also for Teacher Background)

CORRADINI: *Narcotics and Youth Today*—100 pages. Six chapters covering what high school pupils want to know about narcotics in general, alcohol in particular. Fifteen figures, diagrams and graphs; appendices, references, index. 65 cents (board) (Foundation for Narcotics Research and Information, Inc.)

HAMLIN: *Alcohol Talks to Youth*—When in the laboratory, alcohol tells high-school pupils the truth about itself—what it is and does. 25 cents.

HARKNESS AND FORT: *Youth Studies Alcohol*—123 pages. Excellent suggestions to teachers on how to direct discussion of the alcohol problems in class situation. 64 cents (Benj. H. Sanborn & Co.)

MEDICAL RESEARCH COUNCIL: *Alcohol: Its Action on the Human Organism*—170 pages. Eleven chapters. By the British Medical Research Council, appointed to report the effects of alcohol for the benefit of Parliament in making laws to control sales. 50 cents (His Majesty's Stationery Office).

THE NATIONAL FORUM: *Alcohol Problems Visualized*.

TRANSEAU: *Effects of Alcoholic Drinks*—100 pages. An authoritative review of what scientists have discovered about the effects of alcohol upon the human mind and body. Eighty-two authorities mentioned, page references and dated articles listed for each chapter. \$1.25 (board), \$1.00 paper).

WEEKS: *Alcohol and Human Life* (1929)—200 pages, 11 chapters, covering use in medicines; effects on nervous system, liver, kidneys, circulation; as a racial poison; influence on national life. \$1.50 (paper), \$1.85 (cloth). (H. K. Lewis & Co., Ltd.)

WILLIAMS AND STODDARD: *The Scientist Experiments With Alcohol*—50 pages. Descriptions of thirteen experiments performed in seven different countries, showing effects of alcohol on muscular control, endurance, hearing, mental control, color perception, typewriting, etc. For teachers of all grades and for high school reading. 25 cents each, \$13.00 per 100.

BURKARD-CHAMBERS-MARONEY: *Health and Human Welfare*—(Lyons & Carnahan).

MOON AND MANN: *Biology for Beginners*—(Henry Holt & Company, New York).

SMALLWOOD-REVELEY-BAILEY: *New General Biology*.

WILLIAMS: *Healthful Living*—(The Macmillan Company, 60 Fifth Avenue, New York).

WOOD AND CARPENTER: *Our Environment*—(Allyn & Bacon, New York, San Francisco, etc.)

**Educational Leaflets**  
Signal Press, Evanston, Illinois

	Each	Per 100
The Simplified Story of Alcohol.....	2 cents	\$ .35
Yes, Ethyl Alcohol Is a Poison.....	2 "	1.00
The Danger in Wine and Beer.....	2 "	.65
Why Drink Dulls the Driver.....	2 "	.65
What's in a Drink?.....	2 "	.65
How to Reduce—"Alcoholitis".....	2 "	.65
These Troublesome Triplets—Temperance, Moderation, Abstinence .....	2 "	.65
Why His Father's Son Did Not Drink.....	2 "	.35
Alcohol and Automobile Accidents.....	2 "	.35
Safety on the Highroad.....	2 "	.65
The Bible and the Use of the Word "Wine".....	2 "	.65
Who Is Responsible?.....	2 "	.65
The Sequence (venereal disease).....	3 "	2.25
"Amethyst Drinks" (three booklets with recipes, "New Mugs o' Joy," "Brisk Beverages," "Beverage on Your Dinner Table") each 10 cents (85 cents per dozen)		

**Playlets—From Class Projects**  
Signal Press, Evanston, Illinois

Alcohol in Court (Grade 4).....	10 cents	3 for 25 cents
The Wise Bunnies (Grade 5).....	10 cents	3 for 25 cents
One Drink Is Too Many (Grade 6).....	5 cents	4 for 15 cents
Experience Is a Dear Teacher (Grades 7, 8).....	10 cents	3 for 25 cents

