CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

AN EVALUATION OF A COMMUNITY HEALTH EDUCATION SYMPOSIUM ON
DRUG USE AND ABUSE AT CALIFORNIA STATE UNIVERSITY
AT NORTHRIDGE

A graduate project submitted in partial satisfaction of the requirements for the degree of Master of Public Health in Community Health Education

by

H. Tom Hyatt

June 1974
The graduate project of H. Tom Hyatt is approved:

Committee Chairman

California State University, Northridge
June, 1974
ACKNOWLEDGMENTS

I would like to acknowledge my appreciation to Robert H. Eichberg and W. H. McGlothlin for their role in developing the literature review section of this project. I would also like to acknowledge the endless hours of editing contributed by Robert H. Eichberg.
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>vi</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>1 INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>2 A LITERATURE REVIEW OF STUDENT DRUG USE</td>
<td>5</td>
</tr>
<tr>
<td>Defining Drug Abuse</td>
<td>6</td>
</tr>
<tr>
<td>Incidence of Student Drug Use</td>
<td>8</td>
</tr>
<tr>
<td>Patterns of Student Drug Use</td>
<td>9</td>
</tr>
<tr>
<td>Psycho-Social Correlates of Student Drug Use</td>
<td>9</td>
</tr>
<tr>
<td>Personality Correlates of Student Drug Use</td>
<td>14</td>
</tr>
<tr>
<td>Summary of Findings</td>
<td>21</td>
</tr>
<tr>
<td>Relevance for Health Education</td>
<td>25</td>
</tr>
<tr>
<td>3 THE EDUCATION TASK FORCE OF THE COMMUNITY INTERFAITH! DRUG COUNCIL</td>
<td>29</td>
</tr>
<tr>
<td>Background of the Community Interfaith Drug Council</td>
<td>29</td>
</tr>
<tr>
<td>Early Organization of the Community Interfaith Drug Council</td>
<td>32</td>
</tr>
<tr>
<td>Goals of the Community Interfaith Drug Council</td>
<td>33</td>
</tr>
<tr>
<td>Formation of Task Forces</td>
<td>34</td>
</tr>
<tr>
<td>Goals of the Education Task Force</td>
<td>35</td>
</tr>
<tr>
<td>4 THE COMMUNITIES</td>
<td>37</td>
</tr>
<tr>
<td>The San Fernando Valley</td>
<td>38</td>
</tr>
<tr>
<td>The Religious Community</td>
<td>40</td>
</tr>
<tr>
<td>Summary</td>
<td>42</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>PAGE</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>5</td>
<td>DRUG ABUSE SYMPOSIUM AT CALIFORNIA STATE UNIVERSITY, NORTHRIDGE</td>
</tr>
<tr>
<td></td>
<td>CIDC's Role in the Symposium</td>
</tr>
<tr>
<td></td>
<td>Response to the Symposium</td>
</tr>
<tr>
<td>6</td>
<td>DISCUSSION, RECOMMENDATIONS, AND CONCLUSIONS</td>
</tr>
<tr>
<td></td>
<td>Discussion</td>
</tr>
<tr>
<td></td>
<td>Recommendations for Future Symposia</td>
</tr>
<tr>
<td></td>
<td>Recommendations for CIDC Goals</td>
</tr>
<tr>
<td></td>
<td>Conclusions</td>
</tr>
<tr>
<td>7</td>
<td>SUMMARY</td>
</tr>
<tr>
<td></td>
<td>REFERENCES</td>
</tr>
<tr>
<td>APPENDIXES</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Cover of Brochure for the Symposium on Drug Use and Abuse</td>
</tr>
<tr>
<td>B</td>
<td>Scheduled Speakers for the Symposium on Drug Use and Abuse</td>
</tr>
</tbody>
</table>
ABSTRACT

AN EVALUATION OF A COMMUNITY HEALTH EDUCATION SYMPOSIUM ON
DRUG USE AND ABUSE AT CALIFORNIA STATE UNIVERSITY
AT NORTHRIDGE

by

H. Tom Hyatt

Master of Public Health in Community Health Education
January, 1974

This graduate project is an evaluation of a community health education symposium on drug abuse. The symposium took place in May, 1973, at California State University at Northridge (CSUN) under the co-sponsorship of the CSUN Associated Students and the Community Interfaith Drug Council (CIDC). The author served as Chairman of the Educational Task Force of CIDC as well as on the CIDC Board of Directors, and was active in planning the symposium. This paper explains the organizational background of CIDC, and evaluated CIDC's role in the symposium. This evaluation is enhanced by a review of the literature on student drug abuse as well as a discussion of the San Fernando Valley community in which both CIDC and CSUN are located. Attendance at the Symposium was poor, and several explanations of this are explored. Recommendations are made for rectifying CIDC's mistakes
in future endeavors. Major emphasis is placed on the importance of defining terms and establishing measurable health education goals, in order to build an evaluation component into future community health education programs.
In September, 1972, this author began to search for an interesting group that was doing community health education. The aim of the search was to secure a position through which to meet the requirements of the supervised field training project, necessary to receive a Master's degree in Public Health.

Protestant Community Services' Community Drug Abuse Education Program for Adults was funded by the National Institute of Mental Health (35) and was designed, as stated in their report, "to prevent drug abuse by means of education programming especially designed for the clergy and lay leadership of the community with high incidence of abuse." (NIMH, 35:ii) The Community Drug Abuse Education Program for Adults sent community organizers into several communities. One community organizer went to the San Fernando Valley to organize the religious community. The first step was to determine the problems of the community, as related to drug abuse; second, to work on solutions to these drug and drug related problems.

The community organizer did not strictly define the term "religious community" and did not define the roles of secular agencies in the organization of the religious community. As a result, religious groups in the San Fernando Valley interested in drug abuse reduction and related problems and private or governmental agencies in the San Fernando Valley with similar concerns were asked to have interested representatives meet to form the new group. Coincidentally,
a member of the group invited this writer to attend one of its meetings.

The group intended, at some time in the future, to deal with problems related to drug abuse in the religious community of the San Fernando Valley. Toward this end participants in the group developed some general areas of concern and decided that they wanted to take some action in the areas of housing for youths in crisis situations, crisis counseling, creating alternatives to drug abuse by youth, and drug abuse education. The organizer of the group proposed to the supervised field training project committee that this writer take the position of Chairman of the Educational Task Force. The committee and the community organizer left this author with the understanding that the object of the supervised field training project, in this instance, was to gain experience as a community health educator and as a leader in an organizational setting under supervision of the community organizer. As a result of discussions with the supervised field training project committee, this writer felt that the project could be completed by taking extensive notes on the meetings and writing an analysis of the developing organizational process of the group in its community health education aspects.

Prior to the time that this writer joined the new group, the interested representatives of agencies - religious, private and governmental - concerned with drug abuse in the Valley had been brought together by the community organizer from Protestant Community Services' Community Drug Abuse Education Program for Adults. The group had developed some general areas of concern and some very general
informal goals. As this writer took the position of Chairman of the Educational Task Force and began the supervised field training project, the group took the name Community Interfaith Drug Council (CIDC).

As Chairman of the Educational Task Force, this writer's responsibility was to preside over the task force meetings, follow through on task force decisions, coordinate subcommittee meetings, and make monthly task force reports to the Board of Directors. Also, the Chairman of the Educational Task Force was asked to be a member of the board, and when an Executive Committee was formed, this writer served on it.

During the past year, the Educational Task Force was involved in planning, implementing, and coordinating five health education programs relating to the area of drug abuse. One of these was a symposium at California State University at Northridge. It is the purpose of this project to evaluate this symposium as a form of Community Health Education in drug abuse.

Inasmuch as this paper deals with the subject of drug abuse, a complicated issue, the second chapter is devoted to a literature review on student drug use. Included in the literature review are sections on defining drug abuse, the incidence of drug use, the patterns of drug use, the social correlates of drug use, and the personality correlates of drug use. Some of this information is generalizable to the student population at California State University at Northridge (CSUN).
In order to understand and evaluate the symposium at CSUN, it is important to understand the goals of the Educational Task Force and the context in which the task force functioned. Following this contextual framework is a description of the San Fernando Valley, since it is important to understand the community at which the program was directed. Following this background information there is a narration of the events surrounding the planning of a drug abuse symposium including the role of CSUN and the planning role of CIDC. Discussion of this symposium is followed by a critical analysis of the symposium with recommendations for improvement in the future.
CHAPTER 2

A LITERATURE REVIEW OF STUDENT DRUG USE

In community health education the assumption is made that knowledge and attitudes control behavior. The primary goal of health education is to change a specific behavior. This author suggests that the primary goal of the symposium herein critiqued should have been to reduce the incidence of drug abuse among students attending California State University at Northridge (CSUN). Utilizing the above assumption, and working toward this goal, would require that the health educator determine causes, incidence, beliefs, attitudes, and behaviors associated with drug use among students at CSUN. Therefore, this chapter deals with a review of the literature on student drug use. The literature review covers all drug users including that segment of drug users defined in this chapter as "drug abusers". Some of the information on student drug use can be generalized to the CSUN student population.

The literature on drug use, for purposes of this project, has been divided into several topics: (1) defining the term "drug abuse", (2) incidence of drug use among students, (3) patterns of drug use among students, and (4) social and psychological correlated of drug use among students.

The term "drug abuse" is defined to facilitate a distinction between a singular behavior, drug abuse, and other related behaviors. The average person may be unable to distinguish between drug use and drug abuse, and between their symptoms, functional and dysfunctional
drug use. Since the focus of the symposium is drug abuse, the term is defined to eliminate confusion.

The incidence of drug use in the student population is discussed in the context of a 5 year time span to show the growth and proportion of students having used drugs. As incidence of drug use only begins to describe drug use, a discussion of the patterns of student drug use is included as a means of defining the regularity of drug use, i.e., the type of drug used n number of times per week.

There is a great temptation to place many different kinds of variables in a causal relationship with drug abuse, and one often hears that "X", given factor, causes drug abuse. It is, therefore, of value to be acquainted with a broad range of scientific literature that investigated the relationships between suspected causal factors and drug abuse. The literature review showed no establishment of causal relationships but described numerous social and psychological correlates associated with drug use and abuse.

Defining Drug Abuse

The following is a conceptual framework that has to be understood when discussing "drug abuse". A drug is "any substance which, by its chemical nature, alters structure and function in the living organism" (Nowlis, 36:8). This definition is judicious, and does not require a value judgement to determine whether a substance is harmful.

Thus, the term "drugs" includes alcohol, caffeine, nicotine, aspirin, and other substances rather than being restricted to those
which generally cause alarm and are immediately connoted by the mention of "drug abuse": marijuana, hallucinogens, amphetamines, barbiturates, and opiates. Most of the literature on "drug use" still focuses primarily on the latter and not on alcohol, which Fort (13) cites as the major drug of abuse. This probably reflects the fact that research on alcohol is available under a separate heading of "alcoholism" rather than "drugs", and focuses the fact that current concern with "drug abuse" is indicative of political, social, moral and legal issues.

The point has been made that "drug abuse" is a complex phenomenon requiring knowledge of drugs, people, and social systems (Fort, 13). "Drug use and abuse, I think, or the use and abuse of any particular drug can be understood only in the total context of drug use in the society in which it occurs (Fort, in Hollander, 19:88)."

In a recent article, Farnsworth (11:5) distinguishes between functional use ("drug use") and dysfunctional use ("drug abuse"). Functional use furthers the individual's desires and goals and does not harm others. There is a continuum between functional use and dysfunctional use and the difference between the two can be measured by looking beyond the drug using behavior to its role in the individual's existence and to the nature of the adjustments which would be made if he could not behave in the way on which he had come to depend. One pole of the continuum is seen as a low degree of dependence and extends to total preoccupation with drug-using behavior at the other pole. Dysfunctional use at the far end of the scale hinders the attainment of the individual's desires and goals and/or is harmful
to others.

**Incidence of Student Drug Use**

The increase in the use of drugs among high school and college students during the past five years has been rapid. Among college students, 15-35% had tried marijuana by mid-1967. Fewer than half of these had been regular users. However, about 25% who had never used marijuana were considering trying it (Blum, 4).

Marijuana is the drug of first choice among middle- and upper-class students (Nowlis, 36). The experimental use of hallucinogens and hard narcotics has increased at a slower rate than the rapid acceleration in the experimental use of marijuana (Blum, 4).

A National Institute of Mental Health report issued in February, 1970, estimated 20-40% of all high school and college students had tried marijuana (Nowlis, 37). Sixty-five percent of these had used it less than ten times, 25% used it occasionally when it was available, and another 10% used it as often as one a week or more. This led Nowlis (37) to conclude that 7-14% of all high school and college students find marijuana satisfying enough to use it occasionally and 2-4% find it rewarding enough to use it at least once a week.

Correcting the many studies for differences in population and year of study, McGlothlin (30) concluded that the largest incidence within all populations studied was among college students, 42%, and high school students, 22%. California high schools report a prevalence of 44%.

It appears that while a minority of students had tried marijuana prior to 1967, almost a majority of students have now tried it.
Patterns of Student Drug Use

Patterns of use provide a more comprehensive picture than a simple tally of the number of times used because the total number of times a drug has been used does not define the regularity of use in a population. Patterns of use are measured by comparing total number of times a drug is used in relation to a time dimension, i.e., times per week or times per month.

Marijuana is the most prevalently used drug among students and is used only occasionally. It is also the only illicit drug used on a regular basis (Lombillo and Hain, 26; Robbins, Robbins, Fosch and Stern, 39). Multiple drug use is associated with marijuana use, although no causal relationship has been established (Anker, Milman, Kahan, and Valenti, 1). The likelihood that a person uses other illicit drugs increases with the increased frequency of marijuana use (Brill, Christie, and Hochman, 5).

Curiosity seems to be the primary reason for first using marijuana, but pleasure and fun are most often given as the reasons for continuing use (Mizner, Barter, and Werme, 34).

Psycho-Social Correlates of Student Drug Use

The studies in the literature reported have focused on student populations, and the findings may be generalized to the middle- to upper-class youth.

Several factors are associated with student drug use but causal relationships have not been established. Personality factors appear to affect the pattern of use a person establishes; for example,
psychologically unstable individuals are more likely to have adverse drug reactions. However, drug use ranges from normal individuals to individuals with severe psychological disorders.

Age at time of first use has been identified as a factor in determining a "chronic user". Hochman and Brill (18) chose the following categories to separate and describe patterns of use in their study: (1) Marijuana non-use: those using marijuana less than ten times in the past year; (2) Occasional marijuana users: those with a total use ranging from 10-50 times in the past year to a maximum of twice a week for up to three years; (3) Chronic marijuana users: ranging from those currently using three or more times per week to those using daily for two years or three or more times per week for three or more years.

There were more "chronic users" among those who first used it by age 16.5 years, while those who experimented and stopped first used it at age 18 or over (Hochman et al., 18). Medical students who used marijuana before 1965 were most likely to be current users, and current use decreases with each later year of initial use (Lipp, Benson, and Taintor, 25).

Students from suburban areas are more likely to use drugs (Goldstein, Korn, Abel, and Morgan, 16). Drug use is also more likely among students from upper-middle and upper-income families (Anker et al., 1; Goldstein et al., 16). There is a trend toward less parental education for non-users (Goldstein et al., 16), and toward higher educational achievement for parents of users (Goldstein, 15).
Several findings are reported in the literature with respect to family relationships. Studies found that neither "family disorganization" nor mobility were related to drug use (Steffenhagen, McAree, and Zheutlin, 45) nor was divorce (Hochman et al., 18). There is a positive relationship between marijuana use and cigarette smoking by the oldest two siblings and also a positive correlation between cigarette smoking and the use of marijuana by siblings (Hochman et al., 18). A youth is more likely to use drugs when both parents use psychoactive drugs. Here the strongest relationship was to maternal use, with a great increase in both frequency and intensity of drug use for students whose mothers use tranquilizers daily (Smart and Fejer, 42).

Drug users are more likely to live away from home (Goldstein et al., 16; Smart et al., 42). Frequent drug users tend to favor unconventional living situations (Christie, Brill, and Hochman, 9) and are more likely than non-users to be living with members of the opposite sex (Anker et al., 1). They also tend to be more experienced sexually, to have had intercourse at an earlier age, and to have more sexual partners (Anker et al., 1; Christie et al., 9; Hochman et al., 18).

Users are more liberal, interested and active in politics and protest movements, more interested in changing the form of government and laws, and to have more liberal parents (Goldstein et al., 16; Hochman et al., 18). They have less affiliation with traditional religions, and Jewish students are over-represented among the drug using group (Anker et al., 1; Goldstein et al., 16; Hochman et al., 18;
Smart et al., 42). High school drug users participate less in school activities, are suspended more frequently, have lower grades, and enjoy school less than non-users (Smart et al., 42). Another study reported a larger degree of fraternity affiliation among users than in total school population, and related this to the fact that frequency of drug use is related positively to the degree of social participation with other users (Anker et al., 1).

Hochman et al. (18) found no difference between users and non-users in number of changes of major, changes of colleges, or number or colleges attended. Nor were there any significant differences in the number of interruptions of college studies, though the "chronic" users frequently had one or more interruptions. There was also no difference found in academic success in high school or academic success in college (even among daily users). Though overall GPA's of users were slightly higher as a whole, in the junior and senior years the averages of users were more often "A" than were those of non-users. These authors also reported that a higher percentage of "chronic" users intended to go into Ph.D. programs, and were more likely to be social scientists, political scientists and psychologists. In a retrospective study of a University of California at Los Angeles sample Christie et al. (9) report that regular users were more likely to have dropped out, or to be seeking professional degrees. For undergraduates, art majors are most likely to be drug users and engineers and physical education majors are least likely, though drug use is reported within every major (Goldstein et al., 16; Hochman et al., 18).
Another study reports varied findings in relation to grades. Anker et al. (1) reported no significant relationship between current grades and drug use, but found an inverse relationship between past grades and marijuana use for undergraduates.

Other interesting findings reported by the UCLA group (Christie et al., 9) are that non-users stay satisfied with jobs longer than users, are financially dependent upon their parents more often than users, spend more money on food, and use more time for dating, sports, and television. When a serious problem arises, non-users are more likely to go first to their parents, whereas twice as many users turn to friends first. In this respect, users seem to be more peer related than non-users (Hochman, et al., 18). "Chronic" marijuana use appears to accompany less decisiveness about future plans, more flexibility in changing plans, and more emphasis on the immediate. "Occasional" users are more similar to non-users than to "chronics" (Christie et al., 9; Hochman et al., 18).

Looking at measures of attitude, there are several additional findings reported. Most users believe that marijuana is non-addictive, not likely to lead to the use of LSD or heroin, that use of marijuana does not lead to criminal activity and that penalties for marijuana use and possession are too severe. They also tend to overestimate the percentage of students using marijuana (Goldstein et al., 16). More users felt marijuana aided their adjustment than felt it had a negative effect, but of those reporting negative effects, the most common response was to quit smoking the drug (Christie et al., 9).
Personality Correlates of Student Drug Use

The studies reviewed below are concerned with personality characteristics of adolescent and young adult drug users. They include descriptions of personality changes associated with drug use, research comparing various populations of drug users, and clinical observations of patient populations. Markedly different from the psycho-social correlates associated with student drug use, the emphasis here is on the multiple drug user. This group often contains unstable users in that a large percentage of these users have been treated for emotional disorders and are most commonly referred to as "drug abusers".

A consistent personal pattern for the hallucinogenic drug user is seen by McGlothlin (29) as:

- a lessening of concern over status, competition, material possessions, and other pursuits of the achievement oriented society. He avoids thinking about the future, including basic economic realities. He refuses responsibility, both for his own self direction, and as a contributor to the existing social order (29:5-6).

The possibility of such personality changes, as the result of the use of marijuana, has been discussed by McGlothlin and West (33); the pattern is described as an "a-motivational syndrome".

...it appears that regular use of marijuana may very well contribute to some characteristic personality changes, especially among highly impressionable young persons. Such changes include apathy, loss of effectiveness, and diminished capacity or willingness to carry out complex long-term plans, endure frustration, concentrate for long periods, follow routines, or successfully master new material. Verbal facility is often impaired both in speaking and writing. Such individuals exhibit greater introversion, become totally involved with the present at the expense of future goals, and demonstrate a strong tendency toward regressive, child-like magical thinking.
They report a greater subjective creativity but less objective productivity: and, while seeming to suffer less from vicissitudes and frustrations of life, at the same time they seem to be subtly withdrawing from the challenge of it (33:376).

Investigating the long-term effects of regular marijuana use, with respect to the features of the a-motivation syndrome, one study administered the Purpose of Life Test to a group of 27 undergraduate students, who smoked once a week for the previous six months, to determine the degree that they found meaningful goals around which to integrate life (Shean and Fechtmann, 40). The students were in good academic standing and were all from upper-middle class backgrounds. The drug users scored significantly lower in the Purpose of Life Test than did the control group, and appeared to be passive and experimental in their lifestyles. Twenty-four felt that overall effects of marijuana were positive, while three reported overall negative effects. Two reported feeling psychologically dependent, while 25 felt no such dependency. Interestingly, the third most frequently reported positive effect was being "helped to outgrow middle-class values". This seems to indicate that there is a deliberate attempt by these students to attain some of the characteristics of the a-motivational syndrome.

Rejection of conventional values has been reported by another study on the values of young middle-class "drug abusers" (Cohen and Klein, 10). Tests were administered to young psychiatric patients, ages 15-25, all of whom abused drugs. They tended to reject conventional values - family, religion, work, moderation, and discipline. In relation to other values, education, money, marriage, job security,
they were not more rejecting than non-using control populations.

An investigation of white adult, long-term marijuana users, who took LSD for the first time between 1955-1961 under supervised conditions, was conducted by McGlothlin, Arnold, and Rowan (31). These adults continued to be involved with altered states of consciousness and lead relatively unstructured and unstable lives. These long-term marijuana users preferred a high degree of stimulation, uncertainty, and risks in contrast to security and structure. They were also unstable in work, residence, and marriage.

It is important to note that studies investigating the relationship of personality factors to the extent of marijuana use have indicated that occasional or casual marijuana users appear to be more like non-users than they are like frequent users (Brill, Crumpton, and Grayson, 6; Lewis, 24). Frequent users more often report long standing emotional problems and less respect for the law.

A comparison of casual marijuana users (1-4 times per month), with a mean age of 25 and a mean education of first year graduate school, found that heavy marijuana users were more often multiple-drug users (Mizner et al., 34). There was a tendency for heavy users to be younger, and students were over-represented in the casual user group. Both groups reported pleasurable experiences with the drug, but also reported paranoid experiences when "high". Heavy users often mentioned "search for insight" and/or a "wish for harmony" as reasons for continued use. Heavy users had poorer heterosexual adjustment than the casual users, and tended to be more hostile.
A study focusing on the relationship of the peer group to marijuana use among high school students found that regular marijuana users were more peer related than family related (Tec, 47). Marijuana use appears to be a social activity taking place in one's peer group, but attachment to the group did not automatically mean marijuana use would occur. The question was raised as to whether an individual uses marijuana because his friends do, or whether he seeks out friends who use marijuana. An important finding of this study was that among those with no close relationships to anyone, peers or family, there is a tendency toward being a regular user or total abstainer. Among socially isolated youngsters, moderate use is rare.

Biernacki and Davis (2) in their study pointed out a pattern of progression from mild to more intense use followed by a return to moderate use. These patterns also had different implications for discontinuing drug use. The committed-persistent user stopped as a result of a life crisis. This included a "conversion experience", and drugs became defined as incompatible with their new faith. The regular-leisure users tended to regulate their schedules so that marijuana did not conflict with other commitments. In the episodic and regular groups, declining use is usually the result of changes in life-style which takes the individual out of touch with other users.

The users of psychedelic drugs tend to place more emphasis on emotionality and are less concerned with the rational and objective. They are more influenced by unconscious processes, are more anxious and have a greater need for interpersonal relationships than non-users (McGlothlin and Cohen, 32). Chronic users of LSD have been
described as passive, frustrated and angry with parents. They are dissatisfied with their life situation and may have used LSD in an attempt to change their unpleasant emotions (Blacker, Jones, Stone, and Pfefterbaum, 3).

Another study, using a student population, sought to ascertain differences between psychologically "stable" and "unstable" users (Kleber, 23). Unstable students are more likely to want new experiences or to be seeking religious meaning. These reasons are considered by researchers to be superficial and concealing more serious problems of adjustment. Stable students report curiosity, seeking a new experience and wanting to go along with friends as reasons for using marijuana. While all of the stable students expected to continue use, the unstable students reported more adverse reactions to hallucinogenic drugs, fewer pleasant experiences and less intention to repeat use. Sixty-six percent reported homosexual material or apprehension about sex while under the influence of marijuana.

Zinberg and Weil (50) studied adults, mostly students, and found little difference in the personalities of those who smoked marijuana moderately and those who abstained. The smokers drank less alcohol and were less conventional. As reported in the college surveys, drugs other than marijuana were rarely used on a regular basis, but chronic users were more likely to have first used prior to 1965 and to regard drug use as a significant factor determining their pattern of life.

Two studies, surveying youthful patient populations, indicate that multiple-drug users are over-represented among those seeking
psychological or psychiatric help. Shearn and Fitzgibbons (41) com-
pared drug use of 167 psychiatric patients (mean age, 17.7 years; 
range 14-25 years) with a survey of 26,000 college and university 
students. Forty percent of the patient population had attended col-
lege, and 6% had graduated. Twenty percent completed high school but 
did not go to college and an additional 40% did not complete high 
school. As these were white, middle- to upper-middle class young 
people, the educational achievements are lower than expected. In 
the patient sample, 55% are women, 96% are single/never married, and 
22% Jewish, 43% Protestants. This represents a larger proportion of 
women and a smaller proportion of Jewish young people than would be 
expected from their proportions among student drug users. The patient 
population used more drugs than the general college populations, and 
the authors report a relationships between age of first use of any 
drug (usually marijuana) and the extent of later involvement. "At 
least among those who are psychologically vulnerable, the using of 
any drug before age of 15 predicts with great accuracy future drug 
involvement, i.e., the eventual use of barbiturates and narcotics 
(41:71)."

Shearn and Fitzgibbons (41) speculate that drugs may be used to 
help the adolescent cope with life difficulties and interpsychic 
stress, but this generally does not work.

The second study (Judd and Mandell, 20) was conducted with a 
population seeking help at a "Free Clinic". The mean age of the 
sample was 19.2 years (range 14-31 years) and they were white ranging 
from lower-middle to upper-middle class. They attained a higher
educational level than the psychiatric patients in Shearn et al. (41) sample. Once again, females were over-represented (55.3%). Forty-five percent had been arrested, mostly on drug related charges. Though not seeking help at the clinic primarily for problems of drug use (mean number of different drugs used 5.6; range 0-16). The parents of these youths were not perceived to be particularly unhappy or abusing alcohol or prescription drugs. While these young people agreed with the value of activists, they were not involved in political causes. They felt they received no significant information about drugs while in school, and most were distrustful of "establishment" information.

Personality characteristics of adolescent drug users, as indicated by the Minnesota Multiphasic Personality Inventory, are discussed in five recent articles. Three of these were studies of street and patient populations (Burke and Eichberg, 8; Kendall and Pittel, 22; Smart and Jonas, 43) and two of college users and non-user controls (McAree, Steffenhagen, and Zheutlin, 27 and 28). These studies yield remarkably similar results.

Marked elevations are reported in MMPI clinical scales -- Sc (schizophrenia), Mf (masculinity-feminity), Pd (psychopathic deviate), and Ma (mannic) -- for multiple drug users. The high scores on Sc and Mf indicate pathology different from the character disorder profile generally reported in earlier studies on narcotic addicts. (Gilbert and Lombard, 14). It appears that different patterns of drug use are associated with different degrees of psychopathology--"gross-multiple-drug users" being the most pathological. Marijuana-only
users do not differ significantly from non-users on MMPI determinants, except for a higher Mf scale for males (more feminine).

Summary of Findings

Drug abuse is a complex event requiring knowledge of drugs, people, and social systems in order to be understood fully. Drug abuse has been a poorly defined and emotionally charged issue. The drug abuse phenomenon has been used as a political and legal football to further personal aspirations. Drug abuse as a behavior has, thus, become an occurrence tied to many unfounded social and moral implications. Drug use can be described as a continuum. The phenomenon of "drug abuse" (dysfunctional drug use) is that point in the drug use continuum beyond which the individual's usage hinders the attainment of his desires and goals and/or is harmful to others.

Literature on the incidence of drug use among college students reveals that marijuana is used in preference to other illicit drugs. By mid-1967, 15% to 35% of the college students in the United States had tried marijuana. A report published in 1971 reveals the incidence of marijuana use in the college population was 42%. The same report reveals that California high school students have an incidence of marijuana use equal to twice the national percentage for marijuana use among high school students in the United States. It is probable that this trend is present in the college student population of California. The experimental use of hallucinogens and hard narcotics has increased at a slower rate than the rapid acceleration in the experimental use of marijuana.
The primary illicit drug used by college students on a regular basis is marijuana and it is used only occasionally. The likelihood that a student uses other illicit drugs increases with an increase in the frequency of marijuana use. While curiosity was reported as the reason for first using marijuana, pleasure was the most often reported reason for continuing use.

Scientific research has been unable to establish any factor or factors as the "cause" of illicit drug use. There are, however, psycho-social correlates of college student drug use. The psycho-social profile of a college student drug user is as follows:

- If the student used marijuana by age 16.5 he is more likely to be a chronic user than a student who started using at an older age.
- If the student used marijuana by 1965 he is more likely to be currently using than one who started after 1965.
- The student user is likely to come from suburban communities and upper income families, in which parental education is higher than non-using students' parents.
- If the parents use psychoactive drugs, particularly the mother, the college student is more likely to use drugs.
- The college student who smokes is more likely to smoke marijuana than are non-smoking students.
- The college student who uses drugs is more likely to live away from home in unconventional living situations.
- The college student who uses drugs is academically a student who gets good grades and tends to go into Ph.D. programs in
the social sciences, political sciences, or psychology.

- The college undergraduate who uses illicit drugs is most likely an art major and the college undergraduates least likely to use illicit drugs are engineering and physical education majors.

- "Chronic" marijuana use appears to accompany less decisiveness about future plans, more flexibility in changing plans, and more emphasis on the immediate. "Occasional" users are more similar to non-users than to chronic users.

- College students who used marijuana felt that it aided their adjustment.

- College students who used marijuana and reported negative effects responded by ceasing use.

- College students who use marijuana are more peer related than non-users when a serious problem arises.

- College students who use illicit drugs are more liberal politically than non-users.

- College students of the Jewish faith are over-represented among users.

- There is a larger degree of fraternity affiliation among users of marijuana.

- Marijuana using college students believe that marijuana is non-addictive and not likely to lead to the use of LSD or heroin, and they believe that marijuana use does not lead to criminal activity and that laws dealing with marijuana are too severe.
Family disorganization, divorce, and mobility have no consistent relationship to illicit drug use among college students.

The studies of personality correlates indicate a wide range of pathology within the drug using group, from normality among marijuana-only users, to severe psychological distress among the extensive users of multiple drugs. "One thing this suggests is that within the vast population of people who make use of dangerous drugs, some are able to do so with relatively little resultant disorganization or dysfunction in their personality (Burke et al., 8:298)."

There is a possibility that potentially more disturbed individuals are attracted toward more dangerous forms of drug use, with the hope of easing feelings of loneliness and isolation (McAree et al., 28).

Adverse effects of marijuana have been reported in several studies. Talbott and Teague (46) report 12 cases of acute psychosis associated with the use of cannabis under the environmental stress of combat. Keeler (21) cites cases reporting panic, gross confusion, depersonalization, and paranoia following marijuana use by some students. He points out the importance of knowing the individual's history and expectations of the drug reaction.

It does seem clear that marijuana, like other psychoactive drugs, can have adverse effects. It is important, in evaluating these effects, to understand the psychodynamics of the individual cases and the contribution of the social context in which drugs are used (set and setting). Part of the social context, in clinical studies, is the clinician. His reaction to the drug user may not only affect
how he reports his findings, but particularly with hallucinogens, may affect the reactions he observes. Weil (48) suggests that all adverse reactions should be considered panic reactions, and treated as such until proven otherwise.

Relevance for Health Education

This chapter has taken the first step in the approach that a health educator would take in dealing with the problem of drug abuse among college students — researching the literature on drug use. From the literature review presented in this chapter, the health educator would next begin to work toward completing the health education program.

One initial and important step in any health education program is to narrow the scope of the program to a manageable size. In this project the scope was narrowed considerably to a primary goal of reducing the incidence of drug abuse among college students. Even so, the scope of the goal was narrowed further and in addition clarified by defining the term "drug abuse".

The literature review is a study of the target population with respect to illicit drug use. In the literature review on collegiate illicit drug use are statistics on incidence and patterns of drug use among college students. These two indices yield information on the scope and nature of drug use in the college community of the United States. By comparing statistics on incidence and pattern data on, say, venereal disease in the college population the health educator is able to compare the relative urgency of the two health problems.
In comparing the urgency the health educator would prioritize the problems and divide his efforts and resources appropriately.

An important aspect of solving any health problem is determining the cause or causes of the problem. If a health educator is able to determine causal factors, he may through education be able to eliminate or reduce the causal factors thereby reducing the incidence of the primary problem. Drug use is one of those unfortunate instances in which science has been unable to establish any causal factors. In this instance education can be used to increase the target population's potential for making wise decisions concerning drug use. Education can also be effective in helping people within the target population to be able to discern when they, as an individual, have a drug abuse problem and in motivating them to use community facilities capable of helping those with drug abuse problems.

Determining that there are no causal factors can be helpful in its own light. Often in the course of working on this project this writer heard people, "experts", connect the rising incidence of drug use with divorce, transiency rates, and family disorganization. In this specific instance there is no consistent correlation between these factors and drug use. Being able to weed fiction from scientific information is important when designing a health education program.

The historical background within the target population concerning drug use is important. This background information often helps the health educator to avoid the mistakes of other health education programs.
As a result of the large percentage of collegiate experimentation with marijuana, the college student population holds many beliefs and attitudes concerning illicit drugs and drug abuse education. In designing a health education program aimed at preventing drug abuse, the health educator would want to be aware of these beliefs and attitudes, and plan to supplement the population's knowledge where these beliefs fall short of reality. The health educator, desiring to be effective, would also want to avoid contradicting beliefs held by the target population as a result of experimental substantiation (i.e., a health educator wishing to reduce the use of marijuana would be ineffective if he were to claim that marijuana is bad because it is addicting).

With the primary goal of the health education project being to reduce the incidence of drug abuse, secondary goals must be developed which through education can change behavior in such a way as to accomplish the primary goal. The secondary goals must also be realistic in terms of the literature review. As there are no known causes of drug use the secondary goals must address themselves to more general concerns, i.e., increasing the target population's potential to make decisions concerning drug use that move the individual away from involvement in abusive behavior, educating people within the target population to enable them to discern when they have a drug abuse problem, and teaching people within the target population where to go to get appropriate help and motivating them to seek it.

A symposium format was chosen in this project as the method for educating the students at California State University, Northridge,
about the problems of drug abuse. The content was aimed at accomplishing the secondary goals. An important aspect of the symposium, aside from evaluation, is student attendance. Information contained in the literature indicates the college drug using population is disproportionately concentrated in certain majors - art, psychology, social sciences, and in certain organizations - fraternities. The literature, thus, indicates where publicity will be most effective and where to find the drug using student.

The literature review indicates that the content of the publicity should avoid drug use reduction approaches and concentrate instead on publicising a project that deals with ways of integrating drug use with the individual lifestyle.

As a last comment on the relevance of this literature review to the planning of this health education project, there is some indication of a trend among college marijuana users of moving away from middle class values and away from planning future events; the emphasis being placed more on the event of the moment. This trend can be used to advantage in planning the location of the symposium and the time of the symposium so as to meet as many of the college population as possible as they go about their daily routines.
CHAPTER 3
THE EDUCATION TASK FORCE OF THE COMMUNITY
INTERFAITH DRUG COUNCIL

Background of the Community
Interfaith Drug Council

Early in 1968 Protestant Community Services (PCS), the social
action arm of the Los Angeles Council of Churches, became involved in
community organization efforts relating to drug abuse prevention and
rehabilitation. At that time PCS employed a community organizer to
work with the numerous emerging community-based drug abuse programs.
A voluntary affiliation of most of these community-based groups from
all over the Los Angeles area resulted from these efforts. This
affiliation was known as the Los Angeles Caucus on Dangerous Drugs.
The role of the PCS organizer was to bring the caucus into being and
provide secretarial and administrative assistance to the group until
it could become an independent organization.

The Caucus on Dangerous Drugs met for three years, and was
organized into several different committees: education, training,
aid to emerging organizations, etc. In 1971, the leaders of the
Caucus split from PCS, desiring to expand the organization's goals
beyond the restrictions imposed by PCS. Upon becoming independent
the Caucus became the Los Angeles County Liaison Association. The
members of PCS still wanted to be involved with the "drug problem"
and proposed the "Community Drug Abuse Education Program for Adults"
which was funded for one year, 1972-1973, by the National Institute
of Mental Health.
The rationale for the program was that the religious community
had resources of both money and manpower which could be mobilized to
work effectively in the area of drug abuse education. Already, the
City, County, and Federal governments’ commitment to drug abuse edu-
cation was exposing the secular community to the problems of drug
abuse. The Community Drug Abuse Education Program for Adults felt
that a greater number of residents in the Los Angeles area would
receive more comprehensive drug abuse information if both religious
organizations and governmental agencies were involved in the dissemi-
nation of information concerning drug abuse and related problems.

The goals of the Community Drug Abuse Education Program for
Adults were stated as follows:

1. To reach citizens through the leadership of religious
organization, with the aim of drug abuse prevention
through education;

2. Affirmative action by parents and other adults in
communities with high incidences of drug abuse;

3. To increase knowledge, understanding, self-confidence,
and skills among adults and to give follow-up guidance
to organized community groups for program development
(35:1).

The final report on this project, filed with the National Institute of Mental Health upon completion of the grant year, states the
following in explaining these goals:

The goal of the twelve month community education project was
to prevent abuse by means of education programming specifi-
cally designed for the clergy and lay leadership of communi-
ties with high incidences of abuse. The project identified
five divergent communities in the Los Angeles basin: Asian,
Black, Chicano, and two suburban White areas. The intent
was to create situations in which (1) local clergy and lay
persons interested in drug abuse could learn more about the
problem and learn also about prescriptive means for coping
with it, and (2) bring together these persons with existent drug treatment, prevention, and education programs in their home communities. In other words, the project was oriented towards a facilitator or "linking" function rather than solely information giving in a "teacher tell" sense. The product sought from this dual linking and education approach was the development of local processes for addressing the problem (35:i).

This statement raises two issues of interest to a health educator:

1. The goals as stated were not measurable because operational definitions were not used. The terms "affirmative action" and "prescriptive means of coping" were not definite self defining actions that could be measured.

2. The "linking" function referred to was a process in which the project played the role of broker between those in need of education and those with the skills and resources to perform the education.

Of the five communities referred to above, the San Fernando Valley was the largest. This is the area with which this project is concerned. The San Fernando Valley is made up of 23 incorporated and unincorporated cities and townships with a combined population of 1.08 million inhabitants. A community organizer was assigned to each of the five communities, and was to develop his or her own plan for the best means of organizing the resources of the religious community in that region to meet the community's needs vis-a-vis drug health education. The organizer in the San Fernando Valley, assessing the needs of her community, felt that her energies would best be expended on developing a cadre of interested individuals from the religious
community which would be able to sponsor drug health education programs in the area and continue such programs after the termination of the National Institute of Mental Health grant.

Early Organization of the Community Interfaith Drug Council

In order to develop such a cadre of interested individuals from the religious community which would be able to sponsor drug health education programs the organizer identified and contacted church groups and other voluntary affiliations of a religious nature and drug abuse resources in the San Fernando Valley. Initial meetings were held with a few interested people from these organizations, and at each meeting other groups and individuals were identified and invited to attend a meeting of the yet unnamed and undefined "Valley group".

The specific religious organizations represented at these early meetings were:

- Valley United Ministry (VUM) (21 churches)
- Valley Interfaith Council (VIC) (260 churches)
- Our Lady of Peace Catholic Church
- St. Andrews Lutheran Church
- St. Charles Episcopal Church
- Lake View Terrace Baptist Church
- Temple Judea
- Stephen S. Wise Temple

Additionally, the resource groups from within the San Fernando Valley which were represented at these meetings consisted of:
Olive View Hospital
Golden State Mental Health Center
Catholic Social Services
Los Angeles County Valley Narcotics Information Center,
Van Nuys
Jewish Family Services
California State University at Northridge (CSUN)
Narcotics Resource Information Service Center, LAVCC

The representatives of these organizations and resource groups formed the nucleus of what came to be called the Community Interfaith Drug Council (CIDC), and were involved in every major step taken in planning the organization's goals, activities and programs.

Input from the churches, temples, community resource groups, and voluntary organizations was obtained by means of an interested and knowledgeable representative solicited from each of the organizations. Each organization's representative was asked to be a member or consultant of the CIDC board. Board members were encouraged to become involved in a task force that fit their interests and/or skills. As a result of this involvement of churches, temples, and resource groups, CIDC began to function. The one structural tie with PCS was the position of the community organizer, supplied to CIDC.

**Goals of the Community Interfaith Drug Council**

Early in its development, the members of the CIDC Board determined that there were no other organizations dealing with the religious community in the area of drug abuse health education and
"linking" (i.e., the process in which CIDC played the role of broker between those in need of education and those with the skills and resources to perform the education). Being careful to set goals that would not duplicate existing community programs but rather perform "linking" functions, the CIDC Board formulated these goals:

To foster an awareness in the religious community of drug problems and to involve that community in providing and/or supporting remedial and preventive services and alternative behaviors to drug abuse; the area to be served by the council will be the San Fernando Valley and such other areas as the Board may determine.

Formation of Task Forces

The goal of CIDC was divided into areas of concern to be implemented through task forces. The CIDC Task Forces were:

1. Educational Task Force - Purpose: to increase the level of awareness, to encourage personal involvement, and to help reduce the incidence of drug abuse.

2. Alternatives Task Force - Purpose: to provide a positive direction of energies of community persons, particularly youth, as an alternative to any form of substance abuse or destructive behavior.

3. Crisis Counseling Task Force - Purpose: to develop a Valley-wide network of counselors skilled in the area of crisis counseling.

4. Youth Crisis Housing Task Force - Purpose: to provide a service for young people who are either run-aways coming from homes in the San Fernando Valley Area, or who have a need to spend a few days away from their homes.
5. Center Development Task Force - Purpose: to establish, equip, and staff a center which will serve as a base of operation and coordination for the project.

Goals of the Education Task Force

This project concerns the Educational Task Force of which this writer served as Chairman as part of his supervised field training project. The goals of the Educational Task Force were:

1. To broaden the base of persons, especially within the religious community, who are aware of the problems associated with drugs.
2. To seek to involve these persons in constructive ways of creatively relating to the drug problem;
3. To be responsible for educating and better equipping the CIDC Board to perform its task;
4. To serve as a window through which the religious community might become acquainted with the entire CIDC program.

Implementation of these goals was to be carried out in the following ways:

1. By the establishment of a speakers bureau;
2. By the publication and distribution of a brochure describing the CIDC program;
3. By the training of teams capable of conducting workshops of varying duration in a variety of locations in the San Fernando Valley;
4. By the solicitation of invitations for drug education
programs, and serving as a liaison between the requesting organizations and the workshop leaders/speakers bureau;

5. By utilizing CIDC Board meeting for the dissemination of current and relevant drug-related information;

6. By informing the religious community regarding resources -- tapes, films, literature -- available to the community and to supplement these resources;

7. By assisting the San Fernando Valley in the establishment of community substance abuse and dependence prevention programs such as: Awareness House, etc.;

8. By assisting in securing scholarships from the religious community and other sources for training such as available at Awareness House Training Center;

9. By developing a mailing list, especially aimed toward members of the religious community and utilizing available newsletters for publicity;

10. By sponsoring of periodic substance abuse health education workshops and conferences;

11. By evaluation of all functions of this task force.

This chapter discusses the background leading to the early organization of CIDC, the purposes of the various CIDC task forces, and the goals and methods of the CIDC Educational Task Force of which this writer was chairman. Much of the dynamics of CIDC and its Educational Task Force resulted from effects of the communities within which CIDC grew and served. The following chapter will discuss the two communities relevant to CIDC Educational Task Force operations.
CHAPTER 4

THE COMMUNITIES

There are two distinct communities affecting CIDC as an organization. These communities are: (1) a geographical community - the San Fernando Valley, and (2) a cultural community - the religious community within the San Fernando Valley.

The San Fernando Valley is the geographic service area of CIDC. Congregants of the Valley's churches come from the cities and communities within the Valley and, as such, the socio-economic status of the Valley's population is important to the religious community. Therefore, the socio-economic factors of the Valley's population are discussed in this chapter as revealed by the 1970 census and extracted by O'Brien.

The economic condition of the religious community in the San Fernando Valley most directly affects the dynamics of CIDC as an organization. A recent decline in the economic resources of the Valley's churches had both negative and positive aspects. Loss of income resulting from declining church memberships and attendance led to apathy among the remaining laity and clergy, and a loss of financial independence of many of the Valley's churches.

On the positive side of the picture, the Valley's churches organized the Valley Interfaith Council and the Valley United Ministry to consolidate efforts and seek outside funding. While funds increased as a result of these combined efforts, surplus funds were never
available. However, Valley Interfaith Council and Valley United Ministry became viable organizations.

CIDC was organized in the San Fernando Valley as an outgrowth of goals held by a religious organization - Protestant Community Services' Community Drug Abuse Education Program for Adults based in downtown Los Angeles. The Community Drug Abuse Education Program for Adults was funded by the National Institute of Mental Health. It is important to point out that the San Fernando Valley religious community did not initiate or fund CIDC. Still, Valley Interfaith Council and Valley United Ministry vigorously supported CIDC by volunteering representatives to help organize and design CIDC's organizational structure and goals. However, Valley Interfaith Council and Valley United Ministry had more needs than resources for CIDC.

The San Fernando Valley

The communities in CIDC's service area were: Granada Hills, Chatsworth, Northridge, Reseda, Canoga Park, Woodland Hills, Calabasas, Sylmar, San Fernando, Pacoima, Sunland, Tujunga, Sun Valley, Panorama City, Mission Hills, Sepulveda, North Hollywood, Van Nuys, Encino, Tarzana, Sherman Oaks, Studio City, and Burbank. In summary, the catchment area of CIDC in the San Fernando Valley was composed of 23 separate communities. Extracting data from the 1970 census, O'Brien reports the population of these communities to be 1,080,825, and 33% of that population was under the age of 14 (38).

In 1960, the California Department of Employment estimated that 80% of the Valley's working force was employed in the Valley (Finkbinder, 12). A 1973 publication by the National Institute of
Mental Health (35:Appendix A,i) indicates that the population had grown in 13 years to 1-1/4 million people; the largest portion of these were commuters who worked elsewhere in the Los Angeles basin. The 13 years between 1960 and 1973 show that the area had been one of rapid transition, in which the status of the Valley had changed from a self-sustaining area to an area of commuters largely dependent on other areas for employment.

The Valley, for the most part, is White with many Chicanos and Blacks living in Sylmar, San Fernando, Pacoima, Sunland, Tujunga, Sun Valley, Panorama City, Mission Hills, and Sepulveda (O'Brien, 38:1; MINH, 35:Appendix A,i). O'Brien indicates that these communities had a 7.6% minority population, not including Spanish surname compared to approximately 1.5% for the rest of the Valley (38:18). Finkbinder states that housing patterns in the Valley bore stark evidence of White racism (12:3).

In the census by O'Brien (38:1), the San Fernando Valley was described as 40% renter occupied with a vacancy factor of 3.9%. The National Institute of Mental Health Report (35) states that while some communities in the Valley had a population density as high as 8,000 people per square mile, the overall density was just under 4,000 people per square mile.

An evaluation report by the National Institute of Mental Health (35:Appendix A,i) states:

The increased construction of multiple dwellings in the San Fernando Valley (over 75% of total construction); increase in split families (52% of children are in divorced households); and high transiency rates in schools (30%) are
some of the factors leading to increased alienation and symptomatic increase of drug abuse among youth and adults within the community.

According to an evaluation report by the National Institute of Mental Health (35:Appendix A,i), drug abuse facilities were inadequate to handle the Valley's needs. Most Valley drug programs were aimed at the minority communities. As a result of concentrating the Valley's drug programs in the few minority communities the majority of the population lacked adequate drug treatment or referral services.

The majority of the population has shared responsibility for the lack of adequate drug abuse facilities. Apathy and anxiety directed at drug abuse has been responsible for the difficulty in establishing self-help drug abuse programs in Valley communities. The major tactic used by a few antagonistic citizens has been to evoke zoning laws to exclude self-help drug programs from the community. Apathy on the part of the majority of the citizens has made it possible for a few people to reduce the quality of drug abuse facilities available to serve the majority of the Valley's population. Citizen apathy in the Valley has also affected the drug education programs in the Valley schools; the programs are described as infrequent and ineffective (35:Appendix A,i).

The Religious Community

Within the San Fernando Valley is a sub-community herein referred to as the religious community. It was the aim of CIDC to organize, educate, and perform a "linking" service within the religious community to deal with drug abuse and related problems. As the term
"religious community" was broadly interpreted, CIDC theoretically could have operated as a multi-faith organization. Attempts were made to accomplish this. However, CIDC remained primarily a Protestant enterprise with strong United Methodist representation. Trends within the United Methodist Church and the Protestant community were, therefore, important to CIDC's growth.

Trends of the United Methodist Church approximate the trends within the entire Protestant community of the San Fernando Valley. Dr. Finkbinder finds the following trends important to the United Methodist Church in the San Fernando Valley (12).

As the Valley grew, Methodist churches were established. Between 1878 and 1968, twenty-five churches were built. In 1972, twenty-one of these remained. Nineteen of the churches are predominantly Caucasian, one is Latin American, and one is Negro (12).

A rapid and severe decline in United Methodist membership began in the Valley in 1964 and continued. By 1967, the losses of monies coupled with inflation had left the Valley Methodist churches in poor financial condition, understaffed, and demoralized (12).

The United Methodist Church leadership reacted to these setbacks and met with the Valley Interfaith Council (VIC) to analyze the situation. VIC decided to seek funds and to create Valley United Ministry (VUM). VUM was organized as a vehicle "for enabling and facilitating the churches as they move to accomplish...tasks which they can more appropriately and effectively" accomplish "together than separately" (Finkbinder, 12:6). The coordinator of VUM and a representative from VIC both served on the Board of CIDC as a result of their groups'
interest in drug abuse and related problems.

As a means of demonstrating that other Protestant denominations were experiencing similar difficulties, a comparison reveals that church attendance has fallen off more sharply among Roman Catholics than among Methodists, while Methodists are apparently doing better than Lutherans, Episcopalians, and several others.

Summary

Within these communities pertinent to the operation of CIDC there are several relevant trends. The San Fernando Valley is an area with a large population and high transiency rates in school, indicating that families do not reside in a community for long periods of time. For this reason people are probably not interested in solving problems within communities with which they do not identify. In regards to drug abuse problems the residents of the Valley are sometimes anxious, often hostile to the establishment of self-help drug programs, and in general apathetic towards drug abuse problems. At the same time, the drug abuse facilities are inadequate to serve the residents of the Valley.

Within the religious community the lack of funds has led to an inability to initiate programs for dealing with drug abuse problems as they occur within Valley congregations without having outside funding. The strong religious organizations VIC and VUM have manpower to help promote a religious organization to deal with drug abuse problems. However, as such drug abuse programs must be initiated by outside sources, the manpower supplied by VIC and VUM lacks
a feeling of responsibility for the success of the program. In addition, the needs of VIC and VUM exceed the resources they are capable of delivering to a drug abuse project.
CHAPTER 5

DRUG ABUSE SYMPOSIUM AT CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Discussions of the literature on student drug use, the Educational Task Force of CIDC, and the student community at California State University at Northridge (CSUN), set the stage for the subject of this graduate project. The project is an evaluation of one CIDC community health education program, a symposium on drug abuse presented at CSUN in April and May. This particular health education program was aimed at the University community.

CIDC's entry into community health education was facilitated by its participation in CSUN's spring, 1973, symposium on drug abuse. This participation came about as the result of an invitation, on February 19, from the coordinator of the Activities Office of Associated Students, CSUN. The Activities Office had set aside a symposium time slot to deal with the topic of "drug abuse". Although the topic and schedule were set, the content of the symposium had yet to be determined. CIDC was invited to consult with the coordinator to design the "lesson plan" for the symposium. The Educational Task Force of CIDC set a meeting with the coordinator of the Activities Office for the 27th of February.

CIDC's Role in the Symposium

In the intervening week, the Educational Task Force met to inquire: (1) What specific CIDC needs could be met by consulting on the
(2) Which, if any, CIDC goals would be met by the consultation process? (3) How to approach the CSUN coordinator? (4) What aspects of programming could CIDC appropriately recommend? (5) What could CIDC do if it were to take one of the symposium hours? and (6) Would CIDC's actual participation in the symposium concretely aid the symposium and CIDC?

In answering question number one, the Educational Task Force determined that CIDC could enhance its profile in the religious community by consulting with CSUN on the symposium, especially if the religious community were invited to attend. Further, this consultation would offer the first opportunity for the Educational Task Force to utilize the collected resources of CIDC. In other words, the experience was promising because it was the first meaningful opportunity for CIDC to attempt to meet its goals. The Educational Task Force felt confident of success, and needed to experience success in order to build confidence and the feeling that this one success would lead to other bigger successes. In summary, the task force felt that the experience, the exposure, and the success would generate a momentum for future consultations and successes in the religious community.

In regard to meeting CIDC goals, the task force determined that three goals would be met. CIDC would be performing the "linking" function by recommending speakers and resources for the CSUN symposium, a consumer in the defined community. The symposium itself would broaden the base of persons, especially within the religious community, who are aware of the problems associated with substance abuse. Finally, in line with stated CIDC goals, the symposium would
involve these persons in constructive ways of creatively relating to the substance abuse problem.

The Educational Task Force answered the third question by deciding to approach the CSUN coordinator first by explaining CIDC's views on substance abuse, and second by reporting CIDC's past experience at planning its own workshops and getting speakers. Ultimately, the Task Force wanted to determine the coordinator's needs regarding the CSUN symposium and have her explain what it was she wanted us to do for her. The Educational Task Force would then take responsibility for determining the Task Force role relevant to her needs.

In answer to the fourth question, the Educational Task Force felt qualified to make certain recommendations regarding programming. The Task Force suggested that the term "substance abuse" be used instead of "drug abuse" because the term "drug abuse" is reflective of political, social, legal, and moral issues that focus mainly on marijuana, hallucinogens, amphetamines, barbiturates, and opiates--whereas the term "substance abuse" lacks these connotations and can more easily be expanded to include alcohol and nicotine. (Fort [13] cites alcohol as the major drug of abuse.)

Another recommendation of the Task Force was that the symposium be used as a forum for the idea that society's role in substance abuse is every bit as great a problem as is the role of the substance abuser. Failure to distinguish drug use from drug abuse has become popular. This is especially true in the Federal government, legal institutions, and medical organizations. "The American Medical Association (AMA) has defined 'drug abuse' as any use of a 'drug of
'abuse without professional supervision' (Weil, 48:38). In the case of marijuana, this type of definition has created a societal problem.

The drug abuser, as defined in Chapter 2 has a problem and needs care. Unfortunately, however, the AMA's definition of "abuser" creates an additional problem since society and social mores determine drug abusers. Society is educated with simplistic and misleading definitions. These definitions coexist with a highly charged emotional climate in which law enforcement, agencies, and politicians have created the opinion that there are negative moral and social implications for a society which tolerates drug abuse. Consequently, when a child who is living at home is found with marijuana in his possession, if the family accepts the norms of this indoctrinated society, and perhaps expells the youth from the home or withdraws love, the child may find himself rebelling against society and may begin to truly abuse drugs. If the family can balance the legal, political, moral, and social issues through the use of good information and a realization of society's role in creating drug abuse, then one aspect of the cycle creating drug abuse can be eliminated. In this way, the family can work on its problem with a stronger, more positive approach.

The Task Force wanted the symposium to include a discussion of alternatives to substance abuse so that the college community could realize that there are natural ways of changing levels of consciousness as well as chemical ways.

Changing levels of consciousness is going from ordinary waking consciousness to altered states of consciousness, according to Weil (49:31-37). Ordinary waking consciousness is considered "normal"
only because it is the most frequent state of consciousness. The term carries no inherent values such as "good", "worthwhile", or "healthy". Altered states of consciousness are numerous and include sleep, daydreaming, trance, hypnosis, meditation, general anesthesia, delirium, psychosis, mystic rapture, and various chemical "highs".

In his book, Weil (49) characterizes altered states of consciousness. Altered states of consciousness are distinguished from ordinary waking consciousness by a sense of physical lightness, timelessness, and ease of access to unconscious memories. In some types of altered consciousness, awareness of present reality is obliterated. People in altered states of consciousness often spontaneously experience reliving unconscious memories as present realities. Another characteristic is a loss of personal awareness or ego loss.

Weil (49) claims that these states have great potential for positive psychic development. They seem to be a way to more fully use one's nervous system, to develop creative and intellectual faculties, and to attain ways of thinking that are superior.

The CIDC Education Task Force felt that the knowledge that there are other ways of changing levels of consciousness would create alternative choices to using drugs for this purpose.

The Task Force also recommended that the student audience be involved in meaningful exchanges of values through the use of dyad or triad discussions. These are techniques for small group discussions. At the final segment of the symposium, the Task Force wanted the students to form into groups of two or three. Each person in a dyad discussion is asked to verbalize the most important points of the
symposium series and why he thinks the points are important to him. The other person is asked to respond by asking for clarification of ideas he does not understand and commenting on the content of the first person's ideas. Free discussion may then follow. To complete a dyad discussion, the roles of the two individuals are reversed and the process is repeated. This type of involvement requires each person to talk and listen, which means that he has to do some thinking and the experience becomes personalized. Dyad and triad discussions have the added advantage of clarifying values and eliminating untested values.

Finally, the task force wanted the subject to be handled with a theme that challenged the CSUN student population by creating questions rather than using the theme "drug abuse" which creates the impression in the potential audience that is already knows all that will be discussed. Some themes mentioned in this context were "dimensions of mind-altering experiences", "dimensions of interpsychic phenomena and life styles", "the world within and the world without", or "the non-ordinary experience".

In answering the fifth question, the Task Force decided that CIDC might take one symposium segment to summarize the entire symposium and get the audience to participate in dyad and triad discussions about the content of the symposium and its most important issues.

In answer to the sixth question, after determining all of the above, the Task Force decided that it could be mutually advantageous for CIDC to consult with CSUN on the symposium. CIDC would consult with CSUN to put together the symposium and would work in the final
segment of the symposium to summarize and personalize the experience.

At the February 27 meeting with the CSUN symposium coordinator, she stated that she needed and welcomed input from CIDC. As a result, CIDC took the responsibility for selecting the speakers for the symposium and developing the content of the overall program. The coordinator of the Activities Office for the Associated Students, CSUN, was to do the arranging of equipment, auditoriums, honorariums, and publicity (see Appendix for publicity brochure).

Response to the Symposium

The coordinator of the Activities Office for the Associated Students, CSUN, in assuming the responsibility for publicity, offered to mail a copy of the symposium publicity brochure and a cover letter to the people and religious groups on CIDC's mailing list. As a result of pressures on the coordinator's staff the mailing was never sent. CIDC did not discover this mistake until after the symposium was in mid-course. To this writer's knowledge no representative of the religious community ever attended any symposium segment with the exception of the CIDC volunteer staff.

The overall student attendance at the symposium was poor. The estimated total number students reached was 185; very few students attended more than one symposium segment. The response of the relatively few students who did attend individual segments of the symposium was good. CIDC did not have measurable goals for the symposium as a health education program. However, even if measurable goals had existed and if instruments had been prepared to evaluate the success
of the health education aspects of the symposium and even if the evaluation of the program indicated success, the symposium would still have been a failure. The time, money, and effort expanded on the symposium was inefficient in terms of the number of people reached.

The first speaker for the symposium on Drug Use and Abuse spoke on parapsychology and drugs (see Appendix B). The 45-minute lecture held the interest of the approximately 30 students in the auditorium. When the discussion period extended beyond the 15 minutes allotted, the speakers and students moved out to the lawn. About 25 students remained to participate in this discussion which lasted for about an hour.

On May 9 and May 11, the symposium met twice more. The interest generated by the discussion of the previous meeting, in each case, failed to increase the audience size.

The circumstances of the fourth symposium segment on May 16 were different. The speaker, Marcus Anderson, the well known Black Administrative Director of the House of Uhuru, spoke in the Open Forum on the Northridge campus. The Open Forum is equipped with a public address system and is located near a cafeteria. The lecture began late, about 12:30, in the middle of the lunch hour. Marcus Anderson is a dynamic speaker. His topic dealt with student involvement in institutional change. The hour, the setting, the topic, and the speaker combined to attract a large audience, approximately 100 students and faculty. In retrospect this large attendance presented a great opportunity to publicize the two symposium segments that were to follow. The opportunity was not used.
Interviews with Dorothy Gildersleeve of the Narcotics Information Service and Robert Eichberg, past director of Developing Adolescents Without Drugs (DAWN), both experts in the field of drug abuse, indicated that attendance in the surrounding San Fernando Valley had dropped off with respect to educational programs dealing with drug abuse. Both Mrs. Gildersleeve and Mr. Eichberg attributed this phenomenon to public saturation with crisis approaches to drug use. A crisis approach is one that focuses alarm on increasing incidence of "drug use" without taking into consideration whether the use is functional or dysfunctional. The goal then becomes one of "substance use" reduction rather than focusing on "substance abuse" reduction.

Although the content of the symposium was a sophisticated and complex look at all aspects of drug use in our society today, the publicity given the symposium was simplistic and reminiscent of one-sided establishment crisis approaches. The eye-catching first page of the brochure contained a rather distressing picture depicting a "shattered life" and one word in capital letters: "DRUGS". The second page gave the title of the symposium: "Drug Use and Abuse". The inside page of the brochure contained dates, times, places, speakers and topics. Within the above stated context of decreased attendance at meetings dealing with drug abuse, particularly from a crisis orientation, this brochure would only serve to further discourage optimum response to the symposium.

After dealing with the Activities Office for Associated Students, CSUN and CIDC's Educational Task Force involvement in the drug abuse symposium, it now remains to move to Chapter 6 and a discussion of
the mistakes with recommendations and conclusions.
CHAPTER 6

DISCUSSION, RECOMMENDATIONS, AND CONCLUSIONS

In this chapter the writer makes some recommendations for future CIDC symposia. These recommendations, and the conclusions reached in this paper, are based on the writer's experiences as chairman of the CIDC Educational Task Force, as consultant to the coordinator of Student Activities Office for the Associated Students, CSUN, and as the evaluator of the success of the Drug Use and Abuse symposium. These multiple experiences are viewed in relation to the literature on college student drug use and a study of the communities pertinent to CIDC's operations.

The discussion section of this chapter is aimed at exploring the apparent areas of failure within the symposium design. The total student attendance at the symposium was estimated at 185 students, with only a small core of students attending more than one segment. It appears that a single factor, attendance, was most crucial to the symposium's success of lack of it. The discussion section explores two factors which contributed to the poor attendance: (1) the publicity issued by the Student Activities Office for the Associated Students, CSUN and (2) an attitude within the college student marijuana-using population which affected their capacity to make a commitment to attend the symposium.

Discussion

This writer feels that the publicity, as designed, was ineffective.
In Chapter 5 the publicity for the symposium, a three-fold brochure, is described. The brochure was placed around the campus in places frequented by CSUN students. The visible section of the brochure contained the word "DRUGS" in large bold lettering and a graphic design. The design depicted a photographic portrait of a person. The portrait was framed under broken glass. The emotional tone evoked by the graphic design was a negative one. This writer proposes that the visible section of the brochure emphasizes a close relationship between drug use and human tragedy. This type of correlation between drug use and the presumed inherent negative effects of drugs is typical of the substance abuse reduction approach or the crisis approach (i.e., focusing alarm on increasing incidence of drug use without taking into consideration whether the use is functional or dysfunctional).

Lawrence M. Halpern, Director, Drug Abuse Information Service, Department of Pharmacology, University of Washington School of Medicine, in discussing his film which is used as a resource at the Narcotics Information Service, Los Angeles County, writes:

Most attempts at drug abuse education share a single common feature: they explain to the student why the adult community feels that the student should not experiment with chemical substances deemed unacceptable or dangerous. Most of today's students are filled with so much information or misinformation on the technical aspects of illegal drug use that the film, lecturer, reformed addict, "panel of experts" or what-have-you are simply tuned out (17:1).

In comparing, the publicity issued by the Student Activities Office for the Drug Use and Abuse symposium, and the statement by Halpern, it is apparent that the publicity shares the "common feature"
with most other drug abuse education programs. That is, the publicity takes an adult stance in telling the student that human tragedy results from the use of "DRUGS", and therefore the student should not use drugs. Halpern contends that students "tune out" this type of information. To the extent that Halpern is correct in his estimation of students' behavior, to that extent the brochure was ignored by the student population at CSUN, and the publicity was ineffective.

Endeavoring to explore the failure to achieve cost-efficiency in attendance at the Drug Use and Abuse symposium, this writer finds relevance in looking beyond possible failures within the education and publicity designs to aspects of the target population which rendered the education program less effective. The literature yields insight into the abilities and attitudes within the college drug using population. As reported in college surveys, drugs other than marijuana are rarely used on a regular basis (Zinberg et al., 50). Regular marijuana use is correlated to and may contribute to some characteristic personality changes. These characteristic changes have been labelled the "a-motivation syndrome" by McGlothlin et al. (33) and are discussed fully in Chapter 2. In part, these changes include: "apathy, loss of effectiveness, and diminished capacity or willingness to carry out complex long-term plans" (33:376). Similarly, Christie et al. (9) and Hochman et al. (18) report that chronic marijuana use appears to accompany less decisiveness about future plans, more flexibility in changing plans, and more emphasis on the immediate.

The Drug Use and Abuse symposium was aimed at reaching that
segment of the CSUN student population which could possibly have been confronted with drug abuse problems. Again, the only illicit drug use on a regular basis by college students is marijuana (Zinberg et al., 50), so the target population of the symposium was users and potential users of marijuana at CSUN.

In a paper published in 1970, Nowlis (37) found that 20 to 40 percent of all college students had used marijuana. In a paper published in mid-1967, Blum (4) found that 25 percent of all college students who had not used marijuana were considering trying it. Nowlis (37) concluded in 1970 that 7 to 14 percent of all college students found marijuana satisfying enough to use it occasionally and 2 to 4 percent found marijuana rewarding enough to use it at least once a week.

As the symposium was aimed at the marijuana using or potential marijuana using segment of CSUN's student population, attendance at the symposium was greatly affected by the a-motivational syndrome. The publicity brochure contained a list of the topics, times, and locations of the symposium segments. However, that segment of the target population which were regular or chronic marijuana users were unable to respond to the publicity and plan effectively to attend the symposium. The a-motivational syndrome - apathy, loss of effectiveness, diminished capacity to carry out long term plans, less decisiveness about future plans, more flexibility in changing plans, and more emphasis on the immediate - greatly reduced attendance at the CSUN Drug Use and Abuse symposium.
Recommendations for Future Symposia

To interest a college student target population in future drug abuse education symposia, the attitudes of the college student population must be taken into account. Forty percent of the college population has tried marijuana. The literature cited in Chapter 2 indicates that a good portion of this population believes that marijuana is non-addictive, that it does not lead to heroin, LDS, or criminal activity, and that penalties for use and possession are too severe. They believe that marijuana aids their adjustment to life and has no negative effects. Those who report negative effects simply quit using it. The marijuana using student population places positive value on having outgrown middle-class and conventional values as a result of their drug use. Users of psychedelic drugs tend to place more emphasis on emotionality and are less concerned with the rational and objective. Many in the population who are multiple drug users feel that they received no significant information about drugs while in school and are distrustful of "establishment" information.

In retrospect, following the ideas suggested by the literature, this author would suggest an educational program for future symposia wherein one-sided medical and psychological argument approaches aimed at reduction be eliminated. Reduction approaches arguing that drug use is against the law should also be eliminated. The ploy used for reduction of drug use, which argues that marijuana use leads to addictive drugs, should not be used in an educational program. The potential audience just does not believe this information.
Another recommendation would be to remove the symposium as much as possible from association, in the mind of the potential audience, with the "establishment". For example, CSUN had invited CIDC, as an outside group, to front the symposium. A more radical stance could have been established in the student community. CIDC is not restricted by the same restraints or stereotypes that are associated with CSUN.

Because information tends to be forgotten unless it is used, another recommendation is that the didactic method of teaching be supplemented with the dyad and triad discussion techniques (for a discussion of these techniques see page 48). This supplement to the didactic approach to education enables the audience to internalize information in a personalized manner.

Following this author's recommendation - using the Open Forum for the entire symposium - would have collected those persons in the college community who use drugs and are interested primarily in the immediate experience rather than in making plans. The Open Forum is located at a "crossroads" on the campus where many people pass and would be attracted. At the same time the area is not so crowded that confusion would affect the program's impact. For instance, the symposium lecturer could begin with the didactic material. After the lecture, the audience could be broken up into dyad discussion groups for ten minutes. The lecturer could then return to take questions from the dyad groups.

There are many possible educational orientations. The primary focus should be on some theme other than drugs. Drug use can be used
as a secondary theme. The theme used in the actual symposium, "dimensions in interpsychic phenomenon and life-styles", would still be appropriate. This allows the educational content to touch on the complex variables involved in drug use. Such things as the roles of the drug user and the roles of society in drug abuse. In this way, the educational orientation moves away from crisis and substance abuse reduction approaches and moves towards increasing a broader understanding of drug abuse in our society.

Removing the symposium from association with the "establishment" and publicizing primarily complex issues revolving around drugs may still leave the resultant publicity ineffective for the non-planner. However, this type of publicity should generate interest appropriate to the college drug using population. Where the publicity is ineffective the tactic of using the Open Forum should catch other interested people.

It is this author's opinion that had CIDC consulted with CSUN on the publicity, and had the above suggestions been followed, the symposium would have been a success from the standpoint of the number of people reached.

CIDC became involved in the CSUN Drug Use and Abuse symposium as a result of the need to experience a success, thus building confidence and the feeling that this one success would lead to other bigger ones. At the same time, CIDC realized that even as they were consulting with CSUN on the symposium, CIDC's Educational Task Force was operating outside of its chosen target community and also realizing that future symposia would be conducted within the religious community.
Therefore, future CIDC symposia can be evaluated by setting up an instrument to measure whether or not the secondary goals on page 62 are being met.

**Recommendations for CIDC Goals**

One of the primary reasons for CIDC's failure to evaluate the health education process of the CSUN Drug Abuse symposium was that goals were not stated in measurable terms.

To state goals appropriate to community health education theory, the health educator formally constructs a goal system. This formal system consists of a primary goal, secondary goals, and action steps. The primary goal is to reduce the incidence of some health problem, i.e., to reduce the incidence of "drug abuse". Secondary goals deal with levels of appropriate knowledge and/or attitude. The secondary goals, knowledge and attitude, are generally assumed to cause behavior which will accomplish the primary goal. For this reason, evaluation of health education programs is usually determined by measuring the desired increase or change of knowledge and attitude respectively. In order to accomplish the secondary goals, many steps are necessary. These are called action steps.

Following the goal format above, CIDC's goals would be more correctly stated as follows:

**Primary Goal**: CIDC's goal is to reduce the incidence of "drug abuse" and "drug related problems" within the religious communities of the San Fernando Valley.
| Secondary Goals | To accomplish the primary goal within the recipient group, CIDC's educational intervention will (1) raise the level of knowledge concerning definitions of "drug use" and "drug abuse", problems related to drug use, and the role of society in drug use; (2) increase the level of positive attitudes in dealing with drug use; (3) reduce the level of anxiety caused by drug use; and (4) increase the level of social action in the area of drug use. |
| Action Steps | Organize the religious community to form CIDC Board of Directors, Executive Committee, and Task Forces to accomplish goals. Gather resources - information, resource groups and organizations, speakers, films, etc. Perform "linking function". Seek funds. Create a center for housing files, communications, and secretarial services. |

It is of extreme importance to define certain terms in the statement of goals. "Drug abuse" should be defined as it is in Chapter 2 (i.e., drug abuse is that point in the drug use continuum beyond which the individual's usage hinders the attainment of his desires and goals and/or is harmful to others). The "religious community"
needs to be defined to meet two needs. The term should be defined for the purpose of organization of the religious community - an organization of the religious community should be comprised of people interested in being active and interested in drug abuse and drug abuse problems. These people must be active members of a church or synagogue in the San Fernando Valley. Where expertise in the fields of drug abuse, health education, psychology, etc., is required, the input should be gathered from consultants. The religious community as a target population should be defined as any religious group within the San Fernando Valley.

In any future symposium of the nature of the symposium on Drug Use and Abuse, strict application of definitions should be made. Although CIDC wished to consult on the CSUN symposium to get experience, defining the religious community as the target population would eliminate further consultation outside of the target population.

Future consultations on symposiums within the religious community should be evaluated. Evaluation can be accomplished by measuring the secondary goals under which the symposium is conducted. Where the secondary goals are within the recipient religious group CIDC's educational intervention will (1) raise the level of knowledge concerning definitions of "drug use" and "drug abuse", problems related to drug use, and the role of society in drug use; (2) increase the level of positive attitudes in dealing with drug use; (3) reduce the level of anxiety caused by drug use; and (4) increase the level of social action in the area of drug use. Instruments should be designed to evaluate changes accomplished. The instruments should be
administered prior to exposure to the symposium, immediately following the symposium, and in a three-month follow-up. The instruments should measure involvement, knowledge, and attitudes. The religious community is in a unique position to have sustained participation and, therefore, the number of evaluation subjects will remain at a high level. Symposia in the religious community often require registration and tuition.

Conclusions

In concluding the discussion and recommendations chapter, it would appear that in spite of justifications offered, CIDC was overzealous in consulting on a symposium outside of the targeted religious community.

The discussion has shown that attitudes and abilities of the student drug-using population are of great importance in planning publicity, symposium content, and choosing locations and times for a symposium where registration does not precede the symposium series and where the student target population is probably not disposed to planning in advance but is more concerned with immediate involvements.

CIDC should have formal measurable goals. Where these goals have crucial terms they should be defined. Definitions of this nature eliminate confusion. Defining "drug abuse" helps everyone to focus with common effort on one goal. Defining "religious community" would make CIDC a more purposeful and viable organization. If the CIDC organizational structure existed as defined in this chapter and congregants comprised the formal organizational structure, more work
would get done. One problem with using people with expertise in the field of drug abuse as working board members and task force people is that their professional commitments consume much of their energy and time. An organization comprised of congregants interested in doing something about drug abuse and related problems - people with available time, serving on the Board of Directors, the Executive Committee, and on the task force - would be able to spend a considerable amount of time doing work. When evaluation instruments or drug abuse expertise is needed, consultants can be hired. A board comprised of active congregants would be able to raise money to support these needs. In this way, when evaluation instruments are needed, the CIDC organization will not have to consume valuable working energy to measure and increase its educational quality.
CHAPTER 7

SUMMARY

Community Interfaith Drug Council (CIDC) grew out of a Federal grant to Protestant Community Services' Community Drug Abuse Education Program for Adults. CIDC organized the religious community as a result of this grant, not as a result of needs perceived in the religious community of the San Fernando Valley. A dire consequence of not defining the term "religious community" was that the organization lacked a dedicated working force. The fact that CIDC was not organized as a result of needs in the area of drug abuse and related problems made organization of the religious community in the Valley more difficult.

In its evaluation, CIDC created the Educational Task Force. This task force had goals that were not measurable, although evaluation was stated as a means of accomplishing CIDC's goals.

A review of the literature on student drug use defines drug abuse, and distinguishes drug abuse from drug use. The definition utilizes the terms "functional drug use" and "dysfunctional drug use". Functional use furthers the individual's desires and goals and does not harm others. Dysfunctional use hinders the attainment of the individual's desires and goals and/or is harmful to others. The degree of dysfunctional use can be measured by looking beyond the drug using behavior to its role in the individual's existence and to the nature of the adjustments which would be made if he could not behave in the way on which he had come to depend.
The literature reveals that at least 42 percent of college students have tried marijuana. It also reveals that marijuana is the major drug used by college students, and use is generally only occasionally.

To date, a review of the literature reveals many psycho-social correlates of drug use, yet no cause of drug use has been established. The majority of college drug users come from upper-income and upper-middle class families. Parents of drug users are usually well educated and more most likely to be liberal. Divorce and family mobility are not related to student drug use. It was found that students are more likely to use drugs if the parents use psychoactive drugs and the student's use of drugs.

Student drug users are more liberal politically, more sexually experienced, and have less affiliation with traditional religion. The frequency of drug use is related to the degree of social participation with other users.

Chronic marijuana use is related to being less future-oriented. More marijuana users feel that marijuana has aided their adjustment and they feel legal penalties for possession are too severe. They do not believe that use of marijuana leads to the use of LSD or heroin.

The multiple drug user is often an unstable user. A large percentage of these users have been treated for psychological or psychiatric reasons and are most commonly referred to as "drug abusers". As drug abuse is the subject of many projects, study should be done to determine the incidence of drug abuse as distinguished from drug
use. Further research should also be done to determine the psycho-
social and personality characteristics of the drug abuser.

An evaluation of CIDC's consultation with the coordinator of the
Activities Office of Associated Students reveals that the symposium
was not conducted in an atmosphere that would have permitted evalua-
tion. Even if evaluation had revealed that the education techniques
were effective and therefore CIDC was effectively reducing drug
abuse, the symposium was an inefficient use of time, money, and effort.
Too few students were reached. It is possible that publicity and
locations could have been improved to enable the symposium series to
reach more people. The recommendation was made that future symposia
be more in tune with interests in the student community, and that the
Open Forum be used for all of the symposium series.

The following recommendations were made for CIDC in the future.
Strict definitions of the terms "drug abuse" and "religious community"
should be used. One result of strictly defining and adhering to the
definition of religious community is that CIDC would have to reorgan-
ize its formal structure. Reorganization of CIDC would make it a
more viable organization. Most importantly, CIDC should rewrite its
goals making them measurable, thus enabling CIDC to evaluate its edu-
cational techniques and improve goal attainment.
# REFERENCES


APPENDIX A

COVER OF BROCHURE FOR THE SYMPOSIUM
ON DRUG USE AND ABUSE
CALIFORNIA STATE UNIVERSITY NORTHRIDGE ACTIVITIES OFFICE AND ASSOCIATED STUDENTS' PRESENT A SYMPOSIUM FREE AND OPEN TO THE PUBLIC

DRUG USE AND ABUSE
APPENDIX B

SCHEDULED SPEAKERS FOR THE SYMPOSIUM ON DRUG USE AND ABUSE
Scheduled Speakers for the Symposium on Drug Use and Abuse

PARAPSYCHOLOGY AND DRUGS

May 4th  
Noon, SD 100

ALAN Y. COHEN, PH.D. - Dean of Students and Associate Professor of Psychology at John F. Kennedy University; Executive Director of the John F. Kennedy University Institute for Drug Abuse Education and Research; co-author of Understanding Drug Use.

A PHILOSOPHY OF DRUG USE

May 9th  
Noon, SD 121

WILLIAM L. MINKOWSKI, M.D., M.P.H. - Chief of Youth Health Division and Bureau of Maternal and Child Health; Assistant Professor of Health Science at CSUN.

THE ABUSE OF PSYCHOTROPIC AND PSYCHOMANIPULATIVE DRUGS - The Abuse of Prescription Drugs

May 11th  
Noon, SD 100

REGINALD A. BOWES - Consultant to major pharmaceutical companies.

BEYOND THE RHETORICAL: STUDENT INVOLVEMENT IN INSTITUTIONAL CHANGE

May 16th  
Noon, Open Forum (If weather is inclement, SD 121)

MARCUS ANDERSON - Administrative Director House of Uhuru; Chairman of the Black Coalition.

THE DRUG EXPLOSION - THE REAL PROBLEMS AND THE REAL SOLUTIONS

May 18th  
Noon, SD 100

JOEL FORT, M.D. - Founder-Leader of the National Center for Solving Special Social and Health Problems FORT-HELP: Author of The Pleasure-Seekers, The Drug Crisis, Youth and Society.

*EXPLORING OUR VALUE SYSTEMS

May 23rd  
Noon, SD 121

ROBERT EICHERG, M.A. - Consultant to Community Interfaith Drug Council; Organizer of DAWN.

*This session will utilize group dynamic techniques to explore your reactions to the previous programs. It is designed to help facilitate communication between you and your fellow students regarding your attitudes and values vis-a-vis drugs.
A SPECIAL THANKS TO: THE COMMUNITY INTERFAITH DRUG COUNCIL (CIDC) FOR CONSULTATION SERVICES IN THE PLANNING OF THIS PROGRAM, PAUL LEBUS FOR DESIGNING THE SYMPOSIUM BROCHURE

FOR FURTHER INFORMATION, CONTACT THE ACTIVITIES OFFICE

(213) 885-2059 885-2393