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The Development and Implementation of the Positive Kids Model: a Whole-Brain Teaching Approach for Children Ages 3 to 12 Focussing on Health Behaviors and the Spiritual Component of Commitment as a Holistic Approach to Substance-abuse Prevention

Saustin Sampson Mfune
Andrews University

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The development and implementation of the Positive Kids model: A whole-brain teaching approach for children ages 3 to 12 focusing on health behaviors and the spiritual component of commitment as a holistic approach to substance-abuse prevention

Mfuné, Saustin Sampson Kazgeba, D.Min.
Andrews University, 1992

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Andrews University
Seventh-day Adventist Theological Seminary

THE DEVELOPMENT AND IMPLEMENTATION OF THE POSITIVE
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CHILDREN AGES 3 TO 12 FOCUSSING ON HEALTH
BEHAVIORS AND THE SPIRITUAL COMPONENT OF
COMMITMENT AS A HOLISTIC APPROACH TO
SUBSTANCE-ABUSE PREVENTION

A Project Report
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Ministry

by
Saustin Sampson Kazgeba Mfune
November 1991
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ABSTRACT

THE DEVELOPMENT AND IMPLEMENTATION OF THE POSITIVE KIDS MODEL: A WHOLE-BRAIN TEACHING APPROACH FOR CHILDREN AGES 3 TO 12 FOCUSSING ON HEALTH BEHAVIORS AND THE SPIRITUAL COMPONENT OF COMMITMENT AS A HOLISTIC APPROACH TO SUBSTANCE-ABUSE PREVENTION

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Chairperson: James J. North, Jr.
ABSTRACT OF GRADUATE STUDENT RESEARCH
Project Report

Andrews University
Seventh-day Adventist Theological Seminary

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HOLISTIC APPROACH TO SUBSTANCE ABUSE PREVENTION.

Name of researcher: S austin Sampson Kazgeba Mfune
Name and degree of faculty chair: James North, Jr., D.Min.
Date completed: October 1991

Problem

Though there are many programs aimed at teaching
children the importance of not using drugs, most of these
programs have been developed without considering at least
two factors. First, the typical "Just Say No to Drugs"
programs taught in public and private schools have been
developed without taking into consideration the hemispheric
functions of the brain. Many psychologists associate
different thinking styles with the two hemispheres of the
brain: the left brain (LB) and the right brain (RB).
Accumulating evidence suggests that when we communicate in
such a way as to be understood well only by those who primarily use one hemisphere, we "turn off" those who primarily use the other. Our educational system is basically oriented to LB thinkers. Evidence now surfacing suggests that school dropouts are predominately RB thinkers.

Generally, the substance-abuse prevention programs taught in schools are patterned after the existing system of education and thus reflect LB strengths. This suggests that the programs have narrowed the spectrum of children to whom they appeal, thus making them less effective than they could have been.

Second is an observation based on two systems of education: the Seventh-day Adventist (SDA) system and the American public school education system. In American public schools, religion in not taught. This has resulted in developing substance-abuse prevention programs which lack the spiritual component. While public schools are deficient by not emphasizing the spiritual aspect of the person, the SDA philosophy of education which trains the heart (spiritual), the head (mental), and the hand (physical), does not accentuate the social component of a person. Thus, both systems lack a holistic philosophy of education.

This observation exposed a need for developing a holistic substance-abuse prevention program which would appeal to both LB- and RB-oriented children.
Method

A descriptive systematic approach of this research began with literature review. This review suggested the importance of using music as a teaching medium because it requires no medium and is perceived by both hemispheres of the brain without conscious distinction. The literature review also suggested that activating both hemispheres of the brain enhances learning, and information is remembered for a longer time. A musical drama was created and performed in four places: a public school, a non-SDA church, a SDA school, and a SDA church. A questionnaire was used to collect data from the churches and schools where the Positive Kids musical drama was performed.

Results

The SPSS/C+ statistical computer program was used to analyze the collected data. It was noted that though the program had been presented more than six months previously in these institutions, people still remembered the contents of the program.

Conclusion

Music, which is perceived by both sides of the brain without conscious distinction, should be a medium of choice to be used when teaching children.
Due to circumstances beyond the student's control, the Committee accepted this Seminary Project Report in less than final form even though it does not comply with University standards.
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ACKNOWLEDGEMENTS

William Cowper, a British poet who lived in the eighteenth century, penned these words: "God moves in a mysterious way; His wonders to perform." God moved in a mysterious way in His plan for me to attend Andrews University. It was not my plan to attend Andrews University at the time I did. My health had been adversely affected due to my resistance to conventional malaria treatment. Our family doctor advised me to go to a malaria-free environment for a year or two. This, the doctor advised, would yield positive results. This episode led me to Andrews University. I would like to register my gratitude to God in the way He manifested His love in the affairs of my life. During my stay at Andrews, He provided time, health, and funds.

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CHAPTER I

INTRODUCTION

Nature and Purpose of this Project

Purpose of the Project

This study endeavors to develop the Positive Kids Model,¹ a holistic approach for teaching substance-abuse prevention to children ages 3 to 12. At least two factors lend support to warrant consideration of the model as holistic.

The first factor for considering the approach as holistic is based on the observation of two systems of education, the Seventh-day Adventist² system and the American public school education system. In the American public schools, religion is not taught.³ Since the public schools are the arm for implementing most of the substance-

¹Positive Kids Model is designated in this study by PKM.

²Seventh-day Adventist(s) is designated in this study by SDA(s).

³The principle of the American Government not allowing religious exercises in public schools such as prayer or Bible reading is discussed under the title Church and State. To read more on this, see: Encyclopedia Americana - U.S. Constitution Bicentennial Commemorative Edition, (1983), 6:697-698.
abuse prevention programs that have been developed, the programs developed have nothing to do with the spirituality of a person, a component considered very important in the PKM. Figure 1 which has been adapted from the SDA philosophy of education represents the philosophy of the American public school system of education. This system teaches the mental, physical, and social philosophy of life.

While the public schools are deficient by not emphasizing the spiritual component of a person, the SDA philosophy of education does not accentuate the social aspect of the person. The triangle in figure 2 represents the SDA philosophy of education which trains the heart (spiritual), the head (mental), and the hand (physical).

What has been discussed thus far is represented by figure 3.

| Lack of positive social life | Lack of healthy positive coping behaviors | Spiritual deficit | Risk for early initiation of substance abuse |

Figure 3. Risk for early initiation of drug use.

Concerning the triangle discussed in figure 2, two sources are assumed, the book Education written by Ellen White and the Bible.

Writing about true education, White explains that
Figure 1. The American public schools philosophy of Education.
Figure 2. The SDA philosophy of education
"it is the harmonious development of the physical, the mental and the spiritual powers."1 As one notes, nothing dealing with the social aspect of a person is mentioned in this particular passage. And, in Luke 2:52, a verse dealing with the development of Jesus, points out that Jesus "increased in wisdom and in stature, and in favor with God and man."2 Though Luke 2:52 alludes to the social development of Jesus, the social aspect does not appear on the SDA triangle.

Two problems are apparent with the triangle philosophy of education as shown in figure 2.

1. Since the triangle has no room for social life, it tends to undermine the importance of social activities.

2. Since it categorizes physical, mental, and spiritual as separate entities, all on the same level, it may easily lead to the development of a continuum-type of Christianity. A Christian operating on a continuum scale probably will always ask how far can one go towards the borders of religion and still be a Christian. It is like trying to see how far a Christian can circle on a continuum from 1 to 10, starting from Christian activities going towards non-Christian activities, and still be a Christian. This is illustrated in figure 4.


2The New King James Version of the Holy Bible is used in this study unless otherwise stated.
If indeed the SDA philosophy of education is based on these two passages (and probably many other sources), the fact that it does not address the social development of the person renders it incomplete. White, elsewhere in her writings, has shown extensively the importance of the social aspect of a person.

Observing Luke 2:52, we note that at least three points stand out in this verse.

1. Jesus developed symmetrically.
   a. Wisdom - mental
   b. Stature - physical
   c. In favor with God - spiritual
   d. In favor with man - social

2. The four factors noted in number one cannot be separated from each other. Jesus' cognitive development, though a process on its own, cannot be separated from His spiritual growth. Neither can His spiritual growth be separated from His social development. These four developments are interwoven.

3. Only death could stop the process of such a growth.
This study replaces the SDA developmental triangle of philosophy with another diagram. The philosophy as developed in this study replaces the spiritual side of the triangle with the social component of human development and proposes that the spiritual dimension should encompass the total life of a person. Figure 5 illustrates the proposed model which is at the center of the PKM.

This proposed view, would change figure 3 so it would be represented as shown in figure 6.

| Positive social + coping + activities = | Religious healthy behaviors = | Reduced risk for early initiation of substance abuse |

Figure 6. Reduced risk for early initiation of drug use.

In addition, the PKM seeks to develop positive thinking in children by way of teaching health behaviors and spirituality through a musical drama. These behaviors are the use of sunlight, water, rest, pure air, temperance, exercise, and nutrition.¹

The use of a musical drama is an attempt to correlate from literature two scientific areas of study:

1. A recently developed study of the hemispheric functions of the brain, and,

Figure 5. Holistic development
2. The effect of music on the human organism, especially the hemispheres of the brain.

The purpose of the correlation is to determine to what extent music stimulates both hemispheres of the brain and how this can help enhance teaching desired behaviors in children. If it can be established that the use of musical dramas enhances teaching because it stimulates activities in the whole brain, this will serve as a basis for a philosophy of teaching children through musical dramas. The proposed philosophy is presented in a diagram form in figure 7.

The Problem

The substance-abuse problem which has plagued the United States of America in the 1980s and 1990s, threatening to enslave its children, is rooted deep in history. A drug in the form of marijuana came into use for the first time by the Chinese physicians who prescribed it as a medicine for gout, constipation, and absent-mindedness.¹ The Chinese showed a great deal of knowledge on the subject of drugs, as is evidenced by a book on

Figure 7. The Positive Kids teaching model philosophy.
pharmacology written by the emperor Shen Shung in 2737 B.C.¹

What the Chinese physicians had little knowledge of was the addictive characteristics of the long-term use of marijuana.² It was the long-term prescriptions to their patients which probably marked the beginning of chemical dependence and thus opened the road to substance-abuse. Later, other drugs such as opium, a drug known to the Egyptians as early as 1500 B.C., began to be misused. The more sophisticated forms of drugs, including heroin, were discovered in 1898.³

As early as 1919,⁴ children in the United States were seen addicted to marijuana. The New York Times of 12 January 1952, expressed shock as it reported that an eight-year-old boy was addicted to marijuana.⁵ The House of Representatives' speaker Perry B. Duryea, on 16 December 1969, expressed his concern about the reports of seven-, eight-, and nine-year-old children who were addicted to marijuana use.⁶ The death of Walter Vandermeer, a twelve-


²Fixx, ed., 21.

³Ibid.

⁴Ibid., 301.

⁵Ibid., 305.

⁶Ibid., 322.
year-old boy who died on 14 December, 1969, and believed to be the youngest reported person to die of heroin overdose, came as a shock to many.¹

In 1904, four million people in United States of America were using drugs.² Eighty four years later, a survey taken in 1988, as observed by the National Drug Control Strategy, reported that 14.5 million people in America use drugs. According to this report, the drugs are used on a 'current basis'.³ This seems to be a small increase in eighty four years. It may also seem a very small figure as compared to the publicity the substance-abuse problem has acquired. Two factors causes this figure to be of great concern. First, the substance-abuse problem is compounded by criminal, legal, economic, moral, social, health, academic, political, and spiritual issues which are discussed in chapter 2 of this project.

¹Ibid., 324.
²Ibid., x.
³The population of the USA was about 250 million people in 1990. Others have found it amazing to note the publicity and attention the substance-abuse problem has received in the USA and the amount of money channelled to fight this problem.


The term 'current basis' has been explained as a person using drugs at least once in the 30-day period preceding the survey.
Second, the growing list of substance-abuse risk factors suggests a possibility of the use of illegal drugs to develop into a long term problem for the United States government. The goal of any substance-abuse prevention program is to minimize drug abuse problems. A prevention program hopes to reduce factors believed to increase the risks of substance abuse while promoting and teaching factors and behaviors believed to safeguard children against substance abuse.

However, when the list of risk factors seem to grow by the day, it poses a challenge to those who develop prevention programs. Goplerud has divided risk factors into six categories; namely, ecological environment, family environment, constitutional vulnerability of the child, early behavior problems, adolescent problems, and negative adolescent behavior and experiences.\footnote{Eric N. Goplerud, ed., \textit{Breaking New Ground for Youth at Risk: Program Summaries} (Rockville, MD: U.S. Department of Health and Human Services, 1990), 2.}

Under the heading of ecological environment, he points out poverty as one of the factors and defines it as an economically depressed area which results in poor schools, inadequate health and social services, high prevalence of illegal drug use, high unemployment rate, high prevalence of crime, and inadequate housing.

Talking of poverty, Gibbs reports that almost a quarter of the children who are under the age of six live
in households which earn $12,675 a year.\(^1\) This is below the official poverty line. This suggests that some children get involved in drugs because it is a lucrative business.

While contemplating on the above fact of "below the official poverty line," consider this; 73 percent of mothers who have school-age children work outside the home.\(^2\) In addition, only 7 percent of school-age children come from a household where there is only one wage earner.\(^3\) This means that there are many homes where parents with school-age children work at least two jobs. A survey has shown that "one third of all elementary students return to empty homes."\(^4\) This suggests that there are no parents at home to reinforce whatever children learn in school.

Under "Family Environment", Goplerud includes issues such as alcohol and drug dependency of parents, frequent family moves, single-female parent, socially isolated parents, high level of family stress, family instability, lack of family rituals, parents with little education, high level of family violence, inadequate parenting, and low parent and child contact.

\(^1\)Nancy Gibbs, "Shameful Bequests to the Next Generation," Time, 8 October 1990, 43.


\(^3\)Ibid.

\(^4\)Ibid., 55.
There seems to be a close relation between the "ecological environment" and "family environment" risk factors. The issue of divorce would seem to be the common denominator in these two factors. Let us briefly view the divorce issue and how it links the two risk factors together.

The rate of divorce in the United States has doubled since 1960.1 Martin and Bumpass reported in a paper in 1989 that two-thirds of all first marriages in the United States end in divorce.2 A recent study indicates that more than one million of American children experience the divorce or separation of their parents.3 Divorce does not only affect the divorcing parties but brings pain and discomfort to the immediate family members. Sooner or later its effects can be felt by the community and the society at large.

How divorce impacts the families and the society

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2It has been projected that by the year 1990, one-third of the children in the USA aged 18 or younger will have lived in divorced families. See Sara McLanahan and Karen Booth, "Mother-only Families: Problems, Prospects, and Politics," Journal of Marriage and the Family 51 (1989): 557.

1. Physical Aspect - Society tends to look at parents who divorce to have trouble socializing their children to effective behavior. The result is that family system becomes one dominated by the mother-child bond, with males playing only an incidental role in the social lives of children.\(^1\) The reason for this mishap is due to the cultural discrimination against fathers who assume the primary parenting role.\(^2\) Fathers with joint custody see their children on the average of 10 days per month compared to noncustodial fathers, who spend an average of four days per month with their children.\(^3\)

Though the majority of fathers and children continue to see each other rather often, yet these relationships offer little help to children in fully addressing the complex tasks of growing up. Thus, divorce not only breaks the marital relationships, but oftentimes destroys the father-child relationship permanently.\(^4\) The impact on the


\(^4\)Peter Uhlenberg, "The Role of Divorce in Men's Relations with Their Adult Children After Mid-life," Journal of Marriage and the Family 52 (1190): 678.
physical and emotional health among children of divorced parents may result in poor physical health, especially school age children who usually develop low self-esteem.¹

The adolescents whose parents have separated or divorced are more susceptible than others to negative peer pressure to engage in deviant behaviors such as substance abuse. Children of parents divorced during the teenage years are more likely to be involved in substance use and alcohol.² This is one of the major reasons how juvenile delinquency develops and how it contributes to the creation of more crimes in society.

2. Economic Aspect - The negative effects on income and resources for divorcing women in their 20s and 30s appear to be most severe for those who have the lowest incomes during marriage. These findings suggest that the end of marriage contributes substantially to the risks of being poor for women, and that the transition stage may be the most difficult time economically.³


Children's psychosocial adjustment postseparation is affected by either the presence of chronic economic strain such as poverty, or by a significant drop in their standard of living. Children who live in poverty are vulnerable to poor adjustment because of the relationship between poverty, poor quality housing and schools, and high levels of family stress. In addition, work-related problems and changes affect the mother-child relationship by reducing the amount of shared time, activities, and support, as well as the amount of parental sensitivity and patience.

Factors that affect women's ability to hold profitable employment are the presence of children, her age, race, education, and skills which will likely shape her economic standing and risks of poverty after her marriage ends. In addition, the separated mother's age may influence her values and her eligibility for certain types of economic support. The impact of higher divorce rates, of Custodial Parents," *Family Relations* 35 (1986): 103-111.


2Noncustodial parents who pay support are more likely to visit their children than are parents who pay no support. See Buehler, 168-169.

3Ibid., 89-90.
means an increase in the size of money that society has to shoulder in the form of state welfare.¹

3. Sociological Aspect - Poverty and economic instability are not the only sources of strain in mother-only families. In addition to income loss, divorced mothers and their children experience many other changes such as the loss of social status as well as social support. Society tend to look at divorce and remarriage as events that lead to a second-class life style, namely, the single-parent and stepparent families. In some neighborhood a divorcee is considered a social pariah that is not highly respected within the community. After the divorce proceedings, friends seems to distant themselves.

Personal relationships with close friends, acquaintances, and kin are definitely affected by any marital dissolution.² Approximately forty percent of an individual's network constituency during marriage drops following divorce. While both sexes decline in the frequency of interaction with affines, women tend to have


the role of "kinkeepers" during marriage and following divorce.¹

4. Psychological Effect - Official statistics and epidemiological data show that divorced people have higher rates of mental illness and mortality.² Persons who have been married three or more times as a result of repeated divorces are at risk for psychological problems because of dysfunctional personality characteristics, unrealistic expectations of marriage, a high probability for experiencing yet another divorce, and cumulative negative stresses associated with dealing with a society that does not fully accept those who have been married several times.³ In addition, women in remarriages after more than one divorce, reported more distress such as anxiety and psychoticism than those in first marriages without a history of divorce.⁴

Another effect of separation is that adolescents whose parents had divorced frequently expressed anxiety over their own future marriages. This anxiety appears in two forms: some adolescents expressed a desire never to

¹Ibid., 80.


⁴Ibid., 706.
marry, while others are determined to be more careful than their parents had been in choosing a marriage partner.\textsuperscript{1} Thus, it is suggested that adult and adolescent children of divorce hold more favorable attitudes toward divorce and less commitment to the institution of marriage.\textsuperscript{2}

5. Religious Effect - In many divorced families, parental discipline is not maintained on a consistent basis due to a single parental involvement and supervision.\textsuperscript{3} Marital disruptions and family reorganizations limit children's exposure to role models, and contact with important reinforcers are diminished or terminated.\textsuperscript{4}

Parental consistency in values, especially the transmission of religious values for commitment from parents to adolescents is of critical importance.\textsuperscript{5} The effects of religion on parental supportive beliefs and behaviors is seen in the fact that literal believing

\begin{itemize}
\item[\textsuperscript{1}] Paul R. Amato, "Parental Divorce and Attitudes toward Marriage and Family," \textit{Journal of Marriage and the Family} 50 (1988): 453.
\item[\textsuperscript{2}] Ibid., 454.
\item[\textsuperscript{3}] McLanahan and Booth, 564.
\item[\textsuperscript{4}] Marilyn Coleman and Laurence H. Ganong, "Remarriage and Stepfamily Research in the 1980s: Increased Interest in an Old Family Form," \textit{Journal of Marriage and the Family} 52 (1990): 928.
\item[\textsuperscript{5}] Donald B. Danser, Everett L. Worthington, Jr., Cynthia A. Clark, and James T. Berry, "Effects of Theological Belief and Church Attendance on Parental Beliefs and Behaviors in Families of Preadolescent First Sons," \textit{Family Perspective} 22 (1988): 88.
\end{itemize}
parents appear to translate their religious beliefs into parenting beliefs more than mythological believing parents. For example, high church attenders maintained fewer barriers between parents and children than did moderate church attenders.¹

With what we have observed, one can note how "ecological environment" and "family environment" risk factors compliment one another.

Goplerud also points out issues such as racial discrimination, low educational levels, different generation levels of assimilation and low achievement expectations from society as some of the additional factors under the same heading.

What Goplerud terms as ecological environment is closely related to what Dupont has labelled as 'community factors.'² Collins addresses some of the environmental concerns under the term Social Theories. He points out environmental factors as a suspect to later substance abuse.³ Rey, Faerge, and Patti have broadened the

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¹Danser, Worthington, Jr., Clark, and Berry, 99-100.


environmental factors to include behavior and personality issues.¹

He writes of physical or mental health problems, physically handicapped, less than two years of spacing between children, child of an alcohol or other drug user, neuropsychological vulnerabilities, birth defects, and learning disabilities under the title "Constitutional Vulnerability of the Child". Goplerud's term overlaps with what other authors have referred to as genetic and family factors,² social factors,³ or gateway theories.

The factors 'early behavior problems,' 'adolescent problems,' and 'negative adolescent behavior and experiences,' overlap such a great deal that I have not addressed them individually. Basically, these three factors find their common denominator in developmental psychology. What appears to be dysfunctional behavior in adolescents, if not handled with wisdom, may contribute to later substance-abuse problems.

At this point one must mention the influence of TV on children as yet another concern joining the ranks of risk factors. First, we should focus attention on the

¹Ketty H. Rey, Christopher L. Faegre and Patti Lowery, eds., Prevention Research Findings: 1988 (Rockville, MD: Office of Substance Abuse Prevention, 1990), 156.

²DuPont, 29, 30.

³Collins, 510.
amount of exposure alcohol has in the media, especially in television programming.\textsuperscript{1} Experts classify alcohol, wine, cigarettes, and beer as gateway\textsuperscript{2} drugs.

Let me mention that though alcohol is mentioned in this paper, I do not intend to discuss it in details as I will do with other drugs. However, reference will be made to it as need arises.

How are gateway drugs a gateway to the use of other stronger drugs? As for cigarette smoking, physical similarities exist in the form of cigarette, marijuana, and crack-cocaine smoking. They all require the inhaling of smoke. It is believed that cigarette smoking trains the lungs to later successfully hold the strong marijuana smoke, then still later, crack-cocaine smoke.\textsuperscript{3} Figure 8 shows percentages of when different age groups begin smoking cigarettes. In this figure we note that 25 percent begin smoking cigarettes at the age of twelve. In figure 9 we see that what began as cigarette smoking resulted in marijuana use. Research has reported that what starts as

\textsuperscript{1}Goplerud, 13.

\textsuperscript{2}Ibid., 3. Research has shown that before people develop serious drug problems, they begin by using drugs which are defined as gateway drugs -- cigarettes, wine, beer, and marijuana.

\textsuperscript{3}Cory SerVaas, "Dr. Louis Sullivan: How to Keep Healthy? Mind Your Habits," The Saturday Evening Post September 1990, 52.
Tobacco Use Begins Early

After Age 20

Ages 15-20

Ages 13-14

By Age 12

Figure 8. Tobacco use begins early.
Cigarettes As A "Gateway Drug" of Adolescent Marijuana Smokers

Figure 9. Cigarettes as a "Gateway Drug" of adolescent marijuana smokers.
cigarette addiction at the age of thirteen will result in marijuana addiction at age fifteen and crack-cocaine smoking and addiction at age seventeen.¹

Research conducted in 1984 and reported in 1987 revealed that alcohol advertising constituted 122 hours of prime-time television and theatrical movies shown on TV averaged eighteen drinking acts per hour.²

In 1985, 98 percent of all the homes in the USA had at least one TV set.³ This percentage had not increased by 1988. The U.S Bureau of the Census reports that in 1988 88.6 million households in the United States of America owned at least one TV set, representing 98 percent of the households.⁴ The habits of TV watching, however, have changed. While in 1983, the hours spent in watching TV per household were 6.5 per day,⁵ this had increased to 7.1 hours per day per household by 1988.⁶

Though this research did not provide a definite number of hours children view TV, a recent TV program

¹Ibid.

²Ibid., 13.


⁵Bardes, Shelley, and Schmidt, 268.

⁶U.S Bureau of Census, 544.
reported that an average American child spends about forty-two to forty-five hours a week watching TV.\textsuperscript{1} This provides an affirmative view of what takes place inside an American home. One cannot ignore the ramifications of the statistics observed. There is an indication of how much TV might be influencing the lives of children since they are part of the household.

Considering the amount of hours alcohol is advertised on TV, and that it is a 'gateway drug', this gives an indication of how much TV viewing might be perpetuating the desire in children to experiment with drugs. The above figures suggest that there could be many children who are experimenting with drugs at an earlier age than has been realized. Research has shown that the younger the onset age of experimenting with alcohol and other drugs, the more severe the drug problem becomes.\textsuperscript{2} Thus, one can say that TV viewing (due to the intensity of advertising the gateway drug) shatters the allusion of safety. Is it surprising then that one survey indicates that approximately one out of four church-connected fifth and sixth graders reported alcohol use within a year? As a

\textsuperscript{1}"World Harvest" on Religious Broadcasting Program Television Station, WHEM 46, in South Bend, IN: 5 April 1991.

\textsuperscript{2}Goplerud, 9.
nation, "we are up against . . . the trend for chemical experimentation to begin at earlier ages."¹

Next, we focus our attention on TV viewing being a stimulant. Excitement is developed in the body due to the nature of the majority of the activities aired on TV, movies played on video cassette recorders (VCR), and nintendo games children play. Considering the amount of time children spend in front of the TV screen, it is reasonable to argue that the acquired stimulation makes it hard for children to maintain interest in institutional structures such as school and church activities which fail to provide equal stimulation.

Considering what we have just discussed, is it mere coincidence that a recent Gallup Poll reported that 65 percent of the children surveyed indicated that a typical school day was boring and 10.75 percent said it was stressful?² Is it mere coincidence that Hurlock writes that children in the childhood and late childhood developmental stages³ are already using drugs, especially


³She defines childhood and late childhood as age six up to the time a child becomes sexually active. Elizabeth Hurlock, Developmental Psychology: A Life Span Approach (New York: McGraw-Hill Book Company, 1980), 156.
marijuana, on the school grounds? Could it be that children are smoking marijuana so that they can maintain the excitement built in their body systems due to long hours of watching exciting movies?

An article by Nancy Gibbs in Time magazine gives some startling statistics. Gibbs writes:

Every 8 seconds of a school day, a child drops out of school. Every 26 seconds, a child runs away from home. Every 47 seconds a child is abused and neglected. Every 67 seconds, a teenager has a baby. Every seven minutes, a child is arrested for a drug offense. Every 36 minutes, a child is killed or injured by a gun. Every day 135,000 children bring their guns to school.²

The thought of a child dropping out of school every eight seconds of a school day is frightening. It is frightening at least for two reasons. First, due to the economical factor mentioned above, the majority of the children return to empty homes from school. Their parents are out working. These drop-outs will probably spend each day roaming around aimlessly or watching TV, which is used as a baby sitter. The second point is that since schools realize many parents do not spend time with their children, they add to the school curriculum values which traditionally are supposed to be taught by parents at home.³ For the children who drop out of school they benefit from neither home nor school.

¹Ibid., 178.
²Gibbs, 42.
³McCormick, 55.
The third factor to consider is that TV viewing has developed a mute society. It breaks communication in homes. George Gerbner, dean of Annenberg School of communications at the University of Pennsylvania observed that only ". . . 7 percent of children's viewing time goes to children's programs."¹ The remainder of the time children watch what adults are watching.

Common sense assures us that there is very little quality family communication when watching TV. Studies have shown that only seven minutes of communication per day takes place between the father and the child in an average American home.² This shows that TV is the tool communicating values to children.

The fourth factor is that TV viewing could also be addictive since it has the potential of being a stimulant. If it is, then chances are if one tries to reduce the time of watching TV he/she might suffer similar psychological and physiological withdrawal symptoms as if actually trying to stop using drugs.

When the list of risk factors continues to grow it poses a great challenge to those hoping to curtail the illegal use of drugs among children.


In a letter dated 5 September 1989 and addressed to the Honorable Thomas S. Foley, the speaker of the House of Representatives, President George Bush wrote:

. . . America's fight against epidemic illegal drug use cannot be won on any single front alone; it must be waged everywhere--at every level of Federal, State, and local government and every citizen in every community across the country.¹

The President acknowledges two factors in his letter. First, he recognizes that the existing programs on drug education should in no way be considered enough; second, the President, backed up by a video for children entitled "Cartoons to the Rescue" which he himself advertised repeatedly on TV, acknowledges the fact that the nation needs more educative programs for children aimed at prevention.

Survey of Related Literature

According to the best knowledge of the writer, it seems that there have been no previous attempts to approach the teaching of substance-abuse prevention as employed by this study. Therefore, literature related to this study is limited. However, a brief survey done in the two areas, the hemispheric functions of the brain and the effects of music on the human organism, have given the primary impetus for the proposed thesis.

Impetus for the Project

I had an experience with my own son when he was in first grade. He came home from school one afternoon and explained how his friend had brought some gas in a small bottle and had asked them to sniff it. The boy told my son and his friends that the gas would make their heads feel light and funny. My son and most of his friends, at that point in time, refused. How long would he stand this pressure, was the question which haunted me for sometime after hearing the story. As I thought of this incident, the idea of the Positive Kids Model began to develop.

Justification for the Project

1. To the best of my knowledge, no previous comprehensive attempt has been made to approach the teaching of substance-abuse prevention as conceived in the PKM.

2. The existing "Just Say No" federal- and state-funded programs do not seem to take into consideration the holistic nature of a person:
   a. They do not provide the "how" of saying no.
   b. They overemphasize the negative aspects of using drugs without providing enough positive reasons for not using them.
   c. They do not take into consideration the spiritual component of a person.
3. The inconsistence and apparent contradictions in the federal- and state-funded TV advertisements and "Just Say No to Drugs" programs warrants clarification in the minds of children. For example, in the TV program "Cartoons to the Rescue," mentioned earlier and aired in the 1990s, a section shows a father complaining that his son has stolen his beer from the refrigerator. This poses at least two problems for children.

First, there is lack of role modelling for children. When a parent or a parent figure is involved in alcohol consumption, should it be surprising that young people follow this adult example? It should be realized that children become attached to behaviors they see in the home. When these children grow up and experience a crisis, and no parent is around to lend the much needed support, they are likely to turn to alcohol consumption. Alcohol consumption probably brings some security because it brings with it memories of the parent, thus providing false security. It would not be far from the truth then to suggest that the use of alcohol (or any other drug) by parents perpetuates in the minds of the children the idea that there is nothing wrong with alcohol. Is it surprising then that a "recent Gallup poll showed that one family in four is troubled by alcohol . . . ?"1 While we talk so much of peer-pressure, when it comes to substance abuse, it seems that very few

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1Collins, 488.
parents realize the influence of parental pressure. If parents drink in front of their children, they are exerting pressure on their children which is probably greater than that exerted by their children's peers.

Research indicates that 50 percent of adults in centers for treating alcoholics have a father, mother, or sibling who is an alcoholic.¹ It has further been observed that 70 percent of adolescents being treated for chemical dependance come from chemically dependent families.² "These children tend to begin using alcohol or other drugs at a particularly early age."

Second, children are given the impression that alcohol is not a drug. As noted above, experts are concerned that alcohol, which is one of the gateway drugs, is advertised openly on TV as a beverage. While alcohol is advertised on TV as a beverage, it is also advertised as a drug, a major killer, ranking third after heart disease and cancer. Alcohol "results in twenty-five percent more deaths than are claimed by cocaine, heroin and other illegal drugs combined."³ As children grow up and become more aware of these statistics, they probably become confused as to what the difference is between alcohol, the

¹Goplerud, 2.
²Ibid.
³Ibid.
⁴Collins, 488.
beverage, and alcohol, the drug, which costs the economy well over "$100 billion a year in reduced work efficiency, absenteeism, property damage, treatment expenses [alcoholism treatment industry costs the nation $1 billion yearly], and premature deaths."

Another apparent inconsistency is reflected in the chart entitled "The Potential for Addiction," cited by Collins. In this chart, which is shown in figure 10, drugs are placed on a scale ranging from those drugs which have the highest potential for addiction to those with the lowest. It is interesting to note that marijuana which has been shown scientifically to have less potential of addiction as compared to alcohol, is considered illegal, while alcohol is legalized and advertised openly on TV.

4. The challenge to the existing programs is not what they do, but what they do not do. They seem to ignore children below Grade four, thus ignoring the more formative period of a child's character."

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The Potential for Addiction

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<th>Highest</th>
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<td></td>
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<td></td>
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<td>Bromides</td>
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<td></td>
<td>Marijuana</td>
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<td></td>
<td>Caffeine</td>
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Lowest

Figure 10. The potential for addiction.
5. Children are exposed through the media as to how drugs are obtained and used. The TV programs show exactly how drugs are obtained from the dealers and how they are smoked or otherwise used. When children see all this on the TV screen, their curiosity is stimulated. They probably ask themselves, if so many people use drugs, can drugs really be so bad?

Aims of the Project

This study is aimed at the following:

1. To introduce Jesus into the lives of children at an early age in an interesting and relevant way.

2. To help open doors for witnessing activities in the community.

3. To develop one’s skills in working with children.

4. To develop an awareness of the importance of approaching the substance-abuse problem more holistically.

5. To promote stronger relationships between children and their parents by means of weaving a family emphasis into the fabric of the program.

6. To help bring a better understanding to parents as to how they can help their children avoid the problem of drug abuse.

7. To present persuasively and attractively practical and positive reasons for following a healthful lifestyle.
8. To provoke older youth and adults to consider the importance of developing a positive, healthful-living attitude as a tool to overcome the temptation to use drugs.

9. To be a launching pad for later formation of Positive Kids clubs.

10. To be a foundation for the establishment of a resource center where original substance-abuse prevention materials, e.g., skits, audio and video music, drama tapes, T-Shirts, and activity books, can be made available to the public.

Limitations of the Project

The time-frame may be lengthy for measuring the impact of the PKM, which is preventive in nature, on its target population. The data to study the effects of such a program on its target group may not be observable for several years. We find ourselves unable to assess the immediate success of the model. Therefore, the collected data are not able to assess the long-term impact of the program on the target group. The questionnaire, therefore, has been designed only to assess the immediate impact of the program on the group.

The PKM, being preventive in nature, is targeted at children who do not use drugs. The target population has not been chosen because they are at high risk. Even if they were, studies have shown that not all children who are considered high risk engage in doing drugs. Therefore, we
have no way of knowing if these kids would have used drugs at some future date.

Though the target population of the PKM is children ages three to twelve, the ages of the respondents of the questionnaire will be from fourteen and above. The rationale for this action is that the children below the age of fifteen may not accurately understand some of the questions in the questionnaire.

In this research, I do not intend to discuss properties and characteristics of drugs as presented by psychopharmacological studies. Neither do I intend to discuss how drugs bring about mood changes and alteration of consciousness. This knowledge is assumed. This research is limited to developing a program which will curtail the use of any illegal drug without medical prescription which when ingested or used otherwise is psychoactive.

This research does not discuss differences of opinion existing among the legal experts, law enforcement officers and researchers as to whether drugs are inherently or directly criminogenic.

Although alcohol in this paper is referred to a great deal, it is discussed on a limited basis in comparison with the other drugs.

Definitions of Terms

Drug: In this project the term drug(s) refers to
substances that bring about mood changes and alteration of consciousness and thus are called psychoactive.¹

Abuse: Abuse refers to improper and non-medical use of such drugs.²

Addiction: A state of being dependant on a drug.

Figure 11 lists some of the most commonly misused drugs.

Tentative Organization of the Project

Chapter 1 introduces the topic under study and attempts to describe the purpose, justifications, results impetus, and limitations of the project. A survey of related literature is presented and definitions of the terms used are covered.

Chapter 2, which is the philosophical base of the project, gives a brief history of the Seventh-day Adventist Health emphasis background. An overview of substance-abuse issues are given. An analysis of the functions of the right and left hemispheres of the brain as they apply to this project is provided. This section shows the basis for a philosophy of teaching children through musical dramas.


²Ibid.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>EXAMPLES</th>
<th>EFFECTS</th>
<th>DEPENDENCE?</th>
<th>TOLERANCE?</th>
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<td>Mood shifts</td>
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<td>Talkativeness</td>
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<td>Slurred speech</td>
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<td>Drowsiness</td>
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<td>Tranquilizers</td>
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<td>YES</td>
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<td>(Antianxiety)</td>
<td>*Valium</td>
<td>Calming</td>
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<td></td>
<td>Morphine</td>
<td>Apathy</td>
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<td></td>
<td>Methadone</td>
<td>Slowng</td>
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<td>Slurred speech</td>
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<tr>
<td></td>
<td>Nicotine</td>
<td>Alertness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hunger suppression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>Lysergic Acid</td>
<td>Euphonia</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td></td>
<td>Diethylamide (LSD)</td>
<td>Agitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dimethyltryptamine</td>
<td>Emotionality</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(DMT)</td>
<td>Strange experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phencyclidine (PCP)</td>
<td>Slowed time sense</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hunger suppression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td>Marijuana</td>
<td>Euphoria</td>
<td>?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Hashish</td>
<td>Amplification of sensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slowed time sense</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Apathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appetite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>Paint sniffing</td>
<td>Dizziness</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td></td>
<td>Glue sniffing</td>
<td>Sedation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gasoline sniffing</td>
<td>Headache</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 11. Commonly misused drugs.

Chapter 3 briefly discusses how the PKM was developed and its contents are also presented.

Chapter 4 surveys briefly the DARE\(^1\) program, examining its emergence, strengths, and possible weaknesses.

Chapter 5 shows the selection of the population and the implementation of the program.

Chapter 6 analyzes and evaluates the data collected.

Chapter 7 summarizes the project and presents conclusions on the investigation. Recommendations for further study are made.

\(^1\)The definition of DARE is given in chapter 4 of this study. The same chapter shows why the DARE program was chosen to be analyzed in this study.
CHAPTER II

FACTS AND THEORIES: FACTORS INFLUENCING THE
PHILOSOPHY OF PROGRAM DEVELOPMENT

Introduction

In this chapter, I purpose to discuss the philosophy
influencing the thrust of the PKM. Three areas are
considered. In the first section, I attempt to show the
probable factors which may have provided the impetus for
the fledgling SDA church to develop a doctrine of health.
In the second section two I will discuss issues which I
believe are at the heart of illegal drug use. The final
section of this chapter is psychological in nature. It
delves into the subject of the hemispheric functions of the
brain. In this section I will show how the findings of
brain research have influenced my preference for the use of
music as the teaching medium of the PKM.

Factors in the Development
of the Healthy Doctrine
in the SDA Church

Seventh-day Adventists, in general, are a health
conscience people. For SDAs, the doctrine of health, which
sets them apart from other Christians, is one of the major
doctrines. At this point, a definition of health is appropriate. The World Health Organization (WHO) defines health as a "state of complete physical, mental and social well being and not merely the absence of disease or infirmity." Reacting to WHO's definition, George Reid explains that this definition does not fit well with the SDA concept of divine activity permeating all creation. Seventh-day Adventists, writes Reid, favor Dunn's understanding of the word health. Dunn includes a sense of "high level wellness" in his definition.

The SDA church was founded in the United States of America (USA) in the latter part of the 19th century. There were issues which shaped its conception. This section does not make an attempt to discuss all issues which may have existed at the time of the church's birth. Rather, I have endeavored to give a brief historical perspective to show the possible reasons which may have generated an interest in health in the SDA church.


3Reid, 245.

Four points are discussed in this section as the factors which led to the development and adoption of health as one of the major doctrines of the SDA church: (1) theological factors, (2) lack of scientific and medical knowledge, (3) prohibition movements and other reforms, (4) and motivation drawn from the sixteenth- and seventeenth-century thinkers.

Theological factors

The Return of Christ

Though Miller's keynote message was the soon return of Christ,¹ he also supported the temperance movements. In his sermons, he not only presented the prophetic charts to the people, but also warned them that it would be a disgrace for Christ to come and find them drunk.

The Third Angel's Message

In 1866 J.H Waggoner remarked that

We [SDAs] do not profess to be pioneers in the general health reform . . . .But we claim that by the method of God's choice it has been more clearly and powerfully unfolded, and is thereby producing an effect which we could not have overlooked for any other means. The visions [Ellen White's visions on health] have placed healthful living on a level with the great truths of the third angel's message as the means whereby a weak people may be made strong to overcome and fitted for translation.²


²[J.H. Waggoner], editorial, Review and Herald, 7 August 1866, 76,77.
Waggoner makes it plain that the SDA church did not originate with the health message. However, he points out that the church linked the health message with the third angel's message. At least two theological implications stand out in Waggoner's observations.

First, Waggoner links the importance of health to obeying God's commandments. One needs a sound mind to understand and keep God's commandments. Looking at Waggoner's statement through the eyes of modern scientific findings on the relation between the mind and nutrition, we cannot choose to ignore the significance of Waggoner's statement. Health is important in understanding God's commandments and consequently will lead to a proper observance of the commandments.

Second, there is a clear implication in Waggoner's statement that if we are to move with the "speed of the angel" in proclaiming God's warnings, we do not only need a sound mind but also a sound and healthy body. A healthy body is imperative in all aspects of presenting the third angel's message. If one desires to be an effective preacher, good health must be preached.

The Holistic View of Man

During this same period under the guidance and leadership of Ellen White, the fledgling SDA church had developed an understanding which emphasized the holistic
view of man. This understanding distinguished SDAs from other Christians who heralded "... the traditionally-sharp distinction between body and soul."¹ The SDA understanding of man, influenced by White's vision on health in 1863², led SDAs to adopt a stand which made the health issue not only scientifically significant, "... but of moral and religious concern."³

Lack of Scientific and Medical Knowledge

During the early part of the nineteenth-century, the germ theory was still unknown. Highly toxic drugs such as "opium, calomel, mercury, arsenic, and strychnine were commonly used" to heal disease.⁴

Surgery was in its infancy stage and anesthetics were unknown. The technology of x-rays, antibiotics, and

¹Reid, 3.

²On Friday, June 5, 1863, Ellen White had a vision on health. This vision lasted for forty-five minutes. In this vision which has been referred to as a comprehensive health vision, the use of alcoholic drinks, rich desserts, spices, meat (especially swine's flesh), and tobacco were denounced. The use of tea and coffee was discouraged. Even good food when it is eaten too much is unhealthy. Overworking is not good for the body. The use of drugs such as arsenic, strychnine, and calomel which were commonly used in those days, was discouraged. To read more on this, see: Ellen G. White, Spiritual Gifts, vol. 4a, (Battle Creek, MI: Steam Press of the Seventh-day Adventist Publishing Association, 1864), 120-151.

³Reid, 3.

aspirin was unknown.\textsuperscript{1} The relation between diet and disease did not make sense. Theories developing from ignorance were common. People believed that opening windows allowed evil spirits to enter the house, thus exposing people to increased chances of becoming sick. Sunlight was prevented from entering houses because it faded furniture.\textsuperscript{2}

Reading the works of Ellen White, especially Ministry of Healing and Counsels on Diet and Foods, makes it evident that the health of people is of greater importance than furniture and beliefs. People need sunlight and fresh air. The sentiments of her writings are that things are not as important as living to the glory to God.

Prohibition Movements and Other Reforms

One could speculate that during pre-revolutionary America though alcohol may have been readily available, its consumption did not bring much public concern. It would seem that drunkenness was not a big problem.

An increase in alcohol consumption and drunkenness became evident during three periods: the Revolutionary War, which was fought during the eighteenth century, the Industrial Revolution, which occurred during the early part

\textsuperscript{1}Ibid.
\textsuperscript{2}Ibid.
of the nineteenth century, and the Civil War, which was fought during the middle part of the nineteenth century.

It can be theorized that an increase of alcohol consumption among men during these periods could have been attributed to stress. The stressors are the social factors, such as an increase in working load generated by the industrial revolution, and lengthy departures from home demanded by wars.

By 1814, a movement developed in America protesting the use of alcohol, especially during funerals.¹ Later, between 1869 and 1893 prohibition groups were organized in many parts of the USA protesting the excessive use of alcohol.

A Presbyterian minister by the name of Sylvester Graham (1794-1849), a strong advocate of temperance, championed some of these movements.² His special study of anatomy and physiology led him to promote changes in diet, drinking habits, exercise, and sanitation.³

Graham did not maintain his zeal. Slowly as this minister faded away from the picture of temperance


² Robinson, 40.

movements, the SDA church came into the picture. Since some SDAs at this time had invested an interest in temperance, Graham's departure led the area of health to the developing SDA church.

Temperance had become an accepted practice among the SDAs as early as the 1850s. Joseph Bates, influenced by his experience as a sea captain, fathered the temperance ideology among the SDAs. His conviction was caught by other pioneers.

Ellen White, one of the pioneers influenced by Bates, and inspired by her comprehensive health reform vision in 1863, wrote extensively on the subject of health. Two of her principal works on health are the books Ministry of Healing and Counsels on Diet and Foods.

A close friend of White, Dr. John Harvey Kellogg, a medical doctor by profession, was also actively involved in promoting temperance educational activities. His efforts were evident in the health emphasis of such institutions as the "American Missionary College, Battle Creek Sanitarium, and two Battle Creek colleges."¹

Ellen White, her husband James, and G.I Butler joined forces with Kellogg in 1878 in organizing the American Temperance Association. Its purpose was to expose the poisonous effects of tobacco, tea, alcohol and coffee

use.¹ The Health and Efficiency League of America was organized by Kellogg in 1909 and in 1919 he became president of the Michigan Anti-cigarette Society.²

It is interesting to note that the SDAs did not allow liquor and by 1850s they discouraged the use of tobacco.³ Disallowing the use of liquor, tobacco and other harmful drugs probably was motivated by their interpretation of texts such as; 1 Cor. 3:16; 6:19,20; 9:24-27; 2 Cor. 6:16; Rom. 12:1,2, which indicate that the body is the temple of the Holy Spirit and nothing defiling should enter into it.

Motivation Drawn from the Sixteenth- and Seventeenth-Century Thinkers.

The "humoral" theory which was accepted by most physicians in the early 1800s had been in existence for 3,000 years. Hippocrates, a greek physician, is credited for the theory.⁴

In his theory, Hippocrates explained that the body is made of four elements (humors). These elements, reasoned

¹Ibid., 22.

²Ibid.

³Maxwell, 206.

Hippocrates, are blood, phlegm, yellow bile, and black bile. The 'four-elements' theory as demonstrated by Hippocrates seem to have been a common phenomena during this period. Aristotle believed that matter was a combination of four elements: earth, air, water and fire.²

It is interesting to note that the four elements Hippocrates hypothesized have persisted and are used in our modern day and age. Twentieth century psychologists have borrowed from these terms to define human temperaments. "... blood (sanguis), phlegm (pituita), yellow bile (chole), and black bile (melanchole), ..." thus, sanguine, phlegmatic, choleric and melancholy.³

For Hippocrates, sickness was due to the imbalance of these four elements. Hence, the belief that treatment which altered the body elements, "such as bleeding, vomiting, purging, salivating, sweating or blistering" would restore the much needed balance and therefore cause healing.⁴

Though many people died from the "humoral" method of treating disease, it still remained the accepted way of treatment.

Hippocrates also advocated the use of herbs to heal

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¹Ibid.
²Reid, 20.
³Ibid.
⁴Hirst, 625.
disease. Along with herbs he encouraged the use of fresh
air, rest, and proper diet "to help the body's life force
eliminate health problems."

When the SDA church developed, the humoral method of
treating disease was the common medical practice. What
Ellen White later termed "natural remedies" (sunlight, air,
diet, etc.) had also been taught by Hippocrates. The SDAs
pioneers synthesized the knowledge handed down by
sixteenth- and seventeenth-century thinkers and removed
what was not necessary and built on what was helpful.

This brief survey gives an indication of how health
developed into a doctrine of the SDA church.

Substance Abuse Issues.

The problem of substance abuse has created a public
arena loaded with issues. It has also created a negative
impact of great magnitude. Bardes, Shelley, and Schmidt
introduce Chapter III of their book American Government And
Politics Today: The Essentials with these words:

In the late 1980s, the news on drug use in the United
States was bad. Kids under ten years of age were making
$100.00 a day as lookouts for drug sellers. A successful
"crack" dealer in New York city was making as much as
$3,000.00 a day! It was estimated that a teen using
crack could spend as much as $20,000 a year on the
habit. Much of this expense was paid for by robbery,
prostitution, and other crimes. . . . The spread of the
deadly AIDS virus rapidly accelerated through needle

---

1 Otis R. Owen, The Surgeon General's Report on
Nutrition and Health (CA: Prima Publishing and
Communication, 1988), 671.
sharing by drug users. Tens of thousands of infants born to addicted mothers were themselves addicted. Many of these infants were also mentally retarded and would become wards of the state.¹

The preceding passage serves as an excellent introduction to this section, which discusses the issues involved in the illegal use of drugs. The issues are; criminal, legal, economic, moral, social, health, academic, political, and spiritual.

Some of the issues are related and statistics overlap a great deal. Due to the relatedness of some of the issues, it is not easy to determine to which issue the statistics and information found should be applied. Though I have tried to limit repetition of facts, it is possible that the reader may still detect some redundancy. In some cases, repetition may be due to an oversight. However, it is more than likely that certain facts and statistics have been used more than once to stress a point in question.

Criminal Issue

Drug Testing on Arrestees

Between 1979 and 1981, law enforcement officers in the District of Columbia questioned defendants at the time of arrest to assess the involvement of drugs in crime commission.

¹Bardes, Shelley, Schmidt, 56.
Though this self-reported method was discontinued, it provided an insight of the extent of drug involvement in crime. Figure 12 shows the percentages of defendants who self reported drug use. The percentages grew from 10.6 percent in 1979 to 19.7 percent in 1981.

Starting from March 1984, law enforcement officers began to use the Emit test\(^1\) to detect the use of drugs among the arrestees. This particular research was conducted between June 1984 and January 1985. The results which are shown in figure 13 reflect a relation between drug consumption and crime. New York City also conducted urine tests on the arrestees. Figure 14 points out arrestees with a positive emit test when by the month of their arrest. The statistics show that cocaine was the most used drug: 82 percent in September, 84 percent in October, and 68 percent in November of 1981. In the same research, a comparison was made. The figures of the 1984 arrestees who had a positive emit test were compared to those of the arrestees of September, October, and November 1986. The data has been shown in figure 15. In this figure it is noted that the first column shows statistics of the whole year of 1984. The second column demonstrates that more arrestees tested positive for cocaine use in September and

\(^{1}\)The Emit test is a test used to examine the presence of drugs in urine. The test has proved to be fairly accurate, especially when it comes to detecting recent use of drugs.
Figure 12. Percentage of cases involving self-reported drug use.
<table>
<thead>
<tr>
<th>Tested positive for:</th>
<th>September 1986 (n=203)</th>
<th>October 1986 (n=211)</th>
<th>November 1986 (n=201)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>82%</td>
<td>84%</td>
<td>68%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>29%</td>
<td>25%</td>
<td>23%</td>
</tr>
<tr>
<td>Opiates</td>
<td>21%</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Methadone</td>
<td>6%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>PCP</td>
<td>3%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Any of above</td>
<td>86%</td>
<td>89%</td>
<td>79%</td>
</tr>
<tr>
<td>2+ of above</td>
<td>44%</td>
<td>49%</td>
<td>41%</td>
</tr>
</tbody>
</table>

**Figure 14.** Percentage of arrestees with a positive urine test, by month of arrest.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>68%</td>
<td>83%</td>
</tr>
<tr>
<td>Opiates</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>Methadone</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>PCP</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Any of above</td>
<td>73%</td>
<td>85%</td>
</tr>
<tr>
<td>2+ of above</td>
<td>23%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Figure 15. Comparison of urine test results for arreestees in 1984 and 1986.
October of 1986 as compared to the whole year of 1984. One will note that there is a 41 percent increase of drug consumption among arrestees who had used cocaine. Though the research indicates in column three that 68 percent of arrestees tested positive for cocaine during the month of October 1986, it does not explain why the emit test indicates a drop in drug consumption among the arrestees during the month of November (see figures 14 and 15). However, this research indicates in figure 15 that cocaine was the drug of choice among the arrestees.

Between June and November of 1987, male arrestees of twelve different cities across the USA were required to take the emit test. Figure 16 reflects drug usage in all the arrestees. Figure 17 shows the results of the same research but with cocaine singled out. The results demonstrate that cocaine was the drug most used by arrestees.

The statistics studied indicate that drugs are a criminal issue.

Legal Issue

There are two points considered under this topic. First, the use and possession of drugs is illegal. Any use of such drugs makes it a legal issue.

Second, it has been observed that many drug dealers are now using children as drug distributors. The adult
Figure 16. Percentage of male arrestees testing positive for any drug, including marijuana (June-November 1987).
Figure 17. Percentage of male arrestees testing positive for cocaine (June-November 1987).
drug dealers realize that if these children are caught, it is not likely that they will prosecuted. Even if they were prosecuted, they would be prosecuted as juveniles.¹ This has exerted tremendous pressure on law enforcement officers.

Economic Issue

One way of looking at drugs as an economic issue is by looking at it through the eyes of the criminal issue discussed earlier. In order to handle the increasing numbers of the arrestees, additional law enforcement officers and equipment are required. To handle the many prisoners flooding jails and prisons calls for increased budgets to feed and maintain these prisoners.² It has been expressed in newspapers, magazines, and TV programs that at the rate the prisons and jails are being filled, more of such institutions are in great demand.³

One must consider the other aspects of the drug issue and its influence on economics.


²Stephen Chapman, "In the Drug War, We're spending More, Getting Less," Chicago Tribune. (2 May 1991): 13. It is costing the State of Illinois about $16,000 per year per inmate.

³Ibid.
1. Consider the cost of road accidents. It is estimated that the national cost of these accidents is $81 billion per year, half of which is attributed to drugs.¹

2. Consider the amount of time, equipment, and personnel involved in trying to stop drug smuggling into the country. There is work time lost, people who are involved in accidents and have to spend time in hospitals, and those who become disabled from such accidents.

3. Another aspect to consider is the actual economic impact on victims and society as observed by John Carver. He gives three examples.

   a. Non-drug crimes

      The casual heroin user who engaged in such crimes as burglary, robbery and theft, caused his victims an estimated cost of $14,000 of annual losses "based on the retail value of stolen goods."² For the daily heroin user the figure was $23,000 per year.³

   b. Freeloading crimes

      Relatives or friends of these drug users and the


³Ibid.
public contributed over $7,000 per drug user in 1985. This was done in the form of "public transfer payments, evasion of taxes, cash loans, shelter and meals."

\(^1\)

c. Drug-distribution crimes

The drug consumers also function as drug distributors. In New York city alone, $26,000 is distributed each year in illegal drugs by an average heroin user.

4. Consider also the aspect of crack babies.\(^2\) It has been reported that they need therapy from birth up to the age five. To treat such a child, estimates run as high as a quarter million dollars per child before kindergarten.\(^3\)

Let us look at the same issue from a different perspective. Drugs have become an indicator of poor communities. One could speculate that as high as 90 percent of drug users and sellers are those who have low or no income at all.

Many other examples could be cited. I believe what has been presented gives a picture of how drugs exert a tremendous toll on the country's economy.

\(^1\)Ibid.

\(^2\)The definition of crack babies is given below.

\(^3\)Phil Donahue, "Pregnant Crack Addicts", MS 2954, Multimedia Entertainment, 75 Rockefeller Plaza, New York, NY: 7.
Moral Issue

The federal and state literature dealing with the illegal use of drugs refers to most of the issues in this paper but, does not seem to consider substance abuse as a moral issue. A dictionary definition of moral warrants categorizing the drug issue as a moral problem. Moral is defined as "... conforming to generally accepted standards of correct behavior ..." or, "... capable of being judged ... good or evil ... in terms of principles of right and wrong action ..."¹ One needs to consider the statistics in figure 18. The nature of the crimes committed indicate a moral problem. We cannot ignore the moral implications of spousal and child abuse, suicides, rapes, murders, and manslaughter charges as referred to in this figure. What about children who are born from acts of rape? One needs to consider women who might contract AIDS from being raped. One needs to consider children who contract AIDS from incest or rape. They have to suffer for something which was not their choice.

What could be more immoral than giving birth to children addicted to crack, or who are brain damaged? The Phil Donahue TV show, aired on 25 May 1990 interviewed

Figure 18. America has a big problem with Alcohol and Other Drugs.

three mothers who smoked crack while pregnant. Interviewed on the same show were Randsell Pierson and Ann Bollinger of the New York Post, Yolanda Serrano of the Association for Drug Abuse Prevention and Treatment (ADAPT), and Deborah Campbell, a medical doctor from North Central Bronx Hospital.

Impressed by the content of the program, I decided to order the manuscript. Though this paper has made reference to the manuscript, I am not certain as to the accuracy of the statistics presented, especially those given by the interviewed women. The manuscript, however, does provide parameters for imagining the extent of the problem.

It is believed, according to this talk show, that the crack epidemic began in 1985.\(^1\) The coming of crack has brought what the experts dealing with drugs have called "crack babies."\(^2\) These are babies of mothers who smoked crack during their pregnancy.

In New York alone it is estimated that 10,000 crack babies are born every year\(^3\) with the number increasing each additional year. According to the *New York Post*, as reported on Donahue's show, the Federal government

\(^1\)Donahue, 6.

\(^2\)These children are called "crack babies" because they are born to mothers who smoked cocaine and are themselves at risk of being addicted to crack.

\(^3\)Ibid.
estimates that by the year 2000, there will be "anywhere from one to four million crack exposed children in the United States."¹

What is problematic about these figures is that crack babies, though they may appear normal, only begin to show serious developmental problems when they come to the third and fourth grades.² This is not to mention that there are those who are born brain damaged and those who are born with some serious alteration of the nervous system.³

Social Issue

Drugs have created a society which fears man more than wild animals. In reference to figure 18, we should ask, who is safe in such an environment?

The 8 April 1991, Newsweek carried an article entitled "Kids who Kill." It is noted that with the increase in drug consumption there is also an increase in firearm murders committed by teens under the age of eighteen. While in 1984 firearm murders committed by offenders under the age of eighteen was 444, this figure

¹Ibid., 6.
²Ibid.
³Ibid.
increased to 615 by 1987. By 1989 the number of people killed by this age bracket rose to 952.¹

It has been reported that a large number of both male and female drug users engage in prostitution in order to obtain money and support the habit.² This indicates there are many social pressures exerted on families and friends.

Health Issue

It has been referred to earlier that drugs are a health issue. Mention has been made of children who are born brain-damaged. Also mentioned has been the frequency of sexual acts that addicted women are engaged in.

It has become public information that such sexual activities contribute to the spreading of venereal diseases including the terminal disease of Acquired Immunodeficiency Syndrome (AIDS).

Research has confirmed that AIDS is spread through the exchange of body fluids and blood. This occurs frequently when needles are shared during intravenous drug use, through sexual contact, and through prenatal "contact


between the infected mother and the fetus or infant.¹
Twenty-five people die every week from cocaine overdose.²

That drugs are a health issue is shown in figure 19.
This figure shows the causes of death in the United States
of America. Some of the figures we have discussed earlier
have demonstrated the same point but in a different manner.
It has been noted that drugs contribute to heart disease,
motor vehicle accidents, suicides, homicides, and AIDS.

It has been proven that women heavily addicted to
\crack do not menstruate systematically. This seems to
indicate that cocaine negatively affects the hormones which
deal with the reproductive system.³

Marijuana, even when smoked in moderate amounts,
affects the genetic combinations of DNA and RNA.⁴ It has
the same effect as that of DDT in the human body.
Marijuana also affects the reproductive system.⁵ Using
drugs in light of the knowledge acquired on their harmful
effects defies conventional wisdom.

¹Ibid. 1.
²Carver, 1.
³Donahue, 15.
⁴Bernard Lall and Geeta Lall, Marijuana, Friend or
Foe? (Washington, DC: Review and Herald Publishing
⁵Ibid.
Figure 19. Graphic evidence-causes of death.

Academic Issue

Doctors H. Kolansky and William Moore reported that the subjects who smoked marijuana showed psychotic reactions which could be directly traced to the use of marijuana.\textsuperscript{1} For example, a seventeen-year-old boy developed a psychopathological (mind and personality disturbance) condition due to marijuana consumption.\textsuperscript{2} Dr. Harvey Powelson writes that heavy use of marijuana can lead "... to a permanent loss of the mental ability."\textsuperscript{3}

A young person who smoked marijuana for eighteen months could no longer handle mathematics at the level he had previous to his smoking marijuana.\textsuperscript{4} This finding has been repeated many times.

Drugs may be helping to produce a generation of young people who may be having little motivation and capability in school.

Political Issue

The 1988 presidential campaign was dominated by the issue of drugs and its abuse. Presidential candidates

\textsuperscript{1}H. Kolansky and William Moore, report in Journal of the American Medical Association, in Bernard Lall and Geeta Lall, 20.

\textsuperscript{2}Ibid., 21.

\textsuperscript{3}Dr. Harvey Powelson, in Bernard Lall and Geeta Lall, 22.

\textsuperscript{4}Ibid.
promised to reduce the problem of drugs if they were elected into office.

Drugs have placed strained relations between the USA and the other countries believed to be importing drugs into this country. An example which quickly comes to mind is the US 1990 invasion of Panama. The US troops invaded Panama because it was alleged that Manuel Noriega, who was the president of Panama, was a drug dealer and exported a lot of drugs to the US and other countries. The invasion ended in the capture of Manuel Noriega and his transportation back to the United States. This contributes to the strained relations between the countries involved in the problem which the United States is trying to uproot.

Figure 20 shows the principal routes over which cocaine is smuggled into the United States. Figure 21 shows the major heroin smuggling routes into the country.

Spiritual Issue

This issue is influenced by an SDA perspective. SDAs strongly believe that the body is the temple of the Holy Spirit (1 Cor. 3:16; 6:19,20; 9:24-27; 2 Cor. 6:16; Rom. 12:1,2; 1 Thess. 5:23). A theological interpretation of these verses encourages Christians to preserve their
Major cocaine smuggling routes into the United States

Key
1. United States.
2. Bahamas.
3. Columbia.
4. Peru.
5. Bolivia.
6. Mexico

Figure 20. Major cocaine smuggling routes into the United States.
Figure 21. Major heroin smuggling routes into the United States.
bodies in the "best of health for service and the glory of God" (1 Cor 10:31).\(^1\)

SDAs believe that no alcoholic beverages, tobacco in any form, narcotics, or other drugs should be introduced into the human body, except for medical use. Ingesting these "poisons" into the human system, the SDA church believes, would be defiling God's temple. From this information, one can conclude that drugs are a spiritual issue.

From discussing the substance abuse issues, I will now move into the area of psychology. My task in this section will be to show the importance of using music as a teaching medium for children.

Right and Left Brain Research:
Implications for the Development of the Positive Kids Program.

The left-brain (LB) and right-brain (RB)\(^2\) functions, currently a rising theme in literature, are important in understanding substance-abuse prevention programs.

Literature repeatedly refers to people as being RB or LB. Researchers in this field of study associate


\(^2\)Left brain is designated as LB, and right brain as RB throughout this study.
different thinking styles with the hemispheres of the brain. Since the brain is the central organ for learning, an understanding of it is fundamental for education in substance-abuse prevention programs. The brain controls behavior and habits which are integral in character development, thus knowledge of its functions should take priority in substance-abuse prevention programs.

Increasing evidence suggests that our present system of education rewards LB people, while those who are RB are largely neglected. Research evidence also supports the assumption that many RB students tend to find school unrewarding. More frightening is the evidence now surfacing that shows a greater percentage of school drop-outs are RB students.

Connected with this is Gray's report of possible danger resulting from ignoring the right brain's intuitive thinking processes.¹ We may be producing young adults who are experts at calculating but cannot visualize, "who can master formulas but . . . do not know how to apply them."²

These preliminary observations lead us to speculate that the possibility exists that the current substance-

¹The intuitive thinking process is believed to be an activity of the RB. This is explained in Gray's article below.

abuse prevention programs are not as effective as they could be because they strongly reflect the LB strengths found in the educational system. This narrows the spectrum of people to whom they can appeal. One may theorize:

1. That this has contributed, to the cold receptivity among some youth towards substance-abuse prevention programs. The "lopsided" teaching style has created indifference in some youth resulting in their viewing the substance-abuse prevention programs as un-attractive, meaningless, lifeless, and boring.

2. That a large percentage of the youth who have not been attracted by the existing "Say No to Drugs" programs are RB.

3. That the LB approach to teaching impedes the learning process of some children.

4. That the ability to master formulas but the inability to make application has contributed to the birth of a youth culture which lacks the practical implementation of acquired knowledge.

To properly address the issues raised, a brief review of the history and nature of the hemispheric functions of the brain is necessary. This is followed by a review of research showing that active involvement of both sides of the brain in learning increases achievement efficiency. In conclusion, the review will show why this research has influenced the writer's preference of visual,
aids, the story-telling format of teaching, and participatory and responsive activities. Music drama is the teaching medium of this project. This form of teaching is referred to in this study as whole-brain teaching.

This study proposes to show the need for those actively involved in developing substance-abuse prevention programs to seriously consider adopting the whole-brain approach in teaching substance-abuse prevention. It is my belief that this adoption would help curtail the growing problem of the illegal use of drugs.

An exhaustive study of this subject is beyond the scope of this paper. Instead, the focus is limited to issues that have provided the primary impetus for research related to this paper and that have strong implications for substance-abuse prevention. This paper is not meant to be conclusive. It should encourage the reader to pursue these issues in greater depth. Undoubtedly, some ideas presented will raise questions. Therefore, I do not attempt to answer all questions which might be raised by the reader. I only hope to make a positive contribution to a continuing discussion.
The average brain weighs approximately three pounds\(^1\) and has ten to twenty billion cells.\(^2\) It is composed of two mirror-image hemispheres.\(^3\) Figure 22 shows the hemispheres of the brain.

It is interesting to note that not much research has been done on the brain over many years. The Greek thinkers did not consider the mind as part of the human body. They thought it existed as some form of "vapor, gas or disembodied spirit."\(^4\) Aristotle (born 384 B.C and died 322 B.C.), a Greek teacher and philosopher who is also considered the father of modern medicine, believed that memory was located in the heart.\(^5\) It was not until the thirteenth- and the fourteenth-centuries, during the Renaissance period, that it was realized the head was the


\(^{3}\)John L. Creswell, Claire Gifford, and Debbie Huffman, "Implications of Right/Left Brain Research for Mathematics Educators," School Science and Mathematics 88, no. 2 (February 1988), 118.


\(^{5}\)Ibid., 22.
The cerebral cortex of a human brain—upon which all thought, memory, and perception depend—is arranged into hemispheres, lobes, convolutions (ridges), fissures (cleits), and sulci (furrows). The cortex is divided into a left hemisphere, associated largely with logical expression, and a right hemisphere, associated largely with creative expression. The prefrontal lobes of both hemispheres are considered the centers of reason, emotion, and judgment; the frontal lobes control voluntary muscle action, such as running. The parietal lobes regulate sensory information for taste and touch, and the temporal lobes do so for hearing, balance, and smell. The occipital lobes control visual perception, including color, image size, and movement.

Figure 22. The Hemispheres of the Brain.
center of consciousness. Even during this period, not much was known about the brain.¹

Not much information is available concerning the developments of brain research after the Renaissance period. In the nineteenth-century, especially in the 1860s and 1870s, clinical studies indicated symmetrical functions of the brain.² Brain specialists confirmed that injury to certain parts of the brain resulted in the malfunction of certain activities and responses of the body.³ This information was largely ignored.⁴

However, during this period, it was realized that language and language-related potentials were largely housed in the LB.⁵ This realization led nineteenth-century scientists to conclude that the LB was the major hemisphere because the speech and language located there are usually linked to thinking.⁶ This culminated in the assumption that the RB was less advanced.⁷

¹Ibid.
²Ibid.
³Gray, 127.
⁴Creswell, Gifford, and Huffman, 118.
⁶Ibid.
⁷Ibid., 27, 28.
A Breakthrough

In the latter part of the twentieth-century, as recent as the late 1950s and the early 1960s, specialists began making remarkable brain research findings.¹ Roger Sperry, a psychobiologist who received the 1981 nobel prize in medicine for his pioneering work with split-brain patients, reported that an "independent stream of consciousness resides in each of the separate hemispheres."² The prize was conferred as a result of his proof of the split-brain theory, which states that

. . . our problem-solving skills, physical and mental abilities, and even personality traits are strongly influenced by our habit of using one side of the brain more than the other.³

Other researchers stress the same point in a different way. They suggest that one's bias to use one side of the brain more than the other is due to one's specific genetic inheritance.⁴

Vitale, wrestling with the issue of hemispheric functions, writes that the hemispheres of the brain seem to be "bilaterally symmetrical" and "asymmetrical." This means that these hemispheres are mirror images of each other

¹Creswell, Gifford, Huffman, 118.


³Wonder and Donovan, x.

⁴Ibid., 7.
physiologically yet are different in structure\textsuperscript{1} and functions.\textsuperscript{2} Elsewhere, similar observations have been supported.\textsuperscript{3}

In order to present the subject succinctly, Vitale has recapitulated from a corpus of texts to present the functions in categories of skills and modes of consciousness. Skills in handwriting, reading, phonics, locating details and facts, talking and reciting, listening, interpreting symbols, language, auditory association, and following directions are associated with the LB. The RB is associated with skills such as haptic awareness, spatial relationships (seeing how parts go together to form a whole and where things are in relation to other things), singing and music, feelings and emotions, shapes and patterns, mathematical computation, color sensitivity, art expression, creativity, and visualization.\textsuperscript{4}

\textsuperscript{1}Wonder and Donovan, 6. These writers give a thought-provoking physiological difference existing between the brain hemispheres. They explain that the LB has more gray matter than the RB. But the RB has more white matter known as myelin which is an insulating substance coated around the brain to reduce interference noise. The areas in the brain which are more concerned with survival are myelinated first. "Thus, the RB is more myelinated that the left, since it houses the essential intuitive, feeling, reactive skills" (p. 6).

\textsuperscript{2}Vitale, 1.

\textsuperscript{3}Creswell, Gifford, and Huffman, 118.

\textsuperscript{4}Vitale, 12.
In the same work Vitale outlines a list of the modes of consciousness which have to do with the processing of information.¹ In this capacity the LB is verbal (using words to describe, name, define), reality-based, temporal (keeping track of time), abstract (taking bits of information and using it to represent the whole thing), linear (thinking in linked ideas leading to a convergent conclusion), symbolic, sequential, and logical (drawing conclusions based on logic) in its functions; while the RB is holistic (seeing whole things at once and leading to a divergent conclusion), fantasy-oriented, non-temporal (without sense of time), intuitive (making leaps of insight, often based on incomplete patterns, hunches, feelings, or visual images), analogic (seeing likeness between things and understanding metaphoric relationships), concrete (relating to things as they are at the present moment), random, and nonverbal (awareness of things, but minimal connection with words).²

While Vitale lists "sequential and linear" as different activities, Richard Hopkins groups them as one.³ Vitale does not define "sequential" but lists it as the opposite of "random." The LB, Hopkins further observes,

¹Ibid., 15.
²Ibid.
deals with direct relationships. The LB provides the capability of abstracting what is essential from a field,¹ that is, analytical (figuring out things part by part and step by step).² The RB is more holistic in nature. It tends to fit parts into a whole, or in parallel patterns or patterns of relationships.³

Edwards mentions that the LB is digital and rational. The LB uses numbers as in counting and draws conclusions based on reason and facts.⁴

Johnson and Critchley and Henson condone attempts to localize language, mathematics, and music on one or the other side of the brain. They feel these terms ought to be used in a generic sense. Depending on the mode of presentation, language, mathematics, and music have a strong potential of evoking simple or/and simultaneous reactions in both hemispheres.⁵ Music is foremost. It was

¹Ibid.

²Edwards, 40.

³Hopkins, 132.

⁴Edwards, 40.

⁵Virginia R. Johnson, "Myeline and Maturation: A Fresh look at Piaget," Science Teacher 49, no.3, 1982, 43. When it comes to language, the LB seems to be better skilled in reading, writing, and speaking, while the RB seems to be specialized in tone, gestures, facial expressions, and body movement. In the field of mathematics, the LB is capable of understanding numerals, basic facts, and computation. Understanding shapes, patterns, and relationships would seem to be an activity of the RB. The LB, when it comes to music, has been associated with rhythm while melody has been attributed to
observed by Critchley and Henson that of the different types of stimuli given to patients, music was particularly able to generate different reactions in the two halves of the brain. It is suggested that music is able to achieve this wide spectrum of responses because its recognition depends on several factors including melody, rhythm, dynamics, harmony, meter, and words.

When individuals were tested for hemispheric dominance, it was interesting to note that classical musicians were LB dominant.

It must be pointed out that some difference exists among researchers on certain details. Clear-cut evidence confirmed by neurological/scientific research indicates, however, that the LB and the RB are specialized in different activities.

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the RB. MacDonald Critchley and R.A. Henson, eds. Music and the Brain (London: William Heinemann Medical Books, 1980), 7-9. Research done on patients showed that melody was perceived by the left ear which is the RB and words were identified by the right ear which is the LB.

1Ibid., 7.
2Ibid., 9.
3Wonder and Donovan, 31.

4Some of the differences that exist among researchers include whether music should be localized to one hemisphere or should be split in terms of rhythm and melody. It is questionable as to whether logic is really an activity of the LB. Though creativity is linked with the RB, researchers differ on classifying a writer (LB) who is also an artist (RB).
To create a visual image of what has been discussed thus far, figure 23 presents the same information in two columns showing how information is perceived and how it is processed by both brains.

These findings should not lead one to reduce the left and right hemispheres of the brain into a simple dichotomy thinking that each hemisphere is specialized in only one kind of operation which can be contrasted to an opposite side.\(^1\) It has been shown that these two hemispheres function together and without conscious distinction. Neurological evidence points out that this integration is the result of the "corpus callosum and other elements" which connect the two hemispheres "integrating whatever processes take place in them."\(^2\) It is the corpus callosum that makes it possible for the "right hand to know what the left hand is doing."\(^3\) This means that no individual is totally specialized in one hemisphere. It has been shown that people use both sides of their brains. The difference lies in the preference and dominance.\(^4\)

\(^1\) Hopkins, 132.

\(^2\) Ibid.

\(^3\) Wonder and Donovan, 4.

\(^4\) Creswell, Gifford, and Huffman, 120.
Figure 4. Information perceived by the human brain

<table>
<thead>
<tr>
<th>Right hemisphere</th>
<th>Left hemisphere</th>
</tr>
</thead>
<tbody>
<tr>
<td>spatial, holistic, pictorial, and nonverbal functions</td>
<td>linear, time-related, and sequential functions</td>
</tr>
<tr>
<td>1. visual images—pictures</td>
<td>1. abstract symbols</td>
</tr>
<tr>
<td>2. language—verbal</td>
<td>2. language—verbal</td>
</tr>
<tr>
<td>a. expression</td>
<td>a. alphabet</td>
</tr>
<tr>
<td>tone</td>
<td>words (spelling)</td>
</tr>
<tr>
<td>intonation</td>
<td>sentences (syntax)</td>
</tr>
<tr>
<td>b. body language</td>
<td>b. reading</td>
</tr>
<tr>
<td>gestures</td>
<td>speaking</td>
</tr>
<tr>
<td>facial expression</td>
<td>writing</td>
</tr>
<tr>
<td>c. logos—pictorial symbols</td>
<td></td>
</tr>
<tr>
<td>3. language—mathematical</td>
<td></td>
</tr>
<tr>
<td>a. spatial</td>
<td>3. language—mathematical</td>
</tr>
<tr>
<td>shapes</td>
<td>a. numerals</td>
</tr>
<tr>
<td>b. geometry</td>
<td>b. computation</td>
</tr>
<tr>
<td>shapes—relationships</td>
<td>addition, subtraction, multiplication, division</td>
</tr>
<tr>
<td>c. patterns</td>
<td></td>
</tr>
<tr>
<td>d. relationships</td>
<td></td>
</tr>
<tr>
<td>4. creativity</td>
<td>4. logic</td>
</tr>
<tr>
<td>5. melody</td>
<td>5. rhythm</td>
</tr>
<tr>
<td>6. time—cyclical</td>
<td>6. linear time</td>
</tr>
<tr>
<td>a. sessions</td>
<td>a. seconds—minutes—hours—days—weeks—years</td>
</tr>
<tr>
<td>7. functions</td>
<td>7. definitions</td>
</tr>
<tr>
<td>8. images—pictures</td>
<td>8. labels</td>
</tr>
</tbody>
</table>

Figure 5. Information-processing systems of the human brain

<table>
<thead>
<tr>
<th>Right hemisphere</th>
<th>Left hemisphere</th>
</tr>
</thead>
<tbody>
<tr>
<td>intuitive</td>
<td>logical</td>
</tr>
<tr>
<td>holistic</td>
<td>sequential</td>
</tr>
<tr>
<td>divergent</td>
<td>convergent</td>
</tr>
<tr>
<td>inclusive</td>
<td>exclusive</td>
</tr>
<tr>
<td>synthesizing</td>
<td>analyzing</td>
</tr>
<tr>
<td>multiple implications</td>
<td>either/or</td>
</tr>
<tr>
<td>creative</td>
<td>decision making—right or wrong</td>
</tr>
<tr>
<td>consequences of decisions</td>
<td></td>
</tr>
</tbody>
</table>

Figure 23. How information is perceived and processed by the human brain.

Directing Attention to the Right-Brain Hemisphere

The latter part of the twentieth-century is witnessing streams of literature directing the attention of its readers to the importance of the RB hemisphere. Sperry\(^1\) reported that both the LB and the RB are highly complex, but the nineteenth-century research, which readily recognized the functions of the LB, led the educational system, as well as science in general, to neglect the nonverbal, holistic, and intuitive form of intellect as localized in the RB.\(^2\) This misconception resulted in the strengths of RB students not being fully recognized and appreciated. A contributing factor to this, some believe, is that most teachers and administrators are themselves LB dominant.\(^3\) It is being substantiated strongly that RB dominant children do not find school relevant and rewarding.\(^4\)

Gray indicated the possibility that children who drop out of school do so because of serious mismatches between the individual's learning pattern and the school's


\(^2\)Ibid.

\(^3\)Creswell, Gifford, and Huffman, 121.

\(^4\)Ibid., 122.
expectations of the child.\textsuperscript{1} The problem, put succinctly, is that RB children generally are taught by LB teachers using LB methods of instruction and evaluated by LB strategies.

The findings of a study by Piatt\textsuperscript{2} seem to support the belief of many researchers that our present system of education, which largely employs lecturing as a vehicle for imparting information, seems insufficient for RB students. The intriguing results of his study into the "interrelationships between brain dominance and various traits of divergent youth," showed that a little over 80 percent of the high-school drop-outs "were either right or 'mixed brain'\textsuperscript{3} and only 19 percent were left-brain dominant."\textsuperscript{4}

\begin{flushright}
\textsuperscript{1}Gray, 131.
\end{flushright}

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\end{flushright}

\begin{flushright}
\textsuperscript{3}Creswell, Gifford, and Huffman, 122. The term 'mixed brain' appeared only once in the article and was not defined. The context would seem to suggest that it refers to RB students who had a greater percentage of LB activities in them.
\end{flushright}

\begin{flushright}
\textsuperscript{4}Ibid.
\end{flushright}
Brain-compatible Approach to Learning

Jerre Levy has argued fervently against the notion that standard school curricula educate only the left side of the brain.¹ However, despite her argument, she has pointed out that interhemispheric integration promotes optimal functioning of the brain and thus could be helpful in teaching.²

With maximum facilitation of both hemispheres, the result will be integrative synthesis of the specialized abilities of the left and right into a full, rich, and deep understanding that is different from and more than the biased and limited perspectives of either side of the brain.³

Hart pushes Levy's observation further. Hart⁴ claims that "brain-compatibility in learning could increase achievement in schools by 100-200%."⁵ The research done by Professor Robert Ornstein of the University of California, as reported by Tony Buzan, substantiates Hart's claim. Ornstein's research is of particular interest to this paper. Using the electroencephalogram (EEG), he established that


²Ibid., 70.

³Ibid.


⁵ Ibid., 129.
. . . when the weaker of the two brains was stimulated and encouraged to work in cooperation with the stronger side, the end result was a great increase in overall ability and effectiveness.¹

This was the finding Ornstein had expected. He had theorized, as did Hart, that if the two brains worked together, it would increase one's ability and effectiveness. His formula was "1 side + 1 side = twice as effective a performance."² But he found more than he had expected.

The actual result showed that the brain can sometimes work in a way different from the standard mathematics, for when one side was added to the other side, the result was often five to ten times more effectiveness.³

While it may seem that we do not to have additional direct correlation between the above findings and actual life situations, the observations of Baldwin in How to Create Effective TV Commercials should not go unnoticed. In the first chapter of his book, in which he discusses TV LB and RB advertising, he concludes that it is whole-brain advertising that is truly effective.

Rarely does a commercial rely entirely on one or the other. Rarely is it all information (LB). . . . Rarely is it all mood and visual imagery (RB). . . . Most often, a commercial is a blend of linear and nonlinear elements. The emotional setting helps make the rational message relevant and enjoyable. The copy message gives form and relevance to the imagery. Advertising, to be truly effective, must appeal to both sides of the brain,

¹Buzan, 23.
²Ibid.
³Ibid.
simultaneously and without conscious distinction. The two should mesh to deliver a single impression.\textsuperscript{1}

How does a commercial achieve this? It is interesting to note that when producing a video, two channels, left and right, are used. One channel records what is intended for the eyes (RB-non-linear) and the other channel records what is intended for the ears (LB-linear.).\textsuperscript{2} What should be remembered is that what is intended for ears is words and music and that a peculiar characteristic of music, as previously noted, is that it invades both sides of the brain. This whole-brain invasion manages to stimulate chemical activities in both hemispheres, thus increasing the chances of message receptivity.

These findings have made a distinct impression on my mind. Five points dominate all others. Information and activities presented so that they stimulate both sides of the brain

1. Make the most impression on a person.
2. Are remembered for a longer time.
3. Provide enjoyment.
4. Stimulate the whole being.

\textsuperscript{1}Huntley Baldwin, \textit{How to Create Effective TV Commercials} (Lincolnwood, IL: NTC Business Books, 1989), 39.

5. Meet less resistance in being accepted by the total being.

Whole-Brain Application in the Bible

A survey of the Bible shows that whole-brain approach to teaching as means of inculcating desired behaviors and values was used significantly. The Israelites used music and musical dramas extensively in teaching their children. Jesus used parables, dramas, and visual aids, and David the psalmist used music, participatory, and responsive activities.

It is not possible to give an exhaustive study of these Bible accounts. Such a study is beyond the scope of this paper. This section instead will discuss only a few selected passages. Reference will be made to the comments of Ellen White regarding the passages under scrutiny.

The Red Sea experience

As the children of Israel journeyed from Egypt to Canaan and during their entire existence in Canaan, music formed part of their everyday life.

After crossing the Red Sea from Egypt to Canaan, Miriam, the sister of Moses, led the Israelites to sing a song of victory which is commonly referred to in the Bible as the song of Moses. [See Exodus 15:1-16]. Ellen White in her book Evangelism gives the reason music was used during this experience.
These words [the song of Moses] were repeated unto all Israel, and formed a song which was often sung, poured forth in exalted strains of melody. This was the wisdom of Moses to present the truth to them in song, that in strains of melody they should become familiar with them, and be impressed upon the minds of the whole nation young and old. It was important for the children to learn the song; for this would speak to them, to warn, to restrain, to reprove, and encourage. It was a continual sermon.¹

It is noted in the above passage that music was used to impress the truth upon the minds of the people, especially children.

**Farewell speech of Moses**

The farewell speech of Moses to the Israelites is recorded in the book of Deut. 29 - 34. It is interesting to note in the comments of Ellen White how Moses used music to imprint this message on the minds of Israelites.

The more deeply to impress these truths [in Moses' farewell speech to the children of Israel, he set before them the results of obedience versus disobedience, a choice between life and death.] upon all minds, the great leader embodied them in sacred verse... The people were directed to commit to memory this poetic history, and teach it to their children and children's children. It was to be chanted by the congregation when they assembled for worship, and to be repeated by the people as they went about their daily labors.²


The commandments of God set to music

In order for the Israelites to remember God's commandments, He instructed Moses to set the commandments to music. Note how Ellen White puts it.

As the people journeyed through the wilderness, many precious lessons were fixed in their minds by means of song. . . The commandments as given from Sinai, with promises of God's favor and records of His wonderful works for their deliverance, were by divine direction expressed in song, and were chanted to the sound of instrumental music, the people keeping step as their voices united in praise. Thus their . . . restless, turbulent spirit was soothed and calmed, the principles of truth were implanted in the memory, and faith was strengthened. Concert of action taught order and unity, and the people were brought into closer touch with God and with one another.¹

The idea expressed above that music removes restless, soothes the soul, and helps bring order and unity, brings into mind the work of Clare Cherry. In her book, Think of Something Quiet, she mentions a point which parallels well with White's above commentary. After Cherry has discussed in a single paragraph the hemispheric functions of the brain, she concludes by expressing that when working with children, we need to develop activities which draw from the functions of both sides of the brain. This, she suggests will help children "find balance, harmony, and control within themselves."²


²Clare Cherry, Think of Something Quiet. (Belmont, CA: Pitman Learning, Inc., 1981), 11.
Writing elsewhere on setting the commandments of God to music, Ellen White nails her point home with these words:

Moses directed the Israelites to set the words of the law to music. While the older children played on instruments, the younger ones marched, singing in concert the song of God's commandments. In later years they retained in their minds the words of the law which they learned during childhood. It was essential for Moses to embody the commandments in sacred song, so that as they marched in the wilderness, the children could learn to sing the law verse by verse. . . .

In the absence of writing skills, it is interesting to note that God chose music as a means of teaching and preserving history.

The dealings of God with His people should be often repeated. . . . Lest they should forget the history of the past, He commanded Moses to frame these events into song, that parents might teach them to their children. . . .

Several points stand out very clearly in the experience of the children of Israel in the wilderness.

1. Music was used as means of preserving history. This being the command from God, it shows the importance of music in helping committing things to memory and making a lasting impression. If the use of music was not the best for His people, God could have chosen another method.

1White, *Evangelism*, 499, 500.

2. Music was used as means of impressing, imprinting, and fixing the desired behaviors to the peoples' minds. Music is one of the most effective means of imprinting spiritual truth upon the minds of people.¹

3. Music was used to teach children. In almost every passage of Ellen White we have referred to, she associates music and teaching children.

4. Music received a physical response. These responsive activities helped the children to respond with their emotions and intellect. We have noted that as the children sung, they marched, clapped and lifted hands, doing activities in syncopated unison and rhythmical movements which can interpreted as dancing. In short they were engaged in a musical drama.

5. Musical instruments were used extensively.

With what we have discussed in mind consider Deut. 6:5-7 and 11:18,19. The Lord commanded the Israelites to teach their children His commandments. They were to teach them when they sat down in their houses, when they walked about, when they lay down, and when they rose up. Since music was the medium of teaching, once the children learned the songs, as they played and did their daily chores, they repeated these message filled songs and thus it could be

said to the parents teach your children when they sit down in the house, walk about, play, go to sleep, and wake up. 

Music is a convenient tool for teaching because it requires no medium. Music is, in itself, a medium. Research studies have shown that human beings are innately musical creatures.¹ Music can

... instill a sense of security [in children] and a feeling of being, encourage a positive image and healthy interaction with others, and reinforce cultural values and mores.²

The same study has shown that music comes to children naturally and it helps build a positive self image in them because it makes children do what adults can do.³ Music is also able to help children learn how to work with others and thus it helps them develop altruistic values and a team spirit.⁴

This makes one realize that the thought that music is a universal language or an avenue to the soul is more than just a conventional expression. As shown above, of all the different types of stimuli given to patients, music was particularly able to generate different reactions in both halves of the brain. Leno writes of a study which

²Ibid.
³Ibid., 27.
⁴Ibid.
showed that music affects the moods of people of different backgrounds in a similar way.¹

Leno further writes that music is more than just able to affect people's moods and behaviors. It is able to create within the listener "an emotional response."² He suggests that it probably manages to affect people's moods because it encourages the secretion of adrenaline.³

Paul Hamel observes that music affects people just because it is music. He has observed that a person is not able to avoid the effect of music played within hearing reach from registering in his/her body.⁴ Probably this and some other observations made earlier are what has made music to be viewed as a form of communication. It is able to excite different responses, namely, sensual, intellectual, and emotional.

It is unfortunate, however, that the negative aspects of music have been accentuated by many SDA writers who have written on the subject. The use of electric guitars, drums, and synthesizers have been associated with rock music. Some writers have even given the impression

²Ibid.
³Ibid., 164-167.
that certain musical instruments are an invention of the devil.

While perhaps some of the observations are true, one must look at the positive aspects of music and how it can be channeled to yield positive results. Remember that rhythm is God created and is implanted in mankind for a purpose. Research has shown that people have no choice but to respond to music.¹

In the New Testament Jesus used techniques in his teaching which employed whole-brain teaching.

**Teaching in story form (Parable)**

With only about three years to establish His identity and mission, Jesus must have used the most effective methods to unveil the plan of redemption. He used parables almost exclusively, a homiletical style ordinary in His milieu. Note the term 'almost exclusively', because Jesus also used other forms of preaching, including allegories, similes, or metaphors (also referred to as the sayings of Jesus). These are very similar to parables.

Unger's definition of a parable satisfies the needs of this paper. He writes that a parable is illustrative and makes truth intelligible because it presents it more

vividly to the mind.¹ Unger further observes that a parable brings natural delight to the hearer. This natural delight is achieved because a parable does not appeal to the understanding [LB] only, but to the feelings [RB] . . . imagination [RB], in short to the whole man [LB & RB], calling all its powers and faculties into pleasurable activity; and all things thus learned with delight are those longest remembered.²

It is interesting to note a statement of Ellen G. White that indicates what prompted Jesus to use parables:

In the earlier part of His ministry, Christ had spoken to the people in words so plain that all His hearers might have grasped truths which would make them wise unto salvation. But in many hearts the truth had taken no root, and it had been quickly caught away. 'Therefore speak I to them in parables . . . because they seeing see not; and hearing they hear not, neither do they understand . . . .'³

Drama

Jesus also used drama to deliver His messages. When the disciples of John the Baptist confronted Him in a quest to learn whether He was the Messiah, instead of giving a descriptive analysis of Himself, Jesus chose to dramatize the answer. He healed the sick, restored eyesight to the blind, and many other miracles (Matt 11:2-6; Luke 7:19-22). Later, after dramatizing His answer, He dismissed them to

¹Merrill F. Unger, Unger's Bible Dictionary (Chicago, IL: Moody Press, 1960), 824.

²Ibid.

go and tell John what "they had heard [LB & RB] and seen [RB]."

Visual aids

To answer His disciples who had been arguing about who was the greatest in God's kingdom, Jesus, instead of giving a scholarly treatise to define the importance of humility, chose to make use of a child as a visual aid in imprinting the answer in His disciples' minds (Matt 18:1-6).

Also, consider the story of Nicodemus (John 3) and the many other stories of Jesus recorded in the Gospels: they are highly illustrative in nature.

The Importance of Using Both Hemispheres

A hospital in Washington, D.C., is conducting a research project on the theory which suggests that more blood flows to the side of the brain which is most active.¹ A projected possibility is that the less blood flowing in a particular hemisphere causes a steady decline in the function of the inactive side due to the lack of nutrients and oxygen transported by the blood.²

¹Levy, 70. She writes of Gur and Reivich who have found that people differ in the asymmetry of blood flow to the two sides of the brain.

Could it be that by implementing programs which reflect LB strengths, we could be developing resistance in some youth and a possible declension of their active hemisphere?

It is my hope that by developing the PKM which is taught through a music drama, that we will reduce some of the problems experienced by some children due to the lopsided form of teaching and inculcating values.
CHAPTER III

PROGRAM DEVELOPMENT

The preceding pages have explored the drug abuse problem, its consequences and factors believed to perpetuate this problem. We have seen the concern this problem has brought to many parents and religious and civic leaders. Music as a teaching medium has been studied from the psychological perspective of the hemispheric functions of the brain. We have also explored the whole-brain teaching approach in the Biblical accounts. Ellen White's comments on the Israelite economy under the theocracy government have shown how music was used to teach desired behaviors to children and to preserve history.

The purpose of chapter three is to discuss the health principles which are to be taught to children ages 3 to 12 through the medium of music. I will show how research indicates a possible link between the lack of teaching and practicing healthy principles, and the substance-abuse problem.

Factors influencing choice of age

1. Recent research indicates that generally the
onset of the use/abuse of alcohol and other drugs is confined to the ages of 12 to 20, the peak age of initiation being around the age of 15.¹ The same research has observed that in some inner cities, drug abuse may even begin at earlier ages and has suggested that prevention efforts should begin in the elementary stages of development.² The same research concludes its introductory remarks by stating that

The principal focus (that is the focus of prevention) will be on those [children] aged 10 to 16, the ages at which AOD use (Alcohol and Other Drugs) attitudes and beliefs are being formed and, for many, the ages at which AOD use is initiated.³

This paper argues that to wait and introduce preventive measures when kids are experimenting with drugs as the above quotation suggests, falls short of prevention.

2. Senn and Solnit, developmental psychologists, have pointed out certain behaviors which are typical for children between the age 5 to 12. The tasks in process for children during these years include their becoming aware of the world-at-large, acquiring and learning new skills, gaining a sense of industry, establishing self identity, and developing peer and other relationships.⁴ Acceptable

¹DuPont, 3.
²Ibid.
³Ibid. 4.
behavioral characteristics include acute sensory perception; pride and self confidence; regard for collective obedience and social laws, rules and fair play, enjoyment of peer interaction and well organized playing; intuitive thinking advancing to concrete and operational level; and awareness of the natural world (that is death, birth, science).

Hurlock echoes a similar point of view. She writes that this is the period when children enjoy singing, watching TV, movies and reading comic books. They like things which stimulate their imagination. This is the period when they are developing conscience. They are in the process of developing moral codes influenced by the moral standards. She further refers to this age as the "teachable moment" of a child. When Hurlock writes of children being "influenced by moral standards" she includes role models. During this age, part of the character development of children comes through observation and imitation.

3. Research evidence shows that musical aptitude is the sharpest in children before and around the age of nine.

4. Biblical accounts encouraged the choice of an

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Ibid., 234, 235.

Hurlock, 155-192.

McCalls, 27.
early age. The Bible bears accounts of young people namely Daniel, Hananiah, Mishael, Azariah, Joseph and Moses, just to mention a few, who after leaving their homes at very young ages [Moses left home at the age of 12]\(^1\), were able to continue growing spiritually on the basis of the spirituality and Christian principles they learned from their parents before they were twelve years old.

5. Personal experience in dealing with children, and knowing that the PKM involves singing, marching, responding and participatory activities, provided the impetus to opt for the 3 - 12 age group bracket.

6. Some aspects of psychoanalysis as taught by Sigmund Freud led to the choice of age. The philosophy of Freud has in the twentieth century been captured in the term psychoanalysis.\(^2\) Freud pointed out that childhood years are very important. Walter Johnson writes that according to Freud

> Childhood is a time when behavior is the most open, flexible, and tractable. It is also a time when emotional experiences tend to be the strongest, and consequently traumas and early learning experiences tend to be overlearned and

\(^1\)White, *Education*, 51-64.

are instrumental in shaping the character structure of the child.\textsuperscript{1}

As for him he believed that childhood experiences haunts a person as long as that person is alive.

Ellen White expresses a similar idea in these words:

\begin{quote}
In childhood and youth, the character is most impresisible. The power of self control should then be acquired . . . More than any natural endowment, the habits established in early years will decide whether a man shall be victorious or vanquished in that battle of life.\textsuperscript{2}
\end{quote}

Let me point out that there are studies in psychology which discuss theories of developmental stages of childhood. They include the social, and cognitive development theories. Though I have briefly referred to some of them while discussing the subject of temperance, I have not discussed these theories in terms of developmental stages of children. Their complexities and differences are beyond the scope of this study.

\section*{A Priori Beliefs}

The risk factors have over the years provided guide lines to the creation of different substance abuse prevention programs. It is not likely that one prevention program could address all the risk factors and there is not a program which is completely value free or which contains


\textsuperscript{2}Ellen White, \textit{Messages to Young People}, (Nashville, TN.: Southern Publishing Association, 1930), 135.
a neutral of a set of a priori attitudes. When developing a program, we bring our own assumptions. Our assumptions influence the goal of the program and methodology of program implementation. The PKM is not an exception.

The major assumption of the PKM is an interrelated twofold stance: The PKM view the risk factors of Goplerud as pointed out in chapter 1 as a secondary list. These risk factors, in general, find a common denominator in the declining of spirituality in the USA and the failure to emphasize health behaviors in the education of children. By addressing the health behaviors and the spiritual component of commitment, the PKM would be addressing the primary concerns of the substance abuse problem.

Developing Positive Thinking in Children

The PKM hopes to build positive thinking in children by overtly and subtly addressing the following factors:

1. Social Interaction

Research has shown that children between the ages of three and twelve "spend thousands of hours" with other

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1Reuben Hubbard, The Lay Counsellor, (Berrien Springs, MI: Andrews University, 1968), 29. He writes that 68 percent of Americans are not affiliated to any religion. Research evidence has shown that religious young people are less likely to use drugs than non religious youth. Dupont, 21.
children.¹ This natural event in children is a positive factor in developing a positive peer pressure (PPP).

2. Activities appropriate for the age group

The expectations of the PFM are achievable and are appropriate for the age group. Jean Piaget, the founder of the cognitive school of thought reported that children should not be expected to reason at a higher level than their chronological maturity.² Though environmental factors have influence on children, the child's response to the environment will be limited by the requirements of the "human genetic code."³ Kohlberg links social factors mentioned in point one to the cognitive development theory of Jean Piaget. He emphasizes that inevitably the child will be influenced by parents, peers, social models, and all kinds of interpersonal interactions. However, the child's perceptions of these social experiences will be shaped by his/her cognitive maturity.⁴

Therefore the PFM espouses the view that by not forcing children into adult modes of learning that require


³Richards, 99.

cognitive processes beyond the cognitive ability of children; by simplifying abstract truths into concepts which children can experience; will help eliminate elements which impede learning and thus facilitate in children the process of learning the expectations of the PKM.

3. Developing positive self-esteem and self-concept

The Positive Kids leadership will develop a trusting, loving relationship with the children, and supportive encouragement consistently. Research has shown that when this is followed it helps children develop a sense of worthiness and security. Consequently, this encourages children to develop altruistic and autonomous values which are building blocks of developing self-esteem and self-concept. Buildings positive self-esteem through the dynamics of the musical drama will help develop a positive social interaction (PSI) among children.

4. Providing positive reasons for following a prescribed healthful life style and combining the three above factors in helping the children establish the desired life style.

I realize that every thing developed has its flaws. Usually those flaws lead to mishaps. While that is

1Richards, 123-126.

true, that is not my major concern now. My major concern is to make a contribution to the development of an environment which will encourage in eliciting positive responses from children within their cognitive structures of development, thus helping the children develop acceptable societal, and christian behaviors.

Health principles

There have been some attempts to teach selected health principles to the youth. But I feel that the approach has not been a positive one. I have concluded this from the following observations:

1. What has been termed as providing health information to the youth is actually the use of the "fear-arousal approach." In this approach the emphasis is on how the use of drugs affects one's health and how such habits may consequently lead to immature death.

The "fear arousal approach" to inculcating health principles builds its case on the negative side. This will not yield a lasting success.

2. Another facet which is deemed as health education is what has been called 'Affective Education.' This theory believes that the kids who use drugs have a distorted value system. This approach endeavors to help the youth learn how to express their feelings and how to clarify their

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¹DuPont, 21.
values'. In doing this it is hoped that a young person will achieve a healthy personality.

This approach has also been viewed as teaching health principles while in actual fact it is not. It only hopes to develop a healthy personality in a young person.

3. The attempts to teach health principles has been directed to adolescents.

In my attempts to simplify the health principles so that they fit well in the musical drama and can be understood by children, I have personified the health principles as doctors, e.g., I have termed sunlight as Dr. Sunlight, water as Dr. Water, exercise as Dr. exercise, nutrition as Dr. nutrition. Rest, air, and temperance have been "acronymized" as Dr. Rat. The aspect of spirituality is referred to in general terms of trusting in Jesus.

The Positive Kids have a leader whose name is Moses. The rationale for choosing the name of Moses is linked to Moses in the Bible who led the children of Israel from the Egyptian slavery to freedom. Hence, as the leader of Positive Kids, Moses helps children overcome the temptation of using drugs and being enslaved.

The musical drama can be found in appendix A of this study.

\[\text{\textsuperscript{1}Ibid.}\]
Sunlight

As a "creationist", I believe the biblical account as recorded in the book of Genesis chapter one which tells us that the sun is the product of God's creation. Considering the fact that it was created before life, it confirms that plant (photosynthesis), animal, and human life all depend on sunlight.\(^1\) The sun which regulates temperature at life supporting levels is the source of 98 percent of heat energy on earth.

Heliotherapy, sunlight treatment of certain diseases was discovered by Hippocrates about 2,000 years ago.\(^2\) Sunlight has several functions in the body, the most notable being its importance in the production of vitamin D. The 400 units of vitamin D a day which the body requires can be obtained by simply exposing one's face to the sun for five minutes.\(^3\)

We need vitamin D for at least six reasons: 1) it helps in the calcification of bones, 2) controls the deposit of calcium and phosphorous in the bones, 3) helps prevent rickets, 4) helps absorb calcium and phosphorous from the intestinal tract, 5) helps activate hormones which


\(^2\)Foster, 34.

\(^3\)Ibid., 35.
assist in transporting and distributing nutrients to the whole body, and 6) helps reduce cholesterol.¹

Sunlight also kills germs, gives a healthier skin, energizes the personality, lowers the resting heart pulse rate, and normalizes blood pressure.² It helps in reducing both the systolic and diastolic pressure, and in boosting the immunize system.³

While the sun is good for health, one has to realize that over exposure to the sun can be detrimental. Scientists at the Environmental Protection Agency (EPA) have reported that the ozone layer which filters the harmful rays of the sun is thinning away more rapidly than previously surmised.⁴ Since the ozone layer filters ultraviolet B rays, the rays which are most likely to cause skin cancer, this observation has led to the prediction of additional 12 million skin-cancer cases and deaths cases rising to 200,000 more over the next forty years.⁵ The future cancer adults are today's children.

However, we can conclude that the proper use of the sun plus some other factors discussed in this chapter

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²Hawley, 49.

³Foster, 36-42.


⁵Ibid.
will result in a health body. Without sufficient life
giving properties of the sun, the body becomes weakened (it
can die) and the mind can lose its capabilities to resist
the temptation to use drugs.

Rest

This topic will be discussed primarily from the
perspective of sleep. For rest to accomplish its optimum,
the body needs emotional and physical rejuvenation. This
is fully possible only when one is sleeping. For that
reason, we will discuss the subject of sleep.

We spend one third of our lives sleeping.¹
Though sleep is a known phenomena, different definitions of
sleep are given by different researchers. One thing
significant among these definitions are their similarities.
Foster's definition would seem to sum them all and thus has
captured my intellect. He defines sleep as a period of
decreased consciousness from which one can be awakened with
a proper stimulus.²

Primarily, sleep is caused by circadian rhythm
which completes its full cycle every twenty four hours.³

¹U.S. Department of Health, Education, and Welfare,
Current Research on Sleep and Dreams, (Bethesda, MD: U.S.
Department of Health, Education, and Welfare, U.S.
Government Printing Office, no date of publication), 1.

²Vernon W. Foster, New Start! (Santa Barbara, CA:

³Alissa Swerdloff, "The Body's Busy Night Shift,"
Science Digest, July 1981, 68. See also Herbert A. de
It is believed that a group of cells which control two systems, the reticular activating system and the bulbar synchronizing system located in the part of the brain known as hypothalamus are responsible for controlling the circadian rhythm.¹ This discovery came as a result of observing animals in the laboratory which after removing these cells, they lost their circadian rhythm.²

During the twenty-four-hour circadian rhythm cycle³ fluctuations in the heart rate, blood pressure, body temperature, hormone secretions, mental activities, and individual performance have been observed. The level of hormones which enhance sexual maturation, activate thyroid activities, and control the levels of phosphorous and calcium, increase during sleep.⁴ Hormones which regulate growth are squirted into the blood stream only during sleep.⁵ Other activities slow down. This includes the heart which slows by ten beats per minute, blood pressure

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¹Swerdloff, 68.

²Ibid.

³Ibid.

⁴Swerdloff, 68.

drops, and basal metabolism (body heat) also drops by ten percent.\(^1\)

Sleep research has found out that there are two types of sleep, rapid eyed movement - REM, and non-rapid eye movement sleep- NREM.\(^2\) Other writers refer to REM sleep as desynchronized sleep and NREM as synchronized sleep.\(^3\)

**REM Sleep**

In normal circumstances REM sleep should consume twenty to twenty-five percent of total sleep.\(^4\) It is during this stage of sleep that dreaming occurs.\(^5\) Swerdlhoff puts it this way: during REM sleep the RB is almost completely freed from the dominance of LB resulting in a "torrent of images, sounds and feelings" we commonly refer to as dreams.\(^6\)

It is believed that REM sleep is essential for emotional equilibrium and recovery, boosts memory and learning, and helps in processing and storage of

\(^1\)Ibid.
\(^2\)Festa, 19.
\(^3\)Foster, 55.
\(^4\)Festa, 18. See also Foster, 58, 59.
\(^6\)Swerdlhoff, 68.
information.¹ Festa observes that REM sleep helps in repairing the brain.²

Swerdloff writes that males, whether seven months old or seventy years old, have four to five erections during the REM sleep regardless of the content of the dream.³ Females also experience sex arousals during REM sleep.⁴ It would seem that the cause of this has not yet been determined. However, one could speculate that it is more than likely that this contributes to the stabilizing of emotions.

**NREM Sleep**

It would seem that research has tied greater significance to REM sleep than NREM. Therefore, not much has been written on the NREM stage of sleep.

**NREM sleep rejuvenates the body.⁵** Also something of great significance which has been observed during this stage of sleep is the setting loose of the growth hormones into the blood stream.⁶

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¹Ibid.

²Festa, 18.

³Swerdloff, 68.

⁴Ibid.

⁵Festa, 19.

⁶Ibid.
RE本事 and NREM alternate

The REM and NREM sleep alternate through out the whole night in ninety-minute cycles.\(^1\) Cherry alludes to the fact that we experience NREM sleep first.

As we drift to sleep-into Stage 1-our brain waves are small and erratic. Descending into Stage 2, we toss and turn. In Stage 3, our sleep is sounder and brain waves much slower. Stage 4 (delta sleep) is our deepest sleep, marked by large, slow brain waves, a temperature drop and lower pulse rate. After several minutes in Stage 4, we go through the stages in reverse. But, instead of waking, we enter REM . . . .\(^2\)

After REM stage, a person drifts again into stage 2 of NREM and completes the cycle and then back to REM sleep, and so on and so forth until a person wakes up.

There is a general understanding that seven to eight hours is the ideal number of hours needed to sleep.\(^3\)

The Importance of enough sleep

1. Since NREM sleep rejuvenates the body, if we don't get enough of it "fatigue and achiness" haunts us all day.\(^4\)

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\(^2\) Cherry, 63.

\(^3\) Festa, 19. See also Maggie Morrison, "Women Get Less Sleep Than Men," McCall's, August, 1990, 49. Foster, suggests that new born children need sixteen to twenty hours of sleep and young children need ten to twelve hours of sleeping time. Those above forty, Foster feels that six to seven hours of sleep is all they need. 60.

\(^4\) Festa, 19.
2. It has been observed that when the REM sleep is disturbed, we become moody,\(^1\) irritable, short tempered, loose concentration, cannot remember things, and emotions become confused.\(^2\)

3. When children go to school tired, they are not able to grasp even simple concepts.\(^3\)

4. Behavior in some of the sleep deprived people in experimental settings resembled that of a drunkard.\(^4\) These people showed less ability for self-correction of errors in their speech, and had impaired discrimination between right and wrong.\(^5\)

6. Research has shown that sleep loss is a stressor.\(^6\) A person under stress may exhibit similar symptoms as those described in number two of this section.

7. It is common for a sleep deprived person to commit errors of omission and commission.\(^7\)

\(^1\)Israeloff, 196.
\(^2\)Festa, 19.
\(^3\)Morrison, 46.
\(^5\)Ibid.
\(^6\)Ibid., 189 - 191.
\(^7\)Oswald, _Sleep_, 54.
8. Sleep deprivation is related to 40,000 traffic accidents a year.¹

9. Lack of sleep works against the system in the brain which develops the mechanism of habit formation. It is a known fact that the brain is the center of communication. Every message perceived has to be processed by the brain and then sent to the required part(s) of the body through nerve cells. Each nerve cell is made of a nucleus, cytoplasm, and a membrane which forms the boundary layer of the cell. From the membrane grows little fibers known as dendrites, believed to receive incoming messages, and axons, long fibers believed to send out messages.²

A synapse is a space found between the receiving fiber of one cell and the sending fiber of another cell.³ While examining these synaptic junctions under a powerful microscope, John Eccles of Australia discovered that on each sending fiber there are tiny boutons which secrete chemicals. One of the chemicals, acetylcholine, is responsible of closing the synaptic joint and thus facilitates in stimulating one cell to send the message to the next cell and the next cell to the next.⁴ Eccles

¹Israeloff, 196.


³Ibid.

⁴Ibid.
noticed that these boutons were not distributed equally among the fibers. Some fibers had more boutons than others. He also noticed that the fibers which had a lot of boutons did not require much stimulation to produce the chemicals required to send a nerve impulse to the next cell. Those fibers which had less boutons required more stimulation.¹

Researchers have discovered that the fibers which frequently receive messages have more and larger boutons than those fibers which do not receive as frequent messages.²

We can assume then that any thought or action which is often repeated is actually building little boutons on the end of certain nerve fibers so that it becomes easier to repeat the same thought or action. This seems to be the way habits are formed in the nervous system.³

It has been observed that by consciously choosing to make different responses to a situation than is usually made, new pathways in the brain are developed.⁴ The old pathway and boutons are not destroyed, but in choosing to respond differently to the same stimulus, a new pathway is formed and new boutons begin to develop on the new pathway.

From the main sending fiber of every cell there are many branching fibers, providing

¹Ibid.
²Ibid., 63.
³Ibid.
⁴Ibid., 64.
alternate pathways for us to use. . . . When we resist the temptation to do wrong, another chemical called GABA is secreted that immediately puts the brakes on, keeping the old cell from firing. When that happens, it is impossible for us to do wrong. By repeated resistance to the temptation to do wrong, many boutons are built on the GAB or "braking" pathway. When this happens, you have developed a habit of resisting that temptation.¹

It is interesting to note that provision for freedom of choice is already developed in the nerve cells.

An alarming factor is that if one over works, looses a lot of sleep, or become fatigued for one reason or the other, "the GABA or 'braking' pathways may fail to operate."² This suggests that if you are tempted at a moment in time by a habit you are trying to overcome, you will have very little power to resist the temptation. It has been observed that fatigue "immobilizes GABA pathways first" way before it "immobilizes the acetylcholine or action pathways."³ Figure 24 shows how a habit is formed or deformed in a nerve cell.

Short-sleep spiral and its contributors

Short-sleep spiral can be defined as sleeping less than the required amount of hours to sleep. Several factors are believed to contribute to the short sleep phenomenon. I will not attempt to mention all the factors.

¹Ibid.
²bid.
³Ibid., 65, 66.
DENDRITES (Receive message)

Cell No. 1

AXON (sends message)

Inhibiting cell can put "brakes" on a cell and keep it from firing.

Cell No. 2

These boutons secrete GABA (prevents cell firing)

Cell No. 3

ACh charges up next cell

Axon may or may not send message depending on ACh/GABA balance.

Muscle will respond if ACh activates it.

HABIT FORMATION IN NERVE PATHWAYS  Elder Chalmers, 1978

NOTE: Repeated stimulation of cell #1 or #2 matures and multiplies the boutons at the end of their axon.

Cell #1 excites and cell #2 inhibits cell #3. The cell that delivers the most energy by at least 10 mv. determines what cell #3 will do.

Figure 24. Habit Formation In Nerve Pathways.
1. Some studies blame the invention of the light bulb as the culprit in view of evidence suggesting that people slept longer before the invention of the light bulb.¹

2. Other researchers blame TV. As we discussed in chapter one, TV controls people's activities. Many people either watch late night movies or listen to the eleven o'clock evening news and yet wake up early in the morning for work.²

3. As we also noted in chapter one, economic factors are also a culprit. People work two or more jobs to make financial ends meet. Studies have shown that even among those who may have one job career women sleep about five percent less than their male counterparts.³

In view of what we have discussed, what ever the causes which make a person loose sleep on a habitual pattern, it is important that each person develop the best sleeping habits as possible.

Air

The subject of air has to do with the respiratory system. Simplistically speaking, the purpose of the

¹Israeloff, 196.
²Ibid.
³Ibid. See also Morrison, 44.
respiratory system is to balance the exhaling of carbon monoxide and the inhaling of oxygen.

When breathing normally, we exchange about 500cc of air. This is called tidal volume. Forced breathing which is termed vital capacity exchanges 3700cc of air.

When one breathes in, we breathe in air which is composed of about 20 percent oxygen. Breathed at the speed of fifty miles per minute this air goes into lungs which have an average capacity of about 6500 cubic centimeters or 1.7 gallons of air.

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2Ibid.

3Ibid.


5Foster, 142.

the lungs oxygen is transported with other nutrients to the different parts of the body in the blood.¹

Oxygen has been used to improve mental function in senility. Senile patients who were placed in sealed rooms where oxygen levels was slightly increased became more active and took greater interest in life. They began to assume responsibility for their personal care and slept better. Oxygen made the difference because senility involves the hardening of the arteries of the brain resulting in a limitation of the oxygen that is carried to the brain.²

While we need air for life, we need fresh air for health and proper functioning of the brain.³ It has been observed that breathing properly boosts memory and helps the body to work more productively.⁴ The lack of oxygen affects the higher centers of the brain, i.e., "judgement, reason, and will power"⁵. This is due to the increased levels of carbon dioxide in the blood system and the brain functions as if affected by alcohol.

Since air is vital to the brain, and the brain is the center for human reasoning, the importance of air

²Foster, 144.
³Foster, 138.
⁴Ibid., 134.
⁵Ibid.
cannot be underestimated. Children need plenty of fresh air not only for good health, but also to help them boost their will power.

Temperance

The word which is translated temperance in the 1611 King James Bible comes from a Greek word eqkrateia, which means self control. With the passing of time, the word has come to mean moderation rather than self control. The dictionary defines temperance first as "moderation in eating and drinking," especially in drinking alcoholic beverages, and second, as "total abstinence from alcoholic liquors."¹

Surveying through the writings of Ellen White, it is obviously noted that temperance was her favorite subject.² She used the term to denote both moderation and abstinence.

Those who would preserve their powers unimpaired for the service of God must observe strict temperance in the use of His bounties, as well as total abstinence from every injurious or debasing indulgence.³

¹Webster's New World Dictionary (1956), s.v. "Temperance."


³White, Temperance, 101.
She further writes that

True temperance calls for total abstinence from strong drink. It calls also for reform in dietetic habits, in dressing, in sleeping.¹

In the USA, it is reported that most of the 100 million people who drink are people who go to church and have been taught that drinking in moderation is appropriate.² Unfortunately, the philosophy of drinking in moderation has led "a little over 18 million Americans to become alcoholics."³

Generally, most drugs are highly addictive. Due to their pharmacological characteristics there is a slow but sure increase in body demand for their use. This is referred to as tolerance. Thus even moderation can easily lead to addiction.⁴

Within the spectrum of the above observations, the PKM uses the term temperance to denote abstinence. The only way for children to be safe from the potential of addiction is through total abstinence.

Since temperance or self control has to do with choice let me point out that there are some who argue that

¹Ibid., 196.

²Samuele Bacchiocchi, Wine In The Bible. (Berrien Springs, MI: Biblical Perspectives, 1989), 19.

³Ibid.

certain factors make temperance or self control impossible. Since I am not discussing the arguments in their totality, I will only make reference to them so that the reader is aware that such arguments exist.

1. Structural Theory.\(^1\) Foster refers to those who subscribe to this school of thought as biological determinists.\(^2\) This school of thought teaches that since our lives are determined by genetic influences beyond our control, despite the circumstances and environment, we are bound to choose "the same solution no matter how many times that situation is repeated."\(^3\)

Inherent in this theory is the philosophy that since a person inherits his/her genetic make up, one has very little self-determination when it comes to temperance or self control. Though a child's behavior is not necessarily a product of his/her parents, it is the inherited genes that determine the child's behavior.

2. Social Learning Theory.\(^4\) Those who propagate this theory are known as behavioral scientists.\(^5\) The broad frame work of this doctrine states that our actions are shaped by our society and environmental factors of which we

\(^1\) Richards, 98.

\(^2\) Foster, 224.

\(^3\) Ibid.

\(^4\) Richards, 95.

\(^5\) Foster, 225.
have no control of. This theory teaches that a child is born as a "blank tablet,"\(^1\) or "malleable-a tabula rasa"\(^2\) and is shaped by the experiences of life. These experiences include "prenatal influences, the primal scream of birth, and traumatic experiences of early childhood."\(^3\) It is believed that these produce emotional scars which affect behavior in ways we cannot control.

Since a person is only a product of society, this theory suggests that a person has very little choice when it comes to the issue of temperance or self control. All depends on the behavior of the society.

3. The Doctrine of Predestination.\(^4\) This doctrine teaches that one's future is already determined and there is not much one can do to change that route. What is evident in this doctrine is that mankind is a programmed robot. This understanding leaves no room for self control since one is a product of a program.

Accepting these doctrines in their orthodox form would definitely be problematic for an SDA. However, they do possess patches of truth in one way or another. Foster makes an excellent summary in regards to this discussion.

\(^1\) Ibid.
\(^2\) Dudley, 83.
\(^3\) Foster, 225.
\(^4\) Foster, 225.
No one is born completely free. No one of us have a full measure of freedom. What freedom we inherit is endangered by our limited learning opportunities, traumatic experiences, exposure to toxins, disease processes, and other environmental factors. Furthermore, because of heredity and environment, our freedom is limited in varying degrees. But, however limited, using what freedom we have adds quality to life. Furthermore, as we exercise our freedom within the framework of self-control, that freedom will expand and grow. Through self-control and God's grace it is possible to overcome every inherited and acquired defect of character. In other words, morally speaking, our potential is complete freedom.¹

Water

Research findings report that only oxygen takes priority over water.² An adult human body contains thirty to fifty liters of water, the most essentials of all the nutrients.³ Ninety percent of blood is water⁴ and the body is seventy to eighty percent water.⁵

A healthy person has sixty percent of water inside the body cells and forty percent outside.⁶ This balance is very important to help osmosis, the exchange of

¹Foster, 225.


³Ibid., 165.


⁵Foster, 90.

⁶Ibid., 91.
fluids into and out of the cells. Since we lose water all the time through sweating - sixteen ounces, defecating - eight ounces, breathing - eight ounces, and forty eight ounces through the kidneys, it is unfortunate that many people have a habit of only drinking water when they are thirsty. Thirstiness indicates that one has lost one percent of the body weight of water and needs to be replaced. But this is not all the water the body needs. Though it is suggested that one needs to drink six to eight glasses of water every day, it has to be realized that we need more water than that. The reason we only drink the recommended glasses of water is because we get about thirty two ounces of water through the food we eat, and eight ounces is produced through the digestion system. And in order to meet the balance, we are to drink the recommended water daily allowance.

Water is used for several purposes. Pool and Seebohm summarize the physiological purposes of water as follows:

1. It gives an environment in which cells live.
2. It serves an important part as part of the building blocks for the cells.

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1Foster, 01.

2Pool and Seebohm, 166.

3Foster, 91, 92.
3. It acts as a solvent for all other nutrients in the body and transports them to all parts of the body.
4. It helps eliminate waste products from the body.
5. It serves as a lubricant in the joints.
6. It helps regulate body temperature.
7. It accounts for half to three fourths of the body weight.

Though these physiological purposes of water do not make a direct reference to the brain, since the brain is part of the body, the importance of water cannot be underestimated because it directly affects the brain. If the children are going to be alert in saying no to drugs, their brains have to function properly. Therefore they need to drink the recommended daily allowance of water for optimum alertness.

**Exercise**

Inspite of the increased awareness of the importance of exercise in the latter part of the twentieth century, the USA population generally regards leisure as a part of life. Anything which involves physical activity is something to be disdained.

Inactivity in the United States is manifested through the number of hours people watch TV and the 77.7 million households who own at least one automobile.¹ This

¹*U.S. Bureau of The Census*, 602.
plus many other factors has burdened the U.S nation "with well over 100,000 tons of excess human fat."¹

The physiology of the body strongly suggests that human body was made to have activity. Thus exercise helps improve function of the body and disuse impairs it.

Advantages of exercise

1. Studies have shown that exercise improves the physical activity of the heart, and thus help reduce heart related diseases.² White writes that exercise quickens the circulation of blood thus giving tone to the circulatory system.³

2. Research suggests that those who exercise regularly tend to become good decision makers.⁴ A study done on a group of managers showed that managers who exercised regularly "made 60 percent fewer errors in forming strategies to arrive at complex decisions."⁵ The same research also showed that exercise helps alleviate depression and anxiety, and improves motivation and self-image.⁶

¹de Vries, 19.
²Ibid., 20,21.
⁴Lehrer, 3.
⁵Ibid.
⁶Ibid.
3. Exercise which increases physical stamina, also boosts creativity. It is interesting to note that Japanese managers encourage their employees to exercise on company time.¹ So does the U.S. military. Since research indicates that as little as twenty minutes of exercise can give one's imagination a lift.² Has this contributed to the economic success the Japanese are enjoying?

It is believed that creativity after exercise is a result of adrenaline and endorphins which are released in the blood and stimulate the RB which controls creativity and intuition. With such an understanding, it does not come as a surprise to read of the disappointment of the founder of aerobics exercise, Kenneth Cooper, as expressed by Donna Kato, that physical education is no longer a priority in American schools.³

In view of what we have discussed, exercise is an important entity to people and children in particular. Since it will help in the development of creativity, independence, and decision making, exercise should be viewed with great importance. It has the potential to help children overcome peer pressure to do drugs.

¹Claire McIntosh, McCall's, 24.
²Ibid.
Such findings give credibility to the statement of Ellen White. She wrote that "physical inactivity lessens not only mental but moral powers."¹

**Nutrition**

Recent definitions of nutrition include the avoidance of "junk food."² Research evidence is beginning to show that the statement "we are what we eat" is more than just a conventional saying. Many researchers are now focusing attention on diet because of observations indicating a possible linkage between nutrition and criminal tendencies.³ Knowing that diet affects the brain, and that the brain is the seat which controls behavior, many researchers are suggesting that before criminal behavior can be straightened out, and in view of the failure to control delinquency, the brain chemistry needs to be set straight by controlling diet.⁴

¹White, *Education*, 209.


⁴Ibid.
Different centers in the USA which have reported success in rehabilitating alcoholics have attributed their success to proper nutritional habits.¹

Many studies are surfacing showing a possible linkage between diet and crime. Schoenthaler who has done extensive research in this area observed a possible correlation between sugar consumption and delinquency. He reports that with the increase of sugar intake² delinquency has also increased. An average American consumes 128 pounds of sugar per year and a juvenile delinquent was reported consuming up to 400 pounds of sugar per year.³ The theory here is that high sugar intake causes hypoglycemia which can lead to antisocial behavior.⁴

Schoenthaler did research to show that high intake of sugar is one of many dietary factors capable of influencing crime. His findings were that juveniles who had large sugar intake exhibited a higher level of


²Stephen J. Schoenthaler, "Diet and Crime: An Empirical Examination of the Value of Nutrition in the Control and Treatment of Incarcerated Juvenile Offenders," *International Journal of Biosocial Research* Vol. 4 no. 1 (October 1983): 27. In 1822 an average American ate 2 teaspoons of sugar per day. This increased to 11 teaspoons in 1870 and 32 teaspoons by 1970. This shows a growth of 16 percent per person.

³Ibid., 25-39.

⁴Ibid., 28.
antisocial behaviors than those juveniles who consumed moderate amounts of sugar.¹

Schauss emphatically declares that what a person eats affects the actions of that individual.² Good nutrition then is both the foundation of the good health which helps keep one mentally alert³ and the foundation of good behavior. In view of the above research findings, White's statement in her book Counsels on Diet and Food is of great significance:

If we would elevate the moral standard in any country where we may be called to go, we must begin by correcting their physical habits. Virtue of character depends upon the right action of the power of the mind and body . . . .⁴


³Ruth Ann Poiles, Easy Nutrition and Food Service Outline for Use in Group Homes, (Lansing, MI.: Division of Health Care Services, Department of Mental Health, 1982), 1.

⁴White, Counsels On Diet and Foods, 441.
Miller's contribution to this subject is worth noting. He reports that the brain has organisms called neurons. The duty of these neurons is to communicate electrical signals among themselves. Through this communication, the neurons generate signals that "control behavior and body functions." 1 Miller reports that certain nutrients found in food, if ingested in great amounts, have the potential of increasing or decreasing electrical conductivity in the neurons. These increases and decreases beyond normal levels paralyze the neuro-transmitter-formation thus resulting in the modification of the brain functions. 2

The findings underscore the importance of nutrition in substance-abuse prevention programs.

**Trusting Jesus**

The importance of this aspect of the PKM is based on the belief that the universe, the world and its inhabitants, were created in a perfect condition by Jesus Christ [Gen. 1:1-31]. Jesus Christ, being the creator, sustains and upholds everything together [Heb. 1:3]. Sin entered the world through Satan, marring the beauty and perfectness created by Jesus [Gen. 3:1-8]. God's desire

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2Ibid., 61.
soon after sin entered the world to restore man and the
world to their pre-sin condition [Gen. 3:15]. Therefore,
because of sin, we have Christ as the Lamb of God who takes
away the sins of the world [John 1:29].

The Bible is the inspired word of God [2 Tim.
3:16] and that the promises of Jesus as recorded in the
Bible are true. It is the desire of Jesus to restore man
and the world to their former beauty. And when Paul writes
in the book of Phil. 4:13, that one can do all things
through Jesus Christ because He is the giver of strength,
'all things' include the prevention of substance-abuse and
the power thereof to overcome the habit of substance-abuse.

If we as Christians are going to succeed in
teaching children to resist the temptation of using drugs,
we should make an attempt to implement the facts discussed
here as best we can. As we have noticed, a close
relationship exists between the mind and the body.
Therefore, it is an imperative that we follow the
established laws of health "if we are to reach a high
standard of moral and intellectual attainment."¹ Since
reason, will, emotions, memory, intelligence, and desire to
trust Jesus have their origin in the brain, the statement
which says that physical habits affect the brain² is of

¹Ellen White, Patriarchs and Prophets. (Mountain

²Ellen White, Counsels To Teachers, Parents, and
Students. (Mountain View, CA: Pacific Press Publishing
great significance if we are to curb the problem of substance abuse.

Association, 1913), 299.
CHAPTER IV

BRIEF SURVEY OF THE DARE\(^1\) PROGRAM

Over the years different prevention programs have emerged. Some programs have targeted the community and can thus be called "community-based prevention programs". Some have to do with the formulation of policies. Such programs hope to minimize drug consumption by imposing such controls as legal age limits for drinking alcohol. Such prevention programs could be classified as "public policy prevention programs". Then there are those programs which target students. These could be considered as "school-based prevention programs". This chapter focuses on one school-based program known as DARE.

I had hoped to secure the DARE program manuscript in its totality but it has not been possible. Copyright laws as required by the authors of the program, the Los Angeles Police Department (LAPD), does not permit one to have a copy. The responses I got from the various departments I wrote to who have the manuscript, including a telephone conversation with Commander Mitchell of the LAPD who is the in charge of the program, made it plain that I could not

\(^{1}\) DARE is an acronym for Drug Abuse Resistance Education.
obtain the original manuscript. The US Department of Justice has some copies but they are for their records and use. DARE police officers who have successfully completed the 80-hour training program at a designated center have copies but they are for their use only. There are Police officers who teach without the training. They are called part time officers. These too have copies of the program but it is also only for their use.

I managed to secure from the Los Angeles Police department a 6-page pamphlet entitled DARE Evaluation Report For 1985 - 1989. The US department of Justice sent me a ten-page booklet entitled An Invitation to Project DARE: Drug Abuse Resistance Education. It summarizes the program. One DARE Police Officer gave me the DARE work book students use in a class room. He also gave me a pamphlet he prepared to acquaint parents with the DARE program. These pamphlets have proved helpful in developing this chapter.

Though most of the communications which transpired between these departments and me were on telephone, there were some occasions when written correspondence took place. The letters, oral interviews with DARE officers, telephone conversations, and the pamphlets I received, have provided the foundation of this chapter. The letters and pamphlets can be found in appendix B of this study.

It has not been possible to delve into the depth of
the DARE program without the primary sources. Though I have depended on secondary sources which are in form of booklets, telephone conversations, and oral interviews, I believe that my evaluation of the program will be fairly accurate.

**The origins of the DARE Program**

The DARE program is the brain child of Daryl F. Gates, the Los Angeles chief of Police. In January, 1983, Gates approached Dr. Harry Handler, the Los Angeles superintendent of schools, to enlist his support for a cooperative effort to fight drugs and alcohol use. Gates had observed that the traditional method of Police Officers making periodic drug busts on school campuses, apart from being anachronistic, appreciated at its best, "alienated students and school personnel from Police." He desired to create a program based on the old adage, 'prevention is cheaper than cure.' This program would aim at prevention and at the same time promote trust "between schools and law enforcement officers". The dual entente between Gates and Handler led to the organization of a task force comprising of school personnel and Police who developed the DARE

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2 Ibid.

3 Ibid.
training program.¹

Program Goal and Objectives

DeJong has encapsulated succinctly the goal of the DARE program by making reference to the work of Kandel and Logan. He observes that the DARE program "introduces this training [substance-abuse prevention training to the children] . . . at the time when peer pressure begins."² DeJong explains that the program seeks to equip elementary and Junior high school children with skills which can help them resist peer pressure to abuse drugs. Children need to have the prevention knowledge before their peers begin exerting pressure on them to try alcohol and other drugs.

The objectives of the DARE program have been summarized as follows:

1. To equip elementary and junior high students with the skills for recognizing and resisting social pressures to experiment with alcohol, tobacco, and drugs. 2. To help students develop self-esteem. 3. To teach positive alternatives to substance use. 4. To develop risk assessment and decision making skills in students. 5. To build interpersonal and communications skills.³

¹ Ibid.


Selection of instructors and methodology of DARE implementation

The selection of the DARE officer begins by posting the position. Then a preliminary screening of the applicant is conducted before they appear before an interviewing panel conducted by police and school personnel. The qualifications considered during the preliminary screening include a minimum of two years street experience, good communication and organizational skills, a clean record, and maturity. A commitment to prevent substance abuse among the youth must also be demonstrated by those who would be DARE officers.\(^1\) Though it is preferable to have an officer from the local community, when communities are small "state police or sheriffs' deputies can teach the program."\(^2\) The officers who pass the interview go for a two-week eighty-hour seminar. This seminar is jointly presented by education and law enforcement agencies. The DARE training curriculum covers:

- An overview of current drug use prevention activities.
- Communication and public speaking skills.
- Learning methodology and classroom behavior management.
- School/police relationship.
- Police/parent community relationships.
- Stages of adolescent chemical dependency.
- Audiovisual techniques and other teaching aids.
- Program administration.
- Sources of supplementary funding.\(^3\)

\(^1\) Ibid., 3.
\(^2\) Ibid.
\(^3\) Ibid.
Fifth- and sixth-grade elementary school students are primary targets of the DARE core curriculum. There are 17, 45- to 60- minute-long lessons which are taught by the DARE officer on weekly basis.\textsuperscript{1} The film "Drugs and Your Amazing Mind" is usually used to introduce students to the harmful effects of drugs. An outline of the lessons is found in appendix B of this study. The DARE officers are instructed to emphasize teaching techniques which include student participation (this includes work books), group discussions, role-play activities and a question-and answer-period.

Apart from teaching in the classroom, the DARE instructors also spends time on the play grounds with the students. DARE instructors are also encouraged to be involved in as many activities with the students as time allows.

Before the DARE officer begins to teach at a school, he holds an orientation meeting for the teachers. The purpose of the orientation is five-fold.

1. To help the teachers build confidence in the program and identify it as their own.

2. To elicit the teacher's total support during the DARE presentations.

3. To encourage teachers to be positive role models.

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\textsuperscript{1} Ibid.
4. To introduce to the teachers the expectations of the DARE program.

5. To serve as an ice-breaker between the teachers and the DARE instructor.

Parents are invited to one evening session where a DARE officer explains to them certain things which they ought and ought not to do to their children. They are provided with such information as substance abuse symptoms in their children and resources of counselling.¹ They are also shown a film entitled "Sons and Daughters - Drugs and Booze." Appendix B of this study has discussed this in more detail.

Though the emphasis of DARE in on grade 5 and 6 students, in some areas students in kindergarten through grade 4 are given 15 to 20 minute-long lessons. These lessons cover topics such as obeying laws, personal safety, and, good and bad uses of medicines and drugs.

Generally, there is one full-time DARE officer for every ten elementary schools.²

Impact and success of the DARE program

Since the inception of the DARE program seven years ago, it has spread to more than 100,000 classrooms in 2,200 communities in 49 states. Countries like Australia, New

¹ Ibid., 5.

² Ibid.
Zealand, Canada and America Samoa have adopted the program. Department of Defense Schools worldwide are also using the program.¹

The DARE program, a kindergarten through high school curriculum in Los Angeles, is believed to have gone beyond the traditional drug abuse and prevention programs. This program not only teaches the negative effects of substance abuse but teaches the student how to resist the pressure to take drugs and alcohol.²

A longitudinal research study observed that the DARE students studied had a more negative attitude towards drug abuse than non-DARE students.³ The same research reports that DARE students "indicated that they would have objections" to their children getting high once in a while when they become parents.⁴ Nearly two-thirds of the DARE students reported that due to the principles they learned during the DARE classes, they used (or have decided to use) less drugs.⁵ "More 8th graders than 9th graders" reported of using less drugs because of the DARE program.⁶

² Ibid.
³ Ibid., 3.
⁴ Ibid.
⁵ Ibid.
⁶ Ibid.
The same research has reported that DARE students caused fewer discipline problems. They developed a positive attitude toward the law enforcement officers. Their work habits, school attendance, and cooperation with authorities, were significantly different from the non-DARE students.¹

School principals, teachers, and counselors reported that DARE students were more astute in understanding drug problems and talked openly of problems related to drugs.²

Secret behind DARE's success

On the 7th of April, I interviewed Paul Yanke, a DARE officer of the Stevensville's Lake Shore Schools in the Berrien County, Michigan. He attributes the success of the DARE program to the following factors.

1. The presence of a uniformed Police Officer on school premises who is part of the teaching staff has a positive impact on the students. This brings a realization in children that a Police Officer is person too. Consequently, this realization helps build a positive image in the children's minds about the police in general. The stereotype mentality that police are the "bad guys" who arrest people and take them to jail, begins to be eradicated.

¹ Ibid.
² Ibid. 4.
When this trusting relationship has been established, children mentally begin to support police efforts to fight crime and substance-abuse. Yanke's observation is underscored elsewhere thus, "... while at the school as DARE instructors they [DARE instructors] can be called upon to act in a law enforcement role only in an emergency."¹

2. Due to the street experience of the DARE officer, he/she is able to give first hand information of what actually happens on the street when meeting substance abusers.

3. The DARE program is practical and achievable. The realization that the expectations of the program can be achieved acts as a positive stimulation to the ego of the students. This helps build the self-esteem of the students.

An Evaluation of the DARE program

Written evidence as observed above has shown beyond doubt that the DARE program has done a tremendous job in helping many students to resist the temptation to experiment with drugs. It is impressive to note that the DARE program is receiving international recognition.

I would like to make the following observations in light of the PKM philosophy. While the DARE program is

¹ Ibid.
enjoying this success, it should be noted that it does not
give much attention to grades 4 and below. We have noted
that the principal target of the DARE program is grades
five and above. As this research has indicated, by so
doing DARE misses the earlier formative years of a child's
character. It should be noted that the DARE teaching
approach has a number of practical aspects to it. The use
of workbooks and initial use of a film is an attempt to
involve both hemispheres of the brain. While this is
recommendable, one should note that basically its style of
teaching leans heavily on the conventional lecturing
method. The DARE literature which has been made available
to me has not given any indication that the advantages of
music are a component of the DARE philosophy.

Though the DARE program teaches some health
behaviors, it falls short in not teaching all the needed
healthy behaviors which a child needs to learn as he/she
grows up. To limit the curriculum to teaching only
exercise and relaxation seems incomplete.

The longitudinal study has made a very interesting
observation. It has reported that more 8th graders than
9th graders reported using less drugs because of the DARE
program. This would seem to suggest that as the DARE
children get older and advance in school, they tend to
forget or begin to neglect what they had learned. What
appeared to have been fully embedded in the students' minds seems not to have been as deeply embedded as surmised.

The DARE program does not teach the use of spiritual resources in drug abuse avoidance because of the constitutional implications of separation of church and state. I do understand that there is not much the program developers can do about this omission. They must cooperate with the dictates of the. One thing I have found is that DARE officers do not teach only in public schools. They have contracts with many private schools. Most of these private schools are Christian schools. I feel that those who developed the DARE program should have created an optional section focussing on the spirituality of a person. This would enable the DARE officers to teach in public schools what they have to teach and also be able to meet the expectations of the Christian schools.

However, I do recognize the contribution the DARE program has offered and continues to offer to the American society and the whole world. It would be unrealistic to throw away the baby with the tub water.
CHAPTER V

PROGRAM IMPLEMENTATION

This chapter presents a description of the population, sample, questionnaire, collection of Data, and a descriptive analysis of the data.

Population

In order to ascertain the usefulness of the program, the program was presented in four different places located in Berrien and Cassopolis counties. In Berrien county the program was presented at Ruth Murdoch Elementary School and the Village SDA church. In the Cassopolis the program was done at People's Protestant Church and Squires Elementary School. The program was generally well received. However, some of the parents who attended the program at Squires Elementary School expressed some discomfort with the religious aspect of the program.

Even though the Positive Kids program is designed to reach children ages three to twelve, it was deemed plausible that the respondents to the questionnaire be those ages fourteen and above. The rationale for this was that they could better understand and interpret the questionnaire intelligently and accurately. Due to the nature of the
Positive Kids program it was easy to find churches and schools which were anxious to have the program performed. The purpose of the presentation was to have the program analyzed in terms of information retention and to assess its impact on the attending population. When the program was presented in all the four places, no one knew that at some future date an evaluation questionnaire would be presented to the people who had witnessed the program.

I have mentioned the four places where the program was presented in connection with this research. The Positive Kids program has been presented in many other places, including the 1990 SDA General Conference session held in Indianapolis, Indiana.

Sample

Though the program was presented to some three hundred people, only fifty six people responded to the questionnaire. This was because the population of the two schools was largely composed of children below the age of thirteen and that in People's Protestant church the illiterate rate was very high.

Questionnaire

When I embarked on this study, I thought I would show how people retain the related information in connection with a musical media. However, it was discovered that this would require a much more extensive study. It would have
required two groups, 1) an experimental group who would be exposed to the musical drama and 2) a control group who would be taught the same information through the traditional lecture method. Then at a future date both groups would be tested to ascertain the whole-brain theory as suggested by literature review. The extensive work involved in this type of research proved beyond the scope of this study. This realization led to the developing a questionnaire which elicited the opinions of youth and adults. I drew inferences from the people's responses as to whether they remembered the program or not.

The first part of the FKIM questionnaire had seventeen questions which elicited a personal assessment of the Positive Kids program. The second part, consisting of four questions, requested people to rate specific aspects of the Positive Kids Program. Respondents were requested to express their perceptions of the FKIM.

Section three elicited general information of the respondents concerning religious affiliation, age, sex, marital status, educational background, and occupational information. Appendix B of this study carries the questionnaire.

Collection of Data

I approached the Principal of Andrews academy and requested if the Positive Kids singers could present a drug prevention program to the children in grades one to five.
After exploring several possibilities it was agreed that the best way was to have a Sunday evening program and invite parents, children, and teachers to attend.

This was done. In order to have a list of names so which I could follow-up with a questionnaire, all who attended, parents, children, and teachers, as they entered the academy auditorium, were encouraged to write their name and address and put it in a box. At the end of the presentation three names would be drawn and would receive the Positive Kids T-shirt and an audio tape of the program.

The people who attended the program at Ruth Murdoch Elementary school came from SDA and non-SDA churches in the area. Some of them informed their pastors of the Positive Kids program. This resulted in our being invited for several other presentations: at the eleven o'clock divine service at All Nations SDA Church, the Village Church evangelistic campaign, during an evangelistic campaign at Lake Michigan College under the auspices of the Pioneer Memorial Church of Andrews University, for the vacation Bible school and Friday sun set worship in the Stevensville SDA Church, for the Sabbath sun set worships at the Eau-Claire SDA Church, Calvin Center SDA Church, Highlands SDA Church, for children's story hours held on and off Andrews University campus, for Drug Awareness week at Andrews University, and for James White Library workers Christmas program.
We have taken this program as far as churches in East Lansing, Detroit, and Indianapolis, Indiana. We received so many invitations that it became impossible for the group to meet them.

As for our performances in the non-SDA churches and school, they resulted from the interest of two non-SDA ladies visiting from Cassopolis who attended the program at Andrews Academy. One came from the People's Protestant Church and the other from the Baptist church. Their enthusiasm resulted in performances at the two churches in Cassopolis. A teacher from Squires Elementary School attended the performance at People's Protestant Church. She influenced her Principal to have the program.

It was only at Ruth Murdoch Elementary school that we used a box to collect names and addresses. In the other places selected for data collection, I notified the Pastors and Principal that I had prepared a questionnaire and needed the people who attended the programs to respond to the questionnaire. They were more than willing to assist in the project. I collected the questionnaires the same day they were filled out.

**Descriptive Analysis of Data**

The data was analyzed in several ways. The descriptive analysis of the data was according to the demographic categories of the respondents. These categories were (1) age distribution, (2) sex distribution, (3) marital
status, (4) ethnic background, (5) religious preference, (6) education, and (7) occupation.
CHAPTER VI

DATA PRESENTATION AND ANALYSIS

This chapter presents the findings of the data. The following sections are found in this chapter: data collection, age distribution, sex distribution, marital status, ethnic background, religious preference, education, occupation, and general observations. Some comparison of the perceptions of the various categories is presented throughout the discussion.

Data collection

A total of fifty six people responded to the questionnaire. The first part of the questionnaire asked people to give a general assessment of the Positive Kids program. The respondents were asked if they felt the program was practical, upbeat, entertaining, educational, inspirational, true to its name, persuasive, simple, effective, and easily understood by all age groups.

The same section of the questionnaire asked the respondents if they felt that we already had enough drug prevention programs and another one was not needed, if the PKM provides reasons for following a healthy life style, if children teaching children is likely to have less success
than if done by a celebrity, if the style of presentation, that is using musical dramas, will help a person retain information for a longer time, if the social dynamics of the PKM are helpful for developing a positive peer pressure among children, if embedding desired behaviors in lyrics set to music has more of an impact on children than if imparted through reading character building stories to them, and if musical dramas where children are actively involved could be a viable method for teaching character development in children.

To show the degree of their agreement with the statements each respondent drew a circle around one of the five numbers following each statement. The numbers stood for the following ratings: 5 - strongly agree; 4 - somewhat agree; 3 - uncertain; 2 - somewhat disagree; 1 - strongly disagree.

The second part of the questionnaire was composed of four questions. In this section, the people were responding to specific goals of the Positive Kids program. They were asked if they felt that the focus on health behaviors is important to drug abuse prevention programs, if the promises of Jesus as recorded in the Bible are relevant to the substance abuse problem and should be claimed in making decisions, and if the PKM approach to teaching is helpful in developing an understanding of the importance of a holistic approach to drug-abuse prevention.
In the same section they were asked to rate the impact the Positive Kids program had on them.

To show their degree of agreement with the statements each respondent drew a circle around one of the four numbers following each statement. The numbers in this section stood for the following ratings: 4 - a great deal; 3 - some what; 2 - a little; 1 - not at all.

The third section of the questionnaire collected personal and professional data from the respondents. They were requested to state their age, whether they were male or female, their marital status, their ethnic background, their religious preference, their highest level of formal education completed, and their occupation.

To analyze the data the analysis of variance procedure was used with the statistical computer program SPSS/PC+. The level of significance was set at 0.05. Only eight out of twenty one questions in sections one and two showed significant results at the 0.05 level.¹

¹There are terms which appear in this chapter which may require some defining.
1. SPSS/PC+ is a name of a computer statistical program designed to deal with statistics of various kinds.
2. Analysis of variance procedure. This is a program within the SPSS/PC+ statistical program which is used to compare the mean score on some given variable(s).
3. Mean. This is the statistical term which means average. The Mean is obtained by adding the scores on a question and dividing by the number of people who responded to the question.
4. Level of Significance. This level is generally set at 0.05. When the SPSS/PC+ computer program is computing the given data, when working it gives figures called probability(p). If the probability (p) is less than 0.05,
Figure 25 shows the section, question, F-Ratio and probability of the questions which showed significant results.

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>F-Ratio</th>
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<tbody>
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<td>.0284</td>
</tr>
<tr>
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<td>II</td>
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<td>9.7875</td>
<td>.0028</td>
</tr>
</tbody>
</table>

Figure 25 Questions which showed significance.

Figure 26 shows the mean and standard deviation by question for the 56 respondents.

Age distribution

Figure 27 shows the ages of the respondents, the frequency of each age, the percent and cumulative percents. There were 56 valid cases.

The youngest respondent was fourteen and the oldest was seventy four years old. The ages were classified in two groups. Those from thirty five years and below (35)

the level of significance set, then it indicates that there is a significant difference, which should be noted, among the mean of the groups being compared.

5. F-Ratio. This term needs not to be defined.
6. Standard deviation. This term needs not to be defined.
<table>
<thead>
<tr>
<th>Variable</th>
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Figure 26 Mean and standard deviation by question.

were categorized as young, and those from thirty six years and above (36+) were categorized as old. Thus 48.2 percent of the 56 respondents were -35 and 51.8 percent were 36+.

Using the variable of age, a small difference was noted in question 1 f under section one. The F-ratio of 4.8634, with the probability of .0317, indicates that there is a small difference among the means. Those -35 years of age had a mean of 4.8519 and those 36+ of age had a mean of 5.000. This indicates that the younger respondents with a mean of 4.8519 were slightly less in agreement with the question as compared to those 36+ whose mean is 5.000.
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Figure 27 Age distribution.

There was also a small difference between the two age groups on how they rated statement 5 in section one which states that the style of presentation will help a person, especially a child to retain the information for a longer time. The F-ratio of 5.3508 and probability of .0246 indicates a minor difference among the mean. The respondents of -35 had a mean of 4.667 and those 36+ had a
mean of 4.9310. This indicates that the young respondents again were slightly less in agreement with the statement.

There was also a small difference in how these two age groups rated statement 6 in section one. This statement asked people to show their degree of agreement to the statement "the social dynamics of the Positive Kids program are helpful for developing a positive peer pressure among children". The F-Ratio of 5.6002 and a probability of .0216 indicates a minor difference among the mean. The younger respondents had a mean of 4.5185 and the older respondents group had a mean of 4.8276. This shows again that the younger respondents were in less agreement to the statement.

There was also a small difference on how the two age groups responded to statement 2 in section two. The respondents indicated their degree of agreement on the scale of 1 to 4 to the statement "the promises of Jesus in the Bible are relevant to the substance abuse problem and should be claimed in making decisions." The F-Ratio of 9.7875 and probability of .0028 suggest a minor difference among the mean. The younger respondents had a mean of 3.7407 and the older a mean of 4.000. Again, the young respondents were slightly less in agreement.
Sex distribution

There were 33 female and 23 male respondents. The sex differences did not yield any significant results on any question.

Marital status

The 13 and 36 single and married respondents respectively did not yield any significant difference on any question.

Ethnic background

For the smooth working of analyzing the data, the ethnic background category was divided into three groups. These groups were "other," black, and white. There were nine respondents in the "other" group, thirty six in the black group, and eleven in the white group.

There was a minor difference in how these groups responded to statement 1 a in section one. The F-Ratio of 3.8136 and probability of .0284 suggests a small difference among the means. The "other", black, and white, respondents had means of 5.0000, 4.8333, and 4.5455 respectively.

Religious preference

Under this heading, the religious preference was categorized as "other", and SDA. The purpose was to see if there would be a probability of finding a significant difference between SDA and others. The analyzed data
showed that there were 39 SDA and 17 from the other
denominations. No significant difference was noted on any
question.

**Education**

The respondents in this section were classified in
three categories; less than college degree, college degree,
and graduate. There were 28 respondents who had less than
a college degree, 13 who had a college degree, and 15 who
were graduates. No significant difference was noted on any
question.

**Occupation**

The respondents in this section were classified in
two categories. These categories are the blue collar and
the white collar workers. There were 32 blue collar and 24
white collar workers.

A small difference was noted in statements 1 j and 7
of section one which showed probabilities of .0335 and
.0375 respectively. The F-Ratio of 4.7607 and a
probability of .0335 indicates a small difference between
the mean. On statement 1 j which stated that the Positive
Kids program is easily understood by all age groups,
especially children, the blue collar had a mean of 4.9063
and the white collar workers had a mean of 4.5417. This
indicates that the blue collar workers are in more
agreement with the statement than the white collar workers.
As already mentioned, there was a minor difference between the blue and white collar workers on how they rated question 7, which showed they believed that embedding desired behaviors in lyrics set to music has more of an impact on children than if imparted through reading character building stories to them. The F-Ratio of 4.5501 and a probability of .0375 indicates a minor difference. The blue collar workers had a mean of 4.8438 and the white collar workers a mean of 4.5483. This indicates that the white collar workers were slightly less in agreement with the statement.

**General observations**

The purpose of the program was to use a musical drama to enhance learning, specifically to reinforce the mind against the temptation to use drugs. Though the questionnaire did not ask about specific items in the Positive Kids program, i.e., song lyrics, etc., the way the statements were rated shows that people still remembered the content and intent of the program.
CHAPTER VII

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS.

This chapter is divided into three parts. Part one summarizes the whole study, i.e., the purpose, methodology, and findings. Part two discusses the findings. Part three presents recommendations for further research.

Summary

The purpose of this study was to use a musical drama to enhance information retention and reinforce mind set based on the "assumption" that whole brain reinforcement is the most effective learning.

Methodology

First, I engaged in literature research which yielded findings strongly suggesting that activities involving both hemispheres of the brain enhance memory retention. Music was singled out as a medium which is perceived by both hemispheres of the brain without conscious distinction. This led to the development of the musical drama. Drug free health values were embedded in the lyrics of the drama. This program was then presented in four places, Ruth Murdoch elementary school and the
Village church, both SDA institutions, The People's Protestant Church and Squires elementary school, both non-SDA institutions. Fifty six people responded to the questionnaire.

Sample

Though the Positive Kids program is designed for children ages three to twelve, it was deemed plausible that the respondents to the questionnaire should be those ages fourteen and above.

Questionnaire

A three-part questionnaire which I designed was the instrument used to collect data from the respondents. The first part of the questionnaire elicited responses which had to do with the general feel of the Positive Kids program. The second part asked for specific aspects of the program i.e., the focus on health behaviors is important to drug abuse prevention programs, the promises of Jesus as recorded in the Bible are relevant to the substance abuse problem and should be claimed in making decisions, etc., The third part elicited biographical information of each respondent.

Data Collection

The questionnaire was delivered to the population at least six months after the program was presented. I delivered the questionnaire to the people and collected it immediately after it was answered.
Analysis of Data

To analyze the data the analysis of variance procedure was used with the SPSS/PC+ computer statistical program. The level of significance was set at 0.05.

Findings

1. There were very small differences in the way people responded the questionnaire.

2. In all the fifty six respondents, none gave a completely irrelevant answer. These two factors suggest that they all remembered the program and were in favor of it. This, of course, does not mean that they remembered the program verbatim but rather they remembered the general thrust and the message of the program.

Conclusions

Because 1) of the small number of the respondents 2) the children themselves did not answer the questionnaire, 3) the questionnaire only asked for people's opinion about the program and not specifics of the program, and 4) of the lack of an experiment and a control group, it is felt that though the literature review indicates that musical dramas enhance information retention because it uses both hemispheres of the brain, the method used does not prove the hypothesis surmised.

However, there are positive conclusions I have drawn from this study.
A. Positive Kids group.

1. The parents of the Positive Kids members have told me that the children have not only known the drama almost word for word but have developed a positive attitude towards life. Some of the parents have indicated that since their children joined the Positive Kids group, they have developed a sense of self-worth and a positive self-esteem.

2. Both of my children go to a public school in Stevensville. Recently during a class discussion, my eleven-year-old son told his classmates and his teacher that certain things we do affect our brain and weaken our power of choice. If one's power of choice is affected then he/she cannot say no to drugs. The teacher asked him where he got this information from. He told her that he was a member of a group known as the Positive Kids which goes around teaching other kids not use drugs. This class discussion resulted in the teacher calling me and asked about the Positive Kids program. She requested if I could let her listen to the Positive Kids tape. After two days, she further requested if I could allow her to use the musical drama for the grade five students as their class project which they could later perform to the whole Hollywood School. Appendix D of this study has a letter from Mrs Sputters, my son's teacher, requesting to have the program done as a class project for her students.
Drawing an inference from this discussion my son had with is classmates and his teacher, indicates how he has been influenced by the Positive Kids program.

B. People who saw the program.

1. When I went to administer the questionnaire, in some places it was almost a year since we did the program, both the adults and the children remembered most of the aspects of the program. The kids recognized me immediately. They sang some of the Positive Kids songs to me, though not verbatim. One teacher who has a nursery school and was at the People's Protestant Church the time we performed the program, expressed to me that her children still sing the songs and reenact some scenes in the Positive Kids play.

2. When I was administering the questionnaire whether in the home, at a church, or at a school, the respect accorded to me suggested the impact the program had on the people.

3. The fact that I found some children putting on the Positive Kids T-shirts which they obtained from us during our performance suggests the interest the program generated among the children and the parents who had purchased the T-shirts for their children.

C. Questionnaire results.

1. Though the questionnaire only asked people's opinions about the program and not specifics about the
program, the small differences as indicated by SPSS/PC+ computer statistical program shows that people still remembered the Positive Kids program. In all the fifty six respondents, none gave a completely irrelevant answer. Although this does not mean that the people remembered the program verbatim, it does suggest that they remembered the general thrust and the message of the program.

Drawing an inference from these observations, there is definite indication that the Positive Kids program has left in the minds of those who have come in contact with it a legacy of hope to carry into that great challenge of resisting the temptation to do drugs.

Recommendations

1. A larger sample is needed to enable the researcher to select respondents through the process of randomization.

2. To accurately measure the effectiveness of musical dramas on children, a special questionnaire should be formulated which could enable the children themselves to respond and not just participative observers. A simplified questionnaire would also give a more accurate perception of what takes place inside children when they are exposed to musical dramas.

It was not possible to simplify the questionnaire within this study because it would involve too technical an area of expertise, which was beyond the scope of the study.
3. This kind of performance should be done more than once for the children. This would enable them to develop an understanding and an appreciation of musical dramas.

5. An experimental and a control group would be required to accurately observe the actual effect of the whole-brain experience attempted.
"POSITIVE KIDS: SAY NO TO DRUGS AND SAY YES TO LIFE."

(SCHOOL BELL RINGS MARKING THE END OF THE SCHOOL DAY.)

MOSES: (LEADER OF THE POSITIVE KIDS.)

That's the school bell. I wonder if all the Positive Kids will make it on such short notice. (Kid's noises in the background.)

Here they come. Come on in, Positive Kids, and let's have some fun.

SALLY: Moses, what's up?

DOOMIE: Hey, who are those people seated on the platform of the gym?

MOSES: They're the reason why I called you. They're are doctors.

KIDS: Doctors?

MOSES: Yep. They heard that we have chosen a drug-free life style and they have come to give us tips to help us maintain our life style.

DING: Hey, Moses, can we sing our Positive Kids song?

MOSES: That's a good idea, Ding. Doomie, be our guest on the piano. Let's make a single line and sing as we go up onto the stage.

DOOMIE: My pleasure.

(AS THE INTRODUCTION TO THE SONG IS PLAYED, JOSHUA COMES IN RUNNING.)
JOSHUA: I'm... I'm sorry I'm late. (Panting)

MOSES: Late again, Joshua. Quickly, join the line and let's go.

(Song number 1: WE ARE P-O-S-I-T-I-V-E.)

MOSES: Wow! That sounds great. Now I'll introduce the doctors.

JOSHUA: What's this about doctors?

TERRA: Come on, Joshua, you are holding us up again. Why are you always late?

MOSES: These people who are with us on the platform are doctors. I'll introduce them to you in the order in which they are sitting. Starting from my left we have Dr. Sunlight.

JOSHUA: She is too bright.

Dr. SUNLIGHT: I'll move a little further back. Is this all right?

TERRA: Joshua, please listen.

MOSES: Thank's Terra. Seated next to her is Dr. RAT.

KIDS: (Giggle.)

MOSES: Dr. R.A.T. is a specialist in three areas: Rest, Air, and Temperance. For short we call him Dr. RAT. Then Dr. Water, Dr. Exercise, and last but not least, come Dr. Nutrition.

JOSHUA: These are weird names.

MOSES: Shhhh.

DING: May we hear what Dr. Sunlight has to tell us?
MOSES: You have heard their request, Dr. Sunlight.

Dr. SUNLIGHT: My job is to help you make vitamin D, which works with other vitamins to make your body work right. I'm especially good at helping you get into a good mood. As little as 15 minutes of me a day can make a big difference.

SALLY: What does Vitamin D do?

MOSES: (WITH A LITTLE LAUGH.) Sally, she said 'vitamin' and not 'vitamim'. Vitamin D helps your body work right, and when your body is working right, you find it easier to resist the temptation of using drugs.

TERRA: Let's tell all the kids in the world how important sunlight is.

(Song number 2: LET THE WHOLE WORLD KNOW.)

MOSES: Thank you, Dr. Sunlight. Let's see what Dr. RAT has for us. By the way, what does RAT stand for?

KIDS: Rest, Air, and Temperance.

DOOMIE: What is Temperance?

Dr. RAT: I'll tell you.

JOSHUA: (WHISPERING TO SALLY)

He has a very heavy accident. I don't think I like him.

SALLY: Please Joshua listen. And, the word isn't accident; it's accent.
Dr. RAT: You know, kids, I didn't always sound like a stranger, a foreigner; but nowadays most people don't know me anymore. They work so hard that they don't take time for me. But rest is very important for you. You need to sleep at least 9 hours a day. Adults need to sleep 6 to 8 hours a day.

JOSHUA: (WHISPERING TO TERRA.)
I like watching late TV shows.

Dr. RAT: You also need fresh air. I know most of the air we breathe is polluted but it's made worse when we sleep with our heads under a blanket....(kids giggle) ... and close all our windows. Let air circulate in your rooms and your brains will come alive. Temperance is making good choices. When you say no to drugs you are being temperate.

DING: Dr. RAT is very important.

MOSES: That reminds me of the song that points out the importance of rest.

(Song number 3: GIFT OF REST.)

MOSES: Dr. Water, are you ready?

(MAKE SOME SOUND OF WATER.)

Dr. WATER: I'm happy to be here today. I'm proud of you Positive Kids. I know you see me so much that it's easy to overlook how important I am. I make
up 75% of your body and I remove impurities from your body system. I help your body function at its best. And if your body functions at its best, it's easier for you to say NO to drugs. Therefore, I advise you to drink 6 to 8 glasses of water every day.

JOSHUA: 6 to 8 glasses of water! Is that for real?

MOSES: Kids, water will do miracles for your bodies.

(Song number 4: DRINK A LOT OF WATER EVERYDAY.)

MOSES: Have you noticed that the messages of these doctors are all related?

KIDS: Yeah.

MOSES: Their aim is to help us with our drug-free life style.

SALLY: They must be good doctors.

MOSES: They are! It's important that we follow what they are telling us. We have to watch ourselves in all that we do.

(Song number 5: WATCH YOURSELF.)

JOSHUA: I wish we were done.

MOSES: We'll be going shortly. It's your turn, Dr. Exercise.

Dr. EXERCISE: I'm your answer to many things.

KIDS: Really?
Dr. EXERCISE: Yes. You see, I can increase your energy; I can
give you a healthier body and more confidence. I
can even remove sadness.

DING: You can do all of that?

Dr. EXERCISE: Yes. If you have self confidence, you will find
it a lot easier to say no to drugs with your
friends. Exercise every day. It could be a
little bit of walking, or a little bit of jogging,
or even doing some manual work. This is very
important. Now, kids, and Moses, if you don't
mind, let's count together up to 10. Ready.

ALL: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.

(Song number 6: YOU HAVE TO EXERCISE.)

KIDS: Oh, that feels great.

TERRA: All my tired feelings are gone.

DOOMIE: Is Dr. Nutrition going to talk next?

MOSES: You're right. Dr. Nutrition, the floor is yours.

Dr. NUTRITION: Positive Kids, you cannot live without me.

However, I would like you to avoid excessive
amounts of refined foods, because they bring you
disease. But enjoy lots of vegetables, fruits,
and whole grain bread.

JOSHUA: (WHISPERING TO TERRA.) ...But I like eating a lot
of Ice Cream.
Dr. NUTRITION: Your taste is not a good guide in your choice of food. Choose the best foods and always maintain a balanced diet.

(Song number 7: MAKE WISE CHOICES.)

MOSES: Thank you, doctors. The Positive Kids appreciate your coming.

KIDS: Yeah.

MOSES: Now, doctors, if you were to give us one final message, what would you tell us?

DOCTORS: Use us every day, and with our help you will be able to say NO to drugs.

(Song number 8: SAY NO TO DRUGS.)

DOCTORS: See you next time.

KIDS: Thank you. (Clapping of hands.)

MOSES: Excuse me, kids, while I escort our doctors outside.

(Number 9: Drugs musical.)

(Song number 10: JESUS A FRIEND WHO UNDERSTANDS.)

MOSES: You know kids, Jesus is both our friend and master. We should pledge to serve him all the time.

(Song number 11: WE PLEDGE TO SERVE OUR MASTER.)
Song number 1

P.O.S.I.T.I.V.E. Kids

March

Saustin Mfune

We are Positive, Positive Kids.

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P.O.S.I.T.I.V.E. Kids

190

are a helping band (What?)

We are Positive, Positive Kids. We

bring a joyful sound.
P.O.S.I.T.I.V.E. Kids

Sing-ing as we go, helping those who
are drug bound. We are P-o-
s-i-t-i-v-e, Pos-i-tive Kids. We are a
P.O.S.I.T.I.V.E. Kids

192

helping band

Sing-ing as we go

sing-ing as we go

helping those

who are drug bound

Sing-ing as we go

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P.O.S.I.T.I.V.E. Kids

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sing-ing as we go, helping those

who are drug bound. Sing-ing as we go

sing-ing as we go, helping those
P.O.S.I.T.I.V.E. Kids

194

Who are drug bound

We are P-o-

S-i-t-i-v-e, P-o-s-i-t-i-v-e Kids. We are a

helping band

We are P-o-

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P.O.S.I.T.I.V.E. Kids

s-i-t-i-v-e, P-o-s-i-t-i-v-e Kids. We are a

Helping band __ __ __ __ __ __ __ __.

We are P-o-

s-i-t-i-v-e, P-o-s-i-t-i-v-e Kids. We bring a

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P.O.S.I.T.I.V.E. Kids

joyful sound ——— Singing as we go

helping those ——— who are drug bound

We are P ——— s ——— i ——— t ——— i ———

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P.O.S.I.T.I.V.E. Kids

v-e, Positive Kids. We are a helping band

Singing as we go:
singing as we go, helping those who

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P.O.S.I.T.I.V.E. Kids

are drug bound — Sing-ing as we go —

singing as we go — helping those — who

are drug bound — Sing-ing as we go —
P.O.S.I.T.I.V.E. Kids

singing as we go, helping those who are drug bound. We are POSITIVE, Positive Kids. We are helping
P.O.S.I.T.I.V.E. Kids

200

band

Singing as we go

sing-ing as we go

help-ing those

who

are drug bound

Singing as we go

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P.O.S.I.T.I.V.E. Kids

singing as we go ___ helping those ___ who

are drug bound ___ Singing as we go ___
singing as we go ___ helping those ___ who
are drug bound. We are Positive Kids. We are a helping band.
Song number 2

Let The Whole World Know

High above glides the sun, sending rays for all to bask free. You don’t need to pay a dime, use sun-

light anytime. It will lift your

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Let The Whole World Know

204

life when you're feeling blue, Your

strength sunlight will renew. Sunrise brings

a new day, let your life start a brand new page.
Let The Whole World Know

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Let The Whole World Know

...that life depends on sunlight...

All your foggy foggy feelings,

they will go away in sunlight...
Let The Whole World Know

Let the whole world know that
life depends on sunlight
Life depends on sunlight

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Song number 3

Gift Of Rest

Saustin Mfune

Rest, oh what a precious gift, to keep us young and strong. In everything you want to do, leave some time when you can

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Gift Of Rest

rest. The pressures, and tensions that cause stress can
quickly be removed by rest. So as you work and
as you play, remember you've to rest. There's
always work that must be done, and don't forget the

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Gift Of Rest

fun! But if you want life — at it's best, you must

take some time to — rest. The pres- sures, and ten- sions

that cause stress can quick- ly be re- moved by rest. So

as you work and as you play, re- mem- ber you've to rest.

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Song number 4

Drink A Lot Of Water Every Day

Saustin Mfune

Drink a lot of water every day.

Make it a habit, eight glasses every day;

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211
Drink A Lot Of Water Every Day

Drink a lot of water every day.

Oh, your body system won’t be taken by surprise.

And your kidneys will be purified.

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Drink A Lot Of Water Every Day

Coda

day _______. Drink a lot of water every day!

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Song number 5

Watch Yourself

Saustin Mfune & Elton Mambala

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214
Watch Yourself

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doing boy.  Watch yourself, what you're
mote your health.  Every high robs your

doing girl.  How many times will you
precious life.  The use of drugs will

use drugs — to keep you high?
bring — untimely death.
Watch Yourself

216

Watch yourself, if you’re using crack.
Who can help? That could be your cry.

Smoking pot will not bring you luck.
There’s a way which can help you, guy:

How many times will you keep on wrecking your
Choose now and say no to drugs (just) say NO to

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Watch Yourself
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CHORUS

life?

There's a proper way, my brother:
drugs.

there's a healthy way for you to live

your

life —

There's a drug free way, my sister:

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Watch Yourself

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it's the only way for you to live your life. Remember what you do today.

Time will give results, that's when the world will

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Watch Yourself

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know. If you have spent your life the proper way.

member what you do today
Watch Yourself

Time will give results, that's when the world will know.

If you have spent your life the proper way.

If you have spent your
Watch Yourself

221

life the pro- per way.
Song number 6

You Have To Exercise

Saustin Mfune

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222
You Have To Exercise

Exercising every day

That's what your body needs

You've got to

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You Have To Exercise

do some exercising every day.

Exercise, every day; Exercise,

every day; Exercise, every day;
You Have To Exercise

Exercise, every day. Exercising

every day. That's what your body needs. You've got to

do some exercising every day.
You Have To Exercise

You've got to do some jogging: Do some walking: Do some helping: Do some running: Do
You Have To Exercise

_ some jumping; Do _ some playing; EX-ER-CISE EV-ERY DAY!

Exercising every day.

That's what your body needs __ __ You've got to
You Have To Exercise

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do some exercising every day.

1. y x

2. y x

Do EXERCISE!
Song number 7

Make Wise Choices

Saustin Mfunе

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Make Wise Choices

(Spoken:) (What did) Make your choices every day, and (you say?)

laugh away junk food, ha ha ha, ha ha ha. A balanced diet, prepared just right. Can make you healthy and strong.
Make Wise Choices

Re - fined foods aren't the best for you. Eat _ them in _ small a - mounts. But fruits and _ grains, le - gumes and _ nuts are _

great! Choose what is best. Make your choice. (Spoken:) (What did) Make your (you say?)

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Make Wise Choices

choic-es ev-en day, and laugh a-way junk food, ha ha

ha, ha ha ha. A bal-anced diet, pre-pared just right. Can

Repeat and fade.

make you heal-thy and strong. Make your
Song number 8

Say No To Drugs

Pop Beat

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Say No To Drugs

say no to drugs every day. Be a smart guy: never go high.

Be a smart girl: choose to stay low. Say no to drugs every day, every

day of the week. day of the week. On

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Say No To Drugs

Sunday I'll say no to drugs; On ___ Monday I'll say no to drugs; On ___

Tuesday I'll say no to drugs; On ___ Wednesday I'll say no to drugs; On ___

Thursday, (NO!) On ___ Friday, (NO!) On ___

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Say No To Drugs

Say no to drugs every day, every day of the week.

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Say No To Drugs

Say no to drugs in the morn-ing, say no to drugs at noon of day.

Say no to drugs in the ev-en-ing, say no to drugs ev-ery day.

Be a smart guy: ne-ver go high. Be a smart girl: choose to stay low.

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Say No To Drugs

Say no to drugs every day, every day of the week.

Sunday I'll say no to drugs; On Monday I'll say no to drugs; On

Tuesday I'll say no to drugs; On Wednesday I'll say no to drugs; On

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Say No To Drugs

Thursday, (NO!) On  Friday, (NO!) On  

Saturday, (NO!) Every day  (NO!)  

Say no to drugs every day, every day of the week.

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Song number 9

Dr. Drugs

Sally: Who can that be knocking at the back door?

Doomie: No one knows, Sally. Terra, go and open the door.

Terra: Who are You?

Dr. Drugs: You don't know me, but I'm Dr. Drugs.

Joshua: Let the guy in, Terra.

Dr. Drugs: Thank you. I have come to give you real life. Ha, ha, ha, ha.

I offer Pot, Heroine.

Crack, Cocaine, and all the goodies.

I'm the single most successful doctor in the whole world.

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Dr. Drugs

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a tempo

JOSHUA: I'm joining you.
KIDS: Joshua, don't follow him.

DING: There is something very fishy about him.

JOSHUA: I'm going to have real fun!

mf

DOOMIE: Let's push this doctor out of here.
KIDS: Good idea. Get out of here, get out of here!

TERRA: Is this doctor human?

cresc.

Is he Real?
SALLY: All I can feel are bones.

Lot's of them.
DR. DRUGS: Leave me alone.

JOSHUA: Don't pull his shirt, you will tear it.

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Dr. Drugs

(Noise of something torn)

DOOMIE: Look!!

TERRA: I'm scared.

DING: He's only bones. He's a skeleton.

JOSHUA: What's this?

DR. DRUGS: Joshua, come on let's go.

.... Joshua let's go!

JOSHUA: Nooo! I'm not going with you.

You are death.

MOSES: What's going on in here,

and what is that?

SALLY: He is Dr. Drugs.

DING: He tried to deceive us.

MOSES: Get out of here Dr. Drugs.

DR. DRUGS: You are fortunate to discover this.

Many don't realize I cause death until it's too late. I'm going to go.
Dr. Drugs

243

I'm going........

going...........

going....

a tempo

JOSHUA: (SIGH OF RELIEF)
Thank you for helping me.

I'll never listen to
Dr. Drugs again.

* DING: I prayed for
you Joshua.

JOSHUA: Thanks Ding,

and all of you.

TERRA: Joshua, you can
always depend on Jesus.

MOSES: Yes, Jesus
is a friend who
understands.

* Indicates religious
section that secular groups
may wish to omit.

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Song number 10

Jesus, A Friend Who Understands

Saustin Mfune & Janton Mambala

Harmony 2nd time only.

Jesus, a friend who understands:

Jesus a friend who always cares. When I'm distressed, He
Jesus, A Friend Who Understands

com-forts me. He cares for me. He cares for me,

me. He cares for me.

When I'm dis-tressed, He com-forts me. He cares for

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Jesus, A Friend Who Understands

(SPOKEN) You know me.
Positive Kids, today. We have
Today has been new things and
have managed learned many to defeat Dr.

Drugs. But the most thing we've learned is that who understands.
important we have a friend is Jesus!

understands; Jesus, a friend who always cares.

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Jesus, A Friend Who Understands

When I'm distressed, He comforts me. He cares for me.

When I'm distressed, He comforts me. He cares for me.
Jesus, A Friend Who Understands

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Jesus, a friend who understands;

Jesus, a friend who always cares. When I'm distressed, He

comforts me. He cares for me. He cares for

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Jesus, A Friend Who Understands

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me, He cares for me. When I'm distressed, He

com-forts me. He cares for me. (He)

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Song number 11

We Pledge To Serve Our Master

Saustin Mfune

We pledge to serve our Master, who

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We Pledge To Serve Our Master

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died on Cal-va-ry. We pledge to tell the world

He lives to set us free. We pledge to lift His

banner, we'll never let it fall. We pledge to
We Pledge To Serve Our Master

serve our Master, in answer to his call.

What a friend we have in Jesus. All our

sins and griefs to bear—He
We Pledge To Serve Our Master

will help us form good habits, so the

best in life we'll share. He will

help us to remember

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We Pledge To Serve Our Master

that our bodies need good care

Using water, fruit, and sunlight, exercise, and
We Pledge To Serve Our Master

rest, and air. We pledge to serve our Master, who died on Calvary. We pledge to tell the world. He
We Pledge To Serve Our Master

lives to set us free. We pledge to lift His

banner — we'll never let it fall. We

pledge to serve our Master, in answer to his call.
We Pledge To Serve Our Master

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APPENDIX B

QUESTIONNAIRE
THE POSITIVE KIDS MODEL QUESTIONNAIRE

I. GENERAL ASSESSMENT

Please indicate the extent to which you agree or disagree with the following. Circle only one number for each question to represent your opinion. Please do not circle option 3 unless you have to.

Key:
5 strongly agree 2 somewhat disagree
4 somewhat agree 1 strongly disagree
3 uncertain

1. The Positive Kids program is
   a. practical. 5 4 3 2 1
   b. upbeat. 5 4 3 2 1
   c. entertaining. 5 4 3 2 1
   d. educational. 5 4 3 2 1
   e. inspirational. 5 4 3 2 1
   f. true to its name. 5 4 3 2 1
   g. persuasive. 5 4 3 2 1
   h. simple. 5 4 3 2 1
   i. effective. 5 4 3 2 1
   j. easily understood by all age groups, especially children. 5 4 3 2 1

2. We have enough drug prevention programs and we don't need another one. 5 4 3 2 1

3. The presentation provides positive reasons for following a healthy life style. 5 4 3 2 1
4. When it comes to drug-prevention among children, children teaching children is likely to have less success than if done by a celebrity.  5 4 3 2 1

5. The style of presentation will help a person, especially a child to retain the information for a longer time.  5 4 3 2 1

6. The social dynamics of the positive kids program are helpful for developing a positive peer pressure among children.  5 4 3 2 1

7. Embedding desired behaviors in lyrics set to music has more of an impact on children than if imparted through reading character building stories to them.  5 4 3 2 1

8. Musical dramas (or dramas only) where children are actively involved could be a viable method for teaching character development in children.  5 4 3 2 1

II. SPECIFIC GOALS.

Please indicate the level at which you rate the following aspects of the Positive Kids program. Circle only one number for each statement to express your opinion.

Key:  
4 a great deal  
3 some what  
2 a little  
1 not at all

1. The focus on health behaviors is important to drug abuse prevention programs.  4 3 2 1

2. The promises of Jesus as recorded in the Bible are relevant to the substance abuse problem and should be claimed in making decisions.  4 3 2 1
3. The positive kids model approach to teaching is helpful in developing an understanding of the importance of a holistic approach to drug-abuse prevention.  

4. The impact that the Positive Kids Program had on you.

III. GENERAL INFORMATION

1. Your age ______ years

2. Your sex
   1. female
   2. male

3. Your marital status
   1. single
   2. married
   3. divorced
   4. separated
   5. widowed

4. Your ethnic background
   1. Asian
   2. Black
   3. Hispanic
   4. Oriental
   5. White
   6. Other ____________________

5. Your religious preference
   1. No church membership
   2. Protestant (please specify denomination)
      ______________________
   3. Catholic
   4. Other religion____________________

6. Your highest level of formal education that you have completed ______________________

7. Your occupation ______________________
APPENDIX C

DARE PROGRAM MATERIALS

2. Dare workbook. Pages 270-303.
3. Booklet prepared by Officer Paul Yanke of Lincoln Township Police Department. Pages 304-337.
DARE EVALUATION REPORT FOR 1985-1989

January 1990

Submitted to:
THE LOS ANGELES POLICE COMMISSION

Submitted by:
EVALUATION AND TRAINING INSTITUTE
Los Angeles, California
Executive Summary

Project DARE was jointly developed in 1983 by the Los Angeles Police Department (LAPD) and the Los Angeles Unified School District (LAUSD) in an attempt to combat the growing problem of drug and alcohol abuse among school-aged children. While building on previous drug prevention programs, DARE was unique in that:

- The curriculum was presented by uniformed police officers in school classrooms on a regular basis; and

- The program focused on teaching students decision-making skills, showing them how to resist peer pressure to experiment with drugs and alcohol, and providing positive alternatives to drug use.

In the seven years since its inception, the DARE program has expanded to more than 100,000 classrooms in 2,200 communities in 49 states, Australia, New Zealand, American Samoa, Canada and in the Department of Defense Schools worldwide. DARE is now a kindergarten through high school curriculum in Los Angeles.

DARE goes beyond traditional drug abuse and prevention programs. Many drug programs stress the negative effects of drugs and alcohol. While warning students not to use these substances, these programs do not attempt to teach students how to resist the pressures to take drugs and alcohol. DARE emphasizes learning skills to recognize and resist both the subtle and overt pressures causing students to experiment with drugs and alcohol.

In order to provide a broader and more rigorous base of evaluation information concerning the longterm student outcomes from DARE, the Board of Police Commissioners of the City of Los Angeles contracted with the Evaluation and Training Institute in 1985 to conduct a longitudinal study of a sample of sixth-grade DARE participants (experimental group) and a sample of sixth graders not receiving DARE (control group).

METHODOLOGY
The purpose of the study was to determine the longterm impact of the DARE program on students' attitudes and use of drugs and alcohol over time. To this end, ETI has conducted an annual survey of DARE (experimental) and non-DARE (control) students, surveys of teachers and
administrators, and analyses of school records. The purpose of the study is to determine whether significant differences in attitudes and drug use exist between DARE and non-DARE students.

The methodology for the DARE evaluation evolved along with the DARE program. As adjustments and additions were made to the original pilot program, the evaluation attempted to incorporate these—when possible—into the research design. However, the basic research design with its primary focus on tracking and surveying selected students has remained consistent throughout the four years of the study.

The principal activity of the longitudinal study has been the annual student survey. The annual student survey includes four categories of survey questions: student demographic data; students' attitudes towards drugs and alcohol; their level of exposure to drug use by friends, adults, and schoolmates; and their personal use of twelve substances, ranging from beer to "hard" drugs such as heroin and cocaine. Students were also asked their opinions regarding police officers and the effectiveness of the DARE program. Since the analysis of students' personal use of substances relied exclusively on self-reported data, ETI conducted an analysis of school records to identify possible intermediate effects of the DARE program on student behaviors in and outside of school. These activities were supplemented with interviews and surveys of teachers, administrators, and counselors regarding their perceptions of the DARE.

The Longitudinal Sample
The longitudinal study was designed to track a carefully matched experimental and control sample from sixth grade through junior high school, surveying the same students each year regarding their attitudes and use of drugs and alcohol. While preserving this basic design, ETI adopted a random replacement procedure, a widely acceptable practice in longitudinal research, to expand the sample due high student attrition. In addition, the expansion of DARE throughout LAUSD resulted in a dwindling control group sample.

Because of the problems associated with comparisons of small sample sizes, ETI determined that the most conservative and valid position is to limit 1988-89 data findings to student's attitudes regarding law enforcement, drug usage and the DARE program. Student drug usage will be reported for 1987-88, the latest year for which appropriate sample sizes exist for comparisons between DARE and non-DARE students. Thus, this report outlines only those findings that present a statistically valid picture of DARE.

For a detailed discussion for the methodology utilized throughout the study, refer to ETI's annual reports for 1985-86, 1986-87, and 1988-89.
FINDINGS

Student Attitudes toward Drug Usage
Overall, DARE students had a generally more negative attitude toward drug use compared to control students. While most DARE and control students did not consider moderate drug use acceptable, more DARE students than control students indicated that they would have objections to their own children one day getting "high once in a while." Girls who participated in the DARE program generally have more negative attitudes towards drug use than boys. More 9th grade DARE students commented on the wider availability of drugs than 8th Grade DARE students.

Student Attitudes toward Law Enforcement
Overall, the attitude of DARE students toward the police is positive. The majority of DARE students believe that the police care a lot about kids and that they do a good job protecting the public. A significantly smaller number of DARE students believe that the police just want to arrest people or question people for no reason, compared to students who did not participate in the DARE program. Non-DARE students are more likely to have stronger negative attitudes about law enforcement officers than DARE students.

Student Attitudes toward the DARE Program
Student opinion on the effectiveness of the DARE program is overwhelmingly positive. DARE students agreed that the program has taught them to say "No" to drugs, and students report being more knowledgeable about drugs and alcohol. Nearly two-thirds of the DARE students agreed that they use less drugs or have decided to use less drugs because of the DARE program. More girls than boys found the program beneficial, and 9th grade DARE students had more positive opinions of the DARE program than did 8th grade DARE students. Significantly more 8th graders than 9th graders said that they use less drugs or decided not to use drugs because of the DARE program.

School Records Data
Students who had received the DARE Program had fewer reported discipline and defiance problems than students who had not had the DARE Program. The sum of the total defiance incidents and total discipline incidents showed that overall, DARE students have better behavior in school. There were few significant differences between DARE and control students in teachers' ratings of work habits, cooperation and students' attendance records.
Student Drug Usage

- In all cases of alcohol and drugs that showed a significant difference, DARE participants showed a lower rate of use than non-DARE students.

- Where differences were not statistically significant, numeric differences showed a repeatedly higher percentage of DARE students reporting no use of any substances and a consistently lower percentage of DARE students reporting use at all frequency levels.

Three important findings emerged from the longitudinal analysis:

- First, as would be expected, the survey found that more students from both experimental and control groups reported having used drugs and alcohol during 1987-88 than in the previous two years.

- Second, DARE participants' actual use of tobacco at all frequency levels is still considerably lower than that of control students.

- Finally, the survey found a significant difference between DARE and non-DARE students in their tendency to use cocaine. DARE students showed a significantly decreasing rate in their cocaine use, while non-DARE students tended to slightly increase use. In addition, DARE students showed a tendency (not statistically significant) to a lower rate of experimentation on LSD, amphetamines (uppers), depressants (downers), heroin, inhalants, PCP, and drugs not ordered for them by a doctor.

Response of Principals, Teachers, and Counselors

School staff are generally very positive about the DARE program. In general, the survey of school administrators, teachers and counselors found that:

- Most staff members agreed that DARE had increased student awareness about drug and alcohol use, increased students' willingness to talk openly about problems related to drugs, and prepared students to resist peer pressure more effectively.
- Respondents felt that presenting a police officer in a non-threatening atmosphere, in which he or she could be viewed as a "real person", encouraged the students to consider police officers as positive role models instead of adversaries.

- Most faculty members also agreed that DARE officers were effective teachers and provided a beneficial method of educating students about drugs and drug resistance.

Conclusions and Recommendations

A drug abuse prevention program's effectiveness must be assessed in terms of longterm impact. Thus, a distinction must be made between one-time findings and continued study of the same subjects. This study indicates that the rate of use of drugs and alcohol among DARE program students is less than non-DARE students over the longterm.

DARE students report that the program has taught them how to say "No" to drugs and provided them with useful information about drug usage. In addition, nearly two-thirds of the DARE students reported that they use less drugs or have decided to use less drugs because of the DARE program. Students also report a strong, positive regard for both the DARE Program and law enforcement officers. Thus, the evaluation indicated that DARE is impacting both student behavior and attitudes regarding drugs and alcohol, formal drug resistance efforts, and law enforcement.

This study suggests that the following recommendations be reviewed by the police commission:

- Continue to expand the program as currently piloted in high school to ensure that students receive instruction at this critical juncture.

- Continue linking DARE educational efforts with individual law enforcement officers to enhance the image and effectiveness of police with students and their families.
- Continue to strengthen ties to school faculty in the Los Angeles Unified School District by providing faculty inservice and instructional/background materials on DARE in an overt effort to increase their support of the program.

- Continue formally assessing the impact of the DARE Program through comprehensive annual and longitudinal evaluations since the program is no longer a pilot with emerging components.

- Establish a planning grant with the intent of developing a new, systematic and comprehensive research design, incorporating the strengths and limitations of LAUSD student attrition, non-computerized student tracking, mixed faculty support, tighter controls on data collection, etc.

- Utilize significantly larger samples of control and experimental students as part of the comprehensive design recommended above.

- Identify other comparable school sites in large, urban populations to use for a "control group" for comparisons with DARE students.

- Build into this new research design consideration for the presence of factors that impact the control group as well, e.g. the growing national awareness of drug abuse resistance efforts; the existence of other drug resistance programs in schools, etc.

- Identify new and emerging national data bases and data instruments (e.g. National Institute on Drug Abuse's national surveys) to utilize in a comparison of DARE and nation-wide student drug usage analyses. Incorporate aspects of these research designs and instruments into future designs, when appropriate.

- Evaluate the impact of the junior and senior high school "refresher" components. (These components were not a part of the original pilot program and thus were not incorporated into the initial design.)
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DRUG

DRUG ABUSE

CONSEQUENCES

PRESSURE

PEER PRESSURE

SELF-ESTEEM

ASSERTIVE
Part I. What Do the Signs Mean?

Directions: Match each sign with the word or words that explain it. Place the number of the correct answers in the spaces provided.

1. [No Smoking]
2. [No Pets]
3. [No Bicycles Allowed]
4. [Pedestrian]
5. [Crosswalk AHEAD]

____ WALK
____ DON'T WALK
____ CROSSWALK AHEAD
____ NO BICYCLES ALLOWED
____ NO SMOKING

Part II. Who Do You Tell?

Directions: Complete the statements that follow:

1. You are playing kickball at school. A boy trips over you on his way to first base. Your knee hurts and is bleeding. Who should you tell?

2. You are playing at school. A person you don't know calls your name. The person tells you that your parent asked him or her to take you home. Who should you tell?

3. You are at home alone. Someone is breaking into the house next door. Who should you tell?

4. A boy brings a gun to school. He says it belongs to his father. Who should you tell?

5. On the way to school your best friend is forced into a car. Who should you tell?

6. A person in a car has asked you to find his dog. Who should you tell?

7. A group of older students threatens to beat you up after school. Who should you tell?

8. An older person you know wants to take you places if you promise "not to tell anyone." Who should you tell?
Part III. Words to Know

laws--rules of conduct that are made by people elected to the government. Laws help people respect the rights of others. Laws are made to protect people and to keep them safe.

pedestrian--a person who is walking. A pedestrian must always obey traffic signals when crossing a street.

Complete the sentences telling your reasons for obeying laws and safety rules.

1. One reason why I obey safety rules is ____________________________________________

2. One reason why I obey laws is _________________________________________________

3. I obey safety rules and laws because ____________________________________________

At street corners where a traffic light controls traffic, you may cross only in marked crosswalks. You must always obey traffic signals. Where signals show the words "walk," "wait," or "don't walk," you must obey the special signals. It's the law.
MY RIGHTS

I have a right to be happy and to be treated with care and understanding.

This means that I am able to:

Express my ideas and that no one should laugh at me or hurt my feelings.

I have a right to be respected as a person.

This means that I should:

Be treated fairly even though my skin color may be different, or whether I am fat or thin, tall or short, or a girl or boy.

I have a right to be safe.

This means that no person should:

Hit, kick, push, or pinch me, or try to touch me in ways that would make me feel uncomfortable.

I have a right to say no.

This means that I am able to:

Say no to another young person or to an adult when asked to do something that is wrong or dangerous, or does not seem right to me.

I have a right to be able to hear what is being said and to be heard.

This means that I should:

Be able to talk when it is my turn. Listen when another person is talking. Keep from shouting or making noise when people are talking or trying to listen.

I have a right to learn about myself.

This means that I should:

Be proud of the things I do well. Try to learn well the things I must do. Keep from putting myself down or criticizing other people.
CONSEQUENCES OF USING AND OF CHOOSING NOT TO USE DRUGS

Part I: Alcohol
What are consequences of using alcohol?
1. __________________________________________
2. __________________________________________
3. __________________________________________

What are consequences of choosing not to use alcohol?
1. __________________________________________
2. __________________________________________
3. __________________________________________

Part II: Marijuana
What are consequences of using marijuana?
1. __________________________________________
2. __________________________________________
3. __________________________________________

What are consequences of choosing not to use marijuana?
1. __________________________________________
2. __________________________________________
3. __________________________________________

Part III: Consequences thought of by other members and not by you
(Use the reverse side, if needed.)

Alcohol
1. __________________________________________
2. __________________________________________

Marijuana
1. __________________________________________
2. __________________________________________
SAYING "NO" TO FRIENDLY PRESSURE

Directions: Read the cartoon and think of a way to say no to the offer. Write your idea in the empty bubble.

COME ON AND LET'S DRINK SOME BEER!
SAYING "NO" TO TEASING PRESSURE

Directions: Read the cartoon and think of a way to say no to the offer. Write your idea in the empty bubble.

DON'T BE A CHICKEN. IT'S ONLY A JOINT!
WAYS TO SAY NO

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a. Saying "No thanks"

"Would you like a drink?"
"No thanks."

b. Giving a reason or excuse

"Would you like a beer?"
"No thanks. I don't like the taste."

c. Broken record or saying no as many times as necessary

"Would you like a hit?"
"No thanks."
"Come on!"
"No thanks."
"Just try it!"
"No thanks."

d. Walking away

"Do you want to try some marijuana?"
Say no and walk away while saying it.

e. Changing the subject

"Let's smoke some marijuana."
"I hear there's a new video game at the arcade."

f. Avoid the situation

If you know of places where people often use drugs, stay away from those places. If you pass those places on the way home, go another way.

g. Cold shoulder

"Hey! Do you want a beer?"
Just ignore the person.

h. Strength in numbers

Hang around with nonusers, especially where drug use is expected.
WHY SOME KIDS USE DRUGS

Part I

Here are some reasons given by young people for using drugs.

Directions: Look over the list carefully and place a check mark next to the three reasons that you think cause most young people to use drugs. In the spaces below, you may add other reasons.

---

Curiosity (to find out what drugs are like)
Need to fit in with a group
To please a special friend
To get back at a parent
Too many pressures at home
Because everybody else does
Need to feel "cool" and older
For fun
Afraid to say "no"
Have nothing interesting to do
Easier to talk to people
To try to forget their problems
Don't feel good about themselves

---

Part II

Directions: In the spaces below, write three reasons why you think most people don't use drugs.

---

---

---

After completing this work sheet, put it in your DARE notebook. Be prepared to discuss with the members of your class.
COMPLIMENTS

giving a compliment

1.

2.

3.

4.

5.

6.

7.

One compliment I could give myself is that I
RESPONSE STYLES

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Actions
- Don't let others know what your rights are.
- Do whatever anyone else wants you to do.
- Let others get away with things you don't like.

Nonverbal Behavior
- Show poor posture.
- Speak softly.
- Look nervous.
- Don't have eye contact.
- Sound unsure.

- Declare your own rights.
- Respect the rights of others.
- Don't let others push you into doing something you don't want to do.
- Follow through with your responsibilities to others.

- Stand up straight.
- Have good eye contact
- Speak clearly.
- Sound confident and calm.

- Disregard the rights of others.
- Make other people feel bad.
- Don't follow through with your responsibilities to others.

- Present a stiff body.
- Speak loudly.
- Sound angry or sarcastic.
- Lean forward.
- Stare.
MY STRESS LEVEL

Directions: Answer the questions below. If your answer is yes, put a check mark in the yes column. If your answer is no, put a check mark in the no column.

In the last month, have you

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Taken a test?</td>
<td></td>
</tr>
<tr>
<td>2. Had an argument or been in a fight?</td>
<td></td>
</tr>
<tr>
<td>3. Been late for something?</td>
<td></td>
</tr>
<tr>
<td>4. Had something exciting happen to you?</td>
<td></td>
</tr>
<tr>
<td>5. Felt lonely or depressed?</td>
<td></td>
</tr>
<tr>
<td>6. Taken a trip or gone to an amusement park?</td>
<td></td>
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<tr>
<td>7. Met someone new?</td>
<td></td>
</tr>
<tr>
<td>8. Done your chores?</td>
<td></td>
</tr>
<tr>
<td>9. Competed in a game or race?</td>
<td></td>
</tr>
<tr>
<td>10. Had too many things to do?</td>
<td></td>
</tr>
<tr>
<td>11. Had trouble with school work?</td>
<td></td>
</tr>
<tr>
<td>12. Failed to complete an assignment?</td>
<td></td>
</tr>
<tr>
<td>13. Helped plan a special party or event?</td>
<td></td>
</tr>
<tr>
<td>14. Had to be the first one to do something?</td>
<td></td>
</tr>
<tr>
<td>15. Been embarrassed?</td>
<td></td>
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</tbody>
</table>

Total

Scale

0-5 low level of stress
6-10 medium level of stress
11-15 high level of stress

1. Add the number of checks in the yes column and compare your score with the scale.
2. Then color in the stress meter to show your stress level.
Directions: Make a list of stressful situations that happen to you during the coming week.

On the line next to each stressor, put an X if you did deep breathing to help you in that situation.

1. ____________________________ 7. ____________________________
2. ____________________________ 8. ____________________________
3. ____________________________ 9. ____________________________
4. ____________________________ 10. ____________________________
5. ____________________________ 11. ____________________________
6. ____________________________ 12. ____________________________
Here are a number of ways that people are pressured by advertisers to use their products.

<table>
<thead>
<tr>
<th>Bandwagon Approach</th>
<th>Snob Appeal</th>
<th>Personal Testimony</th>
</tr>
</thead>
<tbody>
<tr>
<td>Join Us. We All Do!</td>
<td>Only rich and famous people use it.</td>
<td>Try it, you'll like it.</td>
</tr>
<tr>
<td>Everybody drinks it.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex Appeal</th>
<th>Having Fun</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beautiful people.</td>
<td>Enjoy it.</td>
<td>Light beer is better than regular beer.</td>
</tr>
</tbody>
</table>

Think About It

1. How is each technique influencing or pressuring people to use the product?
2. What is not being told about the product?
DRUGS AND THE MEDIA

Directions: Choose one of the following to study:

a. A commercial about alcohol or a drug product on TV
b. A magazine ad about alcohol or a drug product

Answer the following questions about your advertisement.

1. What product is the ad selling?

2. Which technique is used in this ad? (Some ads may use more than one.)
   ______ Bandwagon
   ______ Sex appeal
   ______ Comparison
   ______ Having fun
   ______ Personal testimony
   ______ Snob appeal
   ______ Other (explain) ______________________________

3. What is the ad trying to make you think (with words and pictures)?

4. What information about alcohol or the drug product is not given in the ad?
THE CHOICES YOU MAKE

A number of elements are responsible for the choices we make. The major elements are:

F (Family) - members of the family and other adults
P (Peers) - friends and other young people
M (Media) - advertisements, including radio and TV commercials
V (Values) - values (standards for behaving; respect for one's own feelings and for the rights of other people)

Directions: Below is a list of decisions that people make. Read each item. Then decide which of the elements listed above would be the most important in making that decision. Write the appropriate letter(s) in the box next to each item.

Deciding about:

1. your hairstyle
2. the clothes you choose for yourself
3. the sports you play
4. the music you like
5. the places you like to go
6. what to do when school is out
7. the things you like to buy
8. whether to ask a new classmate to join a game
9. the way you act in public places
10. the way you act at a friend's house
11. the foods you choose to buy
12. whether to turn in money that you found
13. the TV programs you watch
14. whether you lie or tell the truth about something you did wrong

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Directions: Before reading the story below, think about the meaning of the words listed below:

risk—to take a chance
result—what might happen
decide—to choose

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper.

JULIO

Julio likes to play football with his older brother. One day they go to the park to play. A friend of Julio's brother goes along. The friend drinks beer all afternoon. After the game the friend offers to drive Julio home.

1. What is the risk?
2. What are the possible choices Julio can make?
3. What might happen if Julio decides to ride with the friend?
4. What might happen if he refuses?
5. What else can he do?
6. What should he decide?
7. Is the risk worth taking? Why or why not?
RISKS AND RESULTS

Directions: Before reading the story below, think about the meaning of the words listed below:

risk—to take a chance
result—what might happen
decide—to choose

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper.

JENNY

Jenny just moved to a new neighborhood. She doesn't have any friends. One of the older girls who lives across the street invites Jenny to a party. She says that this was a good way for Jenny to make new friends. The girl tells Jenny to try to bring some of her father's beer or liquor to the party.

1. What is the risk?
2. What are the possible choices Jenny can make?
3. What might happen if Jenny takes her father's beer and goes to the party?
4. What might happen if she refuses?
5. What else can she do?
6. What should she decide?
7. Is the risk worth taking? Why or why not?
RISKS AND RESULTS

Directions: Before reading the story below, think about the meaning of the words listed below:

risk--to take a chance
result--what might happen
decide--to choose

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper.

PHILIP

Philip has been asked to try out for the junior police band. He doesn't think he is good enough, but his dad thinks he should try.

1. What is the risk?
2. What are the possible choices Philip can make?
3. What might happen if Philip decides to try out?
4. What might happen if he refuses?
5. What else can he do?
6. What should he decide?
7. Is the risk worth taking? Why or why not?
Directions: Before reading the story below, think about the meaning of the words listed below:

risk--to take a chance  result--what might happen
decide--to choose

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper.

SUE

Sue likes art. Someday she hopes to be an artist like her mother. Sue's teacher wants to enter one of Sue's posters in a contest at the art museum. Sue is afraid that people will make fun of her if she doesn't win.

1. What is the risk?
2. What are the possible choices Sue can make?
3. What might happen if Sue decides to enter the contest?
4. What might happen if Sue refuses?
5. What else can Sue do?
6. What should Sue decide?
7. Is the risk worth taking? Why or why not?
RISKS AND RESULTS

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Directions: Before reading the story below, think about the meaning of the words listed below:

risk -- to take a chance
result -- what might happen
decide -- to choose

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper.

JIM

Some older boys let Jim shoot baskets with them. After practice, one of the boys asks Jim if he wants to smoke some marijuana.

1. What is the risk?
2. What are possible choices Jim can make?
3. What might happen if Jim decides to smoke the marijuana?
4. What might happen if he refuses?
5. What else can he do?
6. What should he decide?
7. Is the risk worth taking? Why or why not?
Directions: Before reading the story below, think about the meaning of the words listed below:

risk--to take a chance    result--what might happen
decide--to choose

After reading the story, answer the questions that follow. Write your answers on a separate sheet of paper.

SARA

Sara isn't a very good swimmer. She has always been afraid of the water. One day she and a group of friends go to the beach. Somebody suggests that they swim out in the deep water beyond the lifeguard station.

1. What is the risk?
2. What are possible choices Sara can make?
3. What might happen if Sara decides to take the risk?
4. What might happen if she refuses?
5. What else can she do?
6. What should she decide?
7. Is the risk worth taking? Why or why not?
Directions: Read the story and complete the statements that follow:

The students in Mrs. Reed's class were asked to tell what they liked to do best in their spare time. Billy said that he liked to play basketball. Sue liked to fly kites. Mary liked to paint pictures, and Ralph liked looking at the stars.

Now you know the ways in which some students spend their time. What are some of the things you like to do? Use the lines below to describe your interests.

In my spare time, I enjoy the following activities: __________________________

________________________________

I do the following things well: __________________________

________________________________

My favorite game is: __________________________

My favorite hobby is: __________________________

My favorite way to have fun with friends is: __________________________

________________________________

My favorite way to have fun alone is: __________________________

________________________________

I would like to learn to: __________________________

________________________________

Why are these activities better than taking drugs? __________________________

________________________________

________________________________
NAME THE GAME

Directions: Match each picture with the name of the game it represents. Place the numbers for the pictures in the left hand column and complete each word by filling in the missing letters.

No.  Name
---  ------------
   Base ____  __  __  ___  1
   Soc ___  __  __  __  2
   Bi ___  ___  ___  ___  3
   Ru ___  ___  ___  ___  4
   S ___  ___  ___  ___  5
   Te ___  ___  ___  ___  6
   Vo ___  ___  ___  ___  7
   Mnastics ___  ___  ___  ___  8
   Swi ___  ___  ___  ___  9
   mp Rope ___  ___  ___  ___  10
   Ball ___  ___  ___  ___  ___  11

1. Which activities can you do alone?

2. Which activities can you do with a friend?

3. Which activities can you do with a group of friends?

HIDDEN MESSAGE

Use the letters in the numbered blanks above to find the hidden message.

--- D 2 7 6 5

--- 5 1 3 4 8 9 8
Here is a list of qualities that people look for when choosing friends. Which ones do you look for? Check mark the qualities that you look for when choosing friends.

____ Same interests I have.
____ Are honest with me.
____ Tell me if something is wrong without hurting my feelings.
____ Are fun to be with.
____ Share their feelings with me.
____ You can count on them.
____ Try to help me with my problems.
____ Care about me and others.
____ Try their best.
____ Will do things with me.
____ People who won't get me into trouble.
____ Sharing, not selfish.
____ People who aren't bossy.
____ People who don't pick fights.

What are other qualities you think of?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

List the three qualities that you think are most important to you.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Instructions: In each balloon, write the name of a support group that you belong to or that you would like to join.
After Dan and his friend Don got off the school bus, two boys they did not know asked them, "Where are you from, and why are you wearing those colors?" Before they could answer, one of the boys pulled a knife and waved it in a threatening manner. What can Dan and Don do?

a. What choices do Don and Dan have?

b. Should Dan and Don talk to someone about what happened? Who?

c. What choice has the best results?
Joe's neighbor belongs to a gang. Joe is being pressured to join. He knows that he will have to prove himself by stealing something from the corner market. Joe is not sure that he wants to join. What could Joe do?

a. What choices does Joe have?

b. Should Joe talk to someone about his problem? Who?

c. What choice has the best results?
While Gloria was waiting at a bus stop, a gang of girls took her money and her gold chain. They threatened to beat her up if she told anyone. What could Gloria do?

a. What choices does Gloria have?

b. Should Gloria talk to someone about it? Who?

c. What choice has the best results?
Lisa is new to the neighborhood and does not know about gang boundaries. One day she decides to take her little sister to the park to play on the swings. Some gang members tell her that she is in their territory and that the park is off limits to her. If Lisa and her sister come back, the gang members have threatened to beat them up.

a. What choices does Lisa have?

b. Should Lisa talk to someone about what happened in the park? Who?

c. What choice has the best results?
Example:

A M I N I N R
MICHIGAN
MARCH 1970

MONTH
STATE
YEAR

DIRECTIIONS: Create a personal license plate. Write in the month you were born, the state, and the year.

---

Room No.

Name

PERSONAL LICENSE PLATE
My name is ____________________________.
This is what I plan to do to keep from being pressured to use drugs:

1. To keep my body healthy, I will ____________________________
   ____________________________ ____________________________.

2. To control my feelings when I have stress or am angry, I can ____________________________
   ____________________________ ____________________________.

3. If I have to decide whether or not to take a risk, I can ____________________________
   ____________________________.

4. If a friend tries to pressure me to use alcohol or marijuana, I can ______
   ____________________________.

5. If I want to do something that is fun or that offers adventure, I can ______
   ____________________________.

6. If I see people using alcohol or drugs on television, I can ______
   ____________________________.

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D.A.R.E.

TO SAY NO TO DRUGS
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DARE-Drug Abuse Resistance Education is a preventive program. Its aim is to equip our youth with skills to resist peer pressure to experiment with and use harmful drugs. The unique feature of Project DARE is the use of police officers as instructors and resource persons. Project DARE provides an excellent compliment to other programs like, the Michigan Model for Comprehensive School Health Education.

The DARE lessons focus on four major areas:
- providing accurate information about alcohol and drug abuse resistance education
- teaching students decision-making skills
- showing them how to resist peer pressure
- giving them ideas for alternatives to drug use

With your school's administrative assistance:
- a specially trained, uniformed, unarmed police officer will teach once a week for a school semester.
- an officer who will instruct the DARE curriculum to grades 5 or 6. The program is suggested for the elementary exit grade to your middle or junior high school program. The lessons require 45 minutes to one hour of class time.
- visitation lessons (approximately 20 minutes) to classes at other grade levels as time permits.
- opportunities for the officer to interact with the students during lunch time, playground activities, and other appropriate times during the school day. The officer will be expected to remain on campus the entire school day except in some situations where there are only one or two sections of the exit grade. The officer will be expected to remain on campus at least one-half of the school day in these situations.
- a culmination (graduation) assembly, will be held at the end of the curriculum for exit grade students.
- the officer is to be regarded as an educator. No law enforcement activities should be expected of the officer except in emergencies.
DARE
WAYS TO SAY NO

1. Saying, "No thanks"
   "Would you like a drink?"
   "No thanks."

2. Giving a reason or excuse
   "Would you like a beer?" "No thanks I don't like the taste."

3. Broken record or saying no as many times as necessary
   "Would you like a hit?"
   "No thanks."
   "Come on!"
   "No thanks."
   "Just try it!"
   "No thanks."

4. Walking away
   "Do you want to try some marijuana?" Say no and walk away while saying it.

5. Changing the subject
   "Let's smoke some marijuana."
   "I hear there's a new video game at the arcade."

6. Avoid the situation
   If you know of places where people often use drugs, stay away from those places. If you pass them on the way home, go another way.

7. Cold shoulder
   "Hey! Do you want a beer?"
   Just ignore the person.

8. Strength in numbers
   Hang around with non-users, especially where drug use is expected.
DARE LESSONS

1. PRACTICES FOR PERSONAL SAFETY - Used to acquaint students with role of police and review practices for safety of students.

2. DRUG USE AND MISUSE - Helps students understand harmful effects of drugs if they are misused.

3. CONSEQUENCES - Helps students understand that there are many consequences, both positive and negative, that result from using and choosing not to use drugs.

4. RESISTING PRESSURES TO USE DRUGS - To make students aware of kinds of peer pressure they may face and help them learn to say no to offers to use drugs.

5. RESISTANCE TECHNIQUES - WAYS TO SAY NO - Teaches students ways to say no in resisting various types of pressure.

6. BUILDING SELF-ESTEEM - Helps students understand that self-image results from positive and negative feelings and experiences.

7. ASSERTIVENESS: A RESPONSE STYLE - Teaches that assertiveness is a response style that enables a person to state his or her own rights without loss of self-esteem.

8. MANAGING STRESS WITHOUT TAKING DRUGS - Helps students recognize stress and suggests ways to deal with it other than by taking drugs.

9. MEDIA INFLUENCES ON DRUG USE - Helps students develop the understanding and skills needed to analyze and resist media presentations about alcohol and drugs.

10. DECISION MAKING AND RISK TAKING - Helps students apply the decision-making process in evaluating the results of various kinds of risk-taking behavior, including that of drug use.

11. ALTERNATIVES TO DRUG USE - Helps students find out about activities that are interesting and rewarding and that are better than taking drugs.

12. ROLE MODELING - Older student leaders and other positive role models that do not use drugs talk to younger students to clarify the misconception that drug users are in the majority.

13. FORMING A SUPPORT SYSTEM - Students will be able to develop positive relationships with many different people in order to form a support system.

14. RESISTING GANG PRESSURES - Students will be able to identify situations in which they may be pressured by gangs and to evaluate the consequences of the choices available to them.
15. **DARE SUMMARY** - Helps students summarize and assess what they learned from the program.

16. **TAKING A STAND** - Students complete own commitment and present to class. Helps them respond effectively when pressured to use drugs.

17. **CULMINATION** - Special exercise for all students.
A study conducted in Los Angeles County says yes.

Positive Aspects of DARE. The element of DARE mentioned most frequently by both principals and teachers as being the most positive was the contact the students had with the teaching officers. Specifically mentioned were the positive role models presented by the officers, the trusting relationships they developed with students, and the friendly, open and non-threatening manner in which the officers dealt with students' concerns and problems. The second most frequently mentioned positive aspect of DARE for both principals and teachers was the skills the students learned which could help them deal with peer pressure - the ability to say "no". Many of them expanded on this idea by saying that student self-esteem and self-image had been greatly enhanced.

Negative Aspects of DARE. When asked to list the two most negative aspects of the DARE program, 91 percent of the principals and 87 percent of the teachers said that they could not think of any. The only thing they did not like about DARE was that the officers did not come to their schools more frequently and were leaving at the end of the semester.

Changes in Student Behavior. All principals and 86 percent of the teachers reported that they had observed positive changes in student behavior which they would attribute to the existence of the DARE program at their schools. The most common examples they gave were: increased self-confidence; an ability to resist peer pressure; better relationships among students; open discussions on the school yard and in the classroom regarding personal problems in general and problems drugs can create; an increased respect for law enforcement; a reduction in graffiti on school buildings; and reports of older siblings and parents stopping smoking or using drugs.

Student Outcomes. A sample of 267 students (132 fifth graders and 135 sixth graders) in whose classrooms the DARE curriculum was taught were given a pretest prior to the first visit of the officer to the classroom. The test contained 19 statements about drugs, behavior, personal safety and substance abuse, and students were asked to indicate the extent to which they agreed or disagreed with the statements. At the end of the semester, they were given a posttest containing the same items so that a comparison of their answers could be made to determine DARE's impact on student learning. Pre- test and posttest results for the fifth and sixth grade students are presented in Tables 2 and 3, respectively.
<table>
<thead>
<tr>
<th></th>
<th>Teachers</th>
<th>Principals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent do you think Project DARE had made a positive impression on the children in your classes/school?</td>
<td>4.9</td>
<td>5.0</td>
</tr>
<tr>
<td>2. To what extent do you support the manner in which the program is being delivered? (i.e., LAPD officers providing instruction)</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>3. To what extent do you support the project?</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>4. To what extent are you involved with DARE?</td>
<td>3.2</td>
<td>4.1</td>
</tr>
<tr>
<td>5. To what extent would you like to be involved with DARE?</td>
<td>4.4</td>
<td>4.6</td>
</tr>
<tr>
<td>6. Do you approve of the law enforcement personnel wearing uniforms while teaching?</td>
<td>4.9</td>
<td>5.0</td>
</tr>
<tr>
<td>7. Do you think DARE is a valuable program?</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>8. Would you like to have your school participate in DARE in the future?</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>9. Do you believe that this component of the curriculum should be integrated into the students' health grades?</td>
<td>4.5</td>
<td>4.0</td>
</tr>
<tr>
<td>10. Do you believe that DARE should be implemented Districtwide and include all grade levels?</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>11. To what extent do you think the students have carried over the knowledge and skills they have learned in DARE to other classes?</td>
<td>4.6</td>
<td>**</td>
</tr>
<tr>
<td>12. Do you believe the aspects of DARE which were not a part of the regular curriculum were valuable? (i.e., parent involvement, presentations in other classes, interaction with students outside of the classroom)</td>
<td>**</td>
<td>4.9</td>
</tr>
<tr>
<td>13. Do you think that parents support DARE?</td>
<td>**</td>
<td>4.8</td>
</tr>
<tr>
<td>14. To what extent do you think DARE has improved student behavior at your school?</td>
<td>**</td>
<td>4.6</td>
</tr>
</tbody>
</table>

* These responses are based on a five-point scale, with "1" meaning "Not at all" and "5" meaning "Very much".
** These questions were not asked of both groups.
TABLE 2. PERCENT OF DARE FIFTH GRADERS GIVING APPROPRIATE ANSWERS TO ITEMS ON THE PRETEST AND POSTTEST, FIRST SEMESTER, 1984-85

<table>
<thead>
<tr>
<th>Item</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is nothing wrong with smoking cigarettes as long as you do not smoke too many. (D)*</td>
<td>49</td>
<td>83</td>
<td>+34</td>
</tr>
<tr>
<td>2. Kids who smoke cigarettes regularly can quit for good any time they want. (D)</td>
<td>45</td>
<td>82</td>
<td>+37</td>
</tr>
<tr>
<td>3. Kids who drink alcohol are more grown up. (D)</td>
<td>72</td>
<td>100</td>
<td>+28</td>
</tr>
<tr>
<td>4. It is okay for kids to drink alcohol as long as they quit before it becomes a habit. (D)</td>
<td>52</td>
<td>96</td>
<td>+44</td>
</tr>
<tr>
<td>5. Kids who use drugs have more friends. (D)</td>
<td>49</td>
<td>92</td>
<td>+43</td>
</tr>
<tr>
<td>6. When you are under a lot of stress, it is helpful to drink alcohol or take drugs. (D)</td>
<td>66</td>
<td>93</td>
<td>+27</td>
</tr>
<tr>
<td>7. It is safe to take a medicine that a doctor orders for another person. (D)</td>
<td>53</td>
<td>90</td>
<td>+37</td>
</tr>
<tr>
<td>8. Police officers would rather catch you doing something wrong than try to help you. (D)</td>
<td>43</td>
<td>92</td>
<td>+49</td>
</tr>
<tr>
<td>9. When you have a headache, you can take as many aspirins as you want to as often as you need them. (D)</td>
<td>76</td>
<td>100</td>
<td>+24</td>
</tr>
<tr>
<td>10. It is okay to ride in a car with a driver who has been drinking alcohol if he does not seem drunk. (D)</td>
<td>46</td>
<td>100</td>
<td>+54</td>
</tr>
<tr>
<td>11. Drugs help you have more fun. (D)</td>
<td>43</td>
<td>97</td>
<td>+54</td>
</tr>
<tr>
<td>12. If your parents use drugs, they must be okay. (D)</td>
<td>76</td>
<td>87</td>
<td>+11</td>
</tr>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
<td>Difference</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>13. PCP can cause uncontrollable behavior in people who use it. (A)</td>
<td>55</td>
<td>90</td>
<td>+35</td>
</tr>
<tr>
<td>14. If your best friend offers you a drug, you have to take it. (D)</td>
<td>62</td>
<td>100</td>
<td>+38</td>
</tr>
<tr>
<td>15. Breathing deeply is a good way to feel better when you are upset. (A)</td>
<td>56</td>
<td>97</td>
<td>+41</td>
</tr>
<tr>
<td>16. Kids who take drugs are more grown up. (D)</td>
<td>76</td>
<td>100</td>
<td>+24</td>
</tr>
<tr>
<td>17. It is okay to drink alcohol or use drugs at a party if everyone else is. (D)</td>
<td>83</td>
<td>100</td>
<td>+17</td>
</tr>
<tr>
<td>18. If someone you like wants you to do something you think is wrong, there is no way you can say &quot;no&quot; and still be friends. (D)</td>
<td>55</td>
<td>86</td>
<td>+31</td>
</tr>
<tr>
<td>19. It is better to keep your feelings to yourself. (D)</td>
<td>34</td>
<td>82</td>
<td>+48</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>57%</strong></td>
<td><strong>93%</strong></td>
<td><strong>+36%</strong></td>
</tr>
</tbody>
</table>

* = Appropriate Answer: Either "D" (disagree or strongly disagree) or "A" (agree or strongly agree).
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<td>99</td>
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<td>+29</td>
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<td>5. Kids who use drugs have more friends. (D)</td>
<td>55</td>
<td>100</td>
<td>+45</td>
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<td>6. When you are under a lot of stress, it is helpful to drink alcohol or take drugs. (D)</td>
<td>67</td>
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<td>9. When you have a headache, you can take as many aspirins as you want to as often as you need them. (D)</td>
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<td>+17</td>
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<td>11. Drugs help you have more fun. (D)</td>
<td>61</td>
<td>100</td>
<td>+39</td>
</tr>
<tr>
<td>12. If your parents use drugs, they must be okay. (D)</td>
<td>67</td>
<td>100</td>
<td>+33</td>
</tr>
</tbody>
</table>
### Table 3. Percent of DARE Sixth Graders Giving Appropriate Answers to Items on the Pretest and Posttest, First Semester, 1984-85 (continued)

<table>
<thead>
<tr>
<th>Item</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Difference</th>
</tr>
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<tbody>
<tr>
<td>13. PCP can cause uncontrollable behavior in people who use it. (A)</td>
<td>38</td>
<td>100</td>
<td>+62</td>
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</tr>
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<td>16. Kids who take drugs are more grown up. (D)</td>
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<td>99</td>
<td>+27</td>
</tr>
<tr>
<td>17. It is okay to drink alcohol or use drugs at a party if everyone else is. (D)</td>
<td>71</td>
<td>100</td>
<td>+29</td>
</tr>
<tr>
<td>18. If someone you like wants you to do something you think is wrong, there is no way you can say &quot;no&quot; and still be friends. (D)</td>
<td>46</td>
<td>94</td>
<td>+48</td>
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<td>19. It is better to keep your feelings to yourself. (D)</td>
<td>36</td>
<td>84</td>
<td>+48</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td></td>
<td></td>
<td><strong>+38%</strong></td>
</tr>
</tbody>
</table>

* = Appropriate Answer: Either "D" (disagree or strongly disagree) or "A" (agree or strongly agree).
DRUGS MOST ABUSED BY OUR CHILDREN

ALCOHOL

Drinking-and-driving accidents are the number one killer of teenagers in the United States.

Like cocaine or heroin, alcohol is a drug. It can alter moods, cause changes in the body, and become habit forming.

Alcohol is absorbed directly into the blood through the stomach and small intestine. Alcohol depresses the central nervous system, causing impaired judgment, decreased self-control, impaired coordination, slow reactions, slurred speech, and sometimes unconsciousness.

It causes injuries to:

- May cause permanent brain cell damage, loss of memory, confusion, hallucinations.
- Contributes to high blood pressure, enlarged heart, heart failure.
- Greater chance of infections.
- Severe swelling and hepatitis, cirrhosis.
- Inflammation, ulcers, diarrhea.
- Weakness and loss of tissue.

TOBACCO

The leaf from the tobacco plant dried and cured. Highly addictive.

Contains the drug nicotine. Constricts blood vessels, impairs breathing, stimulates central nervous system.

It causes injuries to:

- Contributes to heart disease, attacks.
- Can lead to incurable cancer. Also bronchitis and emphysema.

MARIJUANA
(Cannabis sativa L.)
Schedule I, hallucinogen

American grown Cannabis, which DEA predicts to be the number one cash crop in the United States by 1990, has increased significantly since the 1970's.
Tetrahydrocannabinol (THC), the active ingredient in Marijuana, is found in varying amounts in all parts of the plant except roots and seeds. Flowering and fruiting tops contain the highest concentrations of THC.

The "annual" plant requires approximately three months to mature from seed to harvest. The plant may then be picked for an additional month or two if nurtured. Michigan grown Marijuana averages 3-10 feet, sometimes climbing to 18 feet. If planted similar to corn, its shape will be tall and thin, but if uncrowed and pruned, it can become bushy. As a general estimate, an 8-10 feet plant that is 2 1/2 to 3 feet wide will yield approximately one pound of usable Marijuana.

Leaves consist of 3-11 leaflets, generally existing in odd numbers. Separate male plants (flowers) pollinate female flowers. Successful pollination permits the female flower to bear seeds (fruit). Although rare, male and female flowers may co-exist in small numbers on the same plant.

HASHISH is a product of fine-screening the leafy portions of marijuana fruiting tops (colas) into a greenish-brown, powdery substance which is pressed into thin blocks for disbursement. The final product is ten times more potent in THC concentration than the leafy variety. Small portions are broken off from the bricks (blocks) and placed in "hash pipes" or mixed with leafy marijuana in hand rolled cigarettes.

HASH OIL is manufactured by extracting THC from the whole plant with a solvent such as isopropyl alcohol, ether or benzene. This method concentrates the THC which may be smoked in a special hash oil pipe or propped onto rolled Marijuana cigarettes.

It causes injuries to:

- May cause permanent brain cell damage, particularly areas controlling memory and behavior. May cause acute fears and anxiety.

- Increases heart rate by 50%. Lowers oxygen supply to heart muscle.

- Contains more cancer-causing agents than tobacco. Irritates lungs and damages the way they work. Makes smokers more susceptible to colds, pneumonia, and flu. May lead to chronic bronchitis, emphysema, and lung cancer.

- Temporary loss of fertility. Impairs normal sexual development. May be especially harmful during adolescence or pregnancy.
MARIHUANA WHOLE LEAF
not shape of leaflet and vein structure

VIEW OF ONE MARIHUANA LEAFLET

EXPLODED VIEW OF LEAF

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LSD
(lysergic acid diethylamide)

LSD is encountered in a variety of forms and colors because it is clandestinely manufactured. Its assignment as a Schedule I hallucinogenic substance (with no medical application) precludes its manufacture and distribution through legitimate channels. The microdot (very small tablet) is still a common form. Blotter acid is another popular form which consists of paper imprinted with various designs, caricatures, or symbols and soaked, sprayed or spotted with liquid LSD. The paper is usually perforated into small units, each representing "one hit." They can be easily torn and then swallowed or sucked. Sheets may be comprised of 100-500 units.
COCAINES

Cocaine, a Schedule II, controlled substance is the drug of preference for millions of Americans. Smuggled into the United States from several South American countries, the primary gateway to its final destination is Florida. Street cocaine is derived from the coca plant. The coca leaves are subjected to a number of crude chemical steps which yield off-white to yellowish paste. The paste is treated with hydrochloric acid which converts it to cocaine hydrochloride, then formed into blocks and packaged for importation. Small chunks or rocks are sold as street pure cocaine, however samples can be re-rocked, that is, mixed with cutting agents and reformed into chunks or rocks.

When the drug is snorted, smoked, or injected, it acts as a central nervous system stimulant. The high begins within 30 to 90 seconds of its ingestion and continues for 20-30 minutes.

CRACK is the current street name given to freebased cocaine processed by using baking soda. It can be sold in small vials, and plastic or paper packets. The small chunks sell for as low as $6. The base is smoked in specialized pipes or with Marijuana cigarettes (called "51" meaning $5 for one joint mixed with crack) and allegedly emits a "cracking" sound during the process.

Immediate effects are loss of appetite, increased blood pressure, heart rate, breathing, and body temperature.

It injures:
- Paranoia, aggressive behavior, hallucinations, convulsions.
  Possible permanent brain damage.
- May cause heart irregularity, heart attack.
- Respiratory (breathing) failure.
- Hepatitis from injecting cocaine with nonsterile needles.
- Ulcers in the mucous membrane of the nose from snorting.

AMPHETAMINES

Stimulants which affect the central nervous system. Also called "speed", "uppers," "pep pills," and other names.

Short-term effects include restlessness, sleeplessness, irritability, nervousness. Can cause hallucinations, depression, anxiety, heightened fear that people are "out to get me." Violent and bizarre behavior.
Amphetamines injure:

- May cause permanent brain damage, speech and thought disturbances.
- Rapid or irregular heartbeat. Heart disease or heart attack from injecting high doses.
- Serious and life-threatening infections - including AIDS - from injecting amphetamines with nonsterile equipment or contaminated solutions.

**STIMULANTS**

Many of the stimulants we have today arose from a need supplied by the Trucking Industry. The list of stimulants is too numerous to list, but I will mention just a few of the most common labels stamped on tablets: Magnum 357, 20/20, and 30/30. Remember, prescription Drugs can be abused here also. Many diet pills are stimulants.

**DEPRESSANTS**

Common used depressants include many household pain killers or relaxants such as; Tranquilizers, Tylenol, Aspirin, and there are also many illegal drugs to numerous to mention.

They injure:

Stimulants may cause lack of concentration, headache and when not on the drug depression. Depressants may cause depression, drowsiness, headache. Both stimulants and depressants may cause coma and or death.

**SNIFFING SUBSTANCES**

GLUE-BASED PRODUCTS (sniffing) provide euphoria by depressing the central nervous system. Glue sniffing is kind of on its way out because of new drugs now available listed below.

RUSH - LOCKER ROOM RUSH - POPPERS - POP'RS - HARD WARE - PIG POPPERS - ETC are inhalents sold in adult bookstores, drug paraphernalia shops, drug magazines, and gay clubs and bars. The cost is $4 to $6 bottle. Users inhale the liquid substance which expands the arteries servicing the brain, resulting in a "rush" of blood and subsequent euphoria. The container is generally a brown glass bottle with clear liquid (amyl or butyl nitrite) and a circular hard beaded like object. Caution should be exercised if smelling the contents since it may cause headaches.
CALL TOLL FREE: 1-800-221-1833
IN NEW JERSEY CALL (201) 838-5254

3-Easy Ways to Order:
1. Charge It — Use Visa or MasterCard.
2. C.O.D. — We ship today and you pay on delivery.
3. Send Payment in Full — Add $3.50 for Shipping and Handling.
   (N.J. Residents add 6% Sales Tax—No Personal Checks, Please)
D&E PHARMACEUTICALS, INC. - 206 Macopin Road, Bloomingdale, N.J. 07403

SAVE! - Order any 10 Bottles of 100 Tablets or Capsules of stimulants for only $45.00

EXTRA DISCOUNT!
10% Off all orders for On-The-Go Natural Stimulant tablets.
DISCOVER THE NEW WORLD OF INCENSE
CANDY CENSE
GOLDEN CENSE
FLORIDA SNOW
BOLIVAN ROCK
PERUVIAN FLAKE

SEND FOR OUR CATALOG & 2 GRAM SAMPLER TODAY.
ENCLOSE $5.00 (COVERS SHIPPING & HANDLING)
24 HOUR PHONE 419-874-5988
Vita Life

WRITE TODAY:
VITA LIFE, P.O. Box 500, Perrysburg, Ohio, 43551
NOT INTENDED FOR ILLEGAL USE - VOID WHERE PROHIBITED.

DIET PILLS
200 MG. CAFFEINE
FREE SAMPLES
NOTE: Note that our products bear the trademark "C++ They cannot be confused with any other products on the market. Also, these products may be illegal for resale unless properly licensed.

PURPLE CAPSULE
PURPLE SPEC-BAR
PURPLE HEARTS
$100 for $10
300 for $20
1000 for $25
2000 for $45

MIDWESTERN PHARMACEUTICAL
P.O. Box 188
Janesville, WI 53547
608-754-7272
CAUTION: Individual with high blood pressure, heart disease, diabetes, depression, thyroid disease or pregnant or nursing should only use as directed by a physician.

Incense
THE NATION'S HOTTEST PRODUCTS!

<table>
<thead>
<tr>
<th>Incense</th>
<th>2gm</th>
<th>5gm</th>
<th>1oz</th>
<th>lb</th>
</tr>
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<td>$15.00</td>
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FAST SERVICE!
Order from Main Labs and get the finest Incense in 2 - 5 days . . . not weeks!

TERMS: COD. plus shipping. (Cash On Delivery - pay UPS when your order is delivered.) Visa and M-C accepted.

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The Blast That Lasts!
LIQUID AROMA
We have them ALL!
QUICK SILVER HARDWARE
RUSH ROOM THRUST!

ONLY $5.00 PER BOTTLE
TWO FOR $10.00 FIVE FOR $20.00
PLUS HANDLING

All orders C.O.D. We ship by UPS within 24 hours. Visa and M-C accepted.
Main Labs - The nation's main source for top quality and service.
30 Seals per pack

cover sheet from "Sno Seals" package of papers

holds approximately one gram of powder

CUTTING AGENTS ADVERTIZED IN "HIGH TIMES" MAGAZINE

FOOD SUPPLEMENT ORDER FORM

<table>
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<th>4 oz</th>
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5 gr bars 5.00 22 gr bar 12.00

SUBTOTAL

SHIPPING & HANDLING 2.50

TOTAL ENCLOSURE

NO SALES TO MINORS
SALES VOID WHERE PROHIBITED BY LAW
ITEMS NOT INTENDED FOR ILLEGAL USE

FASTEST SERVICE RECEIVE YOUR ORDER WITHIN 3 DAYS!
WE NOW SHIP COD!
OR CALL 800-854-4646 NAT'L TOLL FREE
800-821-4555 CA TOLL FREE
714-631-5775
TO PLACE VISA, MASTERCARD OR COD ORDER (OVERNIGHT SERVICE AVAILABLE)
Cocaine is packaged in small glass vials, magazine or newspaper packets, specialized glossy papers designed to hold approximately one gram of powder imprinted with logos such as "SNO SEALS", "SEALS", "KING TOOT PYRAMID PAPERS", "WHITE LADY", and "THE QUARTER OUNCER" for seven gram quantities. Clear plastic sandwich and large ziplock bags are preferred for two grams or more. GIRL is one street name for cocaine.

Cocaine hydrochloride paraphernalia (associated with ingesting through the nose) includes any type of tubular device for snorting, razor blades for chopping rocks to a fine powdered form, mirrors or other hard surfaces used to perform the chopping process, small spoons for snorting, glass vials with stopcock caps or attached small spoons, hand-held grinders and metal mesh sifters used to crush rocks and mix cut.
Freebase paraphernalia includes special smoking pipes with bowls containing numerous layers of wire screens, metal rods (such as broken hangers), or forceps holding cotton (used as torches), baking soda, and any vessel (small bottles, tubes, Mason jars, cake pans, cooking pans, metal spoons) bearing white hard powdered residue clinging to its inside surface.

exploded view of neck showing the flow of cocaine free base to many layers of wire mesh

COTTON WAD TORCH

COAT HANGER COTTON TORCH
A. Miniature Teak wood Dugout with Mini Pinch Hitter HP 4128 $12.20
B. The Original Teak wood Dugout HP 1204 $15.00
C. Rosewood Dugout with glass pot and inner base cover HP 4488 $16.50
D. Vermillion Dugout with glass pot, a truly elegant addition to any desktop HP 1481 $16.50
E. Teakwood Dugout with metal stop HP 1205 $16.00
F. Miniature Teak wood Dugout with metal stop and Mini Pinch Hitter HP 4129 $12.00
G. Mini Pinch Hitter with glass pot in A & F HP 1215 $12.50
H. The Original Pinch Hitter with glass pot (tip HP 1216 $14.20
I. Wood 'n Brass Pinch Hitter HP 1214 $4.00
J. Dugout Repair Kit includes 2 filters, cloth for re-honing edges and metal cleaning tool HP 4591 $11.35

K. The Teakwood with sliding teakwood pipe, slide up back over reserve bottom half, flip over, slide closed, flip again, and pop the bowl is filled and ready to smoke HP 3310 $13.85
L. Sneaky Teak: sliding panels cover bowl and reserve compartment HP 1206 $14.20
M. Sneaky Teak Ltd: sliding bowl cover allows smoking bowl to close HP 1209 $13.70
N. Pocket Pal, with sliding bowl cover HP 3212 $7.20
O. Pocket Pal Ltd., with ventilated bowl cover HP 4288 $9.00
P. Sleek Teak: with sliding bowl and reserve HP 1211 $8.70
Q. Sleek Teak Ltd., with ventilated bowl cover HP 4287 $11.40
## MAJOR MARKETS

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<tr>
<th>Location</th>
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<tr>
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<td>Mexican Sold, pm</td>
<td>2000 lbs</td>
<td>$2.00</td>
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<tr>
<td>Cambridge, MA</td>
<td>Green Sugar</td>
<td>45 lbs</td>
<td>$4.00</td>
</tr>
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<td>Dallas, TX</td>
<td>White Sugar</td>
<td>25-25 bags</td>
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<td>Fort Worth, TX</td>
<td>Mexican Beef</td>
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<td>New York, NY</td>
<td>New Sugar</td>
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## AROUND THE U.S.

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<tr>
<td>Tuscon, AZ</td>
<td>Old Timers</td>
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## IN THE BOODNOCKS

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<td>Virginia, TX</td>
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## PRICES CURRENT AS OF FEBRUARY 15, 1987

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<td>Raleigh, NC</td>
<td>MDURA, supply</td>
<td>50 bags</td>
<td>$325</td>
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<tr>
<td>Redondo Beach, CA</td>
<td>Shrimp</td>
<td>50 lbs</td>
<td>$50.00</td>
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## Notes
- LSD, blotter, 2 packets, each 3 grams.
- Paper acid, very good, bag, low
- MDURA, supply problems
- Broken shoes, 50 pairs, each $25.
- Good green beer, 50 bottles, each $2.50.
- Hash, "excellent," 50 grams, each $3.50.
- Shrimps, "best," 50 lbs, each $2.50.
IDENTIFICATION OF TABLETS AND CAPSULES Bearing Inscriptions

Since most posts or police departments are not supplied with current Physicians Desk References, the best and quickest means for identifying products bearing manufacturer codes is to dial one of the 800 number POISON CENTERS located at Blodgett Hospital in Grand Rapids or Children's Hospital in Detroit. Simply call the number, identify yourself, and describe the item in question. The service will be able to identify the product as "over-the-counter, prescription only, or prescription item containing a controlled substance." Imitation or look-alike tablets and capsules cannot be identified through this service. Inquiring parents as well as police officers are encouraged to utilize this procedure.

1-800-632-2727
(Blodgett Regional Poison Center)

1-800-572-1655
(Detroit Children's Hospital Regional Poison Center)
A CHILD’S REQUESTMENTS

1. My hands are small; please don't expect perfection whenever I make a bed, draw a picture, or throw a ball. My legs are short; please slow down so that I can keep up with you.

2. My eyes have not seen the world as yours have; please let me explore safely. Don't restrict me unnecessarily.

3. Housework will always be there. I'm little for only a short time -- please take time to explain things to me about this wonderful world, and do so willingly.

4. My feelings are tender; please be sensitive to my needs; don't nag me all day long. (You wouldn't want to be nagged for your inquisitiveness.) Treat me as you would like to be treated.

5. I need your encouragement to grow. Please go easy on the criticism; remember, you can criticize the things I do without criticizing me.

6. Please give me the freedom to make decisions concerning myself. Permit me to fail, so that I can learn from my mistakes. Then some day I'll be prepared to make the kind of decisions life requires of me.

7. Please don't do things over for me. Somehow that makes me feel that my efforts don't quite measure up to your expectations. I know it's hard, but please don't try to compare me with my brother or sister.

8. Please don't be afraid to leave for a weekend together. Kids need vacations from parents, just as parents need vacations from kids. Besides, it's a great way to show us kids that your marriage is very special!

(Author Unknown)
TWENTY WAYS TO ENCOURAGE YOUR CHILDREN TO USE DRUGS

1. Never eat together as a family.

2. Never have family outings which occur weekly, monthly, or annually that they can look forward to as a family unit.

3. Talk TO your children, not WITH them; never listen.

4. Punish your children in public and never praise them or reinforce their positive behavior.

5. Always solve their problems; make their decisions for them.

6. Leave the responsibility of teaching morality and spiritual training to the schools and the church.

7. Never let your children experience cold, fatigue, adventure, injury, risk, challenge, experimentation, failure, frustration, discouragement, etc.

8. Threaten your children, i.e., "If you ever try drugs or alcohol, I'll punish you."

9. Expect your children to get "A"s in school in all subjects.

10. Always pick up after them and don't encourage them to accept responsibility.

11. Discourage your child from talking about their feelings, i.e., anger, sadness, fear, etc.

12. Be overprotective and don't teach your child the meaning of the word consequence.

13. Make your child feel that their mistakes are sins.

14. Put your child off when they ask "why" and tell them, "Because I said so."

15. Lead your child to believe that you are perfect and infallible.


17. Never tell them how much you love them and never discuss your feelings with them.

18. Never hug them or display affection in front of them.

19. Always expect the worst and never give them the benefit of the doubt.

20. Don't ever trust them.
COMMUNICATION

What is communication? According to Webster, it is the ability to impart, transmit, to give information. It is an imperative aspect of parenting. It entails the need to express ideas, to exchange thoughts, to motivate our children. But the art of communication is an elusive art to master. There tends to be a tremendous tendency to talk down to children, use scare tactics, or directed preaching. Methods utilizing these negative means of communication are as ineffectual with children as they are with adults. These methods merely alienate rather than demonstrate.

Body language is a more subtle form of communication. As voice intonation is utilized as a means of directing attention in verbal communication, body position also conveys certain emotions. Consider the messages sent through various arm positions, e.g., across the chest, hands on hips, open or closed fists. Consider, also, how communication is expressed through facial expressions as well as overall stance.

Communication and Our Children

The ability to exchange ideas concerning drugs and alcohol -- negative as well as position situations -- is born out of a long-standing practice of communication. Instead of showing a mere passing interest in whether a homework assignment has been completed, work with your children and become more aware of their strengths and weaknesses. Openly review television programs, advertisements, music, and movies. Exchange opinions and ideas, allowing them to share their thoughts without a series of put-downs or negative attitudes. Remember that once the door of communication has been slammed shut, it is difficult to pry it open again.

There is also a genuine need to develop skill levels such as decision-making, assertiveness, ambition, responsibility, direction, handling emotions, confidence, self-discipline, self-reliance, and self-esteem within our children. These skills can be developed through the art of communication. Communication alone cannot be totally unsuccessful. It must be coupled with good examples and positive role models. If a parent states, "Do as I say, not as I do," he/she is sending a double message with mixed standards.
Parents are constantly at odds to choose between parenting via demonstration or words. Which declares a more visual picture, demonstration or words? Words tend to paint a directed concept. However, how many times do we follow the verbal statements of others? Parenting by role-modeling and demonstration is the most dynamic life example your children can perceive. They see you when you are angry, tired, happy, and emotionally upset. They observe which "coping device" you choose to handle given situations. As role models we are the leading examples during our children's development -- constantly on stage, trusted, loved, and emulated. Children often tend to place their parents on the highest pedestal. Take a few minutes a day and examine the image you truly project. The examples you set will dictate the type of coping mechanism your children will reflect.

Taking a Stand

Parents need to express their true feelings honestly. It is necessary to tell children where you stand on issues which affect their future or the balance within the family matrix. In a family discussion, do not feel threatened or manipulated; state your position. If there are two parents, be united. Parents should never disagree with each other when confronting children. The children will enjoy having the energy switch from them to you. Be prepared to get outrageous and emotional responses from your children. Keep in mind that children are quite adept at playing one parent against another. They know when to ask for something, how to ask, and the person to approach who is most likely to render a desired result. In all instances, remember that communication is an art; remain as nonemotional as possible.

Parenting is constant training. Training is not punishment; training is discipline. The unique concept of discipline is not physical punishment; rather, it is training and learning.

The establishment of guidelines allows children to make decisions based on consequences. If we make our children aware of a specific consequence, we have given them a valuable tool. (Example: A child has arrived home late from an event. Parent, "Where were you?" "Why are you late?" Get to your room!" I've had it ... that's it, you're grounded for six weeks!") Who have you punished?
What do you do now? Do you change your mind? Apologize for showing your emotions? Who is the winner? Who learns absolutely nothing, and becomes an overnight hero with their peers? Has anything been learned? Yes. We have just given our children a lesson in life.

It is necessary to be firm and consistent in discipline. Establish guidelines early, allow the child to begin making decisions based on the consequences of his/her own actions. Positive and effective training occurs when you make your children aware of what the consequences may be prior to the event. Discipline is best served when it is more than a mere emotional response, rather than a means to modify inappropriate behavior.

Denial

Provide Alternatives/Family Responsibility

Children need to sense the total living experience. Parents need to provide children with alternatives to drug use. They need to demonstrate that physical activities are an excellent means of maintaining a healthy body. Our children are developing at an extremely rapid growth rate -- physically, psychologically, and emotionally. Our objective in training our children is to develop them into solid, mature adults. Giving our children alternatives such as sports, hobbies, and collectibles teaches them values beyond any level of communication. Household responsibilities create a sharing attitude and a challenge to be a part of something. Allowing children to have a say in the direction of the household may manifest a feeling of belonging. Providing extra-curricular activities will broaden the introspective qualities of our youth.

One of the most negative theories which destroys the family support mechanism is denial. Denial of the situation! "Not my child" -- "It won't happen to me" -- "Your child is a bad influence on mine" -- these statements reflect a fear of truth and of open communication. Address the problem head-on. Hiding from the problem will not ensure that it will disappear. On the contrary, the problem will manifest itself and become more monumental. Do not be intimidated by either your child or the problem. In a situation such as one which involves drugs, a positive image to maintain is that drugs are the problem -- not the child. Support of your child is the primary prerequisite to handling a drug or alcohol problem.
TIPS FOR PARENTS

- Establish family rules that make the use of drugs non-negotiable.

- Educate yourself about drugs, so you can talk informatively with your children and answer their questions.

- Since peer pressure is a major factor in teen drug use, know your children's friends.

- Talk with other parents. Try to establish uniform rules that make access to drugs harder for your children and their friends, such as a curfew, the amount of spending money they receive, and their use of a car.

- Encourage, don't discourage your children. When your child does something well or gets a good grade in school, give them some positive reinforcement. When your child makes a mistake, don't just discipline them. But also explain what they did wrong, and why it was wrong.

- Encourage your children to become members of groups that have positive role models, such as 4-H, the Boy Scouts, or the Girl Scouts. If your child is a reader, then supply them with books. Or if they're in to sports then go to their games. If none of these work, then start them out collecting something like stamps, etc. Basically GET INVOLVED WITH YOUR CHILDREN.

- Try to help your children learn RESPONSIBILITY. By allowing them to work towards a goal, whether they succeed or not. If they don't succeed, then they will work harder, or try something new that they can succeed in.

- Don't try to make your children into what you want them to be, rather encourage them to work towards the goals they want to achieve.

- Talk up the DARE program at home.

- If problems arise, try to seek advice and counsel from someone both you and your child respect and can relate to.

SIGNS OF DRUG ABUSE

(A combination of these factors may mean your child is using drugs).

- Lack of concentration, even on simple tasks. Loss of memory.
- Loss of weight.
- Sudden change in hair style and appearance, and attitude towards parents.
- Sudden drop of school grades, with no explanation.
- Heavy use of hair spray, (3 cans a week), masks the smell of drugs.
APPENDIX D

COMMUNICATION MATERIALS

1. Introductory letter by Dr. C. Raymond Holmes.
2. Positive Kids Program recommendation letters.
3. Positive Kids advertising poster.
July 2, 1990

TO WHOM IT MAY CONCERN

This will introduce Saustin Mfune, a Doctor of Ministry student at Andrews University. He is presently working on his research paper and we would deeply appreciate any assistance you can give to him.

Sincerely,

C. Raymond Holmes, Director
Doctor of Ministry Program
December 14, 1990

Dear Ms. Mfunе:

The BJA funded five DARE Regional Training Centers in 1990 which are authorized to provide training for police officers who teach drug use resistance education in schools, grades K-12. Those centers are also authorized to provide technical assistance and other information about the DARE program. The Federally funded Drug Abuse Resistance Education Regional Training Center which has responsibility for providing training and other services to your State and for distribution of Parts I and II of the DARE Program Brief is the Illinois State Police Academy.

Please Contact Mrs. Linda Lang at (217/524-6938) for assistance, training for officers from your department/state, for information regarding implementation of the DARE program, and receipt of the two-part DARE Program Brief. Part I "An Invitation to Project DARE" provides a clear description of the DARE program and Part II "Implementing Project DARE" is a how-to manual for use of police officers who are trained to administer the DARE program and as a "core document" at the BJA funded Regional Training Centers. Each officer who completes DARE training, qualifies for and is Certified as a DARE Instructor by one of the Federally funded centers will receive a copy Part I "An Invitation to Project DARE" and Part II "Implementing Project DARE" upon graduation.

I have enclosed one copy of Part I, "An Invitation to Project DARE" program brief and a copy of the DARE Fact Sheet which provides the names, addresses and contact persons for the RTCs.

I have advised Mrs. Lang of your interest in the program, she is expecting your call.

Thank you for your interest in the DARE program. If I can be of further assistance please let me know. Telephone (202/514-5946)

Sincerely,

Dorothy L. Everett
Program Manager
February 29, 1991

Mr. Saustin Mfune
5602 Hollywood Road
St. Joseph, Michigan 49085

Dear Mr. Mfune:

Thank you for expressing interest in the Drug Abuse Resistance Education (DARE) Program. We are very proud of this program and are happy to share this information with all interested parties.

DARE is a primary prevention program aimed at children who have yet to have their first drug experience. Its goal is to reduce the incidence of drug abuse by children through classroom presentation of a prevention curriculum by specially selected and trained unarmed uniformed police officers.

The curriculum itself focuses on the concepts of peer pressure resistance training, self concept improvement, personal safety and value decisions concerning respect for the law. Having uniformed officers teach a primary prevention program has produced results even greater than expected. For your review we are enclosing a summary of the program and evaluation report.

Since its inception, DARE has served as a model for agencies throughout the country. In order to assist other communities in developing programs to meet their needs, the Los Angeles Police Department has developed a training seminar. To date officers representing 3,000 law enforcement agencies from 50 states have been trained to implement the DARE curriculum. The DARE Program meets all the criteria for an effective substance abuse program and can be instrumental in achieving a safe and secure school environment.
If we can be of any further assistance, please feel free to contact Lieutenant Larry Goebel, Drug Abuse Resistance Education office directly at (213) 485-4856, or Dr. Ruth Rich, Los Angeles Unified School District at (213) 625-4969.

Very truly yours,

DARYL F. GATES
Chief of Police

PATRICK C. FROEHLE, Captain
Commanding Officer
DARE Division

Enclosures

WP:LYJ:7
April 3, 1990

TO WHOM IT MAY CONCERN:

Recently I have seen the program presented by Saustin Mfune, "The Positive Kids: Say No to Drugs and Yes to Life." The kids who performed were very persuasive and the program outlined a positive lifestyle.

I feel that the program would be appreciated in a range of settings from school assemblies, church programs, and public appearances. Therefore, I feel free to endorse this program, knowing that many audiences would benefit from this approach.

Sincerely,

[Signature]

Raoul Dederen
Dean, SDA Theological Seminary

RD: jh
March 9, 1990

TO WHOM IT MAY CONCERN:

This letter is one of recommendation for the program "POSITIVE KIDS: SAY NO TO DRUGS AND YES TO LIFE" created and produced by Saustin Mfune. This drama, which involves children 5 to 9 years of age, gives a refreshing and positive prevention message through original songs, a skit, and musical backdrop. By focusing on other health behaviors such as nutrition and rest, the script gives a wholistic setting to drug avoidance which is desirable. The spiritual component of commitment to prevention is a unique and valuable contribution. I was also impressed with the enjoyment the children get through their performance; their message attractively reaches out to other children and is thought-provoking to older youth and adults as well. The program would be appreciated in a range of settings from school assemblies, church programs, and public appearances.

I enjoyed this program very much; I believe many audiences would as well.

Sincerely,

Patricia B. Mutch, Ph.D.
Director, Institute of Alcoholism and Drug Prevention
TO WHOM IT MAY CONCERN:

I am happy to speak a word in endorsement of Saustin Mfune's presentation, "THE POSITIVE KIDS: Say No to Drugs and Yes to Life."

I have observed the presentation and am favorably impressed. In my opinion it is practical and well informed as well as being upbeat and entertaining.

It is true to its name. The children who perform so well really are kids, being only between six and ten years old. And their presentation persuasively provides positive reasons for following a healthy lifestyle.

Mfune's endeavor to produce a video of THE POSITIVE KIDS is definitely a step in the right direction and one that deserves to be encouraged. I hope that through this video as well as through live performances a large number of schools, youth organizations, and other groups will get a chance to see THE POSITIVE KIDS in action.

Sincerely,

C. Mervyn Maxwell, Ph.D.
Department of Church History
March 1990

WHOM IT MAY CONCERN

would like to highly recommend Pastor Saustin Mfune and his Positive Kids: Say No to Drugs and Yes to Life program. The program consists of music, songs, and skits written and produced by Saustin Mfune, and is suitable for churches, church schools, and public schools. It is both educational and spirational, presenting in a delightful way, for both children and adults, healthful drug-free life-style.

Raymond Holmes, Director
Ministry Student Life
Andrews University
SAUSTIN MFUNE
5602 HOLLYWOOD RD
ST. JOSEPH, 49085

DEAR SAUSTIN:

I WAS EXTREMELY THANKFUL THAT THE CHILDREN AND PARENTS OF OUR COMMUNITY WERE ABLE TO SEE AND HEAR THE POSITIVE KIDS WHEN THEY VISITED OUR CHURCH. THE IMPACT THEY MADE IN THE LIVES OF OUR CHILDREN MAY NOT BE FULLY EVIDENT FOR A NUMBER OF YEARS BUT I AM SURE IN SOME WAY IT WILL AID IN THEIR SAYING NO TO DRUGS.

SAUSTIN, I BELIEVE YOUR PROGRAM IS BOTH PRACTICAL AND INSPIRATIONAL AND EASILY UNDERSTOOD BY PEOPLE OF ALL AGES. IN FACT WITH THE PEER PRESSURES OUR CHILDREN FACE FROM DAY-TO-DAY AN EDUCATIONAL PROGRAM WITH A SIMPLE MESSAGE MAY BE EXACTLY WHAT IS NEEDED. I BELIEVE THE POSITIVE KIDS IS THAT PROGRAM.

I BELIEVE A LARGE PART OF THE EFFECT OF YOUR PROGRAM IS IN THE "CHILDREN TEACHING CHILDREN" ASPECT. BECAUSE WE ARE SO MOTIVATED BY OUR PEERS IT MAY BE ONE OF THE ONLY MEANS OF REACHING A GENERATION THAT CAN Usher IN A "DRUG FREE" SOCIETY. TRUE FREEDOM IS CHRIST PLUS NOTHING, AND THAT INCLUDES DRUGS. THIS MESSAGE (GOOD HEALTH, AND NO DEPENDENCE ON ANY SUBSTANCE) IS NEEDED IN ENCOURAGING A PURE AND CHRIST HONORING LIFESTYLE.

SAUSTIN, I LOOK FORWARD TO SEEING YOUR PROGRAM AGAIN WITH ANOTHER GROUP OF PARENTS AND CHILDREN. MAY THE LORD BLESS AND KEEP YOU IN YOUR CONTINUED WORK AND SERVICE FOR OUR LORD.

YOURS, IN HIS SERVICE

HERMAN D. WASHINGTON
PASTOR-TEACHER
July 25, 1990

Saustin Mfune
5602 Hollywood Road
Saint Joseph, MI 49085

Dear Saustin:

I wanted to drop you a line expressing my sincere appreciation to you and your "Positive Kids" for sharing your music ministry with the earliteen division at General Conference. I am convinced that God sent you to us that Sabbath. Not only did you and your young people bale me out because the music that was originally supposed to show up did not, but your young people presented a positive message about healthful living to the earliteens gathered that Sabbath.

Again, I want to say thank you so very much for sharing your ministry with us. May the Lord richly bless you and your music ministry is my sincere desire.

With much appreciation,

John R. Loor, Jr., Associate Director
Church Ministries/Youth

kh
Berrien Springs - Oronoko
Police Department
112 NORTH CASS STREET
P.O. BOX 182
Berrien Springs, Michigan 49103-0182

April 10, 1989

Mr. Saustin Mfune
5602 Hollywood Rd.
St. Joseph, MI. 49085

Dear Mr. Mfune:

I would like to compliment and thank you regarding your program on Sunday, April 2, 1989, held at the Andrews Academy.

The Postive Kids Say No to Drugs, Say Yes to Life Program was very well done and delivered a simple, but effective, message.

Seeing the rise in drug use and abuse amongst young people, the message needs to get out to our youngsters at an early age.

We appreciate your help and dedication in making our community a safer place. Thank all who helped; we commend you.

Sincerely,

James Kesterke
Chief of Police
& Staff

JEK/dm
November 8, 1989

Mr. Saustin Mfune  
5602 Hollywood Rd  
St Joseph, Michigan 49085

Dear Saustin:

I would like to thank you for your kindness in coming to share your message of hope and courage in the fight against drugs. Your innovative and creative style and production with the Positive Kids must be applauded. Your work was brought to my attention by Howard Rogers one of my Graduate Assistants, and now I can share his enthusiasm because I have seen it myself.

I understand you are a student completing your doctorate, let me congratulate you and on behalf of the residents of Meier and Burman halls please accept our heartfelt appreciation. You would like to know, your program was very much appreciated. They really enjoyed the Positive Kids. Here is a small token of our appreciation. I know they will enjoy it. Much success in your work and endeavors with the Positive Kids.

Sincerely Yours,

[Signature]

Donald Murray  
Resident Halls Dean of Men  
Andrews University.
Cassopolis Public Schools

January 25, 1991

Mr. Saustin Mfune
Positive Kid's Director
5602 Hollywood Road
St. Joseph, MI 49085

Dear Mr. Mfune:

The Parent-Teacher Organization of Squires Elementary School would like to invite you to perform for our youth during Black History Month in February. Your presence would be greatly appreciated.

We planned to have our program on February 16, 1991 from 2:00 P.M. to 4:00 P.M. Please let us know if you'd be available to perform on that day. We are looking forward to seeing you!

Yours truly,

Lois Owen, President
Squires P.T.O.
February 18, 1991

Mr. Saustin Mfune
Positive Kid's Director
5602 Hollywood Road
St. Joseph, MI 49085

Dear Mr. Mfune:

The Squires School and Sam Adams Middle School staffs and parents extend our thanks to you and the Positive Kid's Singers for taking your time to share your talents with our youngsters. Your performance was extremely powerful and indeed gave positive messages to our young minds.

Please accept our heartfelt thanks to you and your singers. Good luck to all!

Sincerely,

Felomina Patton
Assistant Principal
Squires Elementary School
October 25, 1991

S austin Mfune
THE POSITIVE KIDS Director
5602 Hollywood Rd.
St. Joseph, MI 49085

Dear Saustin,

I want to thank you for the beautiful opportunity you have given me as an elementary music teacher to feed 5th grade children the positive healthful concepts contained in your musical, "Say No To Drugs!" I believe the songs, long after they are performed in December we be a reminder to them to say "no" to the many temptations surrounding them, including drugs. As a result of this musical, these children will be prompted to take care of their bodies and stay healthy as they grow into adults. I find the tunes in my mind often when I awaken in the morning. Today I was thinking, "drink alot of water every day" - and still humming it as I entered the classroom. The melodies and rhythms are 'catchy' and singable. The response to working on the musical is very enthusiastic. Many of your son Dumi's classmates have personality challenges, largely due to poor home environment - they are troubled children - yet, they are totally responsive and excited about this musical and working hard to learn the music and lines.

Congratulations on developing a beautiful, direct and simple vehicle for instilling concepts in children that will make a difference in the important choices they make as they grow into adults.

Thank you so much for allowing Dumi's class here at Hollywood Elementary to perform the musical for the student body and teachers!

Sincerely,

Nancy Spitters
Elementary Music Teacher
"POSITIVE KIDS"
SAY NO
TO DRUGS
SAY YES TO LIFE

PART ONE
POSITIVE KIDS SINGERS
SELECTED BIBLIOGRAPHY

Books


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The New King James Version.


Journals


Danser, Donald B., Everett L. Worthington, Jr., Cynthia A. Clark, and James T. Berry, "Effects of Theological Belief and Church Attendance on Parental Beliefs and Behaviors in Families of Preadolescent First Sons," Family Perspective 22 (1988): 88-100.


Gackenbach, Jayne and Jane Bosveld, "Twilight Zones; sleep can be more than just a Rest Period," Omni 12 (November 1989): 75-78.


Miscellaneous


"Noon News" CNN Television Broadcast, 27 October 1990.

"World Harvest" on a Religious Broadcasting Program Television Station, WHEM 46, in South Bend, IN: 1991.

Unpublished works

Donahue, Phil. *Phil Donahue's TV talk show manuscript number 2954.* "Pregnant Crack Addicts", May 25, 1990, 6,7.


V I T A

Saustin Sampson Kazgeba Mfune

Born: May 19, 1953. Malawi, Africa.

Married to former Gertrude Eddie Kachere, Malawi.

Father of two boys - Dumisani and Dingani Jack.

Education.

Diploma in Theology - Solusi College, Zimbabwe, Africa in 1978.
Bachelor of Theology - Solusi College, Zimbabwe, Africa in 1982.
Master of Divinity - Theological Seminary, Andrews University,

WORK EXPERIENCE.

Duties: District Pastor. Three churches.

Mponela District, Malawi, 1979 to December 1979.
Duties: District Pastor. Four churches and eight companies.

Duties: District Pastor and Mission director. Three churches and six companies.

Departmental Director:

Duties: 1. Developing and implementing programs for young people from birth to age 30.
2. Coordinating Lay peoples activities and Evangelistic duties.

Duties: District Pastor. Three churches and four companies.

2. Teaching Religious Studies and World History.
3. Counselling workers and students.


**Duties:** Marked University entrance Bible examinations for Malawi Government Education Dept.

**PUBLICATIONS.**

**Poetry:**

**Book manuscript:**

**Music productions:**
"Positive Kids-Say No to Drugs and Yes To Life,"

(As from 1988, established a "Say No To Drugs" group for young kids ages 5 to 12 at Andrews University. Goals and objectives of this group has been to teach children the importance of leaving a drug free life style and show means and ways of how one can develop a positive attitude towards life. This group has received recognition in Southern Michigan has performed extensively.

The Positive Kids Group performed at the General Conference Session, in Indianapolis, 1990.)