Drug Abuse and the Schools

BY J. THOMAS UNGERLEIDER, M.D., AND HASKELL L. BOWEN

The authors describe some of the observations they made while working with California high school students in the area of drug abuse. Preventive programs, they emphasize, must include the development of open communication about drugs. Applying the ombudsman approach to drug problems within the schools is one effective way of achieving this. Several illustrations of this approach are cited.

Experimentation with various chemical substances is the latest fad among teenagers today. Sometimes the fad is a harmless one, and the substance used for experimentation has no adverse reaction on the body: for example, the smoking of banana skins, wheat, and lettuce. At other times, although the substances ingested are drugs, it is difficult to ascertain the degree of chemical risk. In these categories we would list the smoking of crushed aspirin, the drinking of diluted eyewash, and the ingestion of such varied substances as meat tenderizer and deodorant.

New drug "turn-ons" appear daily. In addition teen-agers also use a number of drugs which are recognized as having harmful effects in varying degrees; these include marihuana, LSD, the amphetamines, barbiturates, and glue (by sniffing it). Alcohol does not seem to be a drug of choice among this age group.

Previous work has been focused on psychiatric outpatient and hospital treatment of adverse drug reactions (7, 8, 9, 11) and on the degree of risk incurred in using the various substances enumerated. But psychiatric treatment of the chronic drug abuser has not been notably successful by whatever means. Neither long-term psychotherapy nor psychiatric hospitalization seems particularly effective (5, 6, 10). Prevention is the field that must be emphasized.

Having spoken to over 250,000 high school and college students throughout the past three years, we have the impression that they must be reached before they enter college. In college many of them are rebelling in general and want merely to debate philosophically about their freedom to use chemical substances in their bodies as well as to discourse about the pros and cons of the various pseudoreligious and drug prophets.

It is the purpose of this communication to present some preliminary observations of an experimental study aimed at the prevention of drug use by reaching youngsters in the high schools.

Scope and History of the Project

We have been extremely impressed, in our contact with teen-agers, with the variation in drug usage depending upon the school. This has been particularly noticeable at the high school level and does not seem to depend completely upon the socioeconomic composition of the student body or whether the school is in a rural or urban area. Because of today's "instant communication," youngsters, even down to the fourth-grade level, are well informed about the various drugs as they have been presented in the mass media. It has been striking, however, that in certain schools where feedback from the students indicated that no one had tried LSD and there were just a few involved with marihuana there was an active program of education about drugs. These schools had repeatedly brought in speakers to discuss the

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area of drug use and abuse as any one of a number of society's problems. They did not make the discussion of drugs forbidden.

Other schools we visited were remarkable for their alleged amount of drug use. We received calls from narcotics officers, parents, teachers, and from the youngsters themselves asking us what we could do about the problem. However, the administrators of these schools publicly had stated that there was no drug problem in their school and they were not going to give drugs any emphasis by lectures which would only arouse the youngsters' curiosity.

At one high school in an upper income area, an anxious vice-principal confided to us that he was sure not over one-half of one percent of the student body had ever tried marihuana but that the administration had finally decided to have a drug abuse lecturer anyway. I was able to find only one student who estimated the use of marihuana at under 70 percent of the student body. That was the class president, who insisted that "no more than 50 percent of us have used pot."

Although the accuracy of all of these figures is certainly open to question, nonetheless it illustrates very dramatically that to make the discussion of drugs forbidden certainly makes it exciting. Indeed, a number of youngsters we have talked to have stated that they would rather be drinking alcohol than taking various drugs, but the "forbidden drugs" are so much more exciting. Their fantasies at the time of ingesting these drugs usually have to do with what their parent or teacher would do to them or think about them if he only knew. However, they tell us that if they were caught drinking a parent or teacher would just laugh and say, "that's all right, because we drink too."

In addition to receiving factual information about drugs, the youngster in high school, struggling with his identity crises and his instinctual drives, is asking for more. He is also asking (in his "testing" way) if there are any adults who don't take drugs and yet who are not "squares." Often the parents are so threatened that they cannot even discuss the matter with their own children. Indeed, the most frequent response of parents (whose youngsters invariably have asked them about various drugs before using them) seems to be pounding on the table and saying something like: "It's illegal, therefore it's bad. That's all you have to know" (perhaps adding "and don't bother me, I'm watching television").

Most schools are uncertain about their role regarding privileged communication—whether the drug-using youngster who confides in a school representative should be reported to his parents, the police, or even the school administration. Some colleges have taken stands on this(1, 2), but most high schools seem to be debating the issue or working out their own solutions without public pronunciation. It occurred to us that if the ombudsman approach could be applied to the drug problem in high schools perhaps it could help prevent drug abuse(3).

We had noticed that in most schools the students usually went to one or two "approachable" teachers and talked to them about problem areas. They rarely asked about drugs directly, but they would make statements like "Alcohol is worse than pot, etc." and then would wait to see the reaction. If the teacher came out strongly for the establishment, for morals, "for God, mother, and apple pie," the youngster would stop listening. But if it was a sensitive counselor who listened first and then told the youngster what he believed, or why he himself did not need a drugged solution to life's problems, many youngsters seemed approachable.

In 1967 the Campbell Union High School District in San Jose, Calif., embarked on a drug information program for its students. Mr. Laurance J. Hill, the school district superintendent, released Haskell Bowen, Westmont High School athletic coach and sophomore science teacher, to devote full time to becoming knowledgeable on drug abuse. Mr. Bowen spent four months working directly with the San Jose Police Department narcotics detail. During this time he interviewed many teen-agers and adults who had been arrested for using

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1 The ombudsman approach is Swedish in origin; it provides for an impartial referee to serve (student) interests with no strings attached (to the administration).
drugs. He went on raids, went on “buys,” helped write up police records and reports, and attended preliminary hearings and superior court trials. He was also involved in all the day-to-day details in the control of drug abuse—finding open fields with opiate poppy plants and watching bulldozing crews turn them under, visiting and working with the criminology lab to learn to identify various drugs. He spent several days working with the Border Patrol, the Mexican government, and the police chief of Tijuana, Mexico.

He spent time at UCLA’s Neuropsychiatric Institute with the senior author (J.T.U.), where he had the opportunity to talk to patients who had had adverse reactions after using LSD. He also interviewed proponents of LSD and made multiple visits to the Haight-Ashbury district of San Francisco, talking to and observing many drug users there.

In this paper we will present a number of Mr. Bowen’s experiences. Some have to do with handling the chronic drug abuser, and others with the curious high school student prior to his taking drugs. Some occurred during school hours, when he had his doors open, with no obligation to reveal anything to the police or the school administration. He used a variety of approaches, many of which were directive in nature. These were designed to answer what the youngster was seeking: whether it was the setting of controls, involvement of parents, testing of limits, answering his curiosity, or communicating a symptom of a more serious problem.

Case Reports

Case 1. This 17-year-old high school junior. Alice, had maintained an A average in all classes since her freshman year. During the summer of 1967, she started using marihuana along with some of her other friends. She felt that marihuana was not as harmful as alcohol and that it was a great tension reliever and a necessary asset to her life. She was very active in high school, a member of the student council, and very popular with her classmates. She had a good rapport with her parents.

As the school year progressed, one of Alice’s friends sought me out in my office. She was concerned because Alice’s attitude toward school and studies seemed to be changing along the lines of diminished motivation. I brought Alice in and had a talk with her. She admitted that she had been using marihuana but stated frankly that she could see no harm in its use. She soon volunteered, however, that she also often felt it might be wise to stop using the drug and to be more serious about her studies. She said that she could see some legal problems in drug abuse if she continued and she eventually decided (still in the first interview) to stop using drugs.

About two months later Alice, along with another friend, Phyllis, rang my doorbell at home in the evening and asked if I would deliver a message to her parents. I asked what seemed to be the problem and she said that they were running away from home. I brought Alice into the house and we talked at length about the disadvantages of her making such a move at this time. After a lengthy discussion, she admitted this would not be to her advantage and realized it would be better not to run away. Phyllis, who also used marihuana, did not agree, however; she took the car and drove away. I took Alice home and notified Phyllis’s parents about their runaway daughter so that the police could be enlisted to help find her. About midnight both girls returned to my house. Phyllis had gotten as far as Monterey, Calif., but then “chickened out” and returned to San Jose. She and Alice had come back to my home for further discussion. Both girls were returned to their homes and discussions with the parents ensued, both on the spot and subsequently.

Even though both girls had been using marihuana, the problems we discussed with the parents were not confined to drugs; they included the types of family stress and lack of open communication within the family that had caused the girls to want drugs as a part of their lives. Alice and Phyllis were both very relieved to have their drug usage revealed to their parents. Subsequently both sets of parents became closer to the girls, who are now trying to make a go of it without drugs as a part of their lives. At the time of this writing, things seem to be going well without further marihuana smoking.

A tape recording Alice made for us five months after her initial contact with H.B. (he had seen her with her parents twice, but later she often dropped in at his house to visit him and his family) reads like a eulogy to her ombudsman:

I feel that the counseling has been so wonderful for the kids because it gives us an
opportunity to talk to someone, and I know that they're listening, and you don't feel so lost, and you know that there's somebody there, and I feel that this is so much more helpful than just being put into juvenile hall, which offers no solution whatsoever. It only makes them more resentful of authority and of adults. And this way, with somebody there, listening, who is capable and who is an adult, and who supposedly solved their problems and is capable of hopefully solving yours, and for my own personal case, I felt so alone, so lost, so completely mixed up, and I didn't know which way to turn. After talking with Mr. Bowen, he just sort of opened up a new life for me, he was so understanding, and all of the people I talked to understand and they couldn't live my life for me, but they showed me another alternate. They just sort of showed me that life wasn't a waste and that there was hope. . . . I wanted to run away. I was really serious about it, because I just couldn't see going to school anymore. I hated it. I was so bored. It just seemed like it was a big farce, and a waste, and I went to Mr. Bowen's house, and he told me, showed me that it wouldn't solve anything, I have to face up to reality, solve my own problems.

Case 2. Mary, who was a regular user of marihuana, methamphetamine, and LSD, voluntarily sought me out in my office. We talked at considerable length as to why she thought drugs were so good for her, I asked her about her home life and her relationship with her parents. She admitted that she was very unhappy at home and eventually revealed that she was systematically planning the murder of her mother and (separated) father.

When I learned that Mary was serious and that she did have a gun, I felt that her parents must be informed. The problem was thus brought out into the open. Mary and her parents were referred for therapy to see how their conflicts could best be handled. Mary is still in school. I see her often and she says she is no longer using drugs. However, she says she is very anxious to graduate from school next year and leave home.

In a taped interview six months after the initial visit to H.B. (he saw her three times, all of them before the referral for therapy), Mary talked mainly about “dope.” The therapy had fallen through for reasons not clear and she had intermittent upsets during which she returned to drugs. In the taped interview she said: “Due to certain circumstances that happened, I have no better relationship with my father, but I am much closer to my mother, but that is only because of what a rat my father’s turned out to be and I’m the only person she has left.”

Mary verbalized anger at authority (adults, parents, and police). She volunteered this about H.B.: “I knew I couldn’t be busted because of the law, because you can’t use tape recorders, I know that, and well, I knew you and I trusted you before I even started on dope, and I know that the only people you’ll bust are pushers.”

Case 3. George was a senior in high school when his parents requested our help. George had started on marihuana and, at the time of the request, was using methamphetamine to the point of marked weight loss. I called him into the office and asked him if he realized how much anxiety he was causing his parents because of his attitude toward drugs. He replied, “Yes, but it is my life and I feel I have the right to live it any way I want.”

Because of his dedication to the use of drugs (here to the point of impairment of his health) I advised his parents to notify the police. They consulted the local narcotics detail and George was arrested that afternoon at the local high school. He was booked into juvenile hall, and after numerous visits by myself and other interested school personnel George agreed to try a life without drugs. (Of course, who wouldn’t make such a decision sitting in juvenile hall.) George was returned to school shortly and I have seen him in follow-up counseling. According to both George and his parents, he has not been involved in further drug abuse. He has gained weight. I see George frequently and he says he is making it without drugs, “because of a real belief in God” that he acquired during his ten days in juvenile hall. (He was seen there often by a local clergyman, who has been spending considerable time working with youngsters in the area of drug abuse.)

George told us, in an interview taped eight months after his arrest, his feelings about the school counselor program: “If you don’t have that, then the person feels he has no one to confide in, has no one to look

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2 George returned to school for seven months, but occasionally used marihuana; this was finally revealed to his parents by a girlfriend. When his parents confronted him with this information, he dropped out of school and enrolled in a "continuation program."

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to, except for his friends, who might be using grass, or something, too." We would, of course, have preferred psychiatric consultation and hospitalization to police arrest had the facilities been available.

**Other Activities of the Ombudsman**

A frequent use of the ombudsman was a student's request for information about the hazards in the various kinds of drugs that he knew were available to him and his fellow students. The student would usually admit to tremendous curiosity and excitement about the drug scene but insist that he wanted only "straight and honest information." After a long conversation he would conclude that some of his fears were well founded and state that he now had enough "ammunition" to defend his previously shaky position against drug usage for himself. This example, in various forms, illustrates one of the most frequent uses made of our ombudsman.

**Discussion**

It should be obvious that the conclusion that one's fears are well founded is a very personal one and that the decision not to use drugs may well not depend on any "factual data" but on the meaning of the dialogue or relationship between the ombudsman and the student. Often the facts (for example, that glue-sniffing may be toxic to brain cells, that methamphetamine may cause cardiac irregularities, and that LSD may cause chromosome changes and "flashback" phenomena) are no deterrent to many youngsters. George and Mary, in contrast to Alice, obviously have more severe emotional problems and need professional treatment. George concealed his continued use of drugs, while Mary admitted hers.

These cases are few and proof of abstinence from drugs is hard to obtain. Yet the drug problem is so acute that we feel compelled to present what little material we have. Of course, it is possible that we are naive in assuming that the students who are involved with drugs really do stop because of anything a school counselor does or does not do. We might speculate that what they do is stop *telling* anyone about their drug use, like George.

Some youngsters obviously never do come in for help about their own actual or contemplated drug use. Yet so many of them do initiate the referral themselves prior to parental or school discovery or legal trouble that we feel it is unlikely that they all subsequently conceal further drug use. The fact that so many students do seek out the ombudsman is evidence that the "milieu" of this approach to communication is a sound one. Yet it should be apparent from the cases cited that seeking consultation about drugs is no easy way for the students to avoid responsibility for their actions. The large majority of them seem to want their parents to know about their drug use. Thus their symptom of drug use can be viewed as an attempt to get external (parental) controls or to increase their parents' interest in and/or understanding of them. Even chronic drug abusers often go to remarkable trouble to get their parents involved(4).

Ideally, the ombudsman should work closely with a local psychiatrist or psychologist who is also conversant with problems of drug abuse and who could provide consultation on cases requiring professional attention.

Because of the illegal aspect of drug abuse, we do not know the true incidence of usage for each illegal drug. This makes evaluation of the prevention of drug abuse by any method highly difficult. We are currently planning a long-term project to follow students through high school and beyond in order to evaluate the effectiveness of various drug information programs and counseling approaches. Arrest figures and interview techniques provide possible indexes of effectiveness.

It is beyond the scope of this communication to present the kinds of teaching materials and methods that can best provide information about the problems of drug abuse at the secondary school level (and, in fact, we are convinced that the initial efforts at informing youngsters about drugs must begin before high school). A
number of recent drug manuals and motion pictures are available; several are listed below. The key factor seems to be permitting discussion of drugs in a factual, nondefensive manner with plenty of time allowed for questions, even if the teacher’s answer has to be an honest “I don’t know.”

We are not trying to create junior psychotherapists out of teachers or to diminish the role of the trained therapist in the treatment of the chronic drug abuser. The use of drugs is so widespread, however, that in some schools “turning on” is a puberty rite for entry into the adolescent world. Not all these adolescents are so disturbed as to require psychiatric intervention. Nor would the parents of most of these youngsters who experiment with drugs be willing to see a psychiatrist (thus admitting the existence of a “mental problem” in the family) until an arrest or hepatitis, etc., makes such consultation imperative.

We want to reach these youngsters much earlier in their course of drug experimentation, and the ombudsman may be the one best able to do this—to perform the “triage” necessary on the scene, educating some, referring some for professional help, getting families involved, and so on. This is not unlike the “caretaker” concept in the military service, where mental hygiene consultation services are provided to help company commanders and first sergeants handle their local problems in the field rather than in a psychiatric clinic or a hospital ward. One caution is that the ombudsman must be not only one of those certain few teachers sought out by the students but also a person who does not privately use these drugs himself. Sometimes the “cool counselor” may himself be a psychedelic missionary, quietly and gently advocating “better living through chemistry.”

Perhaps the real value of Mr. Bowen’s “field training” about drugs was to make him unafraid to discuss what he knew and did not know with the youngsters. Time and time again we have witnessed well-informed health science teachers fall prey to the testing, probing questions of the adolescent. They become defensive, back themselves into a corner, and wind up defending things like alcoholism and cigarette smoking or making statements like “Marihuana is just plain evil—that’s all.”

The ombudsman may best be described as a parent surrogate who is “not square” (but who does not use “pot,” “acid,” or “speed”), who is not afraid of discussing drugs, and who has some training in recognizing severe degrees of emotional disorder—enough to refer the chronic drug abuser (rather than the curious experimentor) for further help.

Suggested Teaching Guides, Reference Material, and Films

Teaching Guides and References

3. Drug Facts, compiled by H. L. Bowen, Campbell Union High School district, Santa Clara County Drug Information Center.
5. Drug Abuse Information, compiled by H. L. Bowen, teacher resource material, Santa Clara County Office of Education, San Jose, Calif.

Films

2. Beyond LSD: A Film for Concerned Adults and Teenagers (16 mm. sound, color). Film Associates of California, 11550 Santa Monica Blvd., Los Angeles, Calif. 90025.
3. LSD-25 (16 mm. sound, color). Professional Arts, Inc., P. O. Box 8484, Universal City, Calif. 91608.

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REFERENCES


Outpatient Geriatric Psychiatry in an Urban Ghetto with Nonprofessional Workers

BY SHELDON ZIMBERG, M.D.

After establishing a group therapy program for geriatric outpatients, the author found that: 1) relatively brief socialization opportunities can provide these patients with a significant degree of support; 2) small doses of medication can provide rapid and effective control of psychotic symptoms; 3) an intensive case-finding approach is necessary to reach many elderly patients; and 4) nonprofessional workers can provide a great deal of meaningful service.

Many of the elderly in our population are deprived of the wide range of services they require. In disadvantaged urban populations such as Harlem, the elderly are among the most disadvantaged.

Studies of psychiatric disorder in the aged indicated that 6.3 percent of persons aged 65 and over had the criteria for certification to a mental hospital and that 10 to 20 percent suffer from some level of intellectual or behavioral disturbance(6). The admission rates to state hospitals for the elderly have continued to rise. However, utilization of outpatient psychiatric facilities has not been great. At Harlem Hospital Center's outpatient psychiatric clinic, 2.5 percent of the clinic population was in the 65 and over age group compared to 7.3 percent for this age group in the population served by the clinic. Thus, in spite of the suggestive evidence of a significant amount of mental disorder among the aged living in the community, there was a considerable underutilization of a psychiatric outpatient facility geared to provide community oriented services.

Goldfarb(4, 5) and others(7, 9, 12) have indicated that elderly psychiatric

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