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AN EXPLORATORY AND DESCRIPTIVE STUDY ON THE BEHAVIOUR AND ATTITUDES OF ONTARIO TEENAGERS TO ALCOHOL AND DRUGS

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES THROUGH THE
DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF ARTS AT THE
UNIVERSITY OF WINDSOR
1969

BY

REV. J.G. DENYS, M.A.
UNIVERSITY OF WINDSOR
1968

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ABSTRACT

The Alcohol and Drug Concerns, Inc., has as one of its main objectives the provision of educational services for young people in the areas of alcohol and drugs. For this reason it authorized a research project to explore and describe the behaviour and attitudes of teenagers interested in Toc Alpha, the youth section of the Alcohol and Drugs Concerns, Inc.

The exploratory and descriptive study conducted during the 1968 Christmas Convention of Toc Alpha, known as 'Vision 68', had the following objectives:

1. to determine the representativeness of the delegates attending 'Vision 68', compared to the corresponding age group in Ontario, and to the group of delegates who attended 'Vision 67', the convention held the previous year;

2. to find out the incidence of use of alcohol and drugs amongst the delegates;

3. to ascertain the behaviour and attitudes of the delegates with regard to alcohol and drugs; and

4. to compare the delegates' consumption of and attitude toward alcohol and drugs with the results of studies on other teenage groups.

The method used to elicit this factual, attitudinal and descriptive information was a combination of a self-administered questionnaire schedule and tape recordings of group discussions,

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delegate evaluations, and seminars, all of which took place during the Twelfth Annual Youth Conference on Alcohol and Drug Problems held at Niagara Falls, Ontario, December 27-30, 1968.

The analysis involved 735 Ontario Teenagers between the ages of fifteen and nineteen, or 81% of the delegates to the Conference. The remaining 19% were delegates from outside the Province of Ontario, delegates beyond the fifteen to nineteen year's age range, and delegates administering the questionnaire or leading group discussions. The participants were reassured that the study was completely voluntary and confidential, that no persons, schools, employers, or churches would be identified nor would any answers be used against them in any way whatsoever.

Taking the census as a basis of comparison, it was concluded that the Toc Alpha group to 'Vision 68' was not representative of the fifteen to nineteen year old Ontario population because of differences in sex distribution, age, regional location, religious affiliation, occupation of "chief breadwinner", and parental drinking attitudes. Delegates to 'Vision 68' were also found to differ from delegates to 'Vision 67' in age distribution, population of place of residence, regional distribution and parental drinking attitudes.

More than three-quarters of the delegates reported having consumed beverage alcohol at least once. More male than female delegates, and more urban than rural delegates had tried alcohol. More abstainers came from religious backgrounds that disapproved of drinking than from those that approved. Delegates with higher socio-economic backgrounds reported more users than those of lower socio-economic background.

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One-fifth of the delegates had consumed drugs at least once. Two-thirds of the consumers were males. Roman Catholics were under-represented in drug use. The most commonly reported source of drugs was friends. The most common company at the time of consumption was peer groups. A greater percentage of delegates from families with lower income and lower level of education reported the use of drugs.

It was concluded that the Toc Alpha delegates to 'Vision 68' were pace-setters or leaders. Hence, they conformed more closely to norms of alcohol and drug consumption than their peer groups.

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PREFACE

Much has been written about the use and abuse of alcoholic beverages and harmful drugs amongst teenagers. Judging from the conflicting reports in newspapers, magazines, and books, the conclusion is easily drawn that no one really knows what the situation is in terms of the nature of, the attitudes toward, and the extent of the use of alcohol and drugs. This study is an attempt to determine the incidence of and the attitudes toward consumption of alcohol and drugs amongst a selected group of Ontario teenagers who were delegates to Toc Alpha's 1968 Christmas Convention held at Niagara Falls, Ontario.

The author is deeply indebted to Mr. P. Bennett, former Youth Director of Toc Alpha, for suggesting and encouraging the undertaking of this study; to the Toc Alpha delegates for their generous cooperation, and expecially to Mr. and Mrs. R. Stallworthy for supervising the tabulation of data; to Dr. C. Aharan, Mr. R. Smart, Rev. K. Jaggs, Mr. P. Freel, and Miss Ann McCullough, from the Addiction Research Foundation, and Mrs. W. Zatiokal and Mr. M. Pope from the Department of National Health and Welfare, for their contribution in the form of much needed backgound material; to Miss Linda Menard from the University of Windsor Computer Centre, for her valuable help in setting up programmes for statistical analysis; and to Mrs. E. Baggio and Miss C. Dietrich, especially for editing and typing this thesis. He especially wishes to express his sincere gratitude to

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Dr. A. Diemer, and Dr. M.L. Dietz from the Department of Sociology and Anthropology for their unfailing interest, advice, and direction, in giving this thesis its final form, and to Dr. J. Hoffman from the Department of Theology for patiently reading and scrutinizing the completed draft. Finally, he wishes to thank Most Rev. G. E. Carter, D.D., Bishop of London, for the opportunity to continue his studies in Sociology.

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CHAPTER I

INTRODUCTION

A. Basic Orientation.

Two major problems associated with young people today revolve around the consumption of beverage alcohol and harmful drugs. The press has given special prominence to these questions, in part reflecting the social concern of the general public, and in part increasing the concern and creating misconceptions as well.[1] Articles in newspapers, magazines, and books offer a maelstrom of conflicting information as to the nature and amount of alcohol and drug use,[2] the possible harmful effects,[3] the number of teens who are consuming,[4] and the attitudes of these teens toward such consumption.[5] At best, the presentation of such variant and questionable information germinates only greater confusion and apprehension in the minds of both teens and

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[1]See Appendix F of this thesis for a selection of articles drawn from the news media over the past three years on the basis of their representativeness.

[2]In Appendix F, compare, for instance, pp. 1,4,12,13,54-55, 56-59,60-61,70,86-89, with pp. 2,5-6,9-10,14-16,30-31,66-67.

[3]Loc. cit., pp. 21-22, 62-63,81-82, and the charts at the end of Appendix F.

[4]Loc. cit., pp. 45-46,64-65,71-74.

[5]Loc. cit., pp. 24,37-38,41-42,70.

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adults.

There are, however, organizations genuinely interested in establishing relevant educational programmes aimed at informing young people. One such organization is the Alcohol and Drug Concerns, Inc. In 1957 it established Toc Alpha, a youth organization concerned specifically with, "providing scientific information of a reliable and relevant nature, presented objectively and constructively, in order that young people may be encouraged to make intelligent decisions about drinking and the use of drugs."[6]

B. Definition of the Research Problem.

Toc Alpha invited the author to act as research director for its educational programming. He felt that a scientific study would be extremely helpful in making known what teenagers actually think and do in relation to alcohol and drugs, and in determining what type of educational programmes, if any, should be developed. Although some

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[6]Toc Alpha. Pamphlet published by the alcohol and Drug Concerns, Inc. Toc Alpha has adopted the following approach in the education of Youth. It proposed: to distribute factual and relevant literature on alcohol and drug problems of interest and concern to youth; to examine responsible attitudes to alcohol and harmful drugs with a view to resolving problems arising from their use; and to encourage the development of a youth movement to help fellow teenagers find satisfactory substitutes for drinking and drug taking through a program of observation, education, and recreation. These three points were formulated from notes taken at the September meeting of the Alcohol and Drug Concern, Inc. Board of Directors' subcommittee on Youth. Subsequent to this meeting the Toc Alpha executive decided to subdivide this method of approach as shown on p. 19 of Appendix H.

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systematic research on teenage drinking[7] and drug consumption[8] has already taken place in the United States over the past twenty years, the same is not the case in Canada where very little research has been done in these areas.[9]

---

[7]See R.G. McCarthy, Teenagers and Alcohol, (New Haven, Connecticut: Publications Divisions, Yale Center of Alcohol Studies, 1956); also G.L. Maddox, "Teenage Drinking in the United States", in D.J. Pittman, and C.R. Snyder, (eds.), Society, Culture and Drinking Patterns (New York: John Wiley & Sons, Inc., 1962), pp. 230-245; G.L. Maddox, and B.C. McCall, Drinking Among Teenagers,(New Brunswick, New Jersey: Rutgers Center of Alcohol Studies, 1964); M. Bacon, and M.B. Jones, Teenage Drinking,(New York: Thomas Y. Crowell Co., 1968), and R. Akens, and J. King, Teenage Drinking,(Seattle: Northwestern Mutual, 1968). See also "Alcoholism Report 'Unrealistic'", an excerpt from, 'The Toronto Star', Oct. 14, 1967, reprinted in Appendix F of this thesis, pp. 14-16.

[8]See J.A. O'Donnell and J.C. Ball, (eds.), Narcotic Addiction (New York: Harper & Row, 1966), especially the articles by J.P. Fort, H.S. Becker, and I. Chein, on pp. 76-91, 109-122, 123-141, respectively: see also "Liquor Bills are Lower at Parties with Alcohol Yielding to drugs, an excerpt from the 'Globe and Mail', January 12, 1968, reprinted in Appendix F of this thesis, pp. 37-38.

[9]In January 1969, the Addiction Research Foundation of Toronto published, 'A Pre liminary Report on the Attitudes and Behaviour of Toronto Students in Relation to Drugs' based on a survey involving 6,447 students from grades seven to thirteen representing all Metropolitan Toronto boroughs and separate schools. In March 1969, the school Medical Department of the London Board of Education also launched a survey as an attempt to find out the practice, knowledge and attitudes of young people about drugs ranging from alcohol to glue. Outside the Province of Ontario, two more research projects are also taking shape; one at the University of Laval under the direction of Mme. Radonco-Thomas; the other at Dalhousie University, formulated by Professor Paul E. Whitehead. Unfortunately, information for comparative purposes from the latter three studies will not be available until the summer of 1969. As far as teens and alcohol is concerned, again little information is presently available. The Alcohol and Drug Research Foundation did a case-finding survey of Alcoholism and Alcoholic tendencies in Frontenac County, Ontario, in 1961, but its results left much to be desired. R. Holloway did a limited study on 'Student Drinking' in Winnipeg, Manitoba in 1964. Other than this two Gallop Pole surveys appeared in the news media dealing with teenagers and drinking. See "Port Dover Students Poll Nation's Youth on Ideas, Ideals, Issues", in 'The London Free Press;,' December 8, 1967; and, "Time for a New Look at Alcohol" in the 'Toronto Star', January 2, 1968, both reprinted in Appendix F of this thesis pp. 25-27.

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Hence, the author wanted to find out the practice, knowledge, and attitudes of the young people attending Toc Alpha conventions regarding alcohol and drugs. Secondly, he wanted to know what kind of teenagers attended Toc Alpha conventions, and how representative these teenagers were of the teenage population in Ontario. Thirdly, he wanted to compare the delegates attending 'Vision 68' to those who attended 'Vision 67', to see if 'Vision 68' attracted the same type of teenager despite a change in recruiting policy. Finally, he wanted to determine whether or not the delegates' use of and attitudes toward alcohol and drugs differed significantly from those of teenagers of the same age found in other studies, and if they differed significantly, what were the reasons for this difference.

C. Objectives.

Thus, the author defined four objectives for the research project:

1. to determine the representativeness of the delegates attending 'Vision 68', compared to the corresponding age group in Ontario, and to the group of delegates who attended 'Vision 67'.

2. to find out the incidence of use of alcohol and drugs amongst the delegates.

3. to ascertain the behaviour and attitudes of the delegates with regards to alcohol and drugs.

4. to compare the delegates' consumption of and attitude toward alcohol and drugs with the results of studies on other teenage groups.

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CHAPTER II

REVIEW OF RELATED LITERATURE

A. Literature Related to Alcohol.

From a review of related literature, it was obvious that both in Canada and the United States, a majority of adults drink at least on occasion; that children seldom drink except in subgroups like the Italians and the Jews; and that teenagers are supposed to be abstinent by custom and law; but in reality they are not.[1] The question of teenage drinking has thus become the subject of a great deal of speculation and guesswork. Yet this guesswork has become increasingly unnecessary as research on what teenagers are thinking and doing about alcohol is being accumulated.[2] The results now available, limited as they are, are preferable to impressions and guesswork of undertermined accuracy.[3] In the press, on radio, and television, teenage drinking is freguently mentioned as a social problem that should be dealt with by some sort of repressive measures.[4] The news media reflects to a large extent the concerned views of many parents, ministers, educators and legislators who show considerable

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[1]George L. Maddox, "Teenage Drinking in the United States," in Society, Culture and Drinking Patterns, ed. by D.J. Pittman and C.R. Snyder, (New York: John Wiley and Sons, Inc., 1962), p. 230.

[2]Ibid. In Canada, see Addiction Research Foundation, op. cit. et passim; also A. McCullough, op. cit.

[3]Appendix F shows a variety of contradictory opinions on teenage drinking.

[4]Margaret Bacon and Mary Bush Jones, Teenage Drinking, (New York: Thomas Y. Crowell Company, 1968), p. 1.

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interest in the upbringing of teenagers.[5] Their opinions, attitudes and beliefs have some basis in history upon which they rest for validity.[6]

Specifically, their concern can be traced to the beginnings of the Temperance movements in the United States (1830), and in Canada (1860).

> "In the early years of the nineteenth century people became concerned over the obvious problems that can result from the misuse of alcohol, and they joined together to urge moderation, or temperance in the drinking of alcoholic beverages. They were a sincere and dedicated group, committed to the solution of social problem, and their efforts were in the great tradition of the American reform movements. Their movement grew and attracted many Church groups. And then, through the years, their goals began to change, so that by the middle of the century, they had come to view that all drinking was essentially evil and that the only solution to the problems of alcohol lay in complete abstinence for everyone."[7]

The united aggressive action of the Temperance Forces in the U.S. managed to get the Eighteenth Amendment[8] passed and ratified in 1917. The ratification of these articles meant that the manufacture, sale, and transportation of intoxication liquors for beverage purposes within the United States and all territory subject to its jurisdiction, was forbidden. In 1919 Congress passed the "Volstead Act" to enforce the Federal Prohibition proposed by the Eighteenth

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[5]The Temperance Movements, both in Canada and the United States, claim that the motive for their efforts is sincere concern for the Christian upbringing of youth.

[6]Leon Festinger, "Informal Social Communication", in Group Dynamics, ed., by Dorwin Cartwright and Alvin Zander, (New York: Harper and Row Publishers, 1968), pp. 182-191.

[7]M. Bacon and M.J. Bush, op. cit., p. 2.

[8]Andrew Sinclair, Prohibition, The Era of Excess, (Boston's Little, Brown and Company, 1962), pp. 164-165. Although the House passed the Amendment by 282 votes to 128, it took fourteen months for the necessary 36 States to ratify it, and 2 States, Connecticut and Rhode Island, never ratified.

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Amendment.[9] To the Temperance forces this was the peak of progress in an achievement oriented society.[10] They prophecied that 'Prohibition' would free all Americans from the ever-present threat to self-control bottled up in liquor, thus permitting them to achieve their ambitions without constant danger to their will power.

But millions of Americans continued to drink; liquor still enhanced the pleasures of social life. Since it could not be manufactured, transported or sold legally, illegal outlets developed all over the country together with lawlessness and crime unprecedented in American life. Fourteen years after enacting the 'Volstead Act', Congress repealed the Eighteenth Amendment; however, the attitudes that permeated the "wet-dry" battle continued to influence the United States.

During the "wet-dry" struggle in the U.S., temperance forces were also hard at work in Canada.[11] In 1854 the Canadian Prohibition Liquor Law League introduced a bill into Parliament asking for the prohibition of manufacture, sale and transportation of intoxicating liquors. The Bill was thrown out of Parliament on a technical point. This only served to unify the temperance movement. With renewed impetus it started to work on 'Prohibition' piecemeal. By 1859 it successfully pressured the legislature of Upper Canada into passing an act restraining the sale of liquors from Saturday night to Monday morning. In 1863 it urged the passing of the 'Dunkin Act'

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[9] Ibid.

[10] Harrison M. Trice, Alcoholism in America, (New York: McGraw-Hill Book Company, 1966), p. 13.

[11] R.E. Spence, Prohibition in Canada, (Toronto: The Ontario Branch of the Dominion Alliance, 1919), p. 85 ff.; also W. Hardgrave, Dominion Prohibitory Law, (Toronto: The Authors' Publishing Co., 1897).

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which would give to counties, cities, towns, and villages of Ontario and Quebec, authority to prohibit by popular vote the retail sale of liquor within their respective limits. The Act was never uniformly adopted, however, and in nearly all cases it was repealed after a time of imperfect enforcement.[12] After the questionable success of the 'Dunkin Act' the Temperance movement introduced into the Ontario Assembly yet another Bill, "The Crook's Act of 1876", to limit the number of licences to be granted in every municipality and to provide for all sorts of restrictions on three kinds of licences, wholesale, tavern, and shop. The Crook's Act later became the foundation of the Ontario liquor licensing system.[13] As the battle gained momentum the temperance forces formed a 'Dominion Prohibitory Council' for the express purpose of applying pressure to the Federal Parliament to enact a Dominion wide law "prohibiting the manufacture, importation and sale of intoxicating liquor as a beverage."[14] This resulted in the passing of 'The Canada Temperance Act' in 1878, based on the 'Dunkin Act' but applicable to all of Canada. It provided for total prohibition by local options which could not be revoked for three years and then only upon reversal of the poll. By 1884, the Canada Temperance, or Scott Act, was adopted by electorial vote in nearly the whole of the Province of Ontario. In 1888, however, a Royal Commission Report[15] showed that the operation of the 'Scott Act' was not at all conducive to the morals of the people and that the law was

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[12] R.E. Spence, op. cit., p. 100.

[13] Ibid.

[14] Ibid. p. 116.

[15] Report of the Royal Commission on the 'Scott Act', Toronto Globe, April 24th, 1888.

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systematically disregarded. Lack of popularity and unsatisfactory enforcement forced its repeal by the people of Ontario in 1889.[16] But, just as it happened in the United States, so also in Ontario, the repeal of the law could not pronounce a moritorium on strongly embedded attitudes. The wet-dry battle was indicative of ambivalence on the use of alcohol. The "wets" stressed the relaxation and sociability associated with the use of alcohol; the "drys" equated alcohol consumption with moral decadence.[17]

The effect of the ambivalent attitudes to the use of alcohol is perhaps most clearly illustrated when it comes to the question of teenage drinking. Every protective impulse of parents, clergy, educators and legislators seems to be geared to making sure that teens do not consume alcoholic beverages, lest they become morally corrupt.[18] Teenage drinking is regarded with aversion and alarm. This negative attitude becomes a major influence in the teen's decision to drink or not to drink.

On the other hand, teenagers also get a very attractive image of drinking from adults. Best-selling novels imply that drinking is essential to social interaction.[19] Television commercials, newspaper and magazine advertisements, juxtapose drinking with free-flowing conversation, getting along with people, and generally having a good time.[20] Even more important is its association with relaxation

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[16] W. Hardgrave, op. cit., p.5.

[17] H.M. Trice, op. cit., pp. 14-15.

[18] M. Bacon, and M.J. Bush, op. cit., pp. 3-4; also G. Maddox, and B. McCall, op. cit., introduction.

[19] Harold W. Pfautz, "The Wage of Alcohol in Popular Fiction: 1900-1904 and 1946-1950," in Quarterly Journal of Studies on Alcohol, (23, 1962), pp. 131-145.

[20] Cf. Appendix F; also Sheldon Bacon, "Alcohol and Complex Society", in D.J. Pittman, and C.R. Snyder, op.cit., pp. 78-100.

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and release of tension:

> "American civilization provides few, if any, organized occasions when release of accumulated tensions can take place. Many drinking situations and drinking groups aid in releasing such tension through increased talking, singing, and dancing."[21]

All these factors are very appealing to teenagers trying to escape social pressures and attempting to make friends. Hence, they are attracted to the common adult use of alcohol as a social lubricant.[22]

Another major influence in a teenager's decision to drink or not to drink is pressure from his peer groups.[23] Alexander and Campbell found that informal social pressures toward drinking may be operative within the adolescent subculture, and hypothesized that, "the adolescent is more likely to drink when his friends do than when they do not, (when perceived parental attitudes are held constant),[24] because the individual seeks social support for his own behaviour. They added that, "the More drinking friends a drinker has, the more likely he is to use alcohol frequently.[25] Moreover, they found that

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[21]H.M. Trice, op. cit., p. 16.

[22]G.L. Maddox, op. cit., p. 232.

[23]C.M. Alexander Jr. and E.Q. Campbell, Peer Influences on Adolescent Drinking," Quarterly Journal of Studies on Alcohol, (28, 1967), pp. 444-453. On pressure to drink from peer groups, see also: C.M. Alexander Jr., "Consensus and Mutual Attraction in Natural Cliques: A Study of Adolescent Drinking," in American Journal of Sociology, (69, 1964), pp. 395-403; also D. Cartright and A. Zander, op. cit., p. 183; and E.M. Rogers, "Reference Group Influences on Student Drinking Behaviour," in Quarterly Journal of Studies on Alcohol, (19, 1958), pp. 244-254.

[24]C.M. Alexander, and E.D. Campbell, op. cit. p. 447.

[25]Ibid., p. 448.

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social pressure from the peer group may cause exploratory behaviour on the part of the non-drinker, or at least change his intentions about drinking in the future. This study concluded that the behaviour of the adolescent's friends not only is important in determining whether or not he will begin drinking, but also influences other behaviour and attitudes towards alcohol.[26]

Another factor which seems to influence teenagers to drink is the insecurity of adolescence. During adolescence, teens are in transition between childhood roles and adult roles. Straus points out that in the process of becoming 'adult', they seek adult identity at least in a symbolic way:

> "They tend to press for symbolic adult status and to reject symbols of repressive authority. Drinking behavior provides an apt symbol of the achievement of adult status since it is defined legally as an adult privilege. At the same time, restrictions against teenage drinking, provide the symbolic "red flag" for the rejection of authority."[27]

Drinking, therefore, tends to be associated with adulthood, and teens may use alcohol as a symbol of 'having arrived'.

Strauss and Bacon point out several other factors which must be considered in exploring teenage drinking.[28] In their survey of "Drinking in College", they discovered that age and sex can cause

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[26] Ibid., p. 450.

[27] Robert Straus, "Alcohol", in R.K. Merton, and R.O. Nisbet, Contemporary Social Problems, (New York: Harcourt, Brace and World, Inc., 1966), p. 255. Also T. Parsons, and R.F. Bales, Family, Socialization and Interaction Process, (The Free Press of Glencoe, 1955), p. 44.

[28] Robert Straus, and Sheldon Bacon, op. cit., et passim; also D.J. Pittman and C.R. Snyder, op. cit., pp. 232-233 and, H. Trice, op. cit., pp. 19-24.

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important variations both in the use of and attitude toward alcoholic beverages.[29] The highest percentage of drinkers and the greatest consumption of alcohol in young adulthood seem to be concentrated in the eighteen- to twenty-one year age category roughly corresponding to college years. This may be due to the permissive atmosphere of the university and/or the pressure of work. The quantity and frequency of drinking are also related to the sex of the drinker. In study after study, consistently more males than females are reported as drinkers. In Western society, drinking has been chiefly a male practice until recently when the trend moved toward less sex difference especially in the higher classes.[30] Social class also has an effect on drinking behaviour. Straus and Bacon found that the incidence of drinkers increased with higher income.[31] Riley and Marden concluded that as education and income increased there was a steady rise in the number of drinkers, in the frequency of drinking, and in the expense patterns of drinking.[32] Moreover, they found that differences in religious affiliations were consistent with the different sanctions on drinking.[33] The Jews, who had no sanctions, had the highest incidence of drinking

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[29] Robert Straus, and Sheldon Bacon, op. cit., pp. 106-108 and pp. 72-74.

[30] H. Trice, op. cit., p. 20.

[31] R. Straus, and S. Bacon, op. cit., pp. 40-50.

[32] J.W. Riley, and C.F. Marden, "The Social Pattern of Alcoholic Drinking", in Quarterly Journal of Studies on Alcohol, (8, 1947), pp. 265-273.

[33] R. Straus, and S. Bacon, op. cit., pp. 50-52. It should be noted here that although the Jews reported the highest proportion of drinkers, they have a very low proportion of heavy drinkers and heavy-escape drinkers, while the proportion of heavy drinkers and heavy escape drinkers is high among the Protestant denominations (Baptists, Methodists) which are more conservative in their attitude to drinking. Cf. D. Cahalan and T.H. Cisin, "American Drinking Practices," in Quarterly Journal of Studies on Alcohol (Vol. 29, 1, March 1968), pp. 130-151.

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followed by Roman Catholics who had limited sanctions. The Protestant denominations were divided on the issue of drinking ranging from those who had a lenient view to those who stringently forbade any use of beverage alcohol. Lastly, Popham found a difference in rural-urban drinking patterns.[34] In his study, he discovered that farm and small village areas have fewer drinkers and less heavy drinking than do urban, industrialized areas. He also found that, as rural people moved to the city, the number of drinkers and frequency of drinking would go up. All these factors, then, must be taken into account in considering adolescent drinking behaviour.

In summary, a review of literature related to alcohol establishes the following points which provide a background for this study project.[35] Hypothesis

1. Drinking in the U.S. and Canada is common adult behaviour.

2. It is social behavior subject to group influences and controls. People learn shared rules specifying who drinks what, when, where, and how. In Western society there is, however, an ambivalence toward drinking.

3. Age, sex, religious affiliation, regional location, and class are factors which influence drinking behaviour in Western society.

4. Drinking as perceived by teenagers has both positive and negative functions.

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[34] R.E. Popham, "Some Social and Cultural Aspects of Alcoholism," in Canadian Psychiatric Association Journal, (4, 1959), p.222-228.

[35] See George L. Maddox, and Bevode C. McCall, Drinking Among Teenagers, (New Brunswick, New Jersey: Publications Division, Rutgers Center of Alcohol Studies, 1964), p. 24; also, J.W. Riley, and C.F. Madden, "The Social Pattern of Alcoholic Drinking," in Quarterly Journal of Studies on Alcohol, (8, 1967), pp. 265-273.

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B. Literature related to Drugs.

A review of literature related to alcohol and drugs brings out the fact that teenage drinking and drug taking have been treated as quite different activities from a social and cultural point of view.[36] Drinking is viewed as a widespread social custom in Western society; the taking of drugs is not. Teenagers who drink alcoholic beverages are taking part in an accepted adult custom; but teens who smoke pot or take L.S.D. are not.

The reason for this sharp distinction between the use of alcohol and drugs may be the categorization of marijuana and the hallucinogens into the same class as heroin and morphine, thus stigmatizing the use of all drugs with the same depravity associated with the use of opium derivatives.

Yet drinking and drug taking are not altogether dissimilar. In the first place, both are used for similar reasons. Alcohol is used as a depressant to relieve tension and anxiety,; so are tranquilizers and depressants; alcohol is also used to achieve a level of euphoria; so also are the hallucinogens and euphorics. Secondly, both are associated in the public mind with adolescent social problems.[37] Teens are suspected of using alcohol and/or drugs as a means of revolting against the norms of conventional society and as a way of identifying with a certain type of deviant peer culture.

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[36]M. Bacon and M.J. Bush, op. cit., p. 6.

[37]Charles Winick, "Marijuana Use by Young People," in Drug Addiction in Youth, ed. by Ernest Harms, (London: Pergamon Press, 1965), p. 19 and p. 30; also D.P. Ausubel, "Some Future Directions for Research in Adolescent Drug Addiction," in Adolescence, (Toronto: Ontario Institute for Studies in Education, 1966), p. 72; and G.L. Maddox, and B.C. McCall, op. cit., Introduction.

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Thirdly, both are forms of learned behaviour.[38] Young people do not invent the idea that they should, or should not drink; they learn it; neither do they invent the idea of using drugs; they learn drinking and drug use socially from parents and peers.

There is, however, a difference in the history of the prohibition of alcohol and drugs in North America. In the history of Alcohol Prohibition, there always existed an ambivalence toward the use of alcohol. But not so with drugs except in the very recent past when young people began to use marijuana and the hallucinogens extensively. It is true that at the beginning of the twentieth century the possession and use of narcotics was not a crime, nor did it have the odious image it has today. In fact, the use of opium and its derivatives was generally considered less offensive to public morals than the smoking of cigarettes.[39] But at that time people did not know in many cases that they were using addictive drugs nor did they associate harmful effects with them. Then came the signal of alarm from the Philippines. A connection had been established between opium smoking and narcotic addiction. Immediately laws were passed in Canada and the U.S. to control the domestic sale, use and transfer of opium products.[40] Public concern flared up. The use of heroin or morphine was viewed as "the ultimate in depravity." Then, after World War II, it became fashionable for teens to try marijuana and the

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[38] G.L. Maddox and B.C. McCall, op. cit., pp. 3-8; M.B. Clinard, Sociology of Deviant Behaviour, (New York, Holt, Rinehart and Winston, Inc. 1966), p. 203; also, R.K. Merton, and R.A. Nisbet, op.cit., p. 194 and p. 209.

[39] R. King, "Narcotic Drug Laws and Enforcement Policies," in Law and Contemporary Problems, (22, 1957), p. 113 F.

[40] R.K. Merton, and R.A. Nisbet, op. cit., pp. 201-204.

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hallucinogens. This aroused the protective impulse of parents and interested adults who failed to distinguish between the different kinds of drugs used. With greater scorn than discretion, they denounced any adolescents who would dare to peddle or use drugs of any description. This negative attitude to the use of drugs thus becomes for many teenagers a deterrent in deciding whether or not to use drugs.

Yet teenagers are also given a very subtle positive association with drugs by adults. With or without medical prescription, adults use all sorts of drugs that affect psychic functioning -- tranquilizers, sleeping pills, energizers, hallucinogens, and many other kinds of 'psycho-active drugs'.[41] This massive use of 'mood-modifiers' by normal adult society, be it to relieve pain, to reduce tension and anxiety, or to produce euphoria, sets the stage for a positive association with drugs by teens.[42] Hence, eventhough adults do not outwardly approve the use of drugs; nevertheless, they provide a social learning situation by their own implied attitude toward them.

The major influence, however, in making the decision to use or not to use drugs is probably the attitude and beliefs of peer groups.[43] Lindesmith gives a description of the relationship of the user to the group:

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[41]Paul Talalay, ed., Drugs in Our Society, (Baltimore, M.D.: The John Hopkins Press, 1964), et passim; also Johnathan o'Cole, "Drugs and Control of the Mind," in Control of the Mind, ed. by S.M. Farber, and Roger J. Wilson, (New York: McGraw-Hill Book Co., Inc., 1961), pp. 110-120.

[42]See J. Barfoot, "Adults too have a major Drug Problem," in The Windsor Star, Thursday, April 17, 1969. Miss Barfoot quotes Dr. M. Dymond, Ontario Health Minister; "Drug users in the so-called 'normal' adult society, be it by prescription or illicit means, far outshadow the problem of dependency among youth."

[43]Addiction Research Foundation, op. cit., pp. 63-65, also M.B. Clinard, op. cit., pp. 303-308, and E.M. Rogers, op. cit., et. passim.

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> "[The user] acquires the customs and attitudes which other users impart to him..... He applies to his own conduct the generalized symbols which the group applies to it; this means that the drug user assimilates the attitudes and sentiments which are current in his social milieu."[44]

Friends who smoke marijuana, for instance, want other friends to join in because they have developed a social mystique of sharing in the use of some drugs:

> "Marijuana users frequently like to be with one another when smoking. The satisfaction of re-enforcing the in-group feeling of the user by being with others who are sharing a forbidden pleasure may be great. The relaxation afforded by marijuana may make it relatively easy to express mutual hostilities in a way that is no threatening..... They often sit on cushions and pass the "weed" from one to another, enjoying the effect of the drug..... Some young people may begin marijuana use as one way of being able to become members of a peer group to which they aspire. The use of marijuana may thus affect different kinds of relationships to and functions with particular social groups."[45]

Hence, the decision to use drugs is predominantly affected by peer group influences.

Other factors are also to be taken into account in examining the behavior and attitudes of teens to drugs. One such factor is religious affiliation. The Addiction Research Foundation in a study on Toronto teens found that being Catholic is a strong factor in a student's decision not to use drugs. On the other hand, those who indicated no religious affiliation reported a higher

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[44] A.R. Lindesmith, Opiate Addiction, (Bloomington, Ind.: Principia Press; 1947), p. 89.

[45] Ernest Harms, op. cit., pp. 26-27; see also M. Clinard, op. cit., p. 306.

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incidence of drug use.[46] In a breakdown by sex it was found that a significantly greater number of boys reported drug use.

Lastly, Louria found that availability of drugs in the neighbourhood plays a large part in the decision to use drugs.[47]

In summary, then, the following factors related to the use of drugs provide a frame of reference for this study:

1. Adults project an ambivalent attitude toward drugs: on the one hand they disapprove of adolescent drug consumption; on the other, they take drugs for relief of tension and for feelings of euphoria.
2. Sex, religious affiliation, and availability of drugs in the neighbourhood influence the teen's attitude towards the use of drugs and opportunity for drug use.
3. Drugs as perceived by teenagers have both positive and negative functions for teenagers and for the groups in which they participate.

Hence, a review of the studies on alcohol and drugs, carried out in Canada and the U.S., shows that there is a remarkable similarity in the factors affecting teenage drinking and drug consumption. For this reason, the decision was made to use a similar multiple factor approach to explore and to describe the use of and attitudes toward alcohol and drugs by Toc Alpha delegates.

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[46] Addiction Research Foundation, op. cit., pp. 65-68; also M. Clinard, op. cit., pp. 210-221; and Isidor Chein, "Narcotic Use Among Juveniles", in Narcotic Addiction, ed. by J.A. O'Donnell, and J.C. Ball, (New York: Harper and Row, 1966), pp. 123-141.

[47] Donald B. Louria, The Drug Scene, (New York: McGraw-Hill Book Co., 1968), pp. 32-33.

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CHAPTER III

THE RESEARCH DESIGN

The objectives of the research project indicated that characteristics of both the exploratory and descriptive study design should be utilized.[1] A review of related literature revealed little reliable information on the attitudes of teenagers to alcohol and drug related problems.[2] An exploratory approach seemed appropriate to gain familiarity with, and insights into such attitudes. A second aim of the research was; 1) to describe the unique characteristics of the type of delegates that would attend a Toc Alpha convention; 2) to compare these delegates to the corresponding age group in the Ontario population; 3) to explore the incidence of alcohol and drug consumption by convention delegates; and 4) given the delegates' home and religious background, to examine whether or not the delegates' consumption of, and attitudes toward alcohol and drugs differed significantly from those of the corresponding age group in Ontario. A descriptive approach seemed suitable for this study project.

A. Sample Population.

The group studied consisted of 735 Ontario delegates, 15 to 19 years of age, who attended the 'Vision 68' Christmas Convention of Toc Alpha held, December 27th to 30th, 1968, at Niagara Falls, Ontario.

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[1] C. Selltiz, et. al., Research Methods in Social Relations, (rev. 1 vol. ed., New York: Holt, Rinehart and Winston, 1967), p. 50.

[2] See footnotes Nos. 7 and 9 of Chapter I.

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Excluded from the analyses were 169 delegates, 10 of whom were below and 19 of whom were above the fifteen to nineteen year old age group; 9 were not from Ontario; 60 were involved in compiling and/or distributing the questionnaire; 50 were monitors and/or group discussion leaders; and 11 were absent at the time the questionnaire was being answered. Thus, 735 teenagers, i.e., 81% of the total number of delegates, formed the sample population.

Delegates to 'Vision 68' were selected on the basis of leadership potential and interest in alcohol and drug problems. They reported above average scholastic ability; a high rate of involvement in extra-curricuair school activities; and membership in religious organizations. Four-fifths of the delegates were sponsored by student councils; civic groups interested in the education of teens; and religious organization.

B. Research Method.

The study needed sufficient flexibility for exploration and description so a number of information gathering techniques were considered.[3] Two methods of data collection seemed to be most suitable to the research purpose; a self-administered questionnaire designed to gather factual and descriptive data from the delegates attending the conference;[4] and tape recordings of group discussions, delegate evaluations and seminars. An interview schedule was considered in preference to a questionnaire because it could determine equally well the incidence of alcohol and drug consumption and portray just as accurately the characteristics of the respondents, and

[3]C. Selltiz, op. cit, p. 50 f.

[4]Cf. Appendix A.

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it would have the added advantage of allowing greater flexibility of answers, a characteristic, considered highly desirable for the exploration of areas where there is little basis for knowing what questions to ask or how to formulate them.[5] However, a self-administered questionnaire[6] was finally selected because it cost less; is more easily administrated to large numbers of people simultaneously, and gives greater confidence of anonymity to respondents. Moreover, the response to a group analysis questionnaire, administered to the Toc Alpha delegates at a previous Christmas convention,[7] demonstrated that a complex questionnaire could be handled by these delegates with little difficulty.

The secondary method of data collection was the tape recording of group discussions, delegate evaluations, and seminars with a view to analyzing any relevant data contained therein.[8] This method had the quality of flexibility of the interview schedule and permitted even greater freedom for the delegates to articulate their own feelings and thoughts.

C. PROCEDURES.

Prior to constructing the group analysis questionnaire several steps were taken to gather together preliminary ideas of importance in the area of alcohol and drug consumption.

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[5]C. Selltiz, op. cit. p. 242.

[6]C. Selltiz, op. cit. pp. 238-240; also B.S. Phillips, Social Research Strategy and Tactics, (New York: The Macmillan Company, 1968), p. 14.

[7]A.E. McCullough, Report on Characteristics of Delegates to Toc Alpha convention, December, 1967, (Toronto: Alcohol and Drug Research Foundation, 1968), p. 11.

[8]Cf. Appendix E.

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First, most major newspapers and magazines read in Ontario within the last three years were reviewed for pertinent articles. After collecting the articles a selection of excerpts[9] representative of the divergent views expressed, was examined for the various aspects of the alcohol and drug problem upon which the delegates could be examined. Secondly, literature related to alcohol and drug problems was screened for the attitudes and behaviour of teenagers with regard to alcohol and drug consumption.[10] Thirdly, institutions doing research in problems related to alcohol and drugs[11] were approached for advice on what kind of questions would yield relevant information. Finally, a number of individuals were interviewed because of their practical experience in dealing with problems related to alcohol and drugs.[12]

On the basis of these preliminary investigations, it was decided that the questionnaire should cover the following areas:

1. Autobiographical data.
2. Supply source of alcohol and drugs.
3. Incidence of use by age, sex, religion and type of substance.
4. Delegate attitudes to personal use and use by others.
5. Sources of information.

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[9]The articles selected from the news media appear in Appendix F. Every third article of every divergent point of view was included.

[10]See Appendix G, "Selected Bibliography on Alcohol and Drugs." This selection of books and articles had the two fold purpose of providing a list of reading materials needed as background information for setting up the questionnaire, and of supplying a much needed bibliography for the group discussion leaders who would be in charge of the Convention.

[11]These institutions were, 'The Addiction Research Foundation of Ontario', 'The Alcohol and Drug Concerns, Inc.,' and 'The Consumer Division of the Department of National Health and Welfare, Ottawa.'

[12]Mr. P. Bennet, A.D.C.I.; Mr. Norm McKibben, Alcohol Education Services, Manitoba; Mr. R.E. Smith, National Council of Alcoholism, Rochester and Mr. P. Freel, A.R.F., Windsor.

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In setting up the questionnaire, fixed alternative questions were preferred over open-ended questions because they were simple to administer, provided standardized answers, and cost relatively little to analyze.[13] Many questions included the categories 'other', to provide for alternatives other than the ones offered, and 'don't know', to allow a way out for respondents who did not have a crystallized opinion on a given issue.

The final draft of the questionnaire was composed of seventy questions, and was divided into three parts, parts one and two gathering factual, descriptive and attitudinal information related to alcohol and drug consumption, and part three obtaining autobiographical data.

The preliminary questionnaire was pretested twice in each of the four types of areas described in question 56(a),[14] on delegates who had attended 'Vision 67' but would not be attending 'Vision 68'. The questionnaire was found to be too long and to contain some semantic difficulties. In the final draft, several questions were deleted; others were condensed and/or reworded.

The questionnaire was introduced to the convention delegates after supper on the evening of the second day. At this time the delegates had had a chance to relax and familiarize themselves

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[13]C. Selltiz, op. cit., pp. 257-260.

[14]See Appendix A.

[15]A distinction was drawn between these three items because they differed both as to leadership, time, and setting. The group discussions took place at any time in the 'common' rooms set aside on each floor for this purpose and they were directed by the trained group discussion leaders. The delegate evaluations took place at noon and at night in the special operations room led by the conference chairman, conference coordinator, adult advisor and/or counsellor (Cf. Appendix H, p. 31). The seminars held in conference rooms at scheduled times, were the responsibility of the guest speakers. (Cf. Appendix H. pp. 29-30).

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with the new surroundings without however being unduly influenced by convention procedure. The delegates remained in the main convention hall where they were given 45 minutes to answer the questionnaire individually.

The secondary method for the collection of data was tape recorded group discussions, delegate evaluations, and seminars.[15] Fifty delegate leaders were selected and trained as monitors, group discussion leaders, and conference personnel, on the assumption of establishing greater rapport with the delegates through the selection of teenage directors. The selected leaders were asked to attend at least two of the three leadership conferences arranged monthly prior to the Christmas conference.[16] The first two of these training sessions were informal.[17] The format was left up to the group with a minimal amount of structuring from the training directors. The aim of these sessions was to provide an experience in group-centred leadership. The third session[18] was highly structured and controlled by the directors whose objective was to duplicate as far as possible the projected Christmas conference conditions. In addition to these two complementary types of training experience, the leaders attended information meetings which presented general background knowledge on alcohol and drugs. The delegates were asked to familiarize themselves

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[16]See Appendix H, 'Leadership Training Sessions', pp. 1-14.

[17]These sessions were held at Cedar Glen, October 25-27, 1968, and at Friendly Acres, November 22-24, 1968. Both places were Church sponsored retreat centres.

[18]Cf. Appendix H, "Toc Alpha Training Session", Niagara Falls, Ontario, pp. 3-11.

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with at least some pertinent books in the selected bibliography[19] on alcohol and drugs. These trained leaders presided mainly over the semi-structured group discussions.[20] They made it clear to their groups that they did not wish to participate to any great extent in the discussion, but preferred the delegates themselves to probe the problems of teen life, expecially those related to the use of alcohol and drugs. Moreover, they urged the students to be open and frank, reassuring them that they could say whatever they wished, and that nothing would be used or held against them. They interfered only when the discussion became irrelevant or when it was dominated by one or two people.

Attendance at the group discussions, delegate evaluations and seminars, was optional and all age groups present were represented at the meetings. The size of the gatherings ranged from 10 to 13 per group discussion; from 20 to 30 per delegate evaluation; and from 20 to more than 100 per seminar.

Many group discussions occurred at the request of the delegates who approached a leader in one of the 'common' rooms set aside for this purpose, so it was impossible to keep track of the exact number and length of all the discussions. A total of 30 group discussions, 7 delegate evaluations, and 10 seminars were recorded on tape, each ranging from an hour to two hours in length.

D. ANALYSIS OF DATA.

Two methods of data analysis were used. From the responses

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[19] Cf. Appendix G, "Selected Bibliography on Alcohol and Drugs."

[20] Cf. Footnote 15.

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to the questionnaire, contingency tables were constructed to compare the Toc Alpha group with other groups. Since the responses yielded non-continuous values, the Chi-square statistical test was used to establish significant differences at a probability level of .01.[21]

A simple approach was used for the analysis of tapes.[22] First, the tapes were reviewed for the most significant topics. These turned out to be: alcohol, drugs, sex, religion, education, and community involvement. Next, a number of quotes were taken from the tape recorded conversations referring to each of these topics. These quotes were then organized into 6 reference areas: self, peers, parents, law, school, and new media. The themes were defined by actual quotes recorded on tape. A theme unit was judged to begin with one speaker and to end when he either stopped speaking or changed the subject. The results of the theme analysis of the tapes are included in Appendix E.

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[21] Sidney Siegel, Nonparametric Statistics for the Behavioral Sciences, (New York: McGraw Hill Book Company, 1956), pp. 42-47, 104-110, 175-179.

[22] The approach used here in the analysis of the tape recordings follows that described in "Theme Analysis," in A Preliminary Report on the Attitudes and Behaviour of Toronto Students in relation to Drugs, (Toronto: The Addiction Research Foundation, January, 1969), pp. 17-18.

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CHAPTER 4

RESULTS - PART I:

REPRESENTATIVENESS OF DELEGATES

One objective of this study was to find out the representativeness of the delegates attending 'Vision 68' compared to the corresponding age group in Ontario, and to the delegates who attended the Convention the previous year.[1]

There were several reasons why the delegates to the convention would not be representative of all Ontario young people. First, convention attendance was restricted by both time and finances. The four day convention, held during the Christmas holiday season, would not be attractive to the less studious, who would prefer anything to extra seminars during the first major break in the school year. Also, the delegates were expected to pay $25.00 each for registration in addition to personal travelling expenses and meals. Financial sponsorship was given to 80.1% of the delegates; 65.2% were sponsored by religious organizations; 8.1% by student councils, and 6.8% by civic groups. The church sponsorship of delegates would also tend to be selective. In addition, Toc Alpha had the reputation, rightly or wrongly, of being for total abstainers, and this would create further selectivity.

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[1]The basis of comparison used for the corresponding age group in Ontario was the Ontario Census data from 1961 and 1966. For the delegates attending 'Vision 67', the 'Report on the Characteristics of delegates to Toc Alpha Convention 1967' by Miss Ann McCullough of the 'Toronto Addiction Research Foundation' was used.

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Finally, the delegate recruiting program was set up to attract two types of teenagers; those who had shown leadership potential, and those who were interested in the problems of alcohol and drug consumption. Therefore, it was important to find out in what ways this group differed from other Ontario Youth.

The Ontario Census established definitely that the delegates attending 'Vision 68' were not representative of the fifteen to nineteen year old Ontario population. Differences were found between the two groups in sex ratios; age distribution; regional location; religious affiliation; occupation of "chief breadwinner" in the family; and the parental drinking attitudes.

In the comparison by sex, males were significantly under-represented, accounting for only 41.6% or just over two-fifths of the total group, compared to Ontario where 50.8% or slightly better than half the group were male.

TABLE I

Sex of Toc Alpha delegates between the ages of 15 and 19, compared with the 15 - to 19 - year old population in Ontario, 1966

SEX	TOC ALPHA DELEGATES (N=735)		15 to 19 year old ONTARIO POPULATION (N=599,200)*	
	N	%	N	%
Male	306	41.6	304,394	50.8
Female	429	58.4	294,806	49.2
TOTAL	735	100.0	599,200	100.0

Chi-square = 11:44; df = 1; $p < .01$.

* Population figure taken to nearest hundred from the Census Vital Statistics for 1966, Province of Ontario.

In the age distribution, 32.8% or almost one-third of the Toc Alpha group were seventeen year olds compared to the Ontario

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population which included only 19.6% or less than one-fifth seventeen year olds. The sixteen and seventeen year olds together made up 61.5% or more than three-fifths of the Toc Alpha group, which was 22.3%, i.e., better than one-fifth more than the combined sixteen and seventeen year olds in the Ontario population.

TABLE 2

Toc Alpha delegates between the ages of 15 and 19 attending Toc Alpha convention, compared with the population of Ontario, 1966

AGE IN YEARS	TOC ALPHA DELEGATES (N=735)		15 to 19 year old ONTARIO POPULATION (N=599,200)	
	N	%	N	%
15	123	16.7	121,638	20.3
16	214	29.1	117,443	19.6
17	238	32.4	117,443	19.6
18	118	16.1	119,840	20.0
19	42	5.7	122,836	20.5
TOTAL	735	100.0	599,200	100.0

This age concentration also showed up in the fact that two-thirds of the delegates attending high school were clustered in grades XI and XII, the expected grade level for this age group.

Two criteria were used as basis for regional breakdown. The first was a division into 'rural' and 'urban', based on the Dominion Bureau of Statistic's definition of 'rural' being an area under 1,000 in population, and 'urban' as an area of 1,000 or more in population. A significantly greater proportion of Toc Alpha delegates reported rural residence. More than two-fifths reported being from places less than 1,000 in population compared to the 15 to 19 year old Ontario population which reported only about one-fifth rural residency.

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TABLE 3

Population of Toc Alpha delegate's place of residence compared with 15- to 19- year old population in Ontario, 1966

POPULATION	TOC ALPHA DELEGATES (N=730)*		15- to 19- year old ONTARIO POPULATION (N=599,200)	
	N	%	N	%
Rural	300	41.1	136,018	22.7
Urban	430	58.9	463,182	77.3
TOTAL	730	100.0	599,200	100.0

Chi-square = 50.48; df = 1; $p < .01$.
*5 delegates gave no answer.

This over-representation from rural areas was reflected also in the fact that 26.4% or better than one-quarter of Toc Alpha delegates claimed the occupation of "chief breadwinner" in the family to be "farmer or farm worker", compared to 7.3% or one-fourteenth of the corresponding age group in Ontario. The size of the families of Toc Alpha delegates was also an indicator or rural background. In 1966, the median number of children per family in Ontario[2] was 2.5. Only in communities of 10,000 or less was this median exceeded. But the median number of children for families of Toc Alpha delegates was 3.7 and this median was exceeded especially in 'rural' communities.[3] Almost two-thirds (64.7%) of all the delegates were from rural or town areas.

A second criterion used for regional breakdown was the Addiction Research Foundation's regional structure. All eleven regions within this regional structure were represented by delegates

[2]This information is drawn from the 1966 Ontario Census. A "family" is defined in the Census by the presence of at least one parent and one child.

[3]Three rural families sent three delegates each; twenty sent two delegates each.

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at the convention. However, in comparison with census data, a significant difference in the degree of representation was noted. This difference was due to an under-representation of the Eastern and Metropolitan Toronto regions and an over-representation of the Georgian Bay, Lake St. Clair and Midwestern regions.

TABLE 4

Population distribution by region* of Toc Alpha Delegates and the 15- to 19- year old Ontario Population, 1966

REGION	TOC ALPHA DELEGATES (N=735)		15- to 19- year old ONTARIO POPULATION (N=599,200)	
	N	%	N	%
Eastern	47	6.4	79,094	13.2
Georgian Bay	87	11.9	30,559	5.1
Lake Erie	79	10.7	38,349	6.4
Lake Ontario	35	4.8	32,956	5.5
Lake St. Clair	124	16.9	43,741	7.3
Metropolitan Hamilton	39	5.3	46,738	7.8
Metropolitan Toronto	101	13.8	188,150	31.4
Midwestern	118	16.0	38,948	6.5
Niagara Counties	71	9.6	31,758	5.3
North Eastern	26	3.5	48,535	8.1
North Western	8	1.1	20,372	3.4
TOTAL	735	100.0	599,200	100.0

Chi-square = 168.14; df = 10; $p < .01$.
* Addiction Research Foundation Regional Structure.

Toc Alpha members also differed significantly from the Ontario group in religious affiliation.[4] The United Church of Canada accounted for 72.8% of the delegates, eventhough, according to the 1961 Census data, only 27.4% of the fifteen to nineteen year

[4]The 1961 census data were used here because no data on religious affiliation were collected in the 1966 census.

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olds claimed United Church affiliation. Roman Catholics were under-represented, however, making up only 3.7% of the delegates and yet accounting for 30.5% of the fifteen to nineteen year olds in Ontario.

TABLE 5

Comparison of Religious Affiliation of Toc Alpha Delegates and 15- to 19- year old Ontario Population, 1961

RELIGIOUS DENOMINATION	TOC ALPHA DELEGATES (N=719)*		15- to 19- year old ONTARIO POPULATION (N=437,000)**	
	N	%	N	%
Anglican	33	4.6	76,475	17.5
Baptist	40	5.6	18,791	4.3
Presbyterian	29	4.0	30,153	6.9
Roman Catholic	30	4.2	133,285	30.5
United Church	524	72.8	119,738	27.4
Other***	63	8.8	58,558	13.4
TOTAL	719	100.0	437,000	100.0

Chi-square = 291.65; df = 5; $p < .01$.
* 8 delegates gave no answer; 5 delegates replied "none".
** 4 delegates gave no answer; 13 delegates replied "none".
*** 9 delegates replied "Protestant" to the question, "What is your present religious affiliation, if any?" These responses are included under "other".

A significant difference was found also in the occupations of the "chief breadwinner" in the family reported by Toc Alpha delegates. Delegates who reported the occupation of the family's "chief breadwinner" to be managerial, professional and technical, farmer and farm worker, were disproportionately over-represented, while those who reported clerical, service and recreation, craftsmen, production process and related worker occupations, were under-represented.

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TABLE 6

Occupations of "chief breadwinner" in families of Toc Alpha delegates, compared with the Ontario population, 1961

OCCUPATION	TOC ALPHA DELEGATES (N=719)*		1961 ONTARIO POPULATION (N=437,000)	
	N	%	N	%
Managerial	124	17.2	39,330	9.0
Professional and technical	183	25.4	44,574	10.2
Clerical	27	3.7	66,861	15.3
Sales	49	6.8	29,716	6.8
Service and recreation	23	3.2	55,062	12.6
Transport and communication	14	1.9	25,346	5.8
Farmers and farm workers	189	26.4	31,901	7.3
Craftsmen, production, process and related workers	104	14.5	115,805	26.5
Others**	6	.9	28,405	6.5
TOTAL	719	100.0	437,000	100.0

Chi-square = 554.48; df = 9; $p < .01$.
* 5 delegates gave no answer; 11 responses were un-codeable because of incomplete information.
** includes labourers, loggers, fishermen, trappers, hunters, miners, quarrymen and related workers.

Finally, a significantly lower number of delegates reported parents as "non-drinkers".[5] Of the 35.1% reported to be "non-drinkers", 43.1% were fathers; 56.9% were mothers.

[5]"Drinkers" were defined as people using alcoholic beverages at least once.

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TABLE 7

"Drinking of parents of Toc Alpha Delegates compared with the drinking age population in Ontario"

USE OF ALCOHOL	PARENTS OF TOC ALPHA DELEGATES (N=1392)		DRINKING AGE POPULATION IN ONTARIO (N=4,409,000)	
	N	%	N	%
Drinkers	904	64.9	3,174,480	72.0
Non-Drinkers	488	35.1	1,234,520	28.0
TOTAL	1,392	100.0	4,409,000	100.0

Chi-square = 27.52; df = 1; $p < .01$.

Differences in age and sex distribution, regional location, religious affiliation, occupation of "chief breadwinner", and parental drinking attitudes, indicated areas of dissimilarity between Toc Alpha delegates at 'Vision 68' and the corresponding age group of Ontario teenagers.

The delegates to 'Vision 68' were a select group for several other reasons. Compared to students in the Metropolitan Toronto area,[6] the delegates had higher grades in school. More than three-quarters (27.6%) of the delegates reported first class standing (75-100%), compared to less than one-fifth (17.9%) of the Metropolitan Toronto students; and only 3.9% of the delegates reported failing grades (49% or less) compared to 5.7% of the Metropolitan Toronto students.

[6]Addiction Research Foundation, op.cit., Appendix B, Table 24. Any further reference to this report will be termed "The Toronto Study".

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TABLE 8

Reported Scholastic Grade Averages of Toc Alpha Delegates Compared to Metropolitan Toronto Students

GRADES	POPULATION: 'VISION 68' TOC ALPHA DELEGATES N	%	METROPOLITAN TORONTO STUDENTS N	%
75-100%	203	27.6	1137	17.9
66- 74%	270	36.7	2456	38.8
50- 65%	234	31.8	2380	37.6
0- 49%	28	3.9	364	5.7
TOTAL	735	100.0	6337	100.0

The Toc Alpha delegates also reported greater involvement in extra-curricular school activities than the Metropolitan Toronto teens. Three-quarters (75.8%) of the delegates reported being engaged in three or more such activities compared to one-third (34.0%) of the Toronto students. Only two percent of the delegates compared to twenty-six percent of the Toronto students reported no extra-curricular school activities.

TABLE 9

Reported Number of School Activities of Toc Alpha Delegates compared to Metropolitan Toronto Students*

NUMBER OF ACTIVITIES	TOC ALPHA DELEGATES 'VISION 68' N	%	METROPOLITAN TORONTO STUDENTS N	%
None	15	2.0	1352	26.0
One or two	156	22.2	2081	40.0
Three or more	564	75.8	1768	34.0
TOTAL	735	100.0	5201	100.0

* The Toronto Study, Appendix B, Table 25.

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In addition to extra-curricular activities, delegates were also more often officers and managers in organizations. One-third (33.2%) reported holding at least one office or managerial position; one-fifth (20.0%) reported holding two; and one-sixth (16.7%) reported holding three or more such offices and/or positions.

TABLE 10

Incidence of Offices and/or Managerial Positions held in Organizations by Delegates
N = 735

INCIDENCE	N	%
None	221	30.1
One	244	33.2
Two	147	20.0
Three	85	11.5
Four	25	3.4
Five or more	13	1.8
TOTAL	735	100.0

Finally, the reported interest in religious activities of the delegates and their families was very high.[7] More than three-quarters (77.1%) of the delegates reported attending Church or other places of worship regularly. One-sixth (16.6%) attended occasionally, and only one-sixteenth (6.3%) reported no attendance. The delegates further reported that almost half (48.9%) of their families were highly interested in religious activities. Two-fifths (38.8%) showed some interest, and only one-tenth (12.3%) had little or no interest in such activities. Only 13 delegates (1.8%) replied "none" to the question of "religious belonging"[8] compared to 272 (5.7%) of

[7]Cf. Appendix C, Tables 16, 17, and 18.

[8]Table 9, p. 35.

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the Metropolitan Toronto students.[9] Thus, Toc Alpha delegates came from a more religiously oriented background, and were themselves very much interested in religious activities. They also reported higher scholastic grades; greater participation in extra-curricular school activities; and a higher number of leadership positions in organizations.

It was also expected that there would be differences between the delegates who attended the Toc Alpha Convention 'Vision 67' and those attending 'Vision 68', because of an intensified recruiting campaign aimed at reaching not only teenagers with leadership ability as in previous years but also younger teenagers and teenagers actually interested in alcohol and drug problems.[10]

There were no significant differences observed in the two populations as to sex distribution; religious affiliation; or occupation of "chief breadwinner" in the family; there were differences, however, in age; population size of place or residence; regional distribution; and parental drinking attitudes.

TABLE II

Sex distribution of Toc Alpha delegates between the ages of 15 and 19 attending 'Vision 67' in comparison with 'Vision 68'

SEX	'VISION 67' (N=525)		'VISION 68' (N=735)	
	N	%	N	%
Male	237	45.1	306	41.6
Female	288	54.9	429	58.4
TOTAL	525	100.0	735	100.0

Chi-square = 1.52; df = 1; p = N.S.

[9] The Toronto Study, Appendix B, Table 12.

[10] Cf. Appendix H, p. 16.

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TABLE 12

Religious denomination of Toc Alpha delegates attending 'Vision 67' in comparison with 'Vision 68'

RELIGIOUS DENOMINATION	'VISION 67' (N=512)*		'VISION 68' (N=719)**	
	N	%	N	%
Anglican	16	3.1	33	4.6
Baptist	33	6.5	40	5.6
Presbyterian	19	3.7	29	4.0
Roman Catholic	19	3.7	30	4.2
United Church	364	71.1	524	72.8
Other	61	11.9	63	8.8
TOTAL	512	100.0	719	100.0

Chi-square = 5.27; df = 5; p = N.S.
* 8 delegates gave no answer; 5 delegates replied "none".
** 4 delegates gave no answer; 13 replied "none".

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TABLE 13

Occupations of "Chief Breadwinner" in families of Toc Alpha delegates attending 'Vision 67' in comparison with 'Vision 68'

	'VISION 67' (N=480)*		'VISION 68' (N=719)**	
OCCUPATION	N	%	N	%
Managerial	79	16.4	124	17.2
Professional and technical	117	24.4	183	25.4
Clerical	22	4.6	27	3.7
Sales	32	6.7	49	6.8
Service and recreation	24	5.0	23	3.2
Transport and communication	18	3.7	14	1.9
Farmers and farm workers	94	19.6	189	26.4
Craftsmen, production process and related workers	91	19.0	104	14.5
Others***	3	.6	6	.9
TOTAL	480	100.0	719	100.0

Chi-square = 15.78; df = 8; p = N.S.

* 13 delegates gave no answer; 32 responses were uncodeable because of incomplete information.
** 5 delegates gave no answer; 11 responses were uncodeable because of incomplete information.
*** Includes labourers, loggers, fishermen, trappers, hunters, miners, quarrymen and related workers.

The mean age of the delegates was lowered from 16.9 ('Vision 67') to 16.6 ('Vision 68'). At 'Vision 68', 16.7% of the delegates fell into the fifteen years of age bracket compared to only 7.4% at 'Vision 67'); only 16.1% of the delegates at 'Vision 68' were 18 years old compared to 22.9% at 'Vision 67'.

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TABLE 14

Age of Toc Alpha delegates attending "Vision 67' compared to 'Vision 68'

AGE IN YEARS	'VISION 67' (N=524)*		'VISION 68' (N=735)	
	N	%	N	%
15	39	7.4	123	16.7
16	178	34.0	214	29.1
17	153	29.2	238	32.4
18	120	22.9	118	16.1
19	34	6.5	42	5.7
TOTAL	524	100.0	735	100.0

* one delegate gave no answer.

In the breakdown of population size of place of residence, significantly more delegates attendid 'Vision 68' from rural areas than in 'Vision 67'.

TABLE 15

Comparison of Rural and Urban Representation of Toc Alpha Delegates at 'Vision 67' and 'Vision 68'

POPULATION	'VISION 67' (N=518)*		'VISION 68' (N=730)**	
	N	%	N	%
Rural	122	23.6	300	41.1
Urban	396	76.4	430	58.9
TOTAL	518	100.0	730	100.0

Chi-square = 41.64; df = 1; $p < .01$.
* 4 delegates gave no answer; 3 were not from Ontario.
** 5 delegates gave no answer.

There was also a significant difference in the regional distribution of the delegates attending 'Vision 68' compared to 'Vision 67'. A smaller proportion of delegates came from large cities.

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Metropolitan Toronto dropped from 19.5% to 13.8% and Metropolitan Hamilton from 8.5% to 5.3%. A greater number of teens came from the Eastern and Midwestern regions and the Niagara counties.

TABLE 16

Population distribution, according to the Addiction Research Foundation's Regional structure, of Toc Alpha delegates attending 'Vision 67' in comparison with 'Vision 68'

REGION	'VISION 67' (N=518)*		'VISION 68' (N=735)	
	N	%	N	%
Eastern	20	3.9	47	6.4
Georgian Bay	58	11.2	87	11.9
Lake Erie	50	9.6	79	10.7
Lake Ontario	42	8.1	35	4.8
Lake St. Clair	80	15.4	124	16.9
Metropolitan Hamilton	44	8.5	39	5.3
Metropolitan Toronto	101	19.5	101	13.8
Midwestern	72	13.9	118	16.0
Niagara Counties	27	5.2	71	9.6
North Eastern	17	3.3	26	3.5
North Western	7	1.4	8	1.1
TOTAL	518	100.0	735	100.0

Chi-square = 40.45; df = 10; $p < .01$.
* 4 delegates gave no answer; 3 were not from Ontario.

There was also a significant difference in the attitudes towards the use of alcohol on the part of the parents of Toc Alpha delegates to 'Vision 68' compared to 'Vision 67'. Fewer delegates to 'Vision 68' reported "non-drinking parents" than at 'Vision 67'.

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TABLE 17

"Drinking" of Parents of Toc Alpha Delegates attending 'Vision 68' in comparison with 'Vision 67'

USE OF ALCOHOL	'VISION 67'		'VISION 68'	
	N	%	N	%
Drinkers	551	55.5	904	64.9
Non-drinkers	442	44.5	488	35.1
TOTAL	993	100.0	1,392	100.0

Chi-square = 21.76; df = 1; $p < .01$.

Thus, delegates attending 'Vision 68' differed from delegates attending 'Vision 67' in age distribution, population of place of residence, regional distribution and parental drinking attitudes.

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CHAPTER 5

RESULTS - PART II:

ATTITUDES AND BEHAVIOUR IN RELATION TO ALCOHOL[1]

The literature related to alcohol use (Chapter 2) indicates differences in patterns of drinking and abstinence related to many factors: age, sex, religious affiliation, regional location, and socio-economic class. Studies further indicate that basic orientations to drinking appear to be learned in the context of home and peer group associations.[2]

I. Prevalence of Drinkers and Abstainers.[3]

It would be expected that there would be a large proportion of the non-drinkers among the convention delegates for several reasons: the majority of the delegates were Church-sponsored; they came from families who had long supported the temperance movement at least

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[1] A Preliminary Report on the Attitudes and Behaviour of Toronto Students in Relation to Drugs, by the Addiction Research Foundation of Toronto was used as the basis for comparison wherever possible both in Chapter V and Chapter VI. In Chapter V, extensive use was also made of the U.S. study on teenage drinking by G.L. Maddox and B.C. McCall, op. cit., because no comparable study on the use of alcohol among teenagers has been carried out in Canada.

[2] G.L. Maddox and B.C. McCall, op. cit., pp. 23-24.

[3] In the analysis which follows, 'drinker' or 'user' includes every delegate who reported having tasted or used alcohol at least once in a sociological context; 'abstainer' is used in the technical sense of never having tasted alcoholic beverages.

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verbally; and, Toc Alpha had a reputation of being for abstainers only. The results of this study indicated that this expectation was mistaken. More than three-quarters of the delegates reported having consumed alcohol at least once. Although this figure was considerable less than that reported by Maddox and McCall in their study of teenagers in a middle-sized Midwestern U.S. city (1964); still, it was significantly higher than the figure reported in the study on Toronto teenagers where less than half claimed such usage.

TABLE 18

Prevalence of Drinking and Abstinence reported by Teenagers

USE OF ALCOHOL	TOC ALPHA 'VISION 68' (N = 735)	METROPOLITAN TORONTO (N = 6447)	MADDOX AND McCALL (N = 1962)
Have used	76.6%	46.3%	92.0%
Have not used	23.4	53.7	8.0
TOTAL	100.0	100.0	100.0

2. Sex Differentiation and Alcohol Use.

Both male and female delegates reported more users than non-users, although a significantly greater proportion of males reported consuming alcohol than females (Chi-square = 48.50; df = 1 $p < .01$. Of the 306 male delegates who attended 'Vision 68', 273 or 89.2% had used alcohol at least once compared to 290 or 69.9% of the 429 female delegates. This sex difference in drinking behaviour reflects the pattern consistently found among adult drinkers in the U.S. and Canada, where surveys show that the incidence of abstinence is much

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higher among women than men.[4] Sex differences in teenage drinking were also found in the survey of the Metropolitan Toronto teenagers.[5] A greater number of boys reported using alcohol than girls, but only boys had more users than non-users. Three-fifths (59.6%) of the girls reported not having consumed alcoholic beverages. This resulted in a statistically significant difference between the Toronto group and the Toc Alpha delegates in the comparison of the use of alcohol by the sexes.

TABLE 19

Comparison of Use of Alcohol by Sex of Toc Alpha Delegates and Metropolitan Toronto Students

	INCIDENCE OF ALCOHOL USE									
	HAVE USED				HAVE NOT USED				TOTAL	
	MALE		FEMALE		MALE		FEMALE			
POPULATION	N	%	N	%	N	%	N	%	N	%
Toc Alpha Delegates N = 735	273	37.2	290	39.4	32	4.4	140	19.0	735	100.0
Toronto Students N = 6447	1716	26.6	1263	19.6	1604	24.9	1864	28.9	6447	100.0

Chi-square = 291.80; df = 3; $p < .01$.

3. Age Differentiation and Alcohol Use

Studies demonstrate differences in alcohol use by age groups

[4] J.W. Riley, Jr., and C.F. Marden, "The Social Pattern of Alcoholic Drinking:", Quarterly Journal of Studies on Alcohol (8, 1947), pp. 265-273; J.A. Moreau, and F.F. Jorge, Statistics of Alcohol Use, Alcoholism and Drug Addiction, Canada and Provinces 1966, Toronto: Addiction Research Foundation, 1967; J. de Lint, "Alcohol Use in Canadian Society", Addictions (15,3,1968) pp. 14-36.

[5] The Toronto Study, Appendix A, Table 1.

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as well as by sex.[6] A larger number of Toc Alpha teens reported the use of alcohol as age increased. At age 11 or younger only 17.6% of the delegates had consumed alcohol. Fully three-quarters (76.6%) of the delegates were no longer abstainers by age 17 or older. Hence, there was a positive correlation between the age of the delegates and the use of alcohol.

TABLE 20

Relationship between Age of Delegate and Reported First Use of Alcohol
N = 735

AGE OF DELEGATES	USE OF ALCOHOL					
	HAVE USED		HAVE NOT USED		TOTAL	
	N	%	N	%	N	%
11 or younger	129	17.6	606	82.4	735	100.0
12	262	35.7	473	64.3	735	100.0
13	299	40.7	436	59.3	735	100.0
14	393	53.4	342	46.6	735	100.0
15	471	64.1	264	35.9	735	100.0
16	520	70.8	215	29.2	735	100.0
17 or older	563	76.6	172	23.4	735	100.0

When delegates were asked to indicate their attitude toward the legal drinking age, slightly less than half wanted it lowered (27.1%) or eliminated completely (15.5%), about half (57.3%) were in favour of keeping it at age twenty-one; and only .3% wanted to see it raised. In group discussions, however, the delegates often referred to the ineffectiveness of the existing age limit in terms of the reality of adolescent drinking. Although 57.3% stated in questionnaire responses

[6] H. Trice, op. cit., p. 19; also S.N. Eisenstadt, From Generation to Generation: Age Groups and Social Sturcture, (New York: The Free Press, 1956), et passim.

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that they preferred the legal drinking age to remain unchanged, at no time in the recorded conversations did they express satisfaction with the existing legal arrangement. Most of the time they referred to it as "stupid" and "silly". Comments such as the following were typical:[7]

> "Laws about drugs and drinking are silly. They don't do what they're supposed to do."
>
> "If drugs and drinking were legal, we'd get less kick out of it and do much less of it."

Teenagers in the Toronto study expressed somewhat the same attitude to liquor laws:[8]

> "I think it's stupid, no liquor until you're 21. Restrictions make you want it all the more, parental and otherwise."

The Toronto students as a whole tended to be less favourable toward changing the legal drinking age than the Toc Alpha delegates. Only 10.7% wanted it eliminated compared to Toc Alpha's 15.5%, and 10.8% wanted it raised compared to Toc Alpha's .3%.

TABLE 21

Comparison of Attitude to the Legal Drinking Age between Toc Alpha Delegates and Metropolitan Toronto Teenagers

	LEGAL DRINKING AGE									
	ELIMINATED		RAISED		SAME*		LOWERED		TOTAL	
POPULATION	N	%	N	%	N	%	N	%	N	%
Toc Alpha Delegates N = 735	114	15.5	2	.3	422	57.3	190	26.9	735	100.0
Toronto Teens N = 5473	588	10.7	590	10.8	2570	47.0	1725	31.5	5473	100.0

Chi-square = 107.11; df = 3; $p < .01$.
* includes those who didn't know, or who expressed no preference.

[7]Appendix E, p. 3.

[8]The Toronto Study, Appendix C2-VIII.

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4. Differentiation in Religious Affiliation and Alcohol Use.

Religious affiliation has been shown to influence alcohol consumption.[10] The Toc Alpha responses supported the relationship between membership in various religious groups and drinking patterns. The greatest percentage of delegates who reported having used alcohol at least once were Roman Catholics (96.6%); Baptists and Presbyterians reported the least number of drinkers, having only 52.0% and 62.0% respectively. It should be noted, however, that since the samples of the majority of religious affiliations (Table 22) are too small to be representative, these findings cannot be generalized to the larger population.

TABLE 22

Alcohol Use by Religious Affiliation of Delegates
N = 735

RELIGIOUS AFFILIATION	USE OF ALCOHOL					
	HAVE USED		HAVE NOT USED		TOTAL	
	N	%	N	%	N	%
Anglican	24	72.7	9	27.3	33	4.5
Baptist	21	52.1	19	47.5	40	5.4
Presbyterian	18	62.1	11	37.9	29	3.9
Roman Catholic	29	96.6	1	3.4	30	4.1
United Church	429	81.9	95	18.1	524	71.3
Other*	58	73.4	37	26.6	79	10.8
TOTAL	563	76.6	172	23.4	735	100.0

* includes 9 who answered "Protestant", 4 who gave no answer; 13 who replied "none".

Maddox and McCall suggest that interest in religious

[10] M. Bacon, and M. Jones, op. cit., pp. 124-125; R. Straus, and S. Bacon, op. cit., pp. 50-51; G.L. Maddox, and B.C. McCall, op. cit., pp. 70-71.

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activities is a factor influencing the use of alcohol.[11]

Table 18, Appendix C, shows a high rate of interest in religious activities in the families of the delegates. Only 12.3% of the delegates reported little or no interest in such activities in their home environment while almost half (48.9%) expressed a high and/or very high interest, and two-fifths (38.8%) expressed some interest. The interest in religious activities reported by Toc Alpha delegates was significantly less than their families' interest (Appendix C, Table 16), but it was still high. More than two-fifths (42.9%) reported high interest, another two-fifths (42.6%) reported some interest, while less than one-sixth (14.5%) reported little or no interest at all.

TABLE 23

Interest in Religious Activities of Delegates compared to Delegates' Family
N = 735

INTEREST	DELEGATES N	DELEGATES %	DELEGATES FAMILY N	DELEGATES FAMILY %
No interest*	45	6.1	27	3.7
Very little interest	62	8.4	63	8.6
Some interest	313	42.6	285	38.8
High interest	257	35.0	255	34.6
Very high interest	58	7.9	105	14.3
TOTAL	735	100.0	735	100.0

Chi-square = 19.34; df = 4; $p < .01$.
* includes 9 who answered "Protestant"; 4 who gave no answer; 13 who replied "none".

The delegates' interest in religious activities was reflected in their church attendance. More than three-quarters (77.1%) of the delegates reported going to church regularly, another one-sixth (16.6%) reported going to church regularly, another one-sixth (16.6%)

[11] G.L. Maddox, and B.C. McCall, op. cit., p. 72.

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going occasionally and only one-twentieth (6.3%) reported not going at all (Appendix C, Table 17).

Following Maddox and McCall, the delegates would be expected to be less inclined to use alcohol than teenagers coming from a less religious family background. However, a significantly greater proportion of delegates reported drinking beverage alcohol at least once than the Toronto teens.

TABLE 24

Prevalence of Drinking and Abstinence reported by Toc Alpha Delegates compared to Metropolitan Toronto Students

USE OF ALCOHOL	TOC ALPHA DELEGATES N = 735		TORONTO STUDENTS N = 6447		TOTAL	
	N	%	N	%	N	%
Have used	563	76.5	2979	46.2	3542	100.0
Have not used	172	23.5	3468	53.8	3640	100.0
TOTAL	735	100.0	6447	100.0	7182	100.0

Chi-square = 242.00; df = 1; $p < .01$.

5. Regional Differentiation and Alcohol Use.

Popham[12] found fewer drinkers in farms and small villages than in urban areas. He suggested that this pattern was a reflection of the strong influence of ascetic Protestantism in rural areas. Almost two-fifths (41.1%) of the delegates were of rural background (Table 3, p. 41), accounting for less than three-tenths (28.8%) of those who reported having consumed alcohol at least once. Thus, proportionately fewer delegates from rural areas reported having consumed alcohol than from urban areas.

[12]R.E. Popham, "Some Social and Cultural Aspects of Alcoholism", Canadian Psychiatric Association (4, 1959), pp. 222-228.

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TABLE 25

Comparison of Alcohol use between Rural and Urban Toc Alpha Delegates
N = 730

USE OF ALCOHOL	PLACE OF RESIDENCE RURAL N	%	URBAN N	%	TOTAL N	%
Have used	210	28.8	353	48.4	563	77.2
Have not used	90	12.3	77	10.5	167	22.8
TOTAL	300	41.1	430	58.9	730	100.0

* 5 delegates gave no answer.

Table 26 shows that a greater percentage of delegates with Baptist and Presbyterian religious affiliations came from rural areas.

TABLE 26

Relationship between Religious Affiliation of Delegates and Reported place of Residence
N = 656*

RELIGIOUS AFFILIATION	PLACE OF RESIDENCE RURAL N	%	URBAN N	%	TOTAL N	%
Anglican	4	12.1	29	87.9	33	100.0
Baptist	34	85.0	6	15.0	40	100.0
Presbyterian	19	65.5	10	34.5	29	100.0
Roman Catholic	7	23.3	23	76.7	30	100.0
United Church	215	41.0	309	59.0	524	100.0
TOTAL	279	42.5	377	57.5	656	100.0

* 79 delegates were excluded because 9 simply answered "Protestant", 4 gave no answer, 13 replied "none", and 53 were of various religious denominations not included in the major five in Ontario.

6. Socio-economic Differentiation and Alcohol Use.

Riley and Marden [13] point out that as levels of education and income rise the percentage of drinkers rises. Among the parents

[13] J.W. Riley and F. Marden, op. cit., p. 272.

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of delegates there was generally a consistent positive association of educational level and the reported use of alcohol. (Tables 27 and 28).

TABLE 27

Relationship between Level of Education of Father of Delegate and Reported Inclination to Use Alcohol
N = 735

LEVEL OF EDUCATION	USE OF ALCOHOL					
	HAVE USED		HAVE NOT USED		TOTAL	
	N	%	N	%	N	%
No school	12	46.2	14	53.8	26	3.5
Elementary school	72	38.5	115	61.5	187	25.5
Some High School	198	91.2	19	8.8	217	29.5
High School	125	96.2	05	3.8	130	17.7
Some university	31	86.1	05	13.9	36	4.9
University graduate	119	94.4	07	5.6	126	17.1
Other	6	46.2	07	53.8	13	1.8
TOTAL	563	76.6	172	23.4	735	100.0

TABLE 28

Relationship between Level of Education of Mother of Delegate and Reported Inclination to Use Alcohol
N = 735

LEVEL OF EDUCATION	USE OF ALCOHOL					
	HAVE USED		HAVE NOT USED		TOTAL	
	N	%	N	%	N	%
No school	13	41.9	18	58.1	31	4.2
Elementary school	27	31.4	59	68.6	86	11.7
Some High School	202	75.9	64	24.1	266	36.2
High School	207	92.4	17	7.6	224	30.5
Some University	44	93.6	03	6.4	47	6.4
University graduate	63	92.6	05	7.4	68	9.3
Other	7	53.8	06	46.2	13	1.7
TOTAL	563	76.6	172	23.4	735	100.0

The highest figure of alcohol consumption was found among delegates with both parents in the higher levels of education. One important exception occurred in the case of delegates who reported

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"no school" for their parents. These delegates reported a higher proportion of users than those whose parents had received elementary education. There was also a positive correlation between the yearly income of the family of the delegates and the delegates' reported use of alcohol. As the income level increased, the number of delegates who reported having used alcohol at least once increased, as shown in the following table.

TABLE 29

Relationship between Yearly Income of Family of Delegates and Reported Inclination to Use Alcohol
N = 735

YEARLY INCOME	USE OF ALCOHOL: HAVE USED N	HAVE USED %	HAVE NOT USED N	HAVE NOT USED %	TOTAL N	TOTAL %
Under $2,000	6	42.8	8	57.2	14	1.9
$2,000-$2,999	15	50.0	15	50.0	30	4.1
3,000- 3,999	12	50.0	12	50.0	24	3.3
3,000- 4,999	42	64.6	23	35.4	65	8.9
5,000- 5,999	79	76.0	25	24.0	104	14.1
6,000- 6,999	101	84.2	19	15.8	120	16.3
7,000- 9,999	162	85.3	28	14.7	190	25.9
10,000 and over	103	83.7	20	16.3	123	16.7
No answer	43	66.2	22	33.8	65	8.8
TOTAL	563	76.6	172	23.4	735	100.0

7. Influence of Family Background on Alcohol Use.

According to literature related to the use of alcohol, family background influences the orientation of teenagers to drinking or to abstinence.[14]

Table 20, Appendix C, shows that the majority of delegates (91.1%) live at home with one or both parents; an additional 4.4% live with relatives; and only 4% live alone or with a spouse.

[14] G.L. Maddox, and B.C. McCall, op. cit., p. 22.

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Almost half (46.5%) of the delegates reported that their parents disapproved of their drinking; less than two-fifths (39.2%) said their parents were indifferent; and one-seventh (14.3%) indicated that they did not know their parents feelings (Table 29, Appendix C.). Table 18, p.44 , indicates that more than three-quarters (76.6%) of the delegates had already consumed beverage alcohol. Almost one-third (30.1%) of the delegates had used beverage alcohol in spite of the recognized disapproval of their parents.

It was also interesting to note that 332 or (45.2%) of the delegates reported having first used alcohol at home or at the home of relatives (Table 26, Appendix C). Only 149 or (20.3%) reported having used alcohol first at a friends' home. Inspite of parental disapproval a large number of delegates first used alcohol at home. Almost one-quarter (24.5%) of the delegates took the "drinks" from their parents stock in the absence of their parents and without parental approval (Table 30, Appendix C). Only one-twenty-fifth (3.8%) reported having taken the "drinks" with parental permission and one thirty-third (2.3%) bought the drinks with parental approval.

The fact that one-quarter (24.5%) of the delegates took the alcohol from their parents stock indicates that a number of parents kept beverage alcohol at home. Table 17, p.42, indicates that nearly two-thirds (64.9%) of the parents used alcohol although half (46.5%) of the parents disapproved of their teenagers doing the same. Many of the delegates looked on this discrepancy as a double standard, saying:

> "what bugs me is two standards. It's okay for the old man to drink but hands off for me."
>
> "I mean parents are hypocrites too. They tell you, you can't drink, and then they booze it up. They tell you one thing and do the opposite."[15]

---

[15] Appendix E, p. 2.

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Delegates complained about the lack of constructive information about alcohol provided at home. Three-fifths (58.1%) reported having received some instruction but two-fifths (41.(%) had had no information whatsoever.

TABLE 30

Instruction in the Home about Drinking reported by Delegates
N = 735

INSTRUCTION	N	%
YES	427	58.1
NO	308	41.9
TOTAL	735	100.0

One student summed up the feeling of the discussion succinctly:

> "We're going to drink anyway. So parents should be smart enough to give us tips on how to do it the right way."[16]

8. Influence of Peer Groups on Alcohol Use.

Alexander and Campbell[17] reported that peer group associations are an important influence on the decision of teens to use alcohol. They stated that group identification is important to teenagers and that use of alcohol may be one way of achieving such identification. Many comments in group discussion related to the topic of alcohol use and group identification:[18]

> "You become big with the group if you booze it up."
>
> "I think we drink because it's square not to drink. It's a way of rebellion too, a way of saying to old fogies that you don't buy all they have to say."

[16] Ibid.

[17] C.M. Alexander Jr., and E.O. Campbell, op. cit., et. passim.

[18] Appendix E, pp. 2-3.

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In group discussion, delegates tended to reject bonds that tied them to their parents and indicated greater identification with peer groups.

The influence of peer group identification could be seen also in the report of those present at the time the delegates took their first drink. Table 28, Appendix C, indicates that three-fifths (58.3%) of the delegates had their first drink in the company of peers and only one-tenth (10.5%) taking their first drink in the presence of their parents or other adult relative(s). Almost one-third (33.)%) of the delegates gave the urgings of friends or the avoidance of feeling out of place as their reason for taking their first drink.

Maddox[19], in the New York and Kansas studies, states that a small minority of users and non-users both evaluated others as "not regular guys and gals" solely on the basis of whether they did or did not use alcohol. This also was true among the Toc Alpha delegates. Only one-sixth (17.3%) of the delegates evaluated those who drink as "not regular guys and gals". This was significantly higher, however, than the response to those who do not drink. Slightly over one-tenth (11.8%) said that those who do not drink are not "regular guys and gals".

TABLE 31

Attitude of Toc Alpha Delegates to Peer Drinking
N = 735

POPULATION	REGULAR GUYS AND GALS			
	AGREE	DISAGREE	DON'T KNOW	TOTAL
Those who drink	376	127	232	735
Those who do not drink	450	87	198	735
TOTAL	826	214	430	1470

Chi-square = 16.76; df = 2; $p < .01$.

[19]G.L. Maddox, in Pittman and Snyder, op. cit., p. 234.

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The delegates showed far greater tolerance to the use of alcohol by their peers than they reported of their parents (Table 29, Appendix C).

9. Summary.

The focus of this chapter has been on drinking behaviour of Toc Alpha Delegates as influenced by age, sex, religious affiliation, socio-economic position, and family and peer group associations.

1. By the age of seventeen three-quarters of the delegates had tried alcohol.

2. More males than female delegates reported alcoholic consumption.

3. More urban than rural delegates had taken alcohol at least once.

4. Delegates claiming religious affiliations which disapproved of drinking (Baptists, Presbyterians), reported a greater number of abstainers than delegates claiming religious background which condoned drinking.

5. A greater percentage of delegates from families with higher levels of education and income have tried alcohol than those delegates from family backgrounds with lower levels of education and income.

Religious affiliation, regional location, and socio-economic position of parents seem to be fundamental factors influencing the decision to drink or not to drink. The demands and example of parents verbally disapproved of the delegates taking beverage alcohol; nevertheless, almost two-thirds of these same parents consumed

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alcohol themselves and thereby implicitly approved of it by their example despite their disapproval by word. The older delegates tended to disregard more often than the younger delegates the expectations of abstinence imposed verbally by their home life.

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CHAPTER 6

RESULTS-PART III:

ATTITUDES AND BEHAVIOUR IN RELATION TO DRUGS.[1]

Literature related to the use of drugs pointed out that age and sex differentiation, religious affiliation, availability of drugs, and family and peer group association, affect a teenager's decision to take or not to take drugs.[2]

1. Prevalence of Use of Drugs.

About one-fifth (18.1%) of the delegates reported having used drugs at least once which is significantly higher than the one-tenth (10.7%) of the Toronto teens who reported using drugs at least once in the Toronto Study.[3]

---

[1] The Toronto Study was used as the basis for comparison in this chapter.

[2] Cf. Chapter 2, pp. 19-25.

[3] The Toronto Study, Appendix A, Tables 3-10.

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TABLE 32

Comparison of Use of Drugs between Toc Alpha Delegates and Metropolitan Toronto Students

POPULATION	USERS N	USERS %	NON-USERS N	NON-USERS %	TOTAL N	TOTAL %
Toc Alpha Delegates N = 735	133	18.1	602	81.9	735	100.0
Toronto Teens N = 6447	691	10.7	5756	89.3	6447	100.0

Chi-square = 35.33; df = 1; $p < .01$.

2. Sex Differentiation and Drug Use.

Of the one-fifth (18.1%) of the Toc Alpha delegates reporting having used drugs at least once (Table 32, p.60), two-thirds (63.8%) of these were male delegates. In the Toronto study, two-thirds (64.9%) of the users were also males.

TABLE 33

Relationship between Sex of Delegates and Reported Use of Drugs
N = 735

USE OF DRUGS	SEX OF DELEGATES: MALE N	MALE %	FEMALE N	FEMALE %	TOTAL N	TOTAL %
Have used	85	11.5	48	6.6	133	18.1
Have not used	221	30.1	381	51.8	602	81.9
TOTAL	306	41.6	429	58.4	735	100.0

Chi-square = 33.14; df = 1; $p < .01$.

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TABLE 34

Comparison of Drug Use of Toc Alpha Delegates and Metropolitan Toronto Students by Sex

	USERS				NON-USERS				TOTAL	
	MALE		FEMALE		MALE		FEMALE			
POPULATION	N	%	N	%	N	%	N	&	N	%
Toc Alpha Delegates N = 735	85	11.6	48	6.5	221	30.1	381	51.8	735	100.0
Toronto Students N = 6447	448	6.9	243	3.8	2872	44.5	2884	447.0	6447	100.0

Chi-square = 94.32; df = 3; $p < .01$.

3. Use of Drugs by Age.

Studies demonstrate differences in drug use by age as well as sex.[4] A higher percentage of delegates reported the use of drugs as age increased. Less than 1% of the delegates had taken their first drugs at age eleven. At age seventeen or older, 18.1% had tried drugs for the first time which indicates a consistent positive correlation between the age of the delegates and their reported use of drugs.

[4] Ibid., p. 13, pp. 38-39, 143-144; also, R.K. Merton, R.A. Nisbet, op. cit., pp. 209-210.

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TABLE 35

Relationship between Age of Delegates and Reported First Use of Drugs
N = 735

AGE OF DELEGATES	USE OF DRUGS					
	HAVE USED		HAVE NOT USED		TOTAL	
	N	%	N	%	N	%
11 or younger	2	.2	733	99.8	735	100.0
12	3	.4	732	99.6	735	100.0
13	8	1.1	727	98.9	735	100.0
14	12	1.6	723	98.4	735	100.0
15	48	6.5	687	93.5	735	100.0
16	65	8.8	670	91.2	735	100.0
17 or older	133	18.1	602	81.9	735	100.0

Delegates, when asked their attitude regarding the legalization of drugs, responded as follows: 2.2% wanted to see all drugs legalized; 44.1% wanted only certain drugs legalized; and 53.7% didn't want any drugs legalized. The Toronto students[5] as a whole tended to be much less favourable toward legalizing drugs than the Toc Alpha delegates. Only one-seventh (14.7%) felt that there should be no charge for the possession of marijuana. More than four-fifths (85.3%) suggested that there should be some kind of sentence or fine for the possession and/or use of marijuana even though marijuana was recognized as the mildest of drugs.

[5] The Toronto Study, Appendix B, Table 42.

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TABLE 36
Comparison of Attitude to Legalizing Drugs between Toc Alpha Delegates and Metropolitan Toronto Teens

	LEGALIZATION OF DRUGS					
	SOME DRUGS*		NO DRUGS		TOTAL	
POPULATION	N	%	N	%	N	%
Toc Alpha Delegates N = 735	340	46.3	395	53.7	735	100.0
Toronto Teens N = 2953	435	14.7	2518	85.3	2953	100.0

Chi-square = 513.48; df = 3; $p < .01$.
* includes those who said "all drugs", and those who reported "Marijuana" only

In group discussions the majority of the Toc Alpha delegates were in favour of making the laws more lenient:[6]

> "Laws make us criminals; so once we're criminals anyway, we might as well go all the way."
>
> "Just because a guy experiments with a little bit of marijuana, he can get a jail sentence for seven years. We all experiment with one thing or another. Suppose we got seven years for everything we got caught at. I think it's downright stupid."

Teenagers from Metropolitan Toronto[7] made similar comments:

> "I don't think there should be laws against pot. People should be given the information and be able to make up their own mind."
>
> "You live with things like murderers and hating your parents, but they make criminals out of kids who smoke marijuana. It's ridiculous."

[6] Appendix E, p. 6.

[7] The Toronto Study, pp. 58-59.

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> "I don't understand. They say tobacco is harmful. They say marijuana is harmful. Marijuana is illegal, so why don't they make tobacco illegal?"

In the Toronto study, however, the majority of the students reacted much more strongly. One Toronto student pointed out

> "If a guy takes pot once and it's good, he might go on to take L.S.D. It's supposed to really do something. I think that's the reason why it's illegal. A certain type of person - if you give them an inch, they'd take a mile."[8]

Very few Toc Alpha delegates reacted strongly in discussion groups, and only four delegates approached the author privately with statements similar to the Toronto student. Thus, the Toc Alpha delegates recorded less opposition to the legalization of drugs than the Toronto students.

4. Differentiation in Religious Affiliation and Drug Use.

Literature has shown that religious affiliation influences drug consumption.[9] The Toronto study[10] found that being Catholic was an important factor in a students' decision not to use drugs. Those who classified themselves as having no religion were associated most often with drug use. In the Toc Alpha study, Roman Catholics also reported a lower proportion of drug users.

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[8] Ibid.

[9] J.A. O'Donnell, and J.C. Ball, op. cit., pp. 30, 211-212.

[10] The Toronto Study, Appendix B, Table 12.

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TABLE 37

Relationship between Religious Affiliation of Delegates and Reported Inclination to Use Drugs
N = 735

RELIGIOUS AFFILIATION	USE OF DRUGS: HAVE USED N	HAVE USED %	HAVE NOT USED N	HAVE NOT USED %	TOTAL N	TOTAL %
Anglican	5	15.2	28	84.8	33	4.5
Baptist	8	20.0	32	80.0	40	5.5
Presbyterian	4	13.8	25	86.2	29	3.9
Roman Catholic	2	6.7	28	93.3	30	4.1
United Church	103	19.7	421	80.3	524	71.3
Other*	11	13.9	68	86.1	79	10.8
TOTAL	133	18.1	602	81.9	735	100.0

* includes 9 who answered "Protestant"; 4 who gave no answer; 13 who replied "none".

It should be noted again that samples of the delegates' religious affiliations were too small to be representative; therefore, these results cannot be generalized to the larger population.

5. Source of Drugs and Drug Use.

Studies show a relationship between the availability of drugs and drug use.[11] Table 38 shows that three-quarters (71.1%) of the delegates reported their source of drugs to "friends at school", or "friends who get them from friends".

[11] *Cf.* Chapter 2, p. 24.

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TABLE 38

Supply source of drugs to Toc Alpha Delegates
N = 735

SOURCE	N	%
Friends at school	39	5.3
From friends who get them from friends outside of school	56	7.6
Directly from drug pushers	12	1.6
From medicine cabinet, drugstore, etc.	1	0.2
Other	25	3.4
None	602	81.0
TOTAL	735	100.0

Thus, the source of drugs for Toc Alpha delegates was mainly "friends". This finding was substantiated further by the availability of drugs at parties attended by the delegates. About one-sixth (17.6%) of the delegates reported drugs were available at the parties they attended.

TABLE 39

Availability of Drugs at Parties attended by Toc Alpha Delegates

AVAILABILITY	N	%
YES	129	17.6
NO	606	82.4
TOTAL	735	100.0

6. Peer group Associations and Drug Use.

Literature [12] also indicates the association between drug use by the peers, and the drug use of individuals. In the Toc Alpha study, nine-tenths (89.4%) of the drug users reported using drugs first in the company of friends or brothers, sisters or other relatives

[12] Ibid., pp. 23-24.

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their age.

TABLE 40

Company at time of First drug Consumption of Toc Alpha Delegates
N = 133

COMPANY	N	%
Parents or other adult relatives	1	.8
Brothers, sisters or relatives your own age.	22	16.5
Friends	97	72.9
Strangers	1	.8
Alone	12	9.0
TOTAL	133	100.0

Asked why they used their first drug, one-third (30.1%) of the users gave as their reason; "the urgings of friends"; and one-fifth (18.0%) said "avoidance of feeling out of place."

TABLE 41

Reason for First Drug Use Reported by Toc Alpha Delegates
N = 133

REASON	N	%
Personal Curiosity	61	45.9
Urgings of Friends	40	30.1
Avoidance of feeling out of place	24	18.0
Old enough to use	5	3.8
Other	3	2.2
TOTAL	133	100.0

The places of first drug use also indicate the influence of peer groups.

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TABLE 42

Place of First Drug Consumption Reported by Toc Alpha Delegates
N = 133

PLACE	N	%
Home or relative's home	27	20.3
Friend's home	46	34.6
Restaurant, bar, tavern	1	.8
Dance Hall	35	26.3
Car	9	6.8
Other	15	11.2
TOTAL	133	100.0

Finally, many comments made in group discussions pointed out the influence of peer groups on the use of drugs:[13]

> "Well, at a party your friends are always trying to make you try this, that, the other thing and you don't always want to say "no". So you try them."
>
> "I guess it all depends on which gang you're with as to whether you use the stuff or not."

Students in the Toronto study had similar comments:[14]

> "They say I don't want to be social, so I do it. They say, 'Come on, don't be a suck'".
>
> "You see young guys walking about, sniffing glue, taking marijuana. They're just trying to be big shots. It makes you think that you would like to try it."

Thus, both the Toronto students and the Toc Alpha delegates reported the influence of peer groups as a factor associated with the

[13] Cf. Appendix E, p. 5.

[14] The Toronto Study, pp. 64-65.

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use of drugs.

7. Influence of Family Background on the Use of Drugs.

Family background is another factor associated with the use of drugs.[15] It has been noted already that the religious affiliation of the delegates' family influences the delegates' use of drugs (Table 37, p.65). There was little relationship between the occupation of the "chief breadwinner" of the family of Toc Alpha delegates and drug use (Table 43). The yearly income of the delegates' family was inversely related to the reported inclination to use drugs (Table 44).

TABLE 43

Relationship between Occupation of "Chief breadwinner" in Family of Delegate and Reported Inclination to Use Drugs
N = 735

OCCUPATION OF "CHIEF BREADWINNER"	USE OF DRUGS					
	HAVE USED		HAVE NOT USED		TOTAL	
	N	%	N	%	N	%
Managerial	22	16.9	122	83.1	124	16.9
Professional and technical	35	24.5	147	75.5	183	24.9
Clerical	6	22.2	21	77.8	27	3.7
Sales	8	16.3	41	83.7	49	6.7
Service and recreation	4	17.4	19	82.6	23	3.1
Transport and communication	5	35.7	9	64.3	14	1.9
Farmers and farm workers	27	14.3	162	85.7	189	25.7
Craftsmen, production, process and related workers	20	19.2	84	80.8	104	14.1
Others*	6	27.2	16	72.8	22	3.0
TOTAL	133	18.1	602	81.9	735	100.0

* includes labourers, loggers, fishermen, trappers, hunters, miners, quarrymen and related workers and any who gave incomplete answers.

[15] Ch. 2, pp. 21-22.

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TABLE 44

Relationship between Yearly Income of Family of Delegate and Reported Inclination to Use Drugs
N = 735

YEARLY INCOME	USE OF DRUGS: HAVE USED N	HAVE USED %	HAVE NOT USED N	HAVE NOT USED %	TOTAL N	TOTAL %
Under $2,000	6	42.9	8	57.1	14	1.9
$2,000- 2,999	11	36.6	19	63.4	30	4.1
3,000- 3,999	10	41.7	14	58.3	24	3.3
4,000- 4,999	27	41.5	38	58.5	65	8.9
5,000- 5,999	29	27.9	75	72.1	104	14.1
6,000- 6,999	20	16.7	100	83.3	120	16.3
7,000- 7,999	16	8.4	174	91.6	190	25.9
10,000 and over	11	8.9	112	91.1	123	16.7
No Answer	3	4.6	62	95.4	65	8.8
TOTAL	133	18.1	602	81.9	735	100.0

Moreover, a greater proportion of drug users was found among delegates who reported both parents to have a lower level of education (Table 45).

TABLE 45

Relationship between Level of Education of Father of Delegate and Reported Inclination to Use Drugs
N = 735

LEVEL OF EDUCATION	USE OF DRUGS: HAVE USED N	HAVE USED %	HAVE NOT USED N	HAVE NOT USED %	TOTAL N	TOTAL %
No school	13	50.0	13	50.0	26	3.5
Elementary school	61	32.6	126	67.4	187	25.5
Some High school	41	18.9	176	81.1	217	29.5
High School	9	6.9	121	93.1	130	17.7
Some University	5	13.9	31	86.1	36	4.9
University graduate	3	2.4	123	97.6	126	17.1
Other	1	7.7	12	92.3	13	1.8
TOTAL	133	18.1	602	81.9	735	100.0

Chi-square = 77.86; df = 6; $p < .01$.

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TABLE 46

Relationship between Level of Education of Mother of Delegate and Reported Inclination to Use Drugs
N = 735

LEVEL OF EDUCATION	USE OF DRUGS					
	HAVE USED		HAVE NOT USED		TOTAL	
	N	%	N	%	N	%
No school	14	45.2	17	54.8	31	4.2
Elementary school	51	59.7	35	40.7	86	11.7
Some High school	47	17.7	219	82.3	266	36.2
High school	12	5.4	212	94.6	224	30.4
Some University	4	8.5	43	91.5	47	6.4
University graduate	4	5.9	64	94.1	68	9.3
Other	1	7.7	12	92.3	13	1.8
TOTAL	133	18.1	602	81.9	735	100.0

Chi-square = 149.11; df = 6; $p < .01$.

8. Summary.

The focus of this chapter has been on drug consumption as influenced by age and sex differentiation, religious affiliation, source of drugs, and family and peer group associations.

1. By age seventeen, one-fifth of the delegates had consumed drugs at least once.

2. Two-thirds of the consumers were males.

3. Roman Catholics reported less drug use than other groups by religion.

4. The most commonly reported source of drugs was friends.

5. The most common company at the time of consumption was peer groups.

6. A greater percentage of delegates from families with lower income and a lower level of education reported the use of drugs.

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CHAPTER 7

INTERPRETATION OF DATA

A. Discussion

The intent of this study was to examine the alcohol and drug related behaviour and attitudes of delegates to a convention on alcohol and drug use sponsored by a church affiliated temperance oriented association in order to determine whether or not they reflected the behaviour and attitudes attributed to the teen population in Canada and the United States. Although the logical expectation would be that this select group of Church sponsored, academically successful teenagers would be less alcohol and drug prone than the general teen population, the researcher was doubtful that this was indeed true as a result of his experience with Toc Alpha youth programmes. The results of the research demonstrated that this group, in spite of its unique characteristics, was not only equal to, but surpassed, the general Ontario teen population in its alcohol and drug experience and approval.

The significance of this finding has implications in a number of areas. Why should this group more closely reflect the patterns of teen alcohol and drug use in the United States than the larger Ontario teen population? Does this indicate that the Toronto study does not accurately reflect the real alcohol and drug use of Ontario teens or

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are there other variables that account for these differences?

The Toc Alpha and the Toronto Teen populations differed in a number of areas: age, sex, regional location, religious affiliation, parental occupation and drinking attitudes, academic standing, and leadership potential. Toc Alpha delegates were slightly older; included more girls; had greater representation from rural areas; reported more temperance associated religious affiliations; came from families with higher levels of education and income and reported fewer drinking parents. Also they had achieved higher academic standing and were more active in leadership positions.

There were several reasons for the differences between Toc Alpha delegates and Ontario teens. The Alcohol and Drug Concerns, Inc., with which Toc Alpha is affiliated, proclaims total abstinence as the only realistic way to handle alcohol and drug problems. The major source of verbal and financial support comes from Protestant churches, especially the United Church, in rural areas. These churches, therefore, are quite willing to sponsor delegates to the Toc Alpha convention. This accounts, then, for the disproportionate number of delegates who reported non-drinking parents, rural background, church sponsorship, and United Church affiliation.

The lack of representativeness of the delegates can be attributed in part also to the Toc Alpha recruiting campaign. Strong emphasis was placed on leadership potential as a basis for delegate selection. This may account for the disproportionate number of leaders among Toc Alpha delegates.

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Moreover, the recruiting campaign may have been responsible for the differences found between the delegates attending 'Vision 67' and 'Vision 68'. During the 1968 campaign an appeal was made to younger teens as well as to those interested in alcohol and drug problems (Appendix H, p.16). This may account for the differences in age distribution and parental drinking attitudes. Furthermore, greater emphasis was placed on the selection of delegates through local conferences. Regions such as the Georgian Bay area, and the Lake St. Clair, and Midwestern regions, which had a strong nucleus of former delegates, recruited a larger number of the new delegates, which accounts for differences in population of place of residence and regional location.

Given the conservative and religious family origins of the delegates, it would be expected that their behaviour and attitudes towards drinking and drug use would be less liberal than their peers. Fewer delegates would be expected to have used alcohol or drugs than the corresponding age group in Ontario. However, it was found that fully three-quarters of the delegates had tried alcohol at least once, and one-fifth had taken drugs. The Toronto study, carried out on a cross-section of Toronto teenagers, showed that less than half of this group had used alcohol and only one-tenth had taken drugs.

The reason for this higher use of alcohol and drugs by Toc Alpha delegates may be related to the type of teenager attending the convention. Toc Alpha delegates were a select

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group of teenagers, demonstrating greater leadership attributes than the average Ontario teenager as measured by higher scholastic grades; greater participation in extra-curricular activities; higher numbers of offices and/or managerial positions held; and a higher rate of involvement in religious activities.

Studies have demonstrated that leaders tend to conform more closely to group norms than their peers:

> "The closer an individual or a subgroup comes to realizing in all activities the norms of the group as a whole, the higher will be the social rank of the individual or subgroup."[1]

Leaders also tend to have more outside contacts than group members:

> "The higher a man's social rank, the more frequently he interacts with persons outside his own group."[2]

Thus, leaders tend to be more aware of not only their peer group norms, but also of the fads and value changes taking place within their culture or subculture.

In the subculture of contemporary teenagers, especially in the United States[3], the norms appear to reflect approval of drinking and drug use. This study demonstrates

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[1]G. Homans, The Human Group, (New York: Harcourt, Brace and Company, 1950), pp. 180-181; also Small Groups, ed. by A.P. Hare, E.F. Borgatta, and R.F. Bales, (New York: Alfred A. Knoff, 1955) pp. 92-95.

[2]G. Homans, op. cit. pp. 185-186.

[3]Cf. "The Drug Generation", in Newsweek, Vol.73, No. 16, April 21, 1969; also cf. Appendix F, "Liquor Bills are lower at Parties with Alcohol yielding to Drugs", pp.37-38.

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that Toc Alpha delegates, as leaders, reflect more closely the patterns of teen alcohol and drug use in the United States than do average Ontario teenagers. Hence, the leadership qualities of Toc Alpha delegates may explain to some extent the higher reported incidence of alcohol and drug use than that of the sample of Toronto teens. Attitudes more favourable to lowering the drinking age and legalizing drugs further reflect the pace-setting trend in this Toc Alpha group.

Another explanation of the differences between Toc Alpha delegates and other teens may be the socio-economic background of this group. Riley and Marden[4] found that as levels of education and income rise, the percentage of drinkers rises. Responses by Toc Alpha delegates also followed this pattern. Slightly less than half the delegates reported family income of $6,000.00 or over; three-fifths reported their parents as having some high school. The levels of education and income of the delegates' families were higher than the norm for Ontario residents.[5]

It should be noted that a greater percentage of delegates from families with lower income and educational level reported drug use. A possible explanation for the difference in influence of socio-economic background on alcohol and drug use may be the factors of attitude and availability. Drugs are not as easily available as alcohol

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[4]J.W. Riley, and F. Marden, op. cit., p. 272.

[5]Dominion Bureau of Statistics, 1966.

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and are still associated with lower class criminal behaviour while alcohol is not.[6] However, research on the influence of socio-economic factors on the use of drugs is inconclusive especially in view of recent changes in availability of and attitude toward various types of drugs.

B. Suggestions for Future Study

Drinking and drug taking involved for most delegates disregarding the expectations of abstinence learned at home and church. It was not within the scope of this study to investigate reasons why adolescents deviate from the norms and values of their home and church. Further research is needed to discover what influences negate the socialization of the institutions of the family and church. Merton and Nisbet suggest as a possible explanation that:

> "Rapid social change has imposed a barrier between roles and values of parents and those of their adolescent children. Parents can provide less meaningful role models and less security."[7]

Parents may make tremendous efforts to put their children through school and university but they often do not keep up with the education they are providing their children.[8]

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[6]R.K. Merton, and R.A. Nisbet, op. cit., pp.210-211

[7]R.K. Merton, and R.A. Nisbet, op. cit., p. 255; J.S. Coleman, The Adolescent Society, (New York: Free Press, 1961). pp. 1-57; and Paul Goodman, Growing up Absurd, (New York: Random House, 1960), et passim.

[8]"To be Young Today" in The Royal Bank of Canada Monthly Newsletter, Vol. 50, No. 4, p. 4.

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Moreover, they may have misinformed their teenagers as to the facts on alcohol and drugs. Teenagers no longer equate drinking with alcoholism, depravity and social condemnation. Neither can they accept the categorization of marijuana and the hallucinogens with the opium derivatives, and associate them with jail, disgrace, and physical addiction. These teenagers tend to disregard the expectations of stringent abstinence, perhaps as a result of their recognition of the lack of honesty associated with alcohol and drug information disseminated by their family and church. At the same time they recognize the inadequacy of parental role models and values as they are exposed to alternative models and values. The use of alcohol and some drugs seems to be becoming more socially acceptable.[9] Serious consideration is being given both in Canada and the United States to lowering the age for legal drinking and to legalizing marijuana which indicates a recognition of the relaxation of negative sanctions toward alcohol and drug use. Future studies might well investigate the processes of change which have influenced teenage alcohol and drug use.

The Toc Alpha study has concerned itself primarily with delegates who have rejected parental norms and values relative to alcohol and drug use. The results of this study suggest two additional research areas which should be

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[9]Cf. "Our Pill-Popping Nation" in The Windsor Star Weekend Magazine, Vol. 19, No. 18, May 3, 1969, pp. 8-11; also "The Drug Generation Grows Younger", in Newsweek, Vol. 73, No. 16, April 21, 1969, pp. 107-111.

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investigated. First, a careful examination of the institutional and personal traits of those teenagers who, in accordance with their parental and religious upbringing, stay abstinent might point up some significant differences in the influences of socializing agents. The second area of explanation should focus on teenagers who experience problems related to excessive drinking and/or drug use. Eisenstadt[10] suggests that the determinants of choice between alternative courses of behaviour are related to individual status and patterns of institutionalized behaviour in a society. Research in the above mentioned areas could investigate choice as related to status, self- and other-concepts, and future aspirations.

C. Limitations of the Study

Every effort was made to ensure the reliability and validity of the findings of this study. Regarding the generality of the findings, several limitations should be noted. This study made extensive use of subjective data reported by the delegates about their behaviour and attitudes to alcohol and drug use. It is possible that differences may exist between the delegates' reported behaviour and their actual behaviour although there were no grounds for assuming such discrepancy. It should be further emphasized that throughout the study a distinction was made between "teenager" and "student", recognizing that the two are not necessarily synonymous.

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[10]S. Eisenstadt, "Reference group behaviour and social integration; an exploratory study" in American Sociological Review, (19; 1954), pp. 175-185.

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Finally, it should be noted that the findings reported here refer to delegates attending the 1968 Toc Alpha Christmas convention. These results cannot be generalized to delegates to previous Christmas conventions, regional conventions, or to other Ontario teenagers without further research.

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APPENDIX A

GROUP ANALYSIS QUESTIONNAIRE

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Group Analysis Questionnaire

Please do not identify yourself either by name or number. Fill out all questions as honestly and completely as possible. Your co-operation will contribute to the planning and success of this conference.

Part I

ATTITUDES TOWARD ALCOHOL

1. Do you ever take a drink? _____
   - At religious services _____
   - On social occasions _____
   - At religious services and social occasions _____
   - On other occasions (please specify) _____
   - Never _____

2. Did you ever want to take a drink because of:
   - Personal curiosity _____
   - Urging of friends _____
   - Desire to avoid feeling out of place _____
   - Feeling that you were mature enough to start drinking _____
   - Other reason(s) (please specify) _____

3. Did you ever take a drink (even once) because of:
   - Personal curiosity _____
   - Urging of friends _____
   - Desire to avoid feeling out of place _____
   - Feeling that you were mature enough to start drinking _____
   - Other reason(s) (please specify) _____

THE REMAINING QUESTIONS CONCERN THE USE OF ALCOHOL OTHER THAN FOR RELIGIOUS AND MEDICINAL PURPOSES:

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4. If you ever took a drink, at what age did you first do this?

	Beer	Wine	Whiskey	Gin	Specify if Other ___
11 years or younger	____	____	_____	____	_____
12 years	____	____	_____	____	_____
13 years	____	____	_____	____	_____
14 years	____	____	_____	____	_____
15 years	____	____	_____	____	_____
16 years	____	____	_____	____	_____
17 years or older	____	____	_____	____	_____

5. Who was with you when you had your first drink?
   - Parents or other adult relatives _____
   - Brothers, sisters, or other relatives of your age _____
   - Friends _____
   - Strangers _____
   - I was alone _____

6. Where did you first drink?
   - At home, or at a relative's home _____
   - At a friend's home _____
   - At a restaurant, bar, or tavern _____
   - In a car _____
   - Other (please specify) _____
   - I have never drunk _____

7. What caused you to drink on the first occasion?
   - Holiday or special celebrations _____
   - Medicinal purposes _____
   - Curiosity _____
   - Did not want to feel out of place _____
   - Friends urged me to _____
   - Served at home _____
   - Served away from home _____
   - I did not know it was alcohol _____
   - I never drink _____
   - Other (please specify) _____

8. Do your parents care if you drink?

	Yes	No
At home only	_____	_____
At home and away from home	_____	_____
Away from home only	_____	_____

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9. If you drink away from home, do your parents know how much you drink?

My parents know about how much I drink	_____
My parents don't know that I drink at all	_____
I drink more than my parents know about	_____
I drink less than my parents believe	_____
My parents have no opinion on the subject	_____

10. Do your parents drink?

	Father	Mother
Never	_____	_____
Seldom (less than once a month)	_____	_____
Occasionally (one to three times a month)	_____	_____
Frequently (once a week or more)	_____	_____

11. Do you drink?

	Always	Sometimes	Never
Whenever you feel like it?	_____	_____	_____
Whenever you get the chance?	_____	_____	_____
Before you go to parties?	_____	_____	_____
At parties?	_____	_____	_____
Alone?	_____	_____	_____
Only on special occasions?	_____	_____	_____

12. Have you ever been

	Yes	No
"High" or "Buzzed"	___	___
"Smashed" or "Bombed"	___	___
Passed out (from drinking)	___	___
Ill from Drinking	___	___

13. During the past four weeks, how many times have you been any of the following?

High?	_____
Bombed or smashed	_____
Passed out	_____
Ill From Drinking	_____

14. Do your friends think most of the High school students they know who don't drink as "regular guys and gals?"

Yes	_____
No	_____
Don't know	_____

15. Do they think most of the High school students they know who do drink "regular guys and gals?"

Yes	_____
No	_____
Don't know	_____

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16. Do you think drinks at a party enable people to get along better?

Yes	_____
No	_____
It makes no difference	_____
I don't know	_____

17. Some common opinions about drinking are listed below. Do you generally agree or disagree with each statement?

A. Moderate drinking is fun and harmless
B. People don't need it for good relations
C. It makes parties a success
D. Drinkers are silly and embarassing
E. There is nothing wrong with drinking on certain special occasions
F. Some people are not permitted to drink and others try to make them drink
G. A good drink at a party helps you to be open with your friends
H. Drink makes parties rough and annoying

	Agree	Disagree	Don't know
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____
G.	_____	_____	_____
H.	_____	_____	_____

18. During the past four weeks, have you done anything while drinking that you would not have done if you had not been drinking?

Yes	_____
No	_____
Don't know	_____

19. Do you ever have parties at home when your parents are

	Yes	No
At home?	_____	_____
Not at home?	_____	_____

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20. Do you ever have drinks at a party when your parents are

	Yes	No
At home?	_____	_____
Not at home?	_____	_____

21. If you have drinks at your home when your parents are not at home, how do you get this beer, liquor or wine?

Parents provide it	_____
Take it from parent's stock without their knowledge	_____
Friends buy it	_____
I buy it with my parents' knowledge	_____
I do not have it	_____
Other (please specify)	_____

22. Are any drinks served at parties you attend away from home?

Always	_____
Sometimes	_____
Never	_____

23. Do your parents usually keep drinks at home?

(a) Yes _____
No _____

(b) If "yes", which of the following do they keep at home?

Beer	_____
Wine	_____
Whiskey	_____
Gin	_____
Other (please specify)	_____

24. Do you carry (or have you carried) any false evidence to prove that you are old enough to purchase drinks?

Yes _____
No _____

25. (a) Do you think the age limit for legal drinking should be dropped completely?

Yes _____
No _____

(b) If your answer to question 25 (a) is "no" do you think the age limit for legal drinking should be set at

21	_____
19	_____
17	_____
15	_____
13	_____
Other (please specify)	_____

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26. Have you had any instruction about drinking (other than being forbidden to drink)?

	Yes	No
In school	_____	_____
In Church	_____	_____
At home	_____	_____
Other (please specify)	_____	_____

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Part 11

ATTITUDES TOWARD DRUGS

Did you ever use any of the following?

27. (a) Marihuana (Pot, grass, hay, tea, weed, joint, stick, reifer, hashish, bhang, charas, cannabinol, tetra-hydrocannabinol.) Yes_____ No_____

(b) L.S.D. (Lysergic acid diethylamide), acid Yes_____ No_____

(c) Amphetamines (Pep-pills, A's, Dexanyl, Dexedrine, Tuamine, Benzedrine, Bennies, Dexies, Drivers, Eyeopeners, Footballs, Jolly beans, Wake-ups) Yes_____ No_____

(d) Speed (Methedrine) Yes_____ No_____

(e) D.M.T.; D.E.T. ; S.T.P. Yes_____ No_____

(f) Tranquilizers (other than those prescribed by a Doctor for Medicinal use) (Valium, Equanil, Librium, Miltown, Placidyl) Yes_____ No_____

(g) Barbituates (candy, goofballs, peanuts, sleeping pills, Barbs, Amythal, Barbital, Luninal, Nembutal Pentothal, Phenobarbital, Seconal.) Yes_____ No_____

(h) Solvents (Naptha, Carbon Tetrachloride, airplane glue, plastic cement, polish, nail polish remover, any polystyrene derivatives) Yes_____ No_____

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(i) Opiates (Heroin, Morphine, Codeine, Demerol, Methadone) Yes_____ No_____

(j) Others (please specify) _____

28. If you ever used a drug, would you say you did it because of:

Personal curiosity	_____
Urging of friends	_____
Desire to avoid feeling out of place	_____
Feeling that you were old enough to start using drugs	_____
Other (please specify)	_____

29. If you never used a drug, would you say you have ever wanted to use a drug because of:

Personal curiosity	_____
Urging of friends	_____
Desire to avoid feeling out of place	_____
Feeling that you were old enough to start using drugs	_____
Other (please specify)	_____

30. If you have ever used drug(s) at what age did you first do this?

	Marihuana	L.S.D.	Amphetamines
11 years or younger	_____	_____	_____
12 years	_____	_____	_____
13 years	_____	_____	_____
14 years	_____	_____	_____
15 years	_____	_____	_____
16 years	_____	_____	_____
17 years or older	_____	_____	_____

	Barbituates	Solvent Snif.	Other (specify)
11 years or younger	_____	_____	_____
12 years	_____	_____	_____
13 years	_____	_____	_____
14 years	_____	_____	_____
15 years	_____	_____	_____
16 years	_____	_____	_____
17 years or older	_____	_____	_____

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31. Who was with you when you first used a drug?

Parents or other adult relatives _____
Brothers, sisters, or other relatives of your age _____
Friends _____
Strangers _____
I was alone _____

32. Where did you first use this drug?

At home, or at a relative's home _____
At a friend's home _____
At a restaurant, bar, tavern _____
At a dance hall _____
In a car _____
Other (please specify) _____

33. What caused you to use this drug on the first occasion?

Holiday or special celebration? _____
Medical purposes _____
Curiosity _____
Did not want to feel out of place _____
Friends urged me to _____
Drug pusher (supplier) urged me to _____
Other (please specify) _____

34. Do your parents know you use drugs?

Yes _____
No _____
Don't know _____

35. Do your parents care if you use drugs?

Yes _____
No _____
Don't know _____

36. Do your parents use drugs?

Never _____
Seldom (less than once a month) _____
Occasionally (one to three times a month) _____
Frequently (once a week or more) _____

37.

Do you use drugs	Always	Sometimes	Never
Whenever you feel like it	_____	_____	_____
Whenever you get a chance	_____	_____	_____
Before you go to parties	_____	_____	_____
At Parties	_____	_____	_____
Alone	_____	_____	_____
Only on special occasions	_____	_____	_____
Others (please specify)	_____	_____	_____

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38. During the past four weeks how many times have drugs caused you to be:
"High" _____
"Bombed or smashed" _____
Passed out _____
Ill _____

39. Do your friends think most of the High School students they know who don't use drugs as "regular guys and gals?"
Yes _____
No _____
Don't know _____

40. Do they think of most of the High School students they know who do use drugs as "regular guys and gals?"
Yes _____
No _____
Don't know _____

41. Do you think that drugs at a party enable people to get along better.
Yes _____
No _____
It makes no difference _____
Don't know _____

42. (a) Have you ever been at a party where drugs were available?
Yes_____
No_____

(b) If the answer is "yes", what kind of drugs? (Please specify)
_____
_____
_____

(c) Was this party at home _____
Away from home _____

43. During the past four weeks, have you done anything while using a drug that you would not have done if you hadn't used the drug?
Yes _____
No _____
Don't know _____

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44. How are these drugs obtained?

From friends at school	_____
Friends get them from friends outside	_____
Directly from drug pushers	_____
From drug store, medicine cabinet, etc.	_____
Other (please specify)	_____

45. (a) Do you think it should be legal to use

all drugs	_____
some drugs	_____
no drugs	_____

(b) If you think it should be legal to use some drugs, which drugs do you mean?
(Please specify) _____
_____
_____

46. Have you had any instruction about using drug(s) (other than being forbidden to use them).

	Yes	No
In school	____	____
In Church	____	____
At home	____	____
Other (please specify)	____	____

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Part III

To help us classify your answers statistically please answer each of the following questions:

47. Sex:
    Male _____
    Female _____

48. What was your age as of your last birthday?
    _____years

49. Indicate your grade in school, or last grade attended if you are no longer in school.
    Grade _____

50. What secondary course are you taking (or did you take if you are no longer in school?).

    (a) Arts & Science: _____
    _____
    _____

    (b) Business & Commerce: _____
    _____
    _____

    (c) Science, Technology, and Grades: _____
    _____
    _____

51. What kind of academic institution are you now attending?
    Public High School _____
    Separate or Catholic High School _____
    Private High School _____
    Community College _____
    Technical or trade school _____
    Teacher's College _____
    University _____
    Other (please specify) _____

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52. Based upon the last complete year of school, your final scholastic average mark was:

E (0-49%) _____
D (50 - 59%) _____
C (60 - 65%) _____
B (66 - 74%) _____
A (75 - 100%) _____

53. At the present time, in how many organized activites such as sports, clubs, societies, etc. do you participate, or have membership? (At school, in church, in the town, or elsewhere):

None _____
One organization _____
Two organizations _____
Three organizations _____
Four organizations _____
Five or more organizations _____

54. At the present time how many offices or managerial positions do you hold in these organizations? (Include committee chairmanships, but don't count committee membership):

None _____
One _____
Two _____
Three _____
Four _____
Five or more _____

55. (a) If you are not in school, are you presently employed?

Yes _____
No _____

(b) If employed what is your present occupation?

_____

56. (a) What kind of area are you presently living in?

Rural (the Dominion bureau of Statistics defines "rural" as an area under 1000 in population) _____

Town (an area with a population in excess of 1000 but less than 10,000) _____

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Small Urban (an area with a population of 10,000 or more) _____

Large Urban (an area with a population of 50,000 or more) _____

(b) What is the name of town, city, etc. where you live _____.

57. (a) Into what religious denomination, if any, were you born? (Catholic, U.C., Anglican, etc.)

_____

(b) What is your present religious affiliation, if any, _____.

58. Do you attend church or other place of worship?
Regularly _____
Once in a while _____
Not at all _____

59. What interest would you say you have in religious activities?
No interest _____
Very little interest _____
Some interest _____
High interest _____
Very high interest _____

60. (a) Have you attended any Toc Alpha Conference before? (This includes local and/or provincial conference(s))
Yes _____
No _____

(b) Do you have a sponsor for this conference?
Yes _____
No _____

(c) If your answer is "yes" to question 60 (b) is your sponsor a
High School _____
School board _____
Church _____
University organization _____
Local ministerial Association _____
Other (please specify) _____

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61. (a) Are your parents living?
No, both are deceased _____
Yes, both are living _____
Mother is living; father is deceased _____
Father is living; mother is deceased _____

(b) If both are living are they
Living together _____
Separated _____
Divorced _____

(c) With whom are you now living?
With both my parents _____
With my mother _____
With my father _____
With other relatives _____
With a person not related to me _____
With original and step parent _____
Living alone _____
With a spouse (wife or husband) _____

62. Who contributes most to the support of your family (if you do not live with either or both parents, answer for the family with which you are living. If you are living alone, answer for your family if possible).
Father _____
Mother _____
Father and mother equally _____
Some other person (who?) _____
Self Supporting _____

63. What does the person mentioned in question 62 do for a living (write in the name of her and/or his occupation)
Father _____
Mother _____
Other person _____

64. Describe as accurately as possible what this person does, or makes on the job. (What does he, (she), do at work)

Father _____
_____
_____
_____

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64. Mother _____
_____
_____
_____

Other Person _____
_____
_____
_____

65. What is the approximate total income of your family. Give it in terms of the amount per week, month or year.

_____ per hour _____ per month

_____ per week _____ per year

66. (a) Country of birth
Father _____
Mother _____
Self _____

(b) If you were born outside of Canada, how long have you lived in Canada. _____ years.

67. (a) Do you have any brothers or sisters?
Yes _____
No _____

(b) List the age(s) of your brother(s)

_____ _____ _____ _____ _____

List the age(s) of your sister(s)

_____ _____ _____ _____ _____

68. How would you place your family's interest in religious activites?

No interest _____
Very little interest _____
Some interest _____
High interest _____
Very high interest _____

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69. How often do your parents attend Church.

(a) Mother

Every week _____
Nearly every week _____
About once a month _____
About every 3 months _____
About once or twice a year _____
Not at all _____

(b) Father

Every week _____
Nearly every week _____
About once a month _____
About every 3 months _____
About once or twice a year _____
Not at all _____

70. (a) What is the highest grade your father completed in school?

He never went to school _____
Elementary school _____
Some High school _____
High school graduate _____
Some university _____
University graduate _____
Other (please specify) _____

(b) What is the highest grade your mother completed in school?

She never went to school _____
Elementary school _____
Some High school _____
High School graduate _____
Some university _____
University graduate _____
Other (please specify) _____

THANK YOU!

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APPENDIX B

DISCUSSION GROUP EVALUATION QUESTIONNAIRE

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DISCUSSION GROUP EVALUATION

We are trying to assess the effectiveness of the discussion group programme at Vision '68. Please help us by completing this questionnaire. It is not necessary to sign your name. Thank you.

1. General
a. Your group number _____
b. Your age _____
c. Are you a Toc Alpha member _____
d. Have you previously attended a Toc Alpha Conference _____

2. Physical Arrangements
a. Were you comfortable in your discussion group _____
_____
b. Could you hear well at all times _____
c. About how many were in your group _____
d. What did you think of the group's size? Too large _____
O.K. _____
Too small _____
e. How could the physical arrangements be improved _____
_____
_____
_____
_____

3. Participation
a. In your opinion: a few people did most of the talking ____
you didn't get enough opportunity to speak ____
everybody joined reasonably well in talking ____
there was hardly any participation at all ____
b. Control of the discussion group was: Too formal _____
too casual _____
O.K. _____

4. Fellowship
a. Did you enjoy being with your group: Always _____
sometimes _____
seldom _____
never _____
b. Do you wish to comment on your answer to question 4 a. _____
_____
_____
_____
_____
c. How large a percentage of those in your group would you choose as friends ? (Please mark on scale below.)
approximately /_____/_____/_____/_____/
100% 75% 50% 25% 0%
d. Would you say you have made some new friends here at the conference? (Please mark on scale below.)
approximately /_____/ _____/ _____/ _____/
more than 10 5 3 1 none

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5. Topics

a. In your recollection, which topics did your group discuss most?
1_____ 2_____ 3_____ 4_____ 5_____.

b. Of the topics you listed, which ones did you enjoy most? _____

Why? _____

c. Of the topics you listed, which ones did you enjoy least? _____

Why? _____

d. What other topics should have been discussed? _____

e. Should your group have had:
more facts _____
more time _____
less time _____
more ideas _____
more freedom _____
fewer topics _____
Other ideas (specify) _____

f. How would you describe your level of interest during group discussions? (Please mark on scale below.)

interested /_____/_____/_____/_____/

all the time	most of the time	some of the time	hardly ever	at no time.

6. Learning

a. Resulting from the discussions, did you:
learn something new _____
change your mind about anything _____
gain greater interest in any topic _____
Others (please specify) _____

b. Please list the topics around which you experienced any of the listed reactions _____

c. Who and/or what helped you most in enjoying your part in the discussion programme? _____

7. Changes

Please list any changes you would make to improve discussions:

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APPENDIX C

INCIDENCE TABLES - FREQUENCY

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TABLE 1

Sex of the Toc Alpha delegates between the ages of 15 and 19, compared with the 15- to 19- year old population in Ontario, 1966.

SEX	TOC ALPHA DELEGATES VISION 67 (N = 525)	TOC ALPHA DELEGATES VISION 68 (N = 735)	15- to 19- YEAR OLD ONTARIO POPULATION (N = 599,197)
Male	45.1%	41.6%	50.8%
Female	54.9%	58.4%	49.2%
TOTAL %	100.0	100.0	100.0

TABLE 2

Percentage of delegates between the ages of 15 and 19 attending Toc Alpha convention, compared with the Ontario population, 1966.

AGE IN YEARS	TOC ALPHA DELEGATES VISION 67 (N = 524)*	TOC ALPHA DELEGATES VISION 68 (N = 735)	1966 ONTARIO POPULATION (N = 599,197)
15	7.4%	16.7%	20.3%
16	34.0	29.1	19.6
17	29.2	32.4	19.6
18	22.9	16.1	20.0
19	6.5	5.7	20.5
TOTAL %	100.0	100.0	100.0

* One delegate gave no answer

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TABLE 3

Population of Toc Alpha delegates' place of residence

POPULATION		TOC ALPHA DELEGATES VISION 67 (N = 518)*	TOC ALPHA DELEGATES VISION 68 (N = 730)**
Rural	0 - 999	23.6%	41.1%
Town	1,000 - 9,999	32.8	23.6
Small Urban	10,000 - 49,999	24.3	11.7
Large Urban	50,000 or more	19.3	23.6
TOTAL %		100.0	100.0

* 4 delegates gave no answer; 3 delegates were not from Ontario.
** 5 delegates gave no answer.

TABLE 4

Population distribution, according to the Addiction Research Foundation's regional structure, of Toc Alpha delegates, compared with the 15- to 19- year-old Ontario population, 1966

REGION	TOC ALPHA DELEGATES VISION 67 (N = 518)*	TOC ALPHA DELEGATES VISION 68 (N = 735)	15-19 YEAR OLD ONTARIO POPULATION (N = 599,197)
Eastern	3.9%	6.4%	13.2%
Georgian Bay	11.2	11.9	5.1
Lake Erie	9.6	10.7	6.4
Lake Ontario	8.1	4.8	5.5
Lake St. Clair	15.4	16.9	7.3
Metropolitan - Hamilton	8.5	5.3	7.8
Metropolitan - Toronto	19.5	13.8	31.4
Midwestern	13.9	16.0	6.5
Niagara Counties	5.2	9.6	5.3
North Eastern	3.3	3.5	8.1
North Western	1.4	1.1	3.4
TOTAL %	100.0	100.0	100.0

* 4 delegates gave no answer; 3 were not from Ontario.

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TABLE 5

Religious denomination of Toc Alpha delegates, compared with the 15- to 19- year old Ontario population, 1961.

RELIGIOUS DENOMINATION	TOC ALPHA DELEGATES VISION 67 (N = 512)*	TOC ALPHA DELEGATES VISION 68 (N = 719)**	1961 ONTARIO POPULATION (N = 436,883)
Anglican	3.1%	4.6%	17.5%
Baptist	6.5	5.6	4.3
Presbyterian	3.7	4.0	6.9
Protestant ***	8.2	1.3	...
Roman Catholic	3.7	4.2	30.5
United Church	71.1	72.8	27.4
Other	3.7	7.5	13.4
TOTAL %	100.0	100.0	100.0

* 8 delegates gave no answer; 5 delegates replied "none".

** 4 delegates gave no answer; 13 delegates replied "none".

*** Some delegates replied "Protestant" to the question, "What religious denomination, if any, do you belong to?"

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TABLE 6

Occupations of "Chief breadwinner" in Families of Toc Alpha delegates, compared with the Ontario population, 1961.

OCCUPATION	TOC ALPHA DELEGATES VISION 67 (N = 480)*	TOC ALPHA DELEGATES VISION 68 (N = 719)**	1961 ONTARIO POPULATION (N = 2,338,584)
Managerial	16.4%	17.2%	9.0%
Professional and technical	24.4	25.4	10.2
Clerical	4.6	3.7	15.3
Sales	6.7	6.8	6.8
Service and recreation	5.0	3.2	12.6
Transport and Communication	3.7	1.9	5.8
Farmers and farm workers	19.6	26.4	7.3
Craftsmen, production process and related workers	19.0	14.5	26.5
Labourers	.6	.9	4.8
Others***	---	---	1.7
TOTAL %	100.0	100.0	100.0

* 13 delegates gave no answer; 32 responses were uncodeable because of incomplete information.

** 5 delegates gave no answer; 11 responses were uncodeable because of incomplete information.

*** Includes loggers, fishermen, trappers, hunters, miners, quarrymen and related workers.

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TABLE 7

Attitude toward drinking of fathers of Toc Alpha delegates

ATTITUDE	PERCENTAGE OF FATHERS VISION 67 (N = 496)*	PERCENTAGE OF FATHERS VISION 68 (N = 692)
Never drinks	36.1	29.8
Drinks lightly to moderately***	58.3	45.4
Drinks frequently	5.6	24.8
TOTAL %	100.0	100.0

* 21 delegates gave no answer; 8 delegates said they did not know.

** 16 delegates gave no answer; 70 did not know.

*** this category included all who reported having had at least one drink of beverage alcohol and who did not drink frequently.

TABLE 8

Attitude toward drinking of mothers of Toc Alpha delegates

ATTITUDE	PERCENTAGE OF MOTHERS VISION 67 (N = 497)*	PERCENTAGE OF MOTHERS VISION 68 (N = 693)**
Never drinks	53.1	40.1
Drinks lightly to moderately***	46.3	45.6
Drinks frequently	.6	14.3
TOTAL %	100.0	100.0

* 23 delegates gave no answer; 5 delegates said they did not know.

** 29 delegates gave no answer; 13 delegates did not know.

*** this category included anyone who reported having had at least one drink of beverage alcohol and who did not drink frequently.

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TABLE 9

SPONSOR	PERCENTAGE OF DELEGATES VISION 67 (N = 523)*	PERCENTAGE OF DELEGATES VISION 68 (N = 732)**
No sponsor	20.7	19.9
Educational organization	7.8	8.1
Religious organization	69.0	65.2
Others ***	2.5	6.8
TOTAL %	100.0	100.0

* 2 delegates gave no answer.

** 3 delegates gave no answer.

*** other sponsors include interested citizens, newspapers, women's institute, YMCA, liquor plebiscite "Vote No" committee, and the WCTU, and parents.

TABLE 10

Present grade level of Toc Alpha delegates attending High School

GRADE	PERCENTAGE OF DELEGATES VISION 67 (N = 494)	PERCENTAGE OF DELEGATES VISION 68 (N = 735)
Nine	1.2	1.6
Ten	6.3	15.5
Eleven	33.9	28.6
Twelve	37.5	37.4
Thirteen	21.1	16.9
TOTAL %	100.0	100.0

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TABLE 11

Type of Academic Institution presently attended by Delegates
N = 735

TYPE	N	%
Public High School	621	84.5
Separate or Catholic High School	10	1.4
Private High School	5	.7
Community College	11	1.5
Technical or Trade School	12	1.6
Teacher's College	1	.1
University	12	1.6
Out of School	63	8.6
TOTAL	735	100.0

TABLE 12

Type of Academic course taken at school by Delegates
N = 735

TYPE	N	%
Arts & Science	510	69.4
Business and Commerce	151	20.5
Science, Technology and grades	11	1.5
Others (includes those who dropped out, and/or work)	63	8.6
TOTAL	735	100.0

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TABLE 13

Scholastic Average Mark of Delegates
N = 735

MARK		N	%
A	(75 - 100%)	203	27.6
B	(66 - 74%)	270	36.7
C	(60 - 65%)	173	23.5
D	(50 - 59%)	61	8.3
E	(0 - 49%)	28	3.9
TOTAL		735	100.0

TABLE 14

Incidence of Organized Activities in which Delegates participate
N = 735

INCIDENCE	N	%
None	15	2.0
One	52	7.1
Tow	104	14.1
Three	171	23.3
Four	111	15.1
Five or more	282	38.4
TOTAL	735	100.0

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TABLE 15

Incidence of Offices and/or Managerial Positions held in Organizations by Delegates
N = 735

INCIDENCE	N	%
None	221	30.1
One	244	33.2
Two	147	20.0
Three	85	11.5
Four	25	3.4
Five or More	13	1.8
TOTAL	735	100.0

TABLE 16

Interest of Delegates in Religious Activities
N = 735

INTEREST	N	%
No interest	45	6.1
Very little interest	62	8.4
Some interest	313	42.6
High interest	257	35.0
Very high interest	58	7.9
TOTAL	735	100.0

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TABLE 17

Attendance of Delegates at Church or other places of Worship
N = 735

ATTENDANCE	N	%
Regularly	567	77.1
Once in a while	122	16.6
Not at all	46	6.3
TOTAL	735	100.0

TABLE 18

Interest of Delegates' family in Religious Activities
N = 735

INTEREST	N	%
No interest	27	3.7
Very little interest	63	8.6
Some interest	285	38.8
High interest	254	34.6
Very high interest	105	14.3
TOTAL	735	100.0

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TABLE 19

Conjugal state of parents of Delegates
N = 735

STATE	N	%
Living together	619	84.2
Separated *	44	6.0
Divorced	6	.8
Deceased	66	9.0
TOTAL	735	100.0

* Includes deceased partner in a family unit.

TABLE 20

Present Residence of Delegates
N = 735

RESIDENCE	N	%
With both parents	610	82.8
With mother	31	4.2
with father	10	1.3
With other relatives	33	4.4
With person not related	25	3.3
With original and step parent	16	2.8
Living alone	9	1.2
With a spouse	1	.1
TOTAL	735	100.0

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TABLE 21

Approximate yearly income of family in which Delegates reside
N = 735

INCOME	N	%
Under $2,000	14	1.9
$2,000 - $2,999	30	4.1
$3,000 - $3,999	24	3.3
$4,000 - $4,999	65	8.9
$5,000 - $5,999	104	14.1
$6,000 - $6,999	120	16.3
$7,000 - $9,999	190	25.9
$10,000 and over	123	16.7
No answer	65	8.8
TOTAL	735	100.0

TABLE 22

Level of Education of father of Delegates
N = 735

LEVEL OF EDUCATION	N	%
No school	26	3.5
Elementary school	187	25.5
Some high school	217	29.5
High school	130	17.7
Some university	36	4.9
University graduate	126	17.1
Other	13	1.8
TOTAL	735	100.0

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TABLE 23

Level of Education of mother of Delegates
N = 735

LEVEL OF EDUCATION	N	%
No school	31	4.2
Elementary school	86	11.7
Some high school	266	36.2
High school	224	30.5
Some university	47	6.4
University graduate	68	9.3
Other	13	1.7
TOTAL	735	100.0

TABLE 24

Incidence of Alcohol Use by Sex
N = 735

	Users		Non-Users		Total	
SEX	N	%	N	%	N	%
Male	273	37.2	32	4.4	305	41.5
Female	290	39.4	140	19.0	430	58.5
TOTAL	563	76.6	172	23.4	735	100.0

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TABLE 25

Incidence of type of Alcoholic Beverage used by Age
(N = 735)

AGE IN YEARS	Beer		Wine		Whiskey		Gin		None	
	N	%	N	%	N	%	N	%	N	%
11 or younger	95	12.9	62	8.4	29	3.9	10	1.4	606	82.4
12	35	4.8	40	5.4	9	1.2	8	1.1	473	64.3
13	29	3.9	47	6.4	21	2.9	15	2.0	436	59.3
14	45	6.1	53	7.2	35	4.8	40	5.4	342	46.6
15	53	7.2	66	9.0	70	9.5	64	8.7	264	35.9
16	69	9.4	77	10.5	75	10.2	75	10.2	215	29.2
17 or older	42	5.7	57	7.8	46	6.3	61	8.3	172	23.4
TOTAL	380	51.7	402	54.7	285	38.8	273	37.1		

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TABLE 26

Place of use of first alcoholic beverage
(N = 735)

PLACE	N	%
Home of relative's home	332	45.2
Friend's home	149	20.3
Restaurant, bar, tavern	16	2.1
Car	22	3.0
Other	44	6.0
No place (abstainers)	172	23.4
TOTAL	735	100.0

TABLE 27

Reason for use of first Drink
(N = 735)

REASON	N	%
Personal curiosity	282	38.4
Urging of friends	122	16.7
Avoidance of feeling out of place	105	14.3
Sufficient maturity	44	6.0
Other	10	1.4
Abstinence from alcohol	172	23.4
TOTAL	735	100.0

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TABLE 28

Company at time of first Drink
N = 735

COMPANY	N	%
Parents or other adult relatives	77	10.5
Brothers, sister or relatives your age	237	32.2
Friends	192	26.1
Strangers	46	6.3
Alone	11	1.5
None because of abstinence	172	23.4
TOTAL	735	100.0

TABLE 29

Attitude of Parents to Drinking of Delegates
N = 735

ATTITUDE	N	%
Care	342	46.5
Do not care	288	39.2
Do not know	105	14.3
TOTAL	735	100.0

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TABLE 30

Source of "drinks" for parties in delegates' homes in the absence of parents.
N = 735

SOURCE	N	%
Parents provide it	27	3.8
Taken from parents' stock without permission	180	24.5
Friends buy it	145	19.7
Bought with parents' knowledge	17	2.3
Other	23	3.1
Absence of drinks	343	46.7
TOTAL	735	100.0

TABLE 31

Frequency of use of drinks at parties which delegates attend away from home.
N = 735

FREQUENCY	N	%
Always	47	6.4
Sometimes	504	68.6
Never	184	25.0
TOTAL	735	100.0

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TABLE 32

Delegates Report of actions resulting from drinking in the past 4 weeks that would not have occurred without drinking.
N = 735

REPORT	N	%
Yes	48	6.5
No	496	67.5
Do not know	191	26.0
TOTAL	735	100.0

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TABLE 33

Attitudes of Toc Alpha Delegates to common opinions about drinking
N = 735

STATEMENTS	Agree		Disagree		Don't Know		Total	
	N	%	N	%	N	%	N	%
Most of the high school students who don't drink are "regular guys and gals".	450	61.2	87	11.8	198	26.9	735	100.0
Most of the high school students who do drink are "regular guys and gals".	376	51.0	127	17.3	231	31.4	735	100.0
Drink at parties enables people to get along better	163	22.2	289	39.3	283	38.5	735	100.0
Moderate drinking is fun and harmless	363	49.4	241	32.8	131	17.8	735	100.0
People don't need it for good relations	621	84.5	77	10.5	37	5.0	735	100.0
It makes parties a success	54	7.3	612	83.3	69	9.4	735	100.0
Drinkers are silly and embarassing	292	39.7	312	42.4	131	17.9	735	100.0
There is nothing wrong with drinking on certain special occasions	593	68.9	91	12.4	51	6.9	735	100.0
A good drink at a party helps you to be open with friends	167	22.7	431	58.6	137	18.6	735	100.0
Drinks make parties rough and annoying	320	43.5	269	36.5	146	19.9	735	100.0

TABLE 34

Attitude toward age limit for legal drinking
N = 735

ATTITUDE	N	%
Drop age limit altogether	114	15.5
Keep some age limit	621	84.5
TOTAL	735	100.0

TABLE 35

Preferences of delegates as to at what age the age limit for legal drinking should be set
N = 621

PREFERENCE	N	%
21	421	67.8
19	134	21.6
17	52	8.4
15	8	1.3
13	3	.5
Other	3	.5
TOTAL	621	100.0

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TABLE 36

Incidence of production of false evidence to prove age for the purpose of buying drinks
N = 735

INCIDENCE	N	%
Yes	55	7.5
No	680	92.5
TOTAL	735	100.0

TABLE 37

Incidence of Drug Use by Sex.
N = 735

	Users		Non-Users		Total	
SEX	N	%	N	%	N	%
Male	85	11.5	221	30.1	306	41.6
Female	48	6.6	381	51.8	429	58.4
TOTAL	133	18.1	602	81.9	735	100.0

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TABLE 38

Incidence of type of Drug used by Age
N = 735

AGE IN YEARS	Marijuana		L.S.D.		Amphetamines		Barbituates		Solvents	
	N	%	N	%	N	%	N	%	N	%
11 or younger	2	.3								
12					1	.1	1	.1	1	.1
13			2	.3			4	.5	2	.3
14			3	.3	1	.1	4	.5	4	.5
15	11	1.5	3	.3	4	.5	12	1.6	8	1.1
16	16	2.1	5	.9	7	1.0	28	3.9	9	1.2
17 or older	19	2.6	6	.8	10	1.4	27	3.7	13	1.8
TOTAL	48	6.5	19	2.6	23	3.1	76	10.3	37	5.0

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TABLE 39

Incidence of use of drug by substance
N = 735

SUBSTANCE	YES		NO		TOTAL	
	N	%	N	%	N	%
Marijuana	48	6.5	689	93.5	735	100.0
L.S.D.	19	2.6	716	97.4	735	100.0
Amphetamines	23	3.1	712	96.9	735	100.0
Speed (Methedrine)	24	3.3	711	96.7	735	100.0
D.M.T., D.E.T., S.T.P.	19	2.6	716	97.4	735	100.0
Tranquilizers	27	3.7	708	96.3	735	100.0
Barbituates	76	10.3	659	89.7	735	100.0
Solvents	37	5.0	698	95.0	735	100.0
Opiates	21	2.9	714	97.1	735	100.0
Others	29	3.9	706	96.1	735	100.0

TABLE 40

Place of first drug Consumption
N = 735

PLACE	N	%
Home or relative's home	27	3.7
Friend's home	46	6.3
Restaurant, bar, tavern	1	.1
Dance Hall	35	4.8
Car	9	1.2
Other	15	2.0
No Place (abstainers)	602	81.9
TOTAL	735	100.0

TABLE 41

Reason for first drug Consumption
N = 735

REASON	N	%
Personal curiosity	61	8.3
Urging of friends	40	5.4
Avoidance of feeling out of place	24	3.3
Old enough to use	5	.7
Other	3	.4
Abstinence from drugs	602	81.9
TOTAL	735	100.0

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TABLE 42

Company at time of first drug Consumption
N = 735

COMPANY	N	%
Parents or other adult relatives	1	0.1
Brothers, sisters or relatives your age	22	3.0
Friends	97	13.2
Strangers	1	0.1
Alone	12	1.6
No one because of abstinence	602	82.0
TOTAL	735	100.0

TABLE 43

Attitude of Parents to Drug Consumption of Delegates
N = 735

ATTITUDE	N	%
Care	455	61.9
Don't care	18	2.5
Don't know	262	35.6
TOTAL	735	100.0

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TABLE 44

Supply source of drugs to Delegates
N = 735

SOURCE	N	%
Friends at school	29	3.9
From friends who get them from friends outside of school	46	6.3
Directly from drug pushers	12	1.6
From drug store, medicine etc.	1	0.1
Other	0	0.0
None	647	88.1
TOTAL	735	100.0

TABLE 45

Availability of drugs at parties attended by Toc Alpha Delegates
N = 735

AVAILABILITY	N	%
Yes	129	17.6
No	606	82.4
TOTAL	735	100.0

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TABLE 46

Delegates' Report of actions resulting from drug taking in the past four weeks that would not have occurred without drug taking.
N = 735

REPORT	N	%
Yes	18	2.4
No	708	96.4
Don't know	9	1.2
TOTAL	735	100.0

TABLE 47

Attitude to legalizing the usage of drugs
N = 735

LEGITIMIZATION	N	%
All drugs	16	2.2
Some drugs	324	44.1
No drugs	395	53.7
TOTAL	735	100.0

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TABLE 48

Attitudes of Toc Alpha Delegates to use of Drugs
N = 735

STATEMENT	Agree		Disagree		Don't Know		Total	
	N	%	N	%	N	%	N	%
Most of the High School Students who don't use drugs are "regular guys and gals"	559	76.1	38	5.2	138	18.8	735	100.0
Most of the High School Students who do use drugs are "regular guys and gals"	194	26.4	331	45.0	210	28.6	735	100.0
Drugs at a party enable one to get along better	22	3.0	454	61.8	26	3.5	735	100.0

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APPENDIX D

RELATED FACTOR TABLES

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TABLE 1

Relationship between Sex of Delegate and Reported Use of Alcoholic Beverages
N = 735

USE OF ALCOHOL	SEX OF DELEGATE					
	MALE		FEMALE		TOTAL	
	N	%	N	%	N	%
Have used	273	37.2	290	39.5	563	76.6
Have not used	32	4.3	140	19.0	172	23.4
TOTAL	305	41.5	430	58.5	735	100.0

Chi-square = 43.50; df = 1; $p < .01$

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TABLE 2

Relationship between Age of Delegate and Reported First Use of Alcohol
N = 735

AGE OF DELEGATES	USE OF ALCOHOL					
	HAVE USED		HAVE NOT USED		TOTAL	
	N	%	N	%	N	%
11 or younger	129	17.6	606	82.4	735	100.0
12	262	35.7	473	64.3	735	100.0
13	299	40.7	436	59.3	735	100.0
14	393	53.4	342	46.6	735	100.0
15	471	64.1	264	35.9	735	100.0
16	520	70.8	215	29.2	735	100.0
17 or older	563	76.6	172	23.4	735	100.0

Chi-square = 789.26; df = 6; $p < .01$

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APPENDIX E

THEME ANALYSIS FOR CODING TAPES

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Theme Analysis Categories For Coding of Tapes

The following quotations were taken from tape recorded group discussions, delegate evaluations, and seminars which occurred at Vision '68. The recorded conversations revolved around a number of topics: alcohol, drugs, sex, religion, education, and community involvement. The quotes listed here were extracted on the basis of their representativeness, and were arranged subsequently according to the following six referents: self, peers, parents, law, school, news media. In order to retain the flavor of the dialogue no attempt was made to correct grammatical errors and punctuation.

ALCOHOL:

Self

I get drunk to fit in better; I can let myself go.

I couldn't drink - just think what you can do to the other people when you're drunk.

When you get to university, things are different. You get more freedom and you just don't take things for granted anymore. You want to try drinking, or anything else, for that matter, before you condemn it.

Your parents tell you not to, and that's good enough for me.

It just depends who you are. Some people can drink a lot and it doesn't affect them; others get turned on right away.

I don't see why there should be so much fuss about drinking - after all it's O.K. to drink - even Christ said a little wine is good for the stomach.

I drink at home with the family. It's a family custom with us to have wine with meals.

Peers

Well, at a party, your friends are always trying to make you try this, that, the other thing, and you don't always want to say "no".

You become big with the gang if you booze.

It gives you more fun with the girls.

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What I do with the gang has nothing to do with what I do at home or in school.

I think we drink because it's square not to drink. It's a way of rebellion to, a way of saying to old fogies that you don't buy all they have to say.

Parents

If you've got a good home you don't want to try the stuff.

I mean parents are hypocrites too. They tell you you can't drink and then they booze it up. They tell you one thing and do the opposite.

When you hear your parents talk about the great parties with alcoholic drinks you can't help but think that drinking adds to the pleasure of living. And that's living man!

What bugs me is two standards. It's O.K. for the old man but hands off for me.

Why shouldn't my parents be allowed to introduce me to alcohol and drugs just as they are allowed to teach me how to eat and how to drive the car and so on.

We're going to drink anyway. So parents should be smart enough to give us tips on how to do it the right way.

School

We're suppose to learn in school in health class about drinking but all they tell you is what the stuff is made out of and how many problems it may get you into.

Some one once said the purpose of education is to open up avenues of interest. Well, if this is so why are we not being taught in school concerning alcohol and drugs and I mean more than, "Don't drink the stuff; don't take the stuff, because as soon as you say "don't", you're closing an avenue of interest and that's not education.

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School programmes could include acceptable ways of drinking just like acceptable etiquette. Since we're going to drink anyway, we might as well learn to do it right.

School is suppose to teach us how to make judgments, how to make up our own mind - so we're told anyway until it comes to anything important to us like drinking or smoking pot and then immediately we're told "don't do It."

Law

Laws about drugs and drinking are silly. They don't do what they're supposed to.

If drugs and drinking were legal, we'd get less kick out of it and do much less of it.

Laws make us criminals, so once we're criminals anyway we might as well go all the way.

Why is there such a difference in laws from country to country and even from province to province in Canada. Take for instance in Ontario my parents would be guilty of contributing to juvenile delinquency if they gave me a drink but in Quebec it would be O.K. for them to do so. Our laws are just stupid and mixed up.

Many people over thirty know a lot less about drinking and are less responsible than teens and yet they are allowed to drink and make decisions and so on. So the laws are silly. They should be changed.

Media

Yet, the papers blow up anything dirty for the dirty minds of the public. They blame us kids for doing things but they goble it all up.

Newspapers tell you booze, sex, and the like is what you want to get out of life.

We're being saturated with all sorts of commercials about "the sophisticated use" of booze. You just can't keep leading us on and then expect us not to follow.

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If you listened to the papers you would be lead to believe that teens are continually on a binge but only a few are and less so than adults.

I think the news media are partially to blame for the misconceptions we have about drinking. After all, what they present to us are two distorted pictures, one which points out just the evils of alcohol, another which makes drinks real enticing. How then are we to know the true picture?

DRUGS: Self

I don't have to take drugs to get along; I mean, I'm happy without them.

I'd like to try drugs for a kick, but I'm scared about what could happen to me afterwards.

I think people who use drugs aren't facing up to real life. Anyone running to drugs must have some kind of trouble or other.

I've never sniffed glue but I've seen kids go nuts over the stuff.

People don't seem to know people anymore - they don't seem to need people they think, and there they get bored so they'll try anything - drugs are supposed to excite.

People want to be like the people they read about in newspapers and stuff. They say marihuana blows your mind, marihuana gives you new experiences; well, that's what you want to have, so you try it.

I think people use these drugs because there is a lot of pressure today, pressure to conform, pressure to succeed, and these drugs seem to offer a way out - it's a kind of release in other words.

I couldn't care less what may happen to my mind in 10 or 20 years; I just want to blow my mind now.

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Peers

Well, at a party your friends are always trying to make you try this, that, the other thing and you don't always want to say "no". So you try them.

Some people don't take drugs because they don't know where the pushers are.

I guess it all depends on which gang you're with as to whether you use the stuff or not.

We've talked a lot about marijuana in our little group of friends. We decided it was best not to smoke marijuana or any other drugs because people who go to pot, go to pot. We want to handle our problems by facing them, by working them out.

Parents

Parents are spoilsports; they don't know what gives so what would they know about drugs.

You just try to get your old man to talk about sex or drugs or anything and you scare him right off.

It seems us kids gotta rebel to get parents off our backs - drugs are a good way to go.

If you got a good home you don't want to try the stuff.

If we had parents who could show us excitement in life we wouldn't have to turn to drugs for kicks.

We're accused of being drug addicts - but just look at what example we have to follow. My mother uses umpteen dozen pills for her pains and my dad uses booze to relieve tension but they would kick the living daylights out of me if I smoked pot. Some parents!

School

All you hear in the school is how horrible the stuff is and I can't buy a one sided report like that.

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Teachers are scared even to mention the subject in school for fear someone will tell tales out of school and the teachers will loose their job.

I think me and my friends use drugs because we're fed up and bored with school. I mean there's no way we can put up with the kind of thrash classes we have.

They are going to have a hard time teaching us anything in school about the use of drugs because we won't believe them anymore. So much of what they are telling us simply is not true. Just take the example of marijuana. After the false statements they have been making about it, how do you expect us to believe anything they say about drugs.

The schools should realize that the trouble really doesn't lie with alcohol and drugs. These are just symptoms of the sick educational systems. If the schools taught us how to make a choice, and then gave us sufficient objective information to make an intelligent choice, you wouldn't have nearly the amount of boozing and pot-smoking you have today.

Law

Laws about drugs and drinking are silly.

If drugs and drinking were legal, we'd get less kick out of it and do it much less.

Laws make us criminals, so once we're criminals anyway, we might as well go all the way.

I don't like the idea of having laws for everything you have to do. I think a person should be taught to make up his own mind and should be given the information and allowed to make his own choice.

Just because a guy experiments with a little bit of marijuana he can get a jail sentence for 7 years. We all experiment with one thing or another. Suppose we got 7 years for everything we got caught at. I think it's downright stupid.

If marijuana is no more dangerous than alcohol, then why whould it be banned by law and alcohol is not.

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Media

Yeh, the papers blow up everything dirty for the dirty minds of the public. They blame us kids for doing things but they goble it all up.

Just look at the newspapers and see how they make drugs sensational.

You don't know what to believe anymore about drugs - one paper says one thing, the other says something else - it's all so mixed up.

I hear there's a study being done in Toronto on students using drugs. I'd like to know how many kids use what kind of drugs. I think the Press is blowing the whole issue up beyond proportions.

The mass media makes pot so exciting. How can you expect us not to give it a try.

The thing I can't buy about newspapers and magazines is that they are the ones who spread the information about drugs in the first place and then when they find kids doing the things they spread around, then they condemn them for doing them.

SEX: Self

I think we are more frank than adults; we are willing to discuss our problems more openly, including sex problems and premarital intercourse.

For older people sex has a very special meaning. You keep pure for your wedding day and all that. But to teens it's not all that special. For me, it's just another way of communication on a date.

I use the pill. I'm not really thinking of marriage or of this one person as special but the two of us have a great thing going.

If a person doesn't want a child, then she shouldn't have to have it.

A girl or boy should not get married just to escape from mother's apron strings. Marriage is not a Linus security blanket.

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You should never get married just because you made a mistake and got pregnant. More than likely it won't work out.

Peers

I think as far as sex goes we listen more to peers than to parents. I mean we learn more from one another; we get advice from friends.

Sex before marriage is good so that you can learn about it and be better ready for marriage.

We have sex drives long before we're married - they are just like any other drives. We fulfill hunger drives and pleasure drives; why can't we satisfy our sex drives when we're on dates?

Parents

You just try to get your old man to talk about sex or drugs or anything and you scare him right off.

Sometimes I wonder if my parents have ever heard about sex - they sure keep it taboo.

You can't say this of all parents. My parents told me what it's all about.

My parents look upon anything having to do with sex as evil - in fact, any kind of pleasure is looked upon as evil. They are real puritans.

Why are my parents so ashamed of sex anyway. They must know what it's like and you should be able to talk about what you know.

School

Nowadays you have to go school for 16 years or so whereas before you could be out working at a much earlier age and get married so young people nowadays feel its too long to wait till marriage is possible.

We should have a thorough course of instruction on sex in school - not just on its biological aspects but also on the emotional and intellectual aspects.

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Law

The laws on sex and homosexuals are silly. For a guy, a girl under 18 is jailbait.

Why should you have to be married before you can get to use the pill legally. Why shouldn't it be sold openly - especially since many doctors will give it to teens anyway.

Media

Newspapers tell you booze, sex, and the like is what you want to get out of life. So you try to get it.

We see sex on T.V. and in pictures and so we're aroused for sex.

Advertisements make it seem as if sex is just having a beautiful woman; it's a lot more deep and beautiful than that.

RELIGION: Self

The church teaches us one thing on sex and the university teaches another so when there is a conflict, religion loses.

I think religion is just trying to see a meaning in life. Without religion life wouldn't be worth that much.

When you are down and out, when you are depressed and lonely, religion is something to turn to. When noone else will listen or understand, God is still there.

Personally, I believe there is a God but I don't believe in waking up Sunday mornings - this doesn't make me less a goody than anybody else. I don't think going to church makes a difference.

A lot of people go to church because they are stuck; they are in a rut - they go because mommy or daddy say so.

In the past you could define who you were in terms of the Church or town or job to which you belonged but not any longer because religion is changing and now we speak in terms of liberal and conservative and we don't any longer have our identity.

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Prayer and church is a personal thing - its not something you disclose in public - it's a private affair.

Peers

We want a wider scope of religious knowledge - we don't just want to know about one religion but about all religions and in university we discuss all sorts of religious issues and denominations in our bull sessions.

We don't need to be married in the church to be married - we would be better off being married just civilly and then together choose our religion afterwards, if we chose to have a religion at all.

People like to sing together and to recite the familiar prayers but that isn't religion - nor is religion a social club - it's a way of life - it is something to be lived - it is faith put into action.

Parents

Parents should leave children free to choose whatever faith or religion they want: They shouldn't impose it on teens.

Don't you think it is better for the parents to quit going to church rather than having one half of the children going to one church and one half to another church. That's sort of silly. It just confuses the kids - going to 2 churches.

Parents learned a religion that was passive, that made people who fitted into a niche - so that they endured this world for 80 years in the promise for future reward but today we want religion to be dynamic, to provide the tactics for change, to give the means to do away with what is wrong.

School

Religion has no place in school. In school we go to prepare for a job in life and we shouldn't waste our time on religion which can be taught in the church or by our parents.

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I don't buy that at all. I go to university and one of the things I've learned in discussion is that we should be open to learn about all things around us and religion is one of those things around us in which people believe.

Maybe, then, we should be taught all religions in school so that later on we can make up our own mind on the basis of what we have learned; not on the basis of the religion in which our parents just brought us up.

Religion should be presented in a way that students can learn to love it rather than detest it.

Sunday school should teach the Bible as a textbook of life. The United Church new curriculum attempts to do this and it is a good way to bring it up to date.

Law

God didn't forbid priests to marry - You read it in St. Paul to Titus; "Let a priest be married but once;" So priests should be allowed to marry. The church should not have laws against God's laws.

How come when a Protestant marries a Roman Catholic the children have to be brought up Catholic. Shouldn't this be left up to the couple themselves rather than be regulated by law.

How can the church make laws about birth control. Isn't that to be left up to the individual consciences. I mean people should have the freedom to regulate their families as they wish.

The pope has a lot of influence on the people and whatever he says goes.

Why do we have liturgical laws that require the Anglican and Catholic services to be the same Sunday after Sunday. It's boring and monotonous.

Religion is too much law - it is too rigid and isolated and it isn't personal enough.

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Media

You don't learn too much from religious programmes on radio and T.V. Sometimes you learn more from just ordinary films - what life is all about.

The newspapers have grosly misrepresented what the pope spoke on birth control. Someone told me that the encyclical spoke on marriage and only in one small part on birth control - but all the newspapers blew up birth control.

EDUCATION:

Self

I'm a perfect example of somebody who doesn't have direction. I'm sitting here and still don't know where I'm going eventhough I've gone through highschool. Call it whatever you want but I lack incentive. I don't want to work just for money.

I don't think you have to go to university to be educated. Our garbage man is an educated person. He can get along with people. He can reach out to people and he is open to new ideas and that. So you can get educated outside of school as well as in school.

To grow is a permenent dimension of our life - if you stop growing you decay and die.

I think we need others to become ourselves - others who point out what we are really like and how we can and should grow and be open and change.

We've had so much handed to us that we expect it to be handed to us and unless it is, then we just cry about it; why don't we just go out and do something about learning for ourselves - there's a lot we can learn from one another, if we really cared.

Peers

We learn from one another. Why are we here for. To discuss, to find out, to learn.

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Why do we do the 101 things we do in the way we do them. It's because this is the way we have seen them done. We want to be in the in-crowd. We want to follow suit, so we do what others do without even thinking it out.

We all have different levels, and different values, and we have to learn to accept the other person's ideas and values - and that's an education in itself.

Everybody is being educated all the time because when you think of it - everybody is an amateur at something - a teenager is an amateur at being a teenager - a mother is an amateur at being a mother - a grandfather is an amateur at being a grandfather - so we all try to become proficient in what we are.

We have to be continually open to what is new, to what is changing - we don't just want to learn what happened yesterday but we want to find out what may happen tomorrow.

There is a need for teens to get together and discuss the things that concern us and so we can learn something, something that we can't learn at school or at home or anyplace else.

Parents

Your parents are also responsible for your education - not just the school.

I must have super-parents or something because my parents never forced me to study hard and get my diploma. They encouraged me, yes, but they never really pushed me.

We are relying on our parents longer and longer so money becomes very important to our parents and they pass on this anxiety for money to us and we'll possibly pass it on to our free-loading children.

Our parents have an education we don't have. They have been through a war, they have been through a depression and have a different outlook on things.

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The teen needs the stabilizing effect of the parents to grow into the maturity of an overall education. He looks at life one way today and another way tomorrow so he needs someone to keep him on the right track and parents can do this.

School

The school is just a spoon-feeding system. The teacher gives us facts - we shoot these answers back on examinations. We might as well be tape recorders.

Bull shit.

If you have a degree or diploma you can do something for society. You can show people you're not just a blow hard. Your degree shows you are willing to work.

Strict academic education is not the only thing stressed in high schools. In most high schools, extra curricular activities are stressed as being very important.

School puts things into catagories. People don't fit in catagories. We have to start working with people rather than catagories.

In Toronto, discussion is being brought into school. Everyone has a chance to voice their opinion. So you really have a chance to learn.

School should teach us attitudes, ways of looking at things, ways of making decisions, and not just useless facts.

Education is supposed to prepare us for life. It's not supposed to leave us empty-handed and lifeless - but I think in many cases that is just what is happening.

I think what I learn in school doesn't really do do anything for me. It's absolutely useless.

School is just another system trying to keep itself in existence and sometimes even trying to educate.

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Law

The Dennis-Hall report is a good example of how law should change and not just the law but also the teachers.

I think there are many teens who go on to High school because it is required by law - you have to go - but our garbage man once told me that he's glad he's not being corrupted by school.

Media

We have T.V. now which should be used more fully to teach people at home. There are some good programmes now but we could have many more.

COMMUNITY INVOLVEMENT:

Self

It's alright for you to want to do your thing but be sure you leave room for someone else to do their thing also. We can always be considerate of what others want.

I don't think teens are concerned as much as adults about the community. Basically teens have a selfish streak - they want to have a part in the action - they want these things for themselves but not for others.

Why are we beefing whatsoever we're beefing about - we want to change 'straight' society - but when we get the chance, we don't do anything - we don't make our ideals a reality.

We've got to be concerned about our community - if we're not concerned about our community now what's going to ha ppen in 10 or 15 years from now when we're going to be running this country.

We should work on our own problems among ourselves before we try to tackle world problems - it's a big world into which we can easily get lost - but we do know something about our own problems.

Peers

We have a definite responsibility to society. We live

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in it, but so far in our lives we have had everything given to us. It can't always be this way. We too have to play our part in society.

It is our responsibility to transform the world around us - The world can be developed as far as we want it to be - and we can see that in the flight to the moon.

We want to discover how we can belong to the community, we don't want any plans handed to us; we want to make our own mistakes and find out for ourselves.

The reasons that teens aren't concerned about the community is because they are a product of their environment - and adults aren't loosing any sleep over it.

We want the knowledge of how to change society now - not just useless facts.

Youth are involved in the economy of our country - its amazing how much youth spend on records, clothes, food and so on; 39% of the money is from youth under 18 years of age.

Groups like Toc Alpha can really help other teens to become good grown ups and this is a way of helping the community.

We have been here at the conference and we're full of enthusiasm and we can go back home and be friends with people who may need us.

Parents

Our parents are mainly concerned that we will get as good a standing in society as they have. But they aren't really concerned about how involved we are in the community or in society.

Our parents don't give a damn about responsibility for our country - just look at the number of grown ups who don't vote, or who don't raise a stink about anything except when it takes money out of their pockets.

School

In grade 10 in high school we learn all about our gov't

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and that - we know a lot more about it than most adults who have forgotten about it by voting age - so we should be allowed to vote.

I don't think that in school you are taught enough to vote - all you are given is bare facts and not policies and maybe at that age you can't even evaluate policies because you can't see the overall issues.

We should form groups at school and have the leaders of these groups present the ideas of the teens to the town or city leaders.

Law

The laws for voting should be changed - because a lot of students know a lot more about the issues than adults - a lot of adults don't have a clue what's it all about.

It doesn't really matter whether the law is changed or not - Someplace in the States the legal age of voting was lowered and what happened was that the overall voting results were the same because although some young people know the issues there are others that don't.

Media

Let's stop criticizing the lack of community responsibility in the news media. We play a part in communicating community responsibility by our actions - just blowing off words won't help community responsibility. Let's get down to business.

Several other topics were mentioned from time to time; however, comments on them were scarce and could not be classified according to the six proposed referents. Hence, they were omitted from this analysis.

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APPENDIX F

SELECTED ARTICLES FROM THE NEWS MEDIA

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Excerpt from the "NIAGARA SPECTATOR"

December 30, 1966

INCREASED RELIANCE ON DRUGS SEEN DUE TO PRESSURES TO SUCCEED

NIAGARA FALLS - Increased alcoholism and drug addiction was predicted yesterday by the chief psychiatrist of Ontario's Addiction Research Foundation.

Dr. S. J. Holmes told delegates meeting here at the 10th annual Ontario Youth Conference on Alcohol Problems that the modern world has no room for misfits.

Because of this demand of conformity and greater pressure to achieve, more people will depend on chemicals as a release.

He told the 650 teenagers that the drug brought a stability to some addicts - a psychological stability they would never gain in normal living without the use of a chemical crutch.

Some of the addicts that have been on methadone for two years now have held steady jobs over that period. Up to the time they started on the drug they had never held a job longer than a month.

The psychiatrist came out in favour of reviewing the status of marijuana. He said he doubted whether the drug itself led to a much more serious use of heroin.

It leads to heroin, he explained, only because it is illegal to buy. The user looking for kicks, must purchase it from the same groups that push heroin.

"More people in the world smoke marijuana, hashish and bang - all of them of the same derivative - than tobacco," Dr. Holmes said.

" Even 222's and other popular patent medicines are jumping in usage beyond the normal population growth," he said.

The foundation is currently carrying out a research program to study the problem of marijuana and how its use might be advocated.

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Excerpt from the "RYERSONIAN"

Toronto, February 3, 1967

DECADES OVERDUE: THE NEW MORALITY TOWARDS ALCOHOLICS

by Laas Leivat

When he is sober enough to work, John Smith of Toronto is a skilled machinist who can earn $130 a week.

Unfortunately, Smith is rarely sober, and rarely out of jail.

Father of five, Smith is an alcoholic who has been arrested more than 40 times for public intoxication. This is a criminal offence in Ontario.

Another hard fact is that approximately 75 per cent of arrests made by police involve chronic alcoholics which leads medical and sociological authorities to declare our anti-drunk laws are more punitive than preventive.

Cell space for the 9,000 to 10,000 alcoholics in Ontario is readily available. However, hospital beds are not. Also lacking treatment are 90,000 other alcoholics who are unarrested and unseen by authorities.

Those who administer justice in Ontario are pressing for changes in the Criminal Code. In this trouble area, the judiciary has taken the initiative in the United States, where the Fourth Circuit Court of Appeals passed a decision last spring which will probably be followed by eight other circuit courts.

The judge's argument stated: "The state cannot stamp an unpretending chronic alcoholic as a criminal if his drunken display is involuntary as the result of disease. However this does not preclude appropriate detention of him for treatment and rehabilitation so long as he is not marked as a criminal."

Thus the court reserved the right to sentence the convicted alcoholic but the sentence would be imposed as a period of treatment rather than a period of punishment. The alcoholic would be considered a patient rather than a prisoner.

TOKYO ADVANCED

Undoubtedly the best place in which to fall down drunk is

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Japan, where every drunkard is protected and defended by benevolent, understanding policemen who are taught that alcoholics are not criminals.

The chief of police in that city has an unorthodox psychological explanation for this understanding attitude: "A lot of males who get drunk are good family men. Putting them in jail makes them feel so much more guilty than they may go out and get drunk all over again the minute they are released.

Taking the bottle away from an alcoholic long enough for him to be arrested and tried on drunk charges is just a shuffle that ends where it began - on the street or in the gutter. This is the view taken by the U.S. Supreme Court, indicating that a quiet revolution may be pointing the way toward hope for the chronic drunk.

The problem of the skid row derelict is basically social, medical and spiritual. Past generations used burning and whipping to cure crime. Is it not likely that future generations will read of our imprisonment of drunken derelicts with similar shock and outrage?"

Other government sources have said that they need time to prepare proper treatment facilities for chronic alcoholics. The provincial government has promised $18 million, to be dispensed over the next ten years.

The new thinking is that it's cruel to punish a sick man for having an uncontrollable disease.

But sadly, you won't find this attitude or anything approaching it in Ontario's Magistrates' Courts.

Is help on the way?

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Excerpt from the "GLOBE AND MAIL"

February 15, 1967

LSD CRACKDOWN URGED

The Alcoholism and Drug Addiction Research Foundation of Ontario says LSD should be restricted to scientific and medical purposes under close and continuous supervision.

"This is not something to play around with," the foundation says.

"It is an extremely powerful drug which in minute quantities can produce intensely dramatic effects leading to panic."

The statement described LSD 25 - lysergic acid diethylamide - as a "highly potent drug of the hallucinogenic group." All drugs in the group can produce hallucinations and distortions in perception.

The foundation's advisory committee has recommended a study into nonmedical uses of LSD, their side-effects and after-effects.

The foundation has also undertaken research projects to test the validity of claims made for the therapeutic value of LSD 25 in the treatment of alcoholics.

The foundation endorses a recent recommendation on LSD-type drugs by the World Health Organization and International Narcotics Control Commission of the United Nations Economic and Social Council.

This recommendation suggests that LSD be restricted to scientific research and medical purposes, and that it be administered only under close medical supervision.

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Excerpts from the "KINGSTON, ONT. WHIG-STANDARD"

March 31, 1967

THE ELUSIVE SOLUTIONS

Increasing the fines levied against under-age drinkers in Kingston has been completely ineffective as a method of combatting the problem, according to Crown Attorney J. E. Sampson. He said many youngsters fined repeatedly for the offence look upon the fine as a "tax on liquor."

The answer to the problem is two-fold, he said. Educate the young about alcohol and dry up sources of supply.

The three other panelists agreed although there were variations on how the educating should be accomplished.

Psychiatrist Dr. S. G. Laverty said drinking is often thought of, especially by men and teen-age boys, as a virile action to be emulated. It is also a tool or youthful rebellion.

The use of alcohol by emotionally immature young persons can lead to social problems such as drunk driving and fights, he said.

Because of the trend to more teenage drinking, the young should be made aware of the implications of drinking in school and at home where the relation parents have with alcohol will be reflected in the child's attitudes and uses of it, said Dr. Laverty.

W. A. McClure said every high school student now has exposure to information on alcohol and drug through brief courses.

"It is hoped through this method that some preventive effect will be achieved. By giving information to students, we hope they and their parents will engage in dialogue on matters of use and abuse of alcohol," he said.

Mr. McClure also said teenagers convicted of under-age drinking would benefit more from probation than fines.

Mr. Sampson suggested the education and assault on suppliers be augmented by strenuous efforts to combat advertising which "associates alcohol with acceptability and success."

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He compared the advertising of alcohol with the publicity given LSD of late.

"The prophets of the phony religion go around advertising their product that will drive you out of your mind if it isn't used under the most stringent clinical conditions."

"It's odd that it is crime to advertise methods of contraception but not to advertise LSD," he said.

He said proposed federal legislation will not affect the LSD traffic at all because such small amounts of the drug are needed to produce hallucinations.

"Only education in the dangers of the drug will fight it," he said. "The same holds true for misuses of alcohol."

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Excerpt from the "SPECTATOR"
Hamilton, Ont.

April 13, 1967

YORKVILLE PILGRIMS DANGER

Thousands of teenagers from Hamilton and other Ontario centres are spending their weekends exposed to "beats and pushers" in Toronto's Yorkville, a spokesman for the Alcoholism and Drug Addiction Foundation said here today.

G. K. Bennett, education director with the foundation, told a panel on youth that parents either "don't know or don't care" where the young people are going.

He said thousands of "teeny-boppers" between 13 and 16 were going to Yorkville each weekend from such centres as Hamilton, Orillia, Brampton and Niagara Falls.

TEENY-BOPPERS

Most say "I couldn't care less" when warned about possible addiction or dangerous brain damage, he said.

Users of marijuana - not physically addictive - he said, tend to look for bigger kicks in heroin, which is dangerous and both physically and psychologically addictive, he said.

"Adolescents will grow out of their delinquency, but taking LSD only frustrates and compounds their problem," he said. Yorkville, in Toronto is full of the "beat element and intellectual misfits" who confuse the young "teeny-boppers" who go there.

He expressed concern for the "influx of teeny-boppers every week-end into Yorkville."

"There's thousands of them walking in this area .. usually between the ages of 11 and 16. They walk back and forth up the street all evening and night,

"Because of the publicity given to the area in the press even newcomers from the Maritimes and the West drift to this area"

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We live in a society addicted to instant pleasure," he said.

"Buy now, pay later" is the way we live. He warned that using drugs now would mean payment later in drastic terms.

He didn't blame the adolescents for their search for kicks. This, he said, is a natural part of youth. The family situation was the problem.."They need exciting parents who enjoy full lives, who enjoy themselves culturally," he said.

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Excerpt from the "OTTAWA CITIZEN"

May 11, 1967.

IS IT WORSE TO BE A DRUNK OR MISERABLE ABSTAINER?

by Ben Malkin, Citizen editorial writer

It's difficult to say which could do the greatest damage to Ontario's social fabric - 100,000 sad abstainers, or 100,000 happy drunks. With 100,000 alcoholics in the province alone, the approach toward abstention taken by Dr. Jean Louis Allard, of the philosophy department of the University of Ottawa, may offer new solutions to the problem of alcoholism.

In an article in Addictions, the publication of the Addiction Research Foundation of Ontario, Professor Allard agrees that drinking itself is not a moral problem. "Wine maketh glad the heart of man," sang the Psalmist and Dr. Allard elaborates: "If taken in moderation alcoholic beverages can contribute to a certain betterment of life. Some drinks have digestive value; all can remove a certain sadness of mind...they can favor friendship, and so on." It's excessive drinking that creates the problem, as anyone with a hangover would agree.

HE'S A SLAVE

Dr. Allard makes two points about the alcoholic: He has submitted to slavery, for once he becomes an alcoholic, he yields the free man's liberty to choose; and he has abdicated his responsibility to society. This responsibility consists of a man letting his fellow men benefit from the richness he has received from society: One has not only to receive, one has to give; that is the basic condition of a sound democratic society."

Professor Allard pursues his thesis further. To prevent alcoholism in the first place, he would have society dispel the myth that drinking is a mark of adulthood. Excessive drinking is a sign of immaturity. Education aimed at driving this point home should be carried on by all agencies - the home, the school, the church, the service club.

SIN HAS ATTRACTIONS

Here he gets to the heart of the matter. There isn't much to gain by telling a person that he will sin if he becomes an

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alcoholic. Sin has its attractions, and he will either end up an alcoholic or a sad abstainer. It is better to instruct children that it is simply silly to be an alcoholic.

Many people don't mind being considered wicked; they take a perverse satisfaction from this condition. But nobody wants to be considered plain silly. Nobody wants to be thought childish, not even a child, especially not a child, most of them want to grow up as quickly as possible. This approach to alcoholism might succeed at the preventive stage where others have failed.

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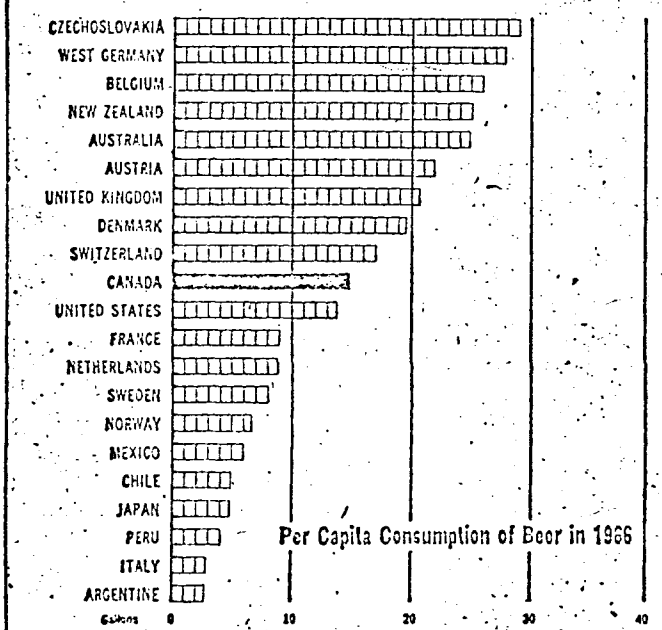
Excerpt from "The Globe and Mail" Feb. 6, 1968.

Pattern of Canadian beer and ale use differs from that of other countries

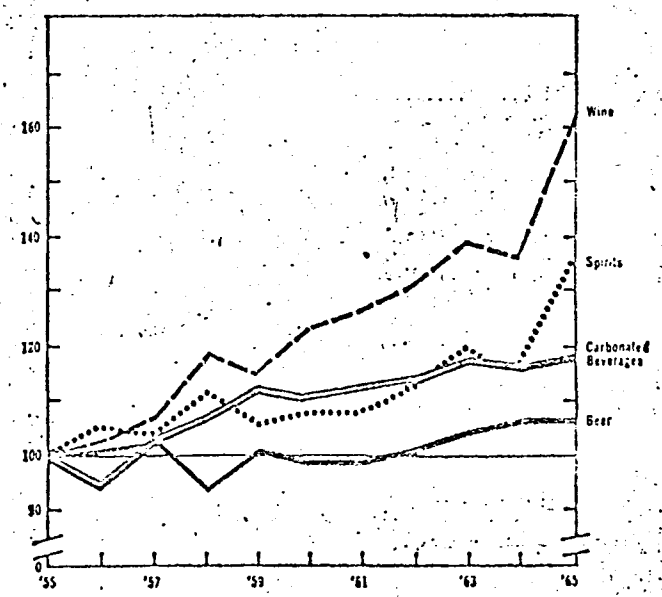
The pattern of beer and ale consumption in Canada is different from that in many other countries and per-capita consumption has not kept up with the increasing consumption of other alcoholic beverages, according to the Brewers Association of Canada. More attention is being given to the sale of food in licensed premises; the sale of beer on Sundays is allowed from Manitoba to Newfoundland; individual permits for beer purchases have been eliminated throughout the country; many provinces have relaxed restrictions on the price of beer in bars, and most provinces permit the licensing of aircraft.

	NFLD.	P.E.I.	N.S.	N.B.	QUE.	ONT.	MAN.	SASK.	ALTA.	B.C.
Beer for Home Consumption is sold through the following outlets:										
(a) Government Liquor Stores	✓	✓	✓	✓	(1)	(2)	(3)	(4)	✓	✓
(b) Brewery-Owned Retail Stores	(5)					✓	✓			
(c) Government-Operated Stores on Brewery Premises									✓	
(d) Home Delivery Service (6)	✓				✓	✓	✓	✓	✓	✓
(e) Licensees										
(i) Hotel or Public House Licensees					(7)		✓	✓	✓	✓
(ii) Grocery Stores (not supermarkets)					✓					
(iii) Certain Taverns if delivered at residence	✓									
Beer for On-Premises Consumption is sold through the following outlets:										
(a) Beverage Rooms or Taverns	✓		✓	✓	✓	✓	✓	✓	✓	✓
(b) Restaurants and Dining Rooms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
(c) Bars, Cocktail Lounges or Cabarets	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
(d) Private Clubs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
(e) Military Messes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
(f) Lounges and Dining Cars on Trains	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Room Service in Hotels (8)	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sunday Sale:										
(a) Without Meals (9)					✓					
(b) With Meals (9)	✓	✓	✓	✓	✓	✓	✓			

(1) Imported beer only.
(2) Imported beer only in some stores, in others where there are no brewers' retail outlets both imported and domestic beer is sold. In remote areas Liquor Board operates agency stores to provide for tourist requirements.
(3) Stores in certain rural locations do not handle beer, but leave this distribution to hotel vendors.
(4) In certain areas there are special liquor vendors who operate as agencies under the supervision of the Liquor Board.
(5) In St. John's area only; outside St. John's beer may be bought from a brewery distributor or agent.
(6) In some provinces restricted to larger centres.
(7) In rural hotels or inns where no grocery stores sell beer.
(8) In some provinces with meals only.
(9) Sunday sale with or without meals is usually allowed in military messes; also some private clubs, particularly in Newfoundland, Manitoba and Alberta may serve beer with or without meals.



Per Capita Consumption of Beer in 1966



Per-capita consumption in Canada of beer, spirits, wine and carbonated beverages, based on 1955 index of 100.

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Excerpt from the "TORONTO DAILY STAR"

July 4, 1967

YORKVILLE HIPPIES SWITCHING TO HEROIN

Toronto teenagers are switching from marijuana to heroin and LSD, the RCMP and Metro police drug squads reported today.

At the same time, according to RCMP Superintendent Edward Willes, the use of drugs by under 16s is increasing.

The juveniles who use drugs favour marijuana, he said. But older teens are becoming involved with heroin and LSD.

An 18-year-old girl, placed on probation just a week ago for possessing marijuana, was again picked up in a raid during the weekend. This time, she and four others face charges of trafficking in marijuana, heroin and LSD.

Inspector William Pilkington, head of Metro's morality and drug squad is alarmed by the appearance of heroin in drug peddlers' stocks in Yorkville.

Use of the drug, he said,was formerly confined to a small group of "hardened, older addicts."

But it was now "creeping into Yorkville, and the young people who used to take marijuana freely now seem to be the ones experimenting more and more with LSD, and, lately, heroin.

"This is where the big money is. A capsule of heroin-enough for one shot-costs $20 now. A real addict needs four or five of those a day."

He attributed the increased flow of LSD and heroin on the Yorkville market largely to the "success young peddlers had with marijuana."

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Excerpt from the "TORONTO DAILY STAR"

July 5, 1967

DRUG RESEARCHER BITTERLY ASSAILS TALK OF LEGALIZING MARIJUANA

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by Marylin Dunlop, Star staff writer

Marijuana users could become addicts if the drug is legalized, a Toronto scientist warned yesterday.

Dr. Robert Gibbins, who for three years has directed marijuana studies on animals at the Alcoholism and Drug Research Foundation said legalizing marijuana would open the door to a rich, more powerful form of the drug than is available customarily in North America.

The potent version could be a synthetic or be grown in such Mideast countries as Lebanon.

Gibbins' studies, which began before marijuana became a problem in Toronto and which were given impetus when local young persons began using the drug in increasing numbers, were given additional urgency yesterday.

RCMP and Metro police reported that the use of drugs by under 16-year-olds is on the increase. These juveniles, say police, favour marijuana. But the older teens are switching from marijuana to the opium derived heroin and the hallucinatory drug, LSD.

The reports add fuel to the debate on the legalizing of marijuana. Some human behavior experts have argued that putting marijuana within the law would cut the contact between youth and heroin peddlers.

They say teenagers are urged to try "hard narcotics" such as heroin by the marijuana pushers. They claim marijuana itself is not addictive.

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Excerpt from "THE TORONTO STAR"

October 14, 1967

ALCOHOLISM REPORT "UNREALISTIC"

Age limit futile -- teens all drink anyway, says expert

by Sidney Katz, Star staff writer

The report of a five-year investigation of alcohol problems in the U.S. recommended this week that parents be permitted to serve their children drinks in the home from the age of 18.

The suggestion was promptly labelled "unrealistic" by a Toronto expert on alcoholism, David Archibald, who played a major role in setting up the study. He feels that setting any age limit on home drinking is "futile- its unenforcible."

"Youngsters are drinking in our society", says Archibald, director of the Alcoholism and Drug Addiction Research Foundation.

"Whether we like it or not is beside the point. It follows that drinking should be incorporated into family life."

The study was conducted by the Co-operative Commission on the Study of Alcoholism, a body of prominent U.S. Physicians, scholars and laymen.

Archibald says he regrets that the report did not cover the use of drugs by young people. His view was echoed by other research workers at the Toronto foundation.

"When I go speaking to groups of adolescents," one reported,"I get the feeling that alcohol is passé. Most of their questions are about marijuana and LSD."

"One youngster told me:" You older people had to put up with prohibition against liquor. We've been stradled with the prohibition against marijuana.

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Another Toronto researcher said that youthful users of marijuana were now using alcohol - especially wine - in a ritualistic way.

"When they are high," she explained, "they open a bottle of wine and dwell on the beauty of its appearance and the subtlety of its flavor. They don't seem to take it for kicks."

The 200 page U.S. report was started in 1961 under the aegis of the U.S. National Institute of Mental Health. Archibald was chairman of the committee that organized the study and remained on as a member of the commission. The views of Canadian agencies concerned with the alcohol problems are incorporated in the report.

The study impartially criticizes pressures in our society that try to persuade people to drink or to abstain.

It recommends that, at social gatherings, hosts should not press alcohol on their guests. Both alcoholic and non-alcoholic beverages should be available.

The reports say: "An atmosphere should be created in which people feel genuinely free to take it or leave it. This would help make alcohol less special and unusual... Newspaper columns on manners, books or etiquette, dealing with the rights and wrongs of entertaining, should discuss this issue."

Removal of virtually all restrictions on alcohol advertising is advocated. Liquor ads, it says, should appear on radio and TV. People should be shown drinking and drinking should be depicted in family groups.

The reason? Showing drinking in natural situations might help reduce the special significance currently associated with alcohol. Drinking should be shown as a type of activity that can add to enjoyment.

The report recommends that the drinking age limit in the U.S. be reduced from 21 to 18. The higher limit, it says, "creates a basically hypocritical situation reminiscent of the prohibition era."

It points out that there's no evidence that teenagers get into more difficulty with alcohol in places where the

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the legal age of purchase is now 18.

The study would like to see beer and wine served at college social centres and cafeterias. "Colleges can become places for enlightened learning about alcohol and drinking."

A drastic overhaul of school courses in alcohol education is called for in the new report on drinking.

Most present courses are described as "insignificant and usually ineffective."

Yet the study feels it would be a mistake to bring in outside experts to teach about alcohol. This would reinforce the impression that there's a specialness about drinking. Instead, the most apt teachers should be trained in giving alcohol courses.

An even more effective approach recommended is that information about alcohol be integrated into such subjects as chemistry, social studies, English, history and biology.

The report is the most comprehensive statement ever made on the use and abuses of alcohol.

"As such," says David Archibald, "it will influence the way we here in Ontario tackle the problems associated with alcohol in the future."

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Excerpt from the "MISSISSAUGA NEWS"

Clarkson, Ont. October 18, 1967

DEPRESSED? HAVE SOME MARIJUANA, M'DEAR!

by Arthur Lowe

APPLEWOOD -

The moderate use of marijuana is no more dangerous than the moderate use of whiskey.

Dr. Malcolm pointed out that for legal purposes marijuana was classified as a narcotic drug and that the penalties for its sale and use were the same as those covering heroin and other addictive drugs. Marijuana, however, was nonaddictive.

He referred to a teen-aged lad in Toronto who had been sentenced to the minimum term of seven years in jail for bringing in marijuana from the United States. Such a case suggested that the law should be examined to determined whether or not it is just, he said.

The speaker told of the various drugs used from ancient times to reduce tensions and provide depression. Marijuana, or Indian hemp, was one of the foremost of these and had been widely used in India and China.

In western culture its use had been limited, mainly to people engaged in the arts.

"In the United States the use of marijuana received a boost when Mexicans began to cross the border in large numbers in 1914," Dr. Malcolm said.

"It was accepted in their culture and they smoked it to achieve a sense of wellbeing. Its use was regarded as a recreation much as the use of liquor has come to be regarded in Canada and the United States."

Partly because of the influx of workers from Mexico and its consequent greater availability, the smoking of marijuana in the United States increased considerably, he said.

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It was not until the 1930s however, that the growth of the habit evoked wide concern. Sensational articles appeared in magazines and newspapers during this period blaming the use of marijuana for the increase in the incidence of crime, and representing it as leading to heroin addiction.

The propaganda, stimulated and encouraged by the U.S. Treasury Board, became so intense in New York, that Mayor LaGuardia ordered a study into the whole question.

The investigators found that the evils of marijuana smoking had been widely exaggerated, that it was not in general use in the secondary schools as the newspapers had intimated, and that it did not lead to heroin addiction.

Dr. Malcolm described marijuana as habituating, but not addictive. People smoked it, he said, to ease their tension and to produce a sense of well-being.

If it produced the desired effect, it was natural for them to take it again to achieve the same result. Much the same thing was true of barbiturates and tranquilizers; they were primarily habituation although some tranquilizers were addictive.

He said that the use of marijuana presented no danger to a well-integrated personality, but it could produce damaging situations in the case of people who were not emotionally stable.

He felt that the danger of its use was summed up in a report published in 1925, which concluded that it intensified mental instability.

"However, we should realize,"he said,"that to-day there are marijuana connoisseurs just as there are connosseurs of whiskey and wine."

Dr. Malcolm spoke of the aculturization of different societies to different types of drugs, producing in the main the same effect of well-being and escape from the so-called reality.

Hitherto in the Western culture, marijuana had provided escape mainly for the economically distressed, the lower class, but it was significant that to-day it has become a vogue with younger people in the middle class.

"We are witnessing the orientalization of Western

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society", he said. "Young people, sick of social situation based upon the spurious values of our age, are turning more and more to Eastern patterns of thought and reflection."

There are many young people, he believed, who were more concerned with life and its meaning than in building a career. This new attitude, carried to the extreme, had given rise to the hippies, who regarded the whole social situation as a hang-up.

There was a possibility that the new outlook on life would effect a complete turnabout in middle class values, and that in the course of time marijuana might replace alcohol as the drug to which we were aculturized.

If smoking pot became a cultural trend, he did not think it could be stopped by law.

"You can't pass laws," he said "that the great middle class do not want."

Dr. Malcolm spoke briefly about LSD. Intelligent and articulate men had described their experiences after their taking it and had reported, among other things, the deep spiritual insight it induced.

Recent experiments, however, had indicated that over a period of time it might prove damaging to health and until more was known about it he strongly opposed its use.

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Excerpt from the "SCARBORO TRIBUNE"

November 16, 1967

GLUE PROVES WORSE PROBLEM THAN DRUGS

100 Teachers discuss problem

Glue sniffing and alcohol are greater problems among teenagers than drugs. This was the conclusion of one school trustee who attended a seminar for 100 Scarboro teachers Monday night.

"Glue sniffing seems far more deadly than marijuana", said trustee Robert Smith.

"Principal and teachers are not soft pedaling this problem or hiding their heads in the sand," Smith said.

At present, physical education teachers explain problems of alcohol and smoking to students. Now, teachers and trustees feel drugs must be added to the list.

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MARIJUANA

The pot boils

Despite opinions pro and con, scientists lack precise knowledge

by Patricia McBroom

Marijuana is one of the mind-benders of antiquity. It has been used since long before Christ to ease the ills of body and soul, from gonorrhea to grief.

Ancient Hindus sometimes called marijuana "Poor Man's Heaven." In the first century, the Greek physician Galen described the custom of passing out pot at banquets to promote hilarity and happiness. Some early Chinese called it "Delight Giver," though moralistic Chinese preferred "Liberator of Sin"—a debate that still rages.

For all its age, marijuana is one of the least understood of the natural drugs. Its active principles were not identified until 1964 and were only synthesized in pure form this year.

In August Israeli and American chemists reported exact synthesis of the natural tetrahydrocannabinols in marijuana, which provides scientists with much-needed pure compounds for research (SN: 9/2). Dr. Raphael Mechoulam of Hebrew University, Jerusalem and Dr. Herchel Smith of Wyeth Laboratories, Inc., Philadelphia, led the project.

But until now scientists, though they issue strong pronouncements pro and con, have lacked a precise measure of the active ingredients in marijuana on which to base tests and have little evidence by which to assess its potential for harm.

The last major piece of work—the benchmark La Guardia study done in New York—is now 30 years old. And that investigation, though it was done with care, is no more conclusive than any other: Those who did it had no way of determining the consistency of the drug doses with which they worked.

So while the marijuana controversy grows in intensity and the criminal laws surrounding pot are under court challenge, medical specialists can do little more than choose up sides and add to the confusion.

Their testimony, either condemning pot as a hazard or praising it as a safer alternative to whiskey, reveals conviction, but not much evidence. The fact is, the evidence remains fragmentary, anecdotal and full of holes, though the current controversy may produce the research that will fill the gaps.

scientists don't know, for threat comparable to alcohol, or more serious, or less. They don't know whether chronic users undergo subtle personality changes, though there is a widespread impression that long-term users have an unusually depressed drive level. And they don't know how safe it is to smoke the weed occasionally, as a large group of Americans seems to be doing.

The one thing they do know is that marijuana is not innocuous; but then neither is alcohol or tobacco.

There have been reports of occasional psychological disturbance from a marijuana smoke. Reactions include anything from panic to psychosis, but it isn't clear how long these reactions last or how often they occur.

The strength of pot varies widely; a marijuana cigarette is not a measurable thing; it doesn't always contain the same concentration of active chemicals. Two plants grown in different areas have different amounts of the active chemicals, explains Dr. Daniel Efron, a psychopharmacologist with the National Institute of Mental Health. And depending on where the material is kept—in attic, basement or refrigerator—the concentration is again different.

According to the newest scientific work on the pure marijuana chemical, the size of the dose means the difference between a pleasurable experience and a psychological blow-out. In very rough terms, marijuana is perhaps one-hundredth as strong as LSD, but with enough of it, the smoker might just as well be flying on acid—headed straight down.

Finally, there is a possibility, with chronic use, of long-term and subtle effects even from the weak stuff, leading to passivity and withdrawal.

On the opposite side, the ground swell of opinion favoring marijuana among the middle class intelligentsia makes a strong argument that the drug, as used in the United States, is not all that dangerous. Rather it seems a pleasant and aesthetic diversion.

Judging from their own experience, many well-informed people simply cannot view marijuana as a hazard. As one government scientist puts it: "The prudent man isn't frightened of marijuana as he is of LSD."

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"In my opinion," says Dr. Efron, "at this moment we don't have enough scientific facts to answer that question."

Those facts should soon be available. Dr. Efron now has a sample of the new synthetic marijuana principle and plans a study in animals. One small U.S. study has already been completed in humans with the pure chemical, resulting in evidence that marijuana is in fact a hallucinogen (there was some doubt whether it causes hallucinations) and that its action varies with dose.

Marijuana action apparently derives from two chemicals, delta[8] and delta[9] trans-tetrahydrocannabinol lumped as THC. The chemical structure of these substances is highly unusual, not resembling that of other hallucinogens, and occupying a class of its own. Quite apart from their concern over pot, many scientists are intrigued by the marijuana chemicals and want to test them for possible theraputic uses.

The resin of the female hemp plant, cannabis sativa, produces THC (the male plant produces rope) and according to the method of cultivation and preparation, the resulting drug is either a powerhouse, commonly called hashish, or the much weaker marijuana.

Cannabis sativa can and does grow wild in the United States, as it does in many countries of the world. But because of U.S. legal penalties, most of the prepared weed comes over the border from Mexico under the name marijuana or mary jane. In India, the weak preparation is called bhang and is made by brewing cannabis tops and leaves. The extracted resin alone makes hashish.

In his tests with pure delta[9] THC on some 40 human subjects, Dr. Harris Isbell of the University of Kentucky produced all the effects ever attributed to either hashish or marijuana, from mild euphoria to psychosis.

In a 160-pound man, 18 milligrams of the chemical would almost without exception bring on psychotic-like reactions—hallucinations, depersonalization, loss of reality, distorted sight and hearing. But a fifth to a third of this dose produced euphoria, some change in perception and mood.

With the lesser dose, subjects were satisfied, referred to the cigarette as a "good reefer," Dr. Isbell says.

"But if you keep turning the screws (increasing the dose) all of a sudden they're on a trip watching their own burial." The men would swear that the jolt never came from marijuana, says Dr. Isbell.

Occasionally, on the lower dose, a man would react peculiarly as though in a psychotic episode. "But you wouldn't expect this in the majority of people," he says.

Dr. Isbell strongly advocates control over marijuana. "The local grass is probably pretty weak stuff," he says, "but if you lower controls, watch out. You open the door to more potent stuff." Hashish is not now widely available in the United States.

Criminal penalties fixed on marijuana use have little to do with the matter of control, in Dr. Isbell's opinion. He says he sees no reason why the Food and Drug Administration could not control marijuana, which is now in the jurisdiction of the Bureau of Narcotics.

In the event marijuana were placed under FDA control, penalities for use and possession would be dropped. Only the illegal sale of the drug would then be a crime—under present law a misdemeanor, rather than a felony. The stronger hallucinogens are now controlled that way and the prevailing opinion among medical specialists is that marijuana should also be handled by the FDA.

Dr. Isbell's concern, however, lies only in control: "I personally don't care who does the job, as long as it is done."

There is a chance that if marijuana were regulated by the FDA, the law would be changed to make illegal sale of all hallucinogens a felony.

So far, the FDA has made no moves regarding marijuana. Commissioner James L. Goddard has called current penalties "too severe," and it is no secret the FDA believes that marijuana should be considered an hallucinogen—and the weakest one at that—rather than a narcotic. But the agency has not acted to assume control.

In any case the problem isn't solely a Federal one. Most states have their own narcotics laws that include marijuana. Under those laws, scores of young people are now being arrested, and, "What does it prove?" asks another FDA official.

"As I understand it," says Dr. Jonathan Cole, formerly chief of psychopharmacology at the NIMH and now superintendent at the Boston State Hospital, "under the narcotics laws, a 21-year-old college kid who sold half his stuff to a roommate could get 20 years in prison."

There isn't enough evidence on marijuana's safety to legalize the drug, says Dr. Cole, but current narcotics laws are terrible. He advocates FDA regulation.

Actually the issues that marijuna represents will not be solved by scientific evidence alone. Should the evidence eventually prove marijuana relatively safe, the country would still have to balance the risks and potential for danger against the benefits and decide whether to add a now approved intoxicant to the old ones.

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Excerpt from the "TORONTO STAR"

November 8, 1967

PARENTS LEAD CHILDREN TO DRUGS, SAYS THIS EXPERT

Parents who reach for a pill to relieve pain or a drink to relieve tension are teaching their children to look to chemical solutions - like LSD and marijuana - for life's problems.

R.R. Robinson of the Alcoholism and Drug Research Foundation said that teenaged drug taking is far from epidemic.

"But we are very concerned."

Robertson was taking part in a symposium on "the child citizen" for the North York Social Planning Council. About 100 people attended.

Parents shocked by what is happening to youngsters in Yorkville, he said, "should be more shocked at the conditions of our society out of which Yorkville-itis has emerged."

He quoted from a New York survey indication that 70 per cent of the young rebels come from comfortable affluent homes.

"Nice comfortable homes, apathetic or blind to the problems of the community .. are just as dangerous and destructive as the more dramatic broken home syndrome," he added.

"Children's attitudes come mostly from their mothers and fathers," Perry said. The real delinquency problem is not juvenile but parental," Perry said.

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Excerpt from "THE LONDON FREE PRESS"

December 8, 1967

PORT DOVER STUDENTS POLL NATION'S YOUTH ON IDEAS, IDEALS, ISSUES

A questionnaire circulated among 10,000 students indicates that eighty per cent believe that children and teen-agers are the biggest problem facing parents today, only 13 per cent mentioned money as a problem. From the written answers obviously a wide wedge separates most teens from their elders. Proper disciplinary measures and lack of understanding cause much family discord, the students indicated.

One 16-year-old from New Brunswick summed up the feelings of many who answered the questionnaire when she wrote: "They degrade us and class us all as a brand."

SMOKING vs. DRINKING

In the questionnaire 66.2 per cent admitted they had smoked cigarettes, although no indications were given as to frequency. The latest figures issued by the Department of National Health and Welfare, Ottawa, are given for August, 1964, stating 21.2 per cent of teen-agers smoke cigarettes. Pipe and cigar smoking is rare among youth who do not smoke cigarettes.

Across the nation the number of male smokers varies between 69 per cent in Quebec to 53 per cent in the prairie region, with urban centres having a slightly higher edge over rural areas. The heaviest smokers in Canada are not teen-agers but those in the age group 25 to 44 years.

But the ratio of teen-age drinkers is higher than those who use tobacco. Seventy per cent said they had tasted alcohol beverages, with no indications as to how frequently. This figure would include all those allowed small portions at family dinner parties with parents consent. The Alcoholism and Drug Addiction Research Foundation, Toronto, shows that in 1964 1 per cent of teen-agers were addicted to alcohol.

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Excerpt from the "TORONTO STAR"

January 2, 1968

TIME FOR A NEW LOOK AT ALCOHOL?

The survey into the use of drugs and alcohol by young people which the Canadian House and School and Parent-Teacher Federation has launched reflects a growing public realization that our present liquor policies are not effective in preventing alcoholism or encouraging moderation.

It is common knowledge that despite all the regulations and restrictions on liquor sale, the proportion of Canadian people who drink regularly has grown over the years.

Whether we like it or not, the drinking of alcoholic beverages has become socially acceptable in modern society.

An effective public policy should be based on recognition of this fact. It should seek to impress young people with the dangers of excessive drinking. And it should also encourage them-if they must drink- to learn to do so in a moderate and civilized manner, preferably in a home environment.

Our present liquor policies in Ontario and elsewhere in Canada have clearly failed to deter young people from drinking. And they have not been notably successful in encouraging young people to handle alcohol in a moderate and responsible manner.

More people are drinking at an earlier age than in previous generations. The inevitable result has been more drunken driving by teenagers, and more criminal offences involving liquor.

Since the repeal of prohibition, the guiding principle behind liquor legislation, in Ontario and most of the other provinces, has been to hold down consumption by limiting the number of licensed outlets and by imposing restrictions on the sale and drinking of liquor. This approach is obviously not working well.

Perhaps a more realistic approach, more in line with modern conditions, is needed. The Home and School Federation survey may help to prepare the way for this.

We hope the survey will examine the age at which young

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people should be allowed to drink. This is fixed at 21 in Ontario. This rule however, is open to question on two counts.

In the first place, the law is virtually unenforceable, at least in regard to youngsters in their late teens, and like all unenforceable statutes, it tends to bring the whole law into contempt.

In the second place, the high age limit makes the introduction of young people to liquor in a home setting illegal, at least in theory.

It has often been noted that among some ethnic groups- Italians and Jews, for example, - alcohol is made available to youngsters quite early but under family supervision and on family occasions.

Young people growing up in these communities seem to acquire a mature attitude towards liquor, and there is little drunkenness or alcoholism among them. Perhaps the law should not discourage this method of dealing with the problem.

A thorough and painstaking inquiry into this and other liquor regulations could be of great help in shaping a more effective policy for the protection of young people.

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Excerpt from the "GLOBE AND MAIL"

January 10, 1968

DRUG ABUSE BEGAN WITH THE DISCOVERY BUT INFORMATION IS STILL LIMITED

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by Richard Lyons, New York Times Service

"Many inexperienced and uncritical teenagers and young adults still in the trial-and error stage of life will eat, drink, inject, smoke or sniff almost anything" that promises to yield thrills, said Dr. Maurice Seever, chairman of the department of pharmacology at the University of Michigan Medical School.

Comments from many scientists underscore a point that became evident during a study by The New York Times of the use of drugs- there is, so far, too little scientific information on their misuse.

Even the terminology of drug misuse is uncertain. Some specialists, for example, disdain the term drug addiction and speak of drug abuse; others feel that the word abuse involved judgment that may not be warranted. They lean toward the term dependence.

In general, however, it may be said that the person who seriously misuses drugs is one who centres his life on them to the exclusion of career, family life and society at large. He bcomes drug-oriented.

Another complication in studying the effect of drugs is the absolute lack of assurance in many cases that there is a direct cause and effect between the misuse of the drug and the action of the user.

SEEN NORMAL

As an illustration of the complexities of attempting to study effects of drugs, consider that every day in New York several babies are born who seem every bit as normal as the hundreds of other infants who come into the world here every day.

But within hours these few infants may jerk, jitter and twitch, and it becomes evident that these babies are indeed different. Though only hours old, they are hooked on drugs.

Their agitation, which may cause them to rub their

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skin raw, shows that the babies are undergoing withdrawal symptoms that probably are every bit as racking as those that torture their mothers and other addicts when they are deprived of heroin, morphine, or barbiturates, the chief addicting drugs.

The long-term medical effects of drug abuse and the exact operation inside the brain remains as obscure as they were to the Chinese physicians, who prescribed a form of marijuana for gout, constipation and absentmindedness.

Science, however, has discovered that the most dangerous drugs affect the central nervous system - the brain and the spinal cord. Once a soluble chemical enters the body indirectly, it finds its way into the blood-stream and eventually into the spiderweb of micro-vessels that lace all organs,including the brain.

Those drugs that effect the central nervous system can mysteriously filter through the walls of the tiny blood vessels of the brain. Once past the walls, the drugs pass into the brain's glial cells, which act as packing between the nerve cells, or neurons.

It is the kicking or caressing action of a drug on the neurons that determines how the chemical stimulates the body as amphetamines and cocaine do, or depresses the actions of the body as narcotics do, or blurs the senses of the brain, as LSD and other hallucinogens do, or does all three as marijuana may.

A group of drugs whose use has come under federal jurisdiction only recently is the hallucinogenic, including the synthetics LSD, STP and DMT and the natural chemicals psilocybin, which is extracted from Mexican mushrooms, and mescaline, a chemical taken from the peyote cactus.

MOST POWERFUL

LSD, chemical shorthand for lysergic acid diethylamide, probably is the most powerful hallucinogen yet developed. It is 100 times as potent as psilocybin and 7,000 times as powerful as mescaline. The taking of as little as one quarter-millionth of an ounce may cause hallucinations that last for hours.

Exactly how LSD and the other hallucinogens produce their effects is not clearly understood, but they seem to

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affect the parts of the brain where the input of information from the senses is decoded and processed. Reactions to LSD include not only hallucinations and distortion of perception, but also panic, violent impulses, suicidal acts and insanity.

Beside the psychological affect of LSD there may also be long term physical damage. Scientists have found abnormal chromosomal patterns in persons who take LSD, and there have been scattered reports of the birth of deformed babies to mothers who used the drug.

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Excerpt from the "Toronto Star"

January 10, 1968.

WE NEED A NEW APPROACH TO ALCOHOL

Anyone familiar with the problems of alcohol and drinking would have to concede that Ontario's liquor control policy is ineffective.

Our liquor laws are based on a policy of restriction which simply is not in accordance with reality.

The policy assumes that alcoholism can be reduced, and liquor consumption controlled, by strict regulation of sales, by restraining advertisement, and by barring everyone under 21 from drinking.

But it is not working. Public opinion has forced the government to so relax restrictions on the sale of beer, wine, and liquor that alcoholic beverages now are generally available throughout Ontario. There are today 2,980 licensed outlets in this province compared with 2,273 five years ago.

Drinking clearly has become socially acceptable and the vast majority of people now accept alcohol in one form or another.

Indeed, provincial revenue from the sale of liquor has soared to $ 136 million a year, up 1,000 per cent in the last 25 years. Liquor sales now represents the fourth largest source of government revenue in Ontario.

In these circumstances, it is idle to pretend that problems resulting from the consumption of alcohol can be controlled by restricting sales.

Liquor sales which were supposed to be restricted have become so widespread that a new approach is needed if we are to face up to the problems of the rising alcoholism and drunk driving.

A recent report of a six-year study of alcohol problems in North America suggests that the most effective answer lies in changing the drinking patterns of our society through education.

It asserts that if people cannot be deterred from drinking, they should at least be encouraged to handle liquor in a responsible manner. We are inclined to agree.

How can we do this? The obvious place to start is by reexamining our public policies on liquor and reshaping them to encourage a more moderate and a more civilized approach to alcoholic beverages.

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This should be accompanied by much more rational public discussion of the problem in the press, radio, and television - free from emotional confrontations between wets and drys. The aim should be to encourage socially acceptable drinking patterns and to discourage dangerous drinking patterns.

A "socially acceptable" drinking pattern implies a standard of behavior in which the drunk and the two-fisted drinker are abhorred, not tolerated, in which alcohol is handled with grace and civilly, in which a host restrains from pressing liquor on reluctant guests, and in which drinking and dining are combined.

The process of education must begin in the home. Today's children are born into a world in which liquor is in general use. It is surely far better that a young person be exposed to alcohol in a natural environment under parental supervision at the dining room table than in the back seat of the car.

Researchers have been impressed by the striking absence of alcoholism among Jewish and Italian families where exposure to alcohol in a family environment is accepted as a normal part of life in the home.

Yet, under Ontario legislation, such parents are breaking the law if they offer a glass of wine to a teenaged son at the dinner table. Why should parents not have the legal right to use their own judgement in determining the age at which their children should be taught to handle alcohol responsibly.

The educational process should extent to the schools. Children should be taught, not simply that alcohol is a pernicious evil to be shunned, but if it is used, it should be used in a moderate and responsible manner.

And why shouldn't liquor advertising be regulated to buttress this educational process? Advertising is one of the most effective means of establishing public tastes and social standards.

Liquor advertising now is confined to material which merely promotes the sale of brand name liquor products. We believe advertisers should be encouraged to include educational messages to help establish more desirable drinking patterns.

As a recent study of North American Alcohol problems noted: "The alcohol beverage industry would be in a less vulnerable position if alcoholism and other types of problem drinking could be reduced. Thus it would be to the ultimate good of the industry to participate in efforts to change the drinking patterns."

A programme to change these patterns we believe would be far more effective than the present antiquated liquor laws dealing with the problems of alcohol in this province.

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Excerpt from the "THE GLOBE AND MAIL"

January 11, 1968.

Chop suey and three days of love

LSD, POT GIVE SPICE TO SEX, USERS MAINTAIN

by Martin Arnold, New York Time Service

A National survey by the New York Times found that while still a small minority of the population, more and more on-the-way-up and already successful adults are using marijuana and hallucinogenic drugs. Many more are using barbiturates to relieve tension and amphetamines to capture a feeling of limitless energy.

Among adult drug takers, marijuana was found to be the great leveller, used by the very poor, the middle class and the rich. Heroin, on the other hand, is nearly always used only by the poor.

The amphitamines and barbiturates cut across social lines, but seem to be abused more often in the upper and middle classes.

The true hallucinogens, such as LSD, make up a different drug scene entirely. According to Dr. William McGlothin, a psychologist at the University of California at Los Angeles, the adult usually experiments with them cautiously and in a way that will not abruptly change his daily living pattern.

Sometimes, Dr. McGlothin said, the adult will gain new insights, and lessen anxiety through the use of hallucinogens. They may also stimulate a new-found interest in music, art and nature - a sort of esthetic Head Start for artistically deprived adults, he said.

Many of the adults interviewed say they use marijuana or a hallucinogen to escape boredom or what they believe to be their remoteness from meaningful activity. Some, but not all, say they are searching for sexual freedom. Others say they seek a passageway to their own subconscious.

"In our private lives we're willing to edge to the outer rim of society in our search to maybe find God, self-revelation, or whatever you call it," a 47-year-old

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executive secretary in a small Southern city said. She has taken four LSD trips in the past five years, and smokes marijuana several times a week.

For other drug takers, an amphetamine or a barbiturate is used simply for kicks or as a way to keep functioning.

There are no statistics on the respectable drug user. In interviews with 25 psychiatrists who had studied drug usage, none had done research on the white-collar drug user or knew of any medical literature on the subject.

Still, the white-collar users were easy to find. They were usually in groups, experimenting with drugs together, although many were solitary users, taking pills to function, to stay slim, to fight to boredom of housework or dull jobs, or to be up and alive for a cocktail party or business dinner.

Most of the adult drug users interviewed are particularly articulate. They also hold good jobs and appear self-confident. Despite their material success, however, they say they are alienated from the mainstream of U.S. life.

Because of this, perhaps, they shun conventional diversions, such as liquor. Although they may have considered themselves nonconformists, non-conformity is not reflected in their daily lives.

The hallucinogenic and marijuana user has nearly always been persuaded to try the drugs for the first time by a friend or a group of friends.

The pill users, on the other hand who make up by far the greater number of adults using drugs, most often start alone. They are not seeking self-knowledge or even fun, but support. They use the drug not to stand out from a crowd, but to blend into one and to function the way they thought everyone else does.

The woman who wants to fashionably slim may also go to a diet doctor, who dispenses from his office his own brand of appetite-killing pills. They are amphetamines.

In all cases they help to slim the figure. In many cases they hook the weight-watcher, who soon finds herself taking pills not to control weight but to get a pleasant high.

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There is a small city in the south where a group of about 20 adults who smoke pot, experiment with LSD. They range in age from 40 to 60. Most are businessmen; only six are women.

They use LSD and marijuana, they say, mainly for self-analysis. Five of them three men and two women, said that they were cured of alcoholism through drugs.

Others say that only after using the drugs, particularly marijuana are they able to achieve healthy sexual lives. All say that drugs have contributed to their business and professional success.

Drugs make them kinder, gentler people, all the group members say. Most of them are down on Vietnam, because they say, they now oppose any form of killing.

Members of the group said, that despite their success and respectability, their "new understanding" extends far enough to embrace the hippies.

"Except for the dirt, the smell, I really think they are the greatest generation of youth this country has produced," one said.

Quite apart from any group, however, there are the amphetamine users, some of whom take the pills for sexual purposes.

One such girl, a 27-year-old, who once worked for a motion picture company here, uses amphetamines "to keep going sexually."

There is seldom anything orgiastic about pot parties among adults. They do not end with the pairing-off of couples in dark corners or empty bedrooms.

However, nearly all marijuana and LSD users maintain that the drugs lend a spice to sexual relations that their own imaginations do not.

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Excerpt from the "TORONTO STAR"

January 12, 1968

100,000 REASONS WHY ONTARIO MUST REVIEW ITS LIQUOR POLICY

"Ontario is on an alcoholic trip" says Val Sears. It's a trip that often ends in tragedy and at least 100,000 are taking the ride. Sears, a member of the Star's editorial board, today begins a three part series examining the alcohol problem in Ontario.

by Val Sears, Star staff writer.

There are at least 100,000 reasons for giving Ontario's liquor policy a great deal of sober thought.

You could start with the fact that 100,000 is the alcoholic population of this province - enough people to more than fill the city of Sudbury - and growing steadily.

Or consider that consumption of hard liquor jumped 35 per cent per capita between 1960 and 1966.

Or that 1,600 people are likely to be killed in traffic accidents in the province this year - and in nearly half alcohol will be a factor.

Or that more than 500 people in Ontario will die of liver cirrhosis in 1968.

Ontario is on an alcohol "trip". And in terms of social problems for the community, it makes our current drug troubles look like a ferry-boat ride.

In a quarter to a third of all families served by the Neighborhood Worker's Association, heavy drinking is either a cause or a complication of the problem.

OTHERS DRINK MORE, BUT ...

On the international scale, Canadians are not heavy alcohol users. The Italians, French, Swiss, Germans, Belgians and Americans - in that order drink more than we do.

But our culture, our Ontario liquor laws, and our

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attitudes create more alcohol problems than in many other countries.

And it is in this area - our cultural attitude to alcohol - that the most significant work is being done today in trying to discover ways of getting North Americans to handle liquor intelligently.

The emotionalism developed by the clashes between "wet" and "dry" elements in the community has made any discussion of rational public policies almost impossible.

"Discussions of alcohol and the problems connected with it makes most Canadians uneasy," Archibald says.

"Anyone who can remember the time from shortly before prohibition to the time of repeal in 1933 in the United States will know something of the enormous passions generated by the conflict between drys and wets.

To a large extent we are still in the aftermath of this conflict, and this is one important reason why enlightened citizens are often reluctant to be associated with action against alcohol problems, he says.

The report of the Co-operative Commission puts it this way:

HONORABLE HISTORY

"From the standpoint of prevention and education a serious difficulty has been created because disapproval of dangerous drinking has been confused with opposition to all drinking."

"Because most North Americans now accept the use of the beverage alcohol, such total sanctions are inappropriate and, moreover, fail to reduce significantly undesirable drinking behavior, not having been primarily designed with this in mind."

"The belief that there is something intrinsically wrong about all drinking and that all drinking is of one and the same type continues to influence attempts to control the use of alcohol," the report says.

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Excerpt from the

"GLOBE AND MAIL"

January 12,'68.

LIQUOR BILLS ARE LOWER AT PARTIES WITH ALCOHOL YIELDING TO DRUGS

In the late Nineteen Sixties, a nation-wide survey by the New York Times has found drugs, particularly marijuana, have become for many students a part of growing up, perhaps as common as the hip flasks of Prohibition.

While drug use has been expanding over the past few years, students and high school and college officials agree that it has increased sharply since the coverage given to drugs and the hippies last summer by the mass media.

There does, in fact, appear to be far more drug use than the police or academic officials say there is, and, particularly with marijuana, the drug use cuts across all types of young people.

In the past, younger students were introduced to the drug and turned-on by upper class men. Now, students of many campuses say, freshmen already smoke marijuana when they arrive, or they take it for granted as a part of the college experience.

Marijuana or grass is the current campus faze - it has spread from avant-garde, artsy-craftsy colleges, through the Ivy League, and the schools in the big cities, through universities with transplanted New-Yorkers, to campuses all over the country. It has also spread to High schools and prep schools.

Most psychiatrists and administrators agree that the students who use the drugs regularly tend to be rather bright and introspective, to have deep personal and family problems, and to be alienated from both the values of the adult world and from those of his fellow students.

But it is this type of student that the psychiatrists and administrators are most likely to come in contact with, resulting in what sociologists term a biased sample.

Interviews with students indicate that, while many drug - takers appear to be troubled, many are not.

Furthermore, many students who gave evidence of being particularly thoughtful, seem to be sampling drugs simply because they

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are available, or because the use of drugs is considered sophisticated or daring. Others are smoking marijuana because it is the social thing to do.

And, while a few years ago drug use appeared to be concentrated at the better schools in the North-East and on the West coast, the scene is expanding rapidly.

In High schools, where a weird and dangerous variety of drugs may be taken without sophistication or discrimination, they are remedy for boredom and a way of rebellion.

The most common mind-altering drug used on campus is still alcohol. The drinking culture predominates, particularly at Southern universities, where foamies, or beer drinkers, hold week-end binges.

A normal college week-end party is still marked by much ostentatious quaffing of beer, punch, or cheap bourbon. Other elements are crowded dancing, spilling beer, big beat rock n' roll, groping and pawing, passing out, throwing up, and maybe fights, smashed windows and furniture, and occasionally, car accidents.

A drug party, in contrast, usually means a small group of friends, or sometimes only a boy or girl, in a dormitory room, or, more likely, in an off-campus apartment.

In contrast to marijuana, the use of acid, the hallucinogen LSD, (lysergic acid diethylamide), has fallen off rapidly on most campuses. One major reason for the decline of LSD is the recent publicity about the possibility of hereditary defects and mutation from the drug.

Despite their apparent sophistication, many turned-on college students have been startled to find a widespread use of drugs at their old High schools, and some have abandoned that which they sampled.

Indeed, it is the teenyboppers' ready acceptance of drugs such as methedrine, which can induce psychological dependence, sometimes compulsive, violent behaviour, and intense feelings of paranoia, which has hastened the break-up of the Haight-Ashbury hippie community in San Francisco.

The high school student most likely to use drugs, according to several high school principals and phychiatrists, is the bright student who does not participate in school activities, who often has a troubled home life, and who feels alienated.

For the most part, the sources of drugs, particularly in colleges, are informal, normally through a student for a small circle of friends, and usually not for profit.

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Excerpt from the "Toronto Star"

January 13, 1968

COULD TEENAGERS BE TAUGHT TO USE LIQUOR WISELY?

"Boys talk pot - but drink beer," says a girl in a miniskirt. "Too often they drink without knowing the problems it may bring," says Star editorial writer Val Sears. And he asks; "Can teenage drinking be banned - or does the best hope lie in guiding the young with moderation?"

One Marijuana cigarette or "stock" costs $1.00 in Toronto and they're hard to get unless someone has bought a nickel bag worth $ 5.00, or a dime bag worth $ 10.00.

An LSD dose, good for one trip, costs about $15.00.

A case of beer - which most older boys can buy without trouble at a beer store - costs $2.55. In some Toronto school districts parents make wine regularly and the kids can lift a bottle or two.

As far as anyone knows, there's not even much beer drinking among the majority of High school students and the liquor consumption is well down.

The Toronto Board of Education only recently authorized the first study in history of drinking and drug habits in local schools to be undertaken by researchers from the Alcoholism and Drug Addiction Foundation.

To date there have been fewer than 10 carefully conducted investigations bearing directly on teenage drinking of alcohol beverages - all in the United States.

As the Ontario Department of Education point out in a new Alcohol Study Guide for teachers; "So far in Canada we have had to rely on impressions, conjecture, newspaper headlines, gossip and a couple of inadequate surveys."

Professionals working in the field of alcoholism research have long recognized that education of young people in the intelligent use of beer and liquor is a prime necessity if any progress is to be made in reducing a community's alcohol problems.

But the long and passionate battle between the wets and drys has virtually frozen any progress in this direction because school boards and agencies simply didn't want to get into such a toughy area.

From the preliminary research studies that have been done, it seems likely that a large number of students have drunk or tasted

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alcohol; fewer than 10% designate themselves as drinkers.

IT'S ILLEGAL

The difficulty in this province is precisely that it is illegal to give a minor a drink, even at home, before he's 21.

This means you break the law if you give your 20 year old son a glass of wine at the dinner table.

As David Archibald, executive director of the Addiction Research Foundation points out; "Now this may be essentially reasonable if we are thinking solely in terms of Anglo-Saxon people reared in this country in Puritan tradition.

But when one considers the different customs of a large number of our recent immigrants, then the law may be seen from a different point of view.

For example, it is a part of the custom in the Italian families to introduce the children to the use of wine at a very early age. These people find such a law very puzzling, indeed."

The variations of legal drinking age limits across the country are almost as puzzling. Quebec, for example, has no provisions forbidding the supplying of liquor to minors even in the home or private residence.

THEY PROHIBIT

The provinces of New Foundland, Nova Scotia, Ontario, and the North West Territories prohibit any consumption of alcoholic beverages for beverage purposes by minors even in the home or in a private residence.

All other provinces and territories specifically permit the serving of liquor to minors at home by a parent or guardian.

The Saskatchewan statute prescribes even the method of dispensing such an alcoholic beverage to a minor by stipulating that beer, when given, must be in an open bottle or liquor must be in a glass.

Ontario, bound by its long temperance tradition, has been left way behind in the current thinking about age limit for legal drinking.

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Excerpt from the "GLOBE AND MAIL"

March 6, 1967

TEENS ADVICE ON REFUSING A DRINK INCLUDES "MY ANALYST WON'T LET ME"

One way a teenaged girl can ease out of being pressured to drink is to say to her boy-friend: "I want a clear head to appreciate you."

The advice, along with 24 others on how to refuse a drink, is contained in a booklet just published by the Addiction Research Foundation of Ontario.

The suggested refusals range from the straightforward "I don't drink" to the flip "My analyst won't let me." The replies were collected from teenagers who don't want to drink but don't want to whoop up the refusal.

The pamphlet, called Clues for Parents, and available free to Ontario residents, contains parts of tape-recorded discussions among groups of parents and their teen-aged children.

The groups discussed such questions as how a girl can handle her boy friend who has been drinking and wants to drive her home, how much adult supervision there should be at parties, how to refuse a drink, and what is the best age for a family who drinks to include their children.

The discussions showed that the parents generally agreed with each other, the teen-agers agreed with each other, and the children echoed their parents.

The talks were held in four separate parts of Ontario and proved, said Robert Robinson, director of education for the foundation, that most middle class families are "more sensible than newspaper and television reports of the lunatic fringe would have us believe."

The sampling took in 46 persons: 12 fathers, 12 sons, 11 mothers and 11 daughters.

Both parents and teen-agers agreed that parents by their example and by permitting children to taste drinks could teach how to drink responsibly.

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They agreed that parents, if they drink, should do so in front of their children, but they disagreed on the age at which a child might be served a drink. Most of the teen-agers thought 16 and 17 was the right age, but most of the parents thought 18, 19 and 20. Only four parents held out for the legal age - 21.

Neither parents nor children thought much could be done to prevent a child drinking before the age of 21 but almost all were agreed that teen-age parties should have adult supervision. The teen-agers felt, however, that the parents shouldn't intrude. "We don't want our parents right there all the time - not staring right at us," one adolescent said.

Only one father and one son thought unsupervised parties were satisfactory. The father felt he could trust his son; the son thought the girl's parents knew their daughters were attending unsupervised parties.

Pressure to conform seemed to be less than most parents believe. The adolescents said they met no constant urging to drink. "You may be called chicken or square but then they go away," one teenager said.

The pamphlet said that although the sampling was small and not representative, the findings indicated that teen-agers do not differ greatly from their parents in their attitudes toward the social use of alcohol.

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Excerpt from "THE GLOBE AND MAIL"

March 20, 1968

TEACHERS TOLD TO AVOID LAYING DOWN DRUGS LAW

An expert in the field yesterday advised teachers to avoid to lay down the law to young people about drugs and alcohol and give them the opportunity to make up their own minds.

"Young people want honesty and they want facts," Robert Robinson, director of education for the Alcoholism and Drug Addiction Research Foundation said. "They do not want to be told what to do."

He defined education - and applied his definition to education about drug and alcohol abuse - as the process of developing a capacity within people to make their own decision.

"But much of the teaching on alcohol and chemical abuse seeks to deprive young people of their right to make their own decisions."

The role of the teacher, the parent and the broader community should be to provide students with solid facts and to teach how to assess them.

Quoting from a speech that was to have been delivered earlier this month by the late Rev. Raymond Hord, secretary of the Board of Evangelism and Social Service of the United Church of Canada, he said.

"We have crushed out children's initiative. Most of them have already sold out." He said he believed the words were true.

"There is now a substantial supply of factual data on alcohol. There is a much more limited amount of data on the other so-called mood modifiers. We should be urging our young people to examine critically every bit of data available.

"I would suggest, in fact, that young people should be challenged to develop better legislation and better controls to protect individuals from damage by drugs and

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alcohol."

Society up to this point, he said, had botched and mismanaged the whole drug-alcohol issue. "Any hope for a breakthrough in this miserable mismanagement lies in giving our young people the facts."

Mr. Robinson also suggested that much of the alarm in adult society over drug-alcohol abuse among youth had been caused by the attention focused on the subject by the mass media.

They have a tendency, he said, to dwell on the bizarre and the far-out. "It seems there is no news value in the fact that all teen-agers don't get drunk every week-end or smoke pot or drop acid (LSD)".

Mr. Robinson was addressing the health and physical education teachers' section of the week-long Ontario Educational Association annual meeting.

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Excerpt from the "TORONTO DAILY STAR"

March 20, 1968

100,000 ADDICTS IF MARIJUANA LEGAL, POLICE WARN

Canada could have 100,000 drug addicts instead of the present 3,500 if marijuana is made legal Inspector William Pilkington of the Metro police morality squad warned yesterday.

"We'd have pot parties all over town," Pilkington told members of the Ontario School Trustees and Municipal Councillors Association at the King Edward Sheraton Hotel.

He also revealed that the number of glue-sniffing incidents investigated by Metro police has increased from 40 in 1965 to 140 in 1967, and said arrests of boys and girls for drunkenness in the first two month of this year were more than double the number in the same period in 1964.

D.S. where get facts?

DRUNK ARRESTS

He said that in January and February 550 boys and 100 girls were arrested for drunkenness compared to 290 and 19 respectively in the same months four years ago.

His warning on marijuana was coincidental with an announcement yesterday by the RCMP that marijuana has already become Canada's No. 1 crime problem.

Marijuana arrests in Metro alone climbed to 139 so far this year compared with 55 in the same period of 1967.

ONE IN 1963

As recently as 1963, only one person was arrested in Metro on a marijuana charge.

"I'm not looking forward to this summer," said a Metro narcotics policeman.

"What will it be like when the warmer weather comes?" and Yorkville's hippie population - major users of marijuana -triples as it does each summer.

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RCMP deputy commissioner William Kelly said in Ottawa that if necessary, drug squads will be augmented with men from other squads. Metro's drug squad consists of 20 RCMP and four Metro Officers.

Kelly said marijuana use was formerly centred in cities but is now spreading to smaller communities.

"It is difficult if not impossible to explain the trend, but it seems that drug use among young people is the thing to do. Maybe it is another way they can object to authority," Kelly said.

Robert Robinson, director of education for the Alcoholism and Drug Addiction Research Foundation, told the education meeting that much teaching on the subject of drugs and alcohol doesn't achieve its purpose because it pre-judges the conclusion youths should arrive at.

"Young people want honesty and they want facts," Robinson said. He defined education as a process of developing an individual's capacity to make his own decision.

"But much of the teaching on alcohol and chemical abuse seeks to deprive young people of their own decisions," he said.

Robinson said best results would come from giving young people the facts, challenging them to develop better legislation, and to come up with ways of protecting persons from drugs and alcohol.

RCMP records show that from March, 1966 to March 1967, there were 943 narcotics convictions in Canada. In the same period in 1967-68 convictions increased to 1,915.

"Maybe it's something that will wear out," Kelly said. "But I'm not very hopeful that it will happen within a reasonable time."

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Excerpt from the "KINGSTON WHIG-STANDARD"

March 23, 1968

CANADA AND DRUG ADDICTION

It is most encouraging to see that a House of Commons committee has recommended that treatment be substituted for punishment in the case of drug addiction. Clearly, it is time that Canada began eliminating punitive official attitudes on drug addiction - attitudes which cause the drug addict to be treated as a criminal rather than a person who is ill.

Most thinking Canadians will applaud the report of the standing Committee on Justice and Legal Affairs, which among other things, recommended that drug addiction "be recognized primarily as an illness." The report which was compiled after a series of intensive hearings, also says that "the stigma of criminal conviction" should be avoided wherever possible in the cases of drug addiction, particularly in the case of young offenders and first offenders. Another important recommendation says that judges and magistrates dealing with narcotics should be given the discretion to refer users "to an appropriate agency for treatment and rehabilitation."

It should also be noted that the committee called for "a crash programme against this great evil" via a federal-provincial conference to provide adequate treatment facilities and the enlisting of practicing psychiatrists and other qualified people. This conference, in view of the public confusion as to the use of marijuana, LSD and other hallucinatory drugs, would set up an agency with power to look into the problem of drug use and make appropriate recommendations. Certainly, an agency of this type is needed in Canada.

Britain has long been considered the most enlightened of countries when dealing with drug addiction. By comparison to Canada and the United States the number of addicts in Britain is low, in fact, considered largely due to the official outlook on drugs. By law doctors have to refer all addicts to one of the "treatment centres" in the psychiatric departments of hospitals. In short, the British Government's philosophy regarding drug addiction is that sickness and not criminality marks the addict.

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The recommendations of the House of Commons committee in Canada reportedly arose from study of a bill by Milton Klein, Liberal Member of Parliament for Montreal-Cartier. Mr. Klein's bill said that drug addiction has been established as resulting from some type of mental disorder. Yet the fact remains that in North America drug addicts are treated under the law as criminals. The law also makes it hazardous for medical doctors to treat addicts as sick people. Since addicts must, and will have their drugs, the market is supplied by illegal dealers generally in the pay of big crime syndicates. The addict is also given to commit crime to enable him to buy what he must have.

Some years ago the Hall Royal Commission recommended that "some experimentation in the registration of addicts and providing them with narcotics under strict medical supervision might be undertaken." British efforts in this regard have helped many addicts and have helped control illegal "pushing" and other forms of contingent crime.

Let us hope that on the strength of what has been recommended by the standing Committee on Justice and Legal Affairs the Canadian Government will initiate programmes designed to help drug addicts. The first step should be official recognition that drug addiction is an illness, not a crime in itself.

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Excerpt from the "GLOBE AND MAIL"

March 26, 1968

BUT WHAT ARE THE FACTS?

Marijuana. With the possible exception of sex, it raises more prejudices, objections and eyebrows than any other word in the perennial conflict between conservative and liberal, young and old, adjusted and alienated.

Call it what you will - Mary Jane, pot or grass - it is variously described as a threat to our society and a sure antidote to today's stressful living. Its defenders argue that it is less harmfull than cigarettes and alcohol and at worst, only psychologically addictive. Its opponents say it leads to more potent addictive drugs, is a factor in violent crime and sexual excesses, and may cause psychotic episodes or long-range personality changes.

Widely conflicting views on marijuana, which is obtained from parts of the female hemp plant /for what that may be worth/ are not limited to Home and School Clubs and hippie subcultures. Even the professionals are stumped. Many scientists insist that what is not known about it is probably more important that what is known.

This is borne out in a scientific statement on marijuana released by the Addiction Research Foundation in January. It said there "is no comparably valid information" on the relationship between dependence and chronic use of marijuana; "grossly insufficient" information on deleterious effects of chronic use of marijuana: not sufficient well-documented evidence on the relation between marijuana use and use of other drugs.

We have been presented with fairly impressive evidence that cigarette smoking causes lung cancer. Alcohol leads to alcoholism and a whole range of other diseases; it contributed heavily to carnage on the highways. Uncontrolled use of heroin and morphine and other recognized addictive and deleterious drugs can be dangerous in the extreme - we know all that. These items have been sub-

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jected to intensive research and the results have led to prohibition in some cases, regulations in others, and sometimes just a simple warning to lay off. With marijuana what is the answer?

There are laws against its use, possession, trafficking and importation, but the laws are being flouted regularly and increasingly. And in many instances with convictions. A United Church social worker last week predicted that 20 per cent of Metro Toronto high school students would be drug users by 1970.

Last month, the Toronto district office of the federal Justice Department announced that drug prosecutors will be asking for jail terms for first offenders in marijuana cases. Last week, Justice Minister Pierre Trudeau said that marijuana should not be listed as a criminal offence if medical evidence shows it to be harmless.

Such contradictions are common. The Government of India appointed a commission to study the use of marijuana-like substances in 1893; it recommended that the substances be regulated but not banned. "So grand a result, so tiny a sin?" the report asked.

Israeli and U.S. scientists recently devised an economical synthesis of tetrahydracannabinol (THC) which is believed to be the chief intoxicant in marijuana. The Federal Addiction Research Centre at Lexington, Ky., has shown that enough THC can cause a psychotic reaction in every subject.

For those who argue that marijuana is a stepping stone to more potent drugs, scientists say it would be more instructive to consider how many marijuana users never graduate to heroin. Heroin addicts also probably started on milk.

There are too many glib answers, too many contradictions too many questions. If there is serious doubt whether marijuana is dangerous, why such imposing penalties (life for trafficking, seven years for possession and importing?)

Why suddenly decide to stiffen the penalty for first offenders while entertaining doubts about whether use of

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pot should be regarded as a crime?

Inspector William Pilkington of the Metro Police Morality Bureau said recently Canada could have as many as 100,000 drug addicts instead of the present 3,500 if use of marijuana is made legal. Where does he get his facts? Brian (Blues) Chapman a social worker with the United Church of Canada, the same evening said what is needed is honest, relevant information. Robert Robinson, director of education of the Alcoholism and Drug Addiction Research Foundation, agreed.

"There is now a substantial supply of factual data on alcohol," he said. "There is a much more limited amount of data on the other so-called mood-modifiers. We should be urging our young people to examine critically every bit of data available."

Surely this is the sensible course to follow. Marijuana should be put under the microscope, not to justify its legalization, but just to get the facts. We know pitifully little about it. And perhaps exhaustive data on marijuana would eliminate much of its glamor to the young, many of whom already regard alcohol as "too square."

It should not be surprising that the Protestant work ethic, already blamed for many of our Anglo-Saxon social ills, has finally been cited as a factor in the current debate on the pros and cons of marijuana. Dr. H.B.M. Murphy, a psychiatry professor at McGill University, says in a short pamphlet on the cannabis habit that our society bans such drugs as marijuana because they lead to asocial passivity rather than anti-social aggressiveness. Countries such as India frown on alcohol because it releases repressed impulses, disturbs and distracts. We tolerate alcohol, they tolerate pot.

So much for the Protestant work ethic, one of many fascinating little disgressions in the over-all mountain of ignorance on cannabis sativa, or marijuana, or pot, grass, locoweed, Mary Jane, hashish, tea, gage and reefers. Dr. Murphy concludes his pamphlet with the summary: "The psychiatric literature on cannabis smoking over the past 25 years is quite confused as regards the effects attributed to the drug."

Despite the dearth of knowledge, there is no shortage of self-styled experts. Inspector William Pilkington of the morality bureau last October termed marijuana as a "killer weed" and last week warned that Canada could have

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100,000 drug addicts instead of 3,500 if it is legalized. Yet there is no medical evidence that marijuana is a) a lethal, b) physically addictive, or c) leads to the more potent physically addictive and deleterious drugs such as heroin. On the other extreme, there are the subcultural spokesmen who argue that marijuana is as safe and pleasant as green ice cream.

For a drug that has been around as long as marijuana, it is almost startling that there is so little known about it. Before the time of Christ it was used to treat grief and gonorrhea. In the First Century, the physician Galen said it was used to bring hilarity and happiness to Greek banquets. The Chinese have suspiciously regarded it as a "delight giver" and as "a liberator of sin."

Not until last August, when U.S. and Israeli scientists devised an exact synthesis of marijuana's chief intoxicant (abbreviated THC), had there been any discovery that contributed significantly to marijuana knowledge. This synthesis finally has provided scientists with pure compounds for research.

This is what is needed, not pronouncements and sermons and warnings.

Dr. Stanley F. Yolles, director of the National Institute of Mental Health in the United States, testified at a Senate judiciary subcommittee on juvenile delinquency this month that there was a significant decline of the availability of "factual scientific information." He said the affects of marijuana were less potent that LSD but added that it can cause visual hallucinations, pronounced anxiety and transient psychoses lasting four to six hours. The dangerous aspects of LSD are well illustrated in the example of an elephant who was killed after a substantial dose.

Dr. James L. Goddard of the Food and Drug Administration in the United States told a Senate hearing in February that it is "unwise...to mark a larger number of young people just entering adulthood as criminals" by instituting federal penalties for possession of LSD and certain other drugs. It must be particularly frustrating to those who advocate tough penalties for such offenses when glue-sniffing and other devious innovations often achieve the same effect. Indeed Dr. Reginald Smart of the

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Alcohol and Drug Addiction Research Foundation has stated, "Even sustained deep breathing can produce a mild high."

Marijuana is included in Canada's narcotic legislation which provided for a maximum of seven years in prison for possession and life for trafficking. "There are stiff penalties for a drug with so little connection with the real narcotics such as heroin and morphine," Dr. Smart has said.

Despite the apparent directive from the Justice Department concerning jail terms for first offenders (to bring Toronto into line with other major Canadian cities, a Justice Department spokesman said), a 17 year old Toronto youth last week was given a suspended sentence and two years probation for selling marijuana to an undercover policeman.

This is a rational approach to the problem while so much remains to be known about the drug. The standing Committee on Justice and Legal Affairs has recommended that treatment be substituted for punishment of drug offenders. Even more significantly, the committee called for a "crash program" via a federal-provincial conference to provide adequate treatment facilities, and a similar conference to look into the problem of the use of hallucinatory drugs as marijuana - the use of which seems to have reached alarming proportions in high schools and colleges of the country.

These are recommendations which deserve support. So do the research projects already launched to close the gaps in our knowledge of the drug - projects such as those which have been undertaken by the Addiction Research Foundation's out-patient department.

These include: A study of drug use in Metro school system; a clinical study of marijuana users by a medico-social team at the Foundation's out-patient department; psychological interviews with volunteers from among users of marijuana and other hallucinogens; an ethnographic study of the drug-using culture in Toronto; a critical review of scientific literature in the field of marijuana; a series of animal studies to measure the effect of pure THC.

Whether it is a "killer weed" threatening our Anglo-Saxon society by jeopardizing the Protestant work ethic and leading our youth to hell is not on the agenda.

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Excerpt from the "TORONTO STAR"

July 25, 1968

YORKVILLE'S SYNTHETIC MARIJUANA NEW PUZZLE FOR MENTAL CENTRE

by Gary Dunford, Star staff writer

If you know the difference between drinking a number of bottles of beer over several hours or drinking a few quick shots of whiskey, you know what the lure is in T.H.C., the new synthetic marijuana.

"It gets you there faster," said one confirmed marijuana user in Yorkville yesterday. He claims to have used the synthetic drug being sold in capsule form at $4 to $5 a tablet.

"You hear stories about guys freaking out on this, or methedrine or LSD all the time," he said. "One of my friends has been in hospital four months after LSD. He sort of cracked up - he's not the same person."

THC - tetrahydrocannabinol - first became available in pill form here about six month ago.

In the last month in the floating drug delicatessen that caters to city buyers, THC has also been marketed in gelatin capsules which can be dissolved and injected into the veins.

Injecting the drug (called "mainlining") produces - resulted in frightened teen-agers being treated and admitted to the Queen St. mental health centre.

"It isn't unusual to have several kids a week turn up with symptoms from drugs," said an Ontario hospital worker." Sometimes it's THC, more often methedrine (commonly known as speed)."

The hospital - which is quickly becoming Canada's information centre on drug usage because of the number of people on bad drug trips who turn up there - treats patients, but is also documenting cases and attempting to develop research.

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Some months, the new drugs seem to come out faster than the researchers can categorize the symptoms and possible treatments and antidotes.

This is the situation on THC-which is still enough of a rarity to be something of a puzzle to researchers and psychiatrists. It is a concentration of the same ingredients found in marijuana cigarettes, but is made synthetically and is more powerful and longer-lasting.

Marijuana is usually smoked for its alleged relaxing properties and mild sense distortions. It is roughly comparable with social drinking: the use situations are comparable, in groups and as a social relaxer.

THC is really quite different, according to researchers and one 22-year-old who has tried it. People who try it want often an immediate, powerful effect, and often take it without others present.

"THC is the worst argument against legalization of marijuana," said a social worker." People keep saying that marijuana isn't addictive - that it could be legalized like alcohol.

"But you're getting people who go on to the harder stuff - not because they're physically addicted, but because they're mentally prepared to try something stronger."

Use of the chemical hallucinogen was spreading rapidly, but gelatin capsules are "difficult to get", a youth worker in the Yorkville district reported. "Hundreds" of the oral tablet THC have been sold, however.

The source of both is believed to be California. The drugs come to Toronto through western Canada. In contrast, most LSD and marijuana on the Toronto market enters from Quebec and New York.

Increasing availability of the synthetics was cited earlier this month by Yorkville regulars of indications a "harder" city drug market was being organized, perhaps by a crime syndicate.

For marijuana users, THC fills the bill as a stronger drug with better kicks.

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Excerpt from the "TORONTO STAR"

July 24, 1968

ONTARIO CONSIDERS ALLOWING STREET CAFES, DRINKING AT 18

The Ontario government yesterday announced plans for opening three self-serve liquor stores in Metro in what is likely to be the first step in sweeping changes in the province's drinking laws.

Provincial secretary Robert Welch said the self-serve liquor stores would be open early next year.

At the same time he announced a cabinet committee is making a study which could bring a reduction in the drinking age from 21 to 18, allow bars to open on Sunday, authorize open-air lounges, and allow grocery stores to sell beer.

Welch told reporters outside the Legislature that it was time we got hip to the fact that our attitudes towards drinking have obviously changed.

"We plan to review the whole question in light of the criticisms of our drinking laws that have been heard recently," Welch said.

Welch invited all Ontario residents who have suggestions for changes in the liquor laws to write to him at Queen's Park. In the house he called on members to see him personally about changes they want.

"There are some people of 61 who have less sense about alcohol than most people of 21," Welch told reporters. He said today's youth "finds inconsistencies in the negative approach of 'Thou shalt not'."

He said it was time for the government to "place the responsibility where it belongs - with those who drink and with those who sell liquor."

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Excerpt from the "GLOBE AND MAIL"

September 18, 1968

LETTERS TO THE EDITOR

MARIJUANA

In this article, Marijuana: Less dangerous Than Alcohol or Tobacco? /Sept. 12./ Reginald Whitaker has given a clear and emphatic statement of a very important matter in relation to the current questions of drug use. As he points out, intense and possibly unwarranted concern about the use of any single drug - in this case - marijuana - may cause a loss of perspective about the broader questions of drug misuse in general, so that dangerous but less publicized drugs are virtually ignored. In addition, the general public, and especially the younger segment of it, tends to be better informed, and more skeptical of "authoritative" dicta, than in former times.

Therefore, as Mr. Whitaker points out, constant and sometimes almost hysterical repetition of unfounded statements about marijuana by public authorities may lead the young to reject all warnings about drug hazards, the valid as well as the invalid. The article deserves credit for stressing the need for abjectivity and balance.

However, it contains two misconceptions which seem to me important enough to require correction. The first is contained in the title of the article itself, the suggestion that marijuana is "less dangerous than alcohol". This is a claim that is uttered almost as an article of faith by all who advocate the legalization of marijuana use. In fact it is a meaningless claim as it stands.

Such a statement is necessarily meaningless unless the concept of quantity is introduced. How much marijuana is less dangerous than how much alcohol? And when used by whom, under what circumstances? It is true that the occasional use of a moderate dose of marijuana or other cannabis preparation by healthy people has not been shown to produce any physical or mental ill-effects, but neither does the occasional moderate use of alcohol.

It is equally true that if a large dose of alcohol renders a person dangerous at the wheel of a car, so does a large dose of marijuana, by causing distortion of space and time perception, or even inducing hallucinations. Marijuana does not give rise

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to physical dependence, or to liver damage, as chronic heavy use of alcohol can; yet experienced observers in India, the Middle East and Brazil are convinced that chronic heavy use of hashish leads to lethargy and self-neglect, with a consequent grave risk of malnutrition, tuberculosis and other signs of deterioration.

The essential point therefore, is not whether one substance is more or less dangerous than the other, whatever that means, but how much of either can give rise to problems.

The second, and probably more important misconception is also related to the concept of quantity. Mr. Whitaker states flatly that "talk about psychological addiction should be dismissed: anything, from coffee to television-viewing, can become a psychological dependency." It is a grave error to think that only physical dependence is important. Psychological dependence can be fully as severe and as harmful as any physical dependence on a drug.

Again, it is a matter of "how much". Obviously, a psychological dependence on coffee, that manifests itself only as a feeling of unhappiness or deprivation if one can't have a cupful with each meal, is not a serious problem under ordinary circumstances. But it is equally obvious that a social and psychological dependence on Khat, which leads an Arabian or East African laborer to spend more than half his income on the drug, so that he and his family are half-starved and disease-ridden, is a very serious problem indeed.

Exactly the same is true if a psychological dependence on amphetamines or alcohol or marijuana or any other drug is strong enough to lead a suburban housewife, or a father on welfare, or a low-salaried office worker, to devote so large a proportion of income and time to their drugs that they, their families or their associates suffer.

It was precisely because of the importance which psychological dependence on certain drugs can assume, that an Expert Committee appointed by the World Health Organization recommended the dropping of the hair-splitting differentiation between "addiction" and "habituation", and the adoption of the single concept of drug dependence, whether physical or psychological or both.

It would be entirely wrong therefore, to imply that marijuana is a harmless drug because it is not known to cause physical dependence. If it, or LSD, or DMT, or aeroplane glue, or any other substance, is used to the point where it dominates the user's life, where he is psychologically dependent upon it for continuous flight from reality, even at the expense of self-neglect and deterioration, then it is being used in a harmful manner.

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In the same way, if coffee becomes for a few people the object of psychological dependence to the extent that they crave so much of it, that their heart and blood vessels suffer, then their dependence is a serious problem.

Mr. Whitaker's final argument is a sound and convincing one: that the goals of education and legislation with respect to drug use should be to foster the individual's sense of responsibility, and to support this with factual, dispassionate knowledge. This goal will be more readily attained if we learn to think in quantitative terms rather than in absolutes, and to look at the manner and significance of drug use rather than merely at the identity of the drug employed.

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Excerpt from "The Reader's Digest"

July, 1968.

THE SOBER TRUTH ABOUT SOCIAL DRINKING

'Our foolish fuzzy Liquor Language seems to have obscured certain facts of social life: a drink is a drink, and a drunk is a drunk- and too often the twain do meet.'

As far as drinking goes (and too often it goes farther than it should), we all have to take a position these days. Some choose the straight-up-and-down perpendicular of the teetotaler, and some fall tragically into the flat-on-the-back horizontal of the habitual drunk; but most of us maintain a foothold on the slippery arc that separates the abstainer from the alcoholic. We call ourselves "social drinkers." Whatever that means.

I know a pleasant grandmotherly lady who once in a while takes a glass of wine or a single cocktail, and then boasts that she feels a little tiddly before she has taken her third sip. She calls herself a "social drinker" - and that sophisticated term makes her feel like a woman of the world. And I know a hard - driving businessman who has two or three drinks to smooth his business luncheons, downs as many high-balls as he can before the bar car on his commuting train pulls into his home station, says that he needs a few cocktails before dinner to help him "unwind", and enjoys a night-cap or two before bedtime. He calls himself a "social drinker" - and that innocent term makes his compulsion to drink sound like a casual social habit.

I call myself a "social drinker" too. I drink a little more than the lady, and a lot less than the businessman, but the impressive vocabulary of the Liquor Language that we all speak puts all three of us in the same leaky boat. I don't really mind being shipmates with the giggling grandmother, but I surely don't want to sink to the bottom with that ginny giant of industry.

This kind of confusion never existed in the old days when sawdust covered saloon floors. They didn't call it social drinking then; they called it plain drinking. If a man drank tOO much, they called him a drunk, and if a woman drank at all, they called her a hussy, and any party with guest like that was called a brawl. But we're much more sophisticated now. When a man drinks too much, we say he's a little high; and we are surprised, not by the woman who drinks, but by the one who doesn't. And we'd never call a party with guests like that a brawl - we call it a cocktail party. We speak a different language nowadays, and that may be part of our trouble.

It's not unusual, of course, for new languages to develop. Baseball fans jabber together in their own particular jargon, and

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so do stamp collectors. In fact, almost any sport or hobby has a language all its own. But social drinking - which is surely not a sport, and heaven help us if it gets to be a hobby - has developed a vocabulary of deliberate inaccuracy. The Liquor Language is as foggy and fuzzy as its users too often become.

In the first place, there are absolutely no mathematical terms in it. Though all social drinkers agree that the only way to stay reasonably sober is to keep track of how much you drink, they have no words in their language to count with. Social drinkers count their first drink as a 'don't mind if I do', and the next, 'a little refill', and the next, 'just a little splash, thanks,' and anything after that is obtained by waiving an empty glass in the air and calling, 'While you're up, Harry.' No wonder social drinkers sometimes get less than social. Even the most conscientious of them can have a hard time adding up a refill, a couple of splashes, and several while-you're-ups.

I'm sure the man I was talking to at a party some evenings ago was a victim of just that kind of muzzy mathematics. Early in the evening, he'd been the kind of man every woman hopes to meet at a party. He was witty, informed, interested in the world, and interested - in a decorous way, of course, in me. But our hostess decided, unfortunately, to give the roast another three quarters of an hour in the oven, and my new friend succumbed to a refill and a splash or two that just didn't compute. His wit disappeared and his interest in the world and in me turned into an intensive interest in himself, causing him to plunge into an endless account of a golf game from the murky past. He had, on that subject, total recall. All I had was total recoil.

The fact that social drinking can be a pleasant experience is only a fact as long as it doesn't pass the moderation point. And right here we might also re-introduce that terribly useful five letter word, d-r-u-n-k. Social drinkers don't like to be definite. Instead they use anyone of a hundred jolly-sounding terms, each one alike in its careful nonchalance: "Joe sure tied one on last night, didn't he?" He was feeling no pain, that's for sure." And so on, and on, and on, - when the truth is that Joe was drunk. But the cheerful babytalk makes the whole thing sound so amusing and so innocent.

It's an oversimplification to say that all our drinking problems would be solved by semantics. But it seems possible that we could think straighter about them if we talked straighter. All we have to remember is that "social drinking" is the same as plain "drinking", and must be approached with the same care. If we substitute every day speech for the foolish fuzziness of the Liquor Language, we will realize that a drink is a drink, that a refill plus a couple of splashes is a lot of drink, and that a drunk is a drunk, no matter how little pain he is feeling.

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Excerpt from the "Globe and Mail"

September 12, 1968.

MARIJUANA : LESS DANGEROUS THAN ALCOHOL OR TOBACCO?

An examination of the effects of marijuana on the mind and body does not support the conclusion of it in the legal category of "narcotics" along with such physically addictive drugs as heroin and morphine. Marijuana is instead what is known medically as an hallucinogenic whose effects, long or short term, are different from those of actual narcotics. The question remains: what legal category should be applied to marijuana?

A comparison of the effects of marijuana with those of alcohol and tobacco would suggest that alcohol and tobacco should be subject to stiffer controls or that marijuana be completely legalized. Marijuana is not physically addictive and talk about psychological addiction should be dismissed: anything from coffee to television viewing can become a psychological dependency.

Tobacco and alcohol are in fact more addictive. As for the side effects of marijuana, there is considerably less evidence of long term physical disabilities than there is of diseases caused by alcoholism and cigaret smoking.

DEBATABLE QUESTION

A U.S. study by S. Allentuck and K.M. Bowman concluded that "the psychological habituation to marijuana is not as strong as to tobacco or alcohol.....Prolonged use of marijuana does not lead to mental, physical, or moral deterioration, nor have we observed any permanent deleterious effects from its continued use." And the head of the U.S. Food and Drug Administration has said publicly "that whether or not marijuana is a more dangerous drug than alcohol is debatable. I don't think it is."

While it is certainly true that the distorted perceptions of space and time often accompany the use and that this could be a danger to such situations as driving a car, nevertheless, this is no less true of the effects of alcohol. To those who might suggest that two wrongs do not make a right, the marijuana smoker could reply that there is no reason why the vice of one section of the population, predominantly the young, should be discriminated against while that of another is tolerated.

The argument that smoking marijuana is the first step to heroin addiction has been largely discredited. A statistical correla tion between heroin addiction and the prior use of marijuana is about as meaningful as a correla tion between heroin and alcohol. Presumably most heroin addicts have drunk beer, but it is somewhat dubious to maintain that beer sets them on the road to

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heroin. In fact, all the evidence is that there are a vast number of marijuana users and a relatively small number of heroin addicts.

In any event, most heroin addicts probably would be heroin addicts even if marijuana had never been heard of. But by treating marijuana as if it were synonymous with heroin, the law increases the likelihood that young and inexperienced users will be introduced to an environment in which real narcotics are available.

Another observation from medical literature is the importance of the mental state of the person taking a hallucinogenic such as marijuana in determining the effect of the drug. One of the reasons why there is such a great deal of confusion and controversy surrounding the effect of marijuana on the individual is that its effects arise from an interaction of the drug itself, the environment in which it is taken, and the expectations of the person taking it.

To the extent that smoking marijuana is merely a symbolic act of rebellion, a liberalization of the law might serve to lesson rather than to increase its incidence. But it is more likely that the euphoria and relaxation afforded by marijuana is attractive enough that it will be indulged in even if the laws were more repressive. The results, as the health minister has suggested, is that large numbers of young people are being given criminal records they would otherwise not warrant.

The law as it stands at present has failed to act as a deterrent. The reason is not hard to find: as with Prohibition in the United States, it would seem that when a law lacks moral authority, it will not be respected. In such a situation any escalation of coercive power backing the law will encourage a more widespread revulsion against authority in general.

The designation of marijuana as a killer weed and as a narcotic is groundless. What is most disturbing about this credibility gap is its easy extension to include information about other drugs. In fact, the law fails to deter the uses of LSD and similar potent hallucinogenics as well as the use of amphetamines and the practice of glue-sniffing.

And so education about the dangers of these drugs is unlikely to be accepted by young people who already recognize the falsity of much of what they have already been told about marijuana.

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Excerpt from "WILLOWDALE ENTERPRISE"

October 25, 1968

DRINKING WORSE THAN DRUGS IN NORTH YORK SCHOOL

"There's no reason why a qualified teacher couldn't also be a police agent," said Bone.

The experts all agree that the marijuana problem doesn't come close to the under-age drinking. But, if it weren't for the "illegal" factor, said Mr. Robinson, "the social problems of marijuana would be similar to alcohol."

Marijuana affects the user much in the same way alcohol does. It produces a dulling of tension, euphoria, loquaciousness, and general "high" feeling. There is evidence of emotional instability and perception malfunction, with marijuana as well as mental inertia and lethargy. The long range effects of the two are almost the same.

What's the difference? Alcohol isn't illegal by itself. Pot leaves you with a criminal record, even if you haven't had a single puff.

Teenagers use either one or the other, rarely both, according to Mr. Robinson. "But they don't have the same reasons for using marijuana." Marijuana users have more problems with adults.

There are a number of teenage pot puffers at the clinic, some of them from North York. They are generally intelligent and do well in school, until school gets more and more irrevelant, said Mr. Robinson. They use marijuana more as a weapon against adults, he said.

Under-age drinking is still the biggest kick and North York definitely has a slight edge there. Young people tend to follow the patterns set by adults, said Mr. Robinson and two thirds of the adult population drink.

Inspector Pilkington of the Metro Police department,

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Morality Division, agrees that marijuana smoking isn't nearly as common as underage drinking, but states that it could be if the trend continues.

The Alcoholism and Drug Research Foundation has a variety of films available to the schools dealing with both alcohol and drugs. "We try to set the whole thing in perspective," said Mr. Robinson.

"The mass media makes it sound so exciting," he said. The use itself isn't the real problem. "It's more important to focus on the reason for use," said Mr. Robinson.

"But that doesn't mean that we shouldn't let people know it's happening."

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Excerpt from the "TORONTO GLOBE AND MAIL"

October 28, 1968

The recent suggestion by Health Minister John Munro that the law governing the possession of marijuana be liberalized is a development that should be welcomed, as much by people fearful of the effects of indiscriminate drug use as by those who are a part of the subculture.

Indeed, the undue attention to marijuana, is not unlike the story of a boy who cried wolf once too often. And the problem is that among the widely used hallucinogenics and narcotics, there are some real wolves. Marijuana, however, does not seem to be among them.

An examination of the effects of marijuana on the mind and body does not support the conclusion in the legal category of "narcotics" along with such physically addictive drugs as heroin and morphine.

A comparison of the effects of marijuana with those of alcohol and tobacco would suggest that alcohol and tobacco should be subject to stiffer controls or that marijuana be completely legalized.

Marijuana is not physically addictive and talk about psychological addiction should be dismissed: anything from coffee to television-viewing, can become a psychological dependency.

In the Nineteenth Century the non-addictive qualities of marijuana were noted in a study by the British in India. This point was confirmed by the LaGuardia Commission, which investigated the use of marijuana in New York City in the 1940's.

SAFER THAN ALCOHOL

In a study for the United Nations in 1963, Dr. H.B. Murphy of McGill University concluded "that most individuals intensively studied could accept or abandon the habit without withdrawal symptoms; none of them showed true physical dependence."

Tobacco and alcohol are in fact more addictive. As for the side effects of marijuana, there is considerably less evidence of long term physical disabilities than

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there is of diseases caused by alcoholism and cigarette smoking.

A U.S. study by S. Allentuck and K.M. Bowman concluded that "the psychological habituation to marijuana is not as strong as to tobacco or alcohol...prolonged use (of marijuana) does not lead to mental, physical or moral degeneration, nor have we observed any permanent deleterious effects from its continued use."

And the head of the U.S. Food and Drug Administration has said publicly that "whether or not marijuana is a more dangerous drug than alcohol is debatable. I don't happen to think it is."

While it is certainly true that the distorted perceptions of space and time that often accompany the use of marijuana could be dangerous in such situations as automobile driving, this is no less true of the effects of alcohol.

To those who might suggest that two wrongs do not make a right, the marijuana smoker could reply that there is no reason why the vice of one section of the population (predominantly the young) should be discriminated against while that of another is tolerated.

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Excerpt from "THE HERALD'S OTTAWA BUREAU"

November 7, 1968

LENIENCY SEEN FOR CONVICTED POT SMOKERS

by Robert Cohen

OTTAWA - Health Minister John Munro has hinted the government will move to ensure some young people convicted of possession of marijuana are not branded with criminal records for life.

He also said the government is beefing up its anti-drug education program.

Mr. Munro told reporters outside the House Wednesday new government legislation, part of an omnibus health bill, will create a new class of restricted drugs in the Food and Drugs Act.

It is understood offences under the new section will be punishable under indictment or summary conviction.

Some sentences under summary conviction do not carry a full-fledged, permenent criminal record with them. Such records are prescribed by indictable convictions.

A NARCOTIC

Right now marijuana is listed in the Narcotic Control Act with such drugs as heroin, morphine, and cocaine. Offences under this act are punishable by indictment only.

"For first or second offences," said Mr. Munro,"the government might be wise to consider transferring that type of offence (for marijuana) from the Narcotics Act to the Food and Drug Act where the Crown has a choice to proceed by way of summary conviction or indictment.

In addition to marijuana, the new restricted drugs section will contain the hallucination - inducers LSD, STP, DMT, and DET. These drugs are now found on schedule H of the Food and Drug Act which prohibits their sale to or possession by anybody not approved by the food and drug directorate as a valid research institution.

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It is understood offences under the new restricted list will be the same as those provided for under Food and Drug Act amendments which died on the order paper last spring when the election was called.

There will be three categories of offences - possession, possession for the purposes of trafficking, and trafficking.

The first offence for possession will be punishable under summary conviction by a $1,000 fine and or six months in jail.

Subsequent offences will be punishable through summary conviction by a $2,000 fine and or a year in jail.

In a statement to the House Wednesday, Mr. Munro said the federal government was trying to deal with drug problems through deduction programs.

It was preparing film and printed materials to be distributed through school systems by the provinces.

A major pamphlet on LSD and marijuana designed for mass distribution, was just being finished.

Canada's organized crime network should be subjected to even more severe penalties than the ones which now exist.

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Exert from "Windsor Star"
Thursday, December 5, 1968

ANN LANDERS ADVISES

Nineteen-year-old girl tells experience of trying to kick the marijuana habit

Dear Ann Landers: If you need a letter from a 19-year-old girl who has smoked marijuana and can tell the world what it's like, here it is:

For months my friends talked about pot parties. They insisted marijuana is harmless - that it's less damaging than liquor - not habit-forming, no withdrawal symptoms, no hangover, and cheaper. I decided to try it.

At first we smoked in groups and everybody got high. Each of us paid the "host" who bought the grass from a pusher. Then we began to smoke in pairs. After a few weeks I started to smoke alone. I bought the stuff by the ounce from a friend.

After a while I had trouble making simple decisions. I had to ask my sister which dress to wear to work. I found myself asking the girl at the next desk how to spell simple words. I began putting things off because I couldn't make up my mind about anything. I lost my appetite and couldn't sleep. I used to read a lot, but suddenly I couldn't concentrate long enough to finish a magazine article. I had trouble getting up in the morning. My supervisor told me if I was late again I'd better look for another job. It was then that I decided to get off the junk.

The first day was fine. The second day I was jittery. The third day, all the problems I had been running from hit me in the face. I knew then I was in worse shape than I had ever been in before. I was determined to kick the habit and I've gone through hell but, thank God, I licked it.

It's been five weeks since I've had a smoke. I'm almost back to normal, but not quite. I shudder when I think of how close I came to wrecking my life with this "harmless" drug.

I started smoking because I was curious. I kept it up because it made the things I worried about seem unimportant. I know now the only way to handle problems is to face them and work them out. People who go to pot - go to pot. - NEARLY HOOKED

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Exert from "Financial Post"
Saturday, December 7, 1968

CONTROL OF DRUGS: LONG TRIP ON A STRANGE AND BUMPY ROAD

Almost 5,000 years ago, a Chinese emperor claimed that the regular use of marijuana was a sure cure for gout, constipation and absent-mindedness. Drugs have been with us ever since. For governments, the abuse of these various substances has long posed a problem - whether to crack down hard or be permissive. There are serious dangers along either path. Now a new federal cabinet is tackling this old problem, and a new minister of national health and welfare, John Munro, has the responsibility. Here are his views, as presented in a recent address at Loyola University in Montreal.

By John Munro

How widespread is the phenomenon of youthful drug-taking? In truth, we don't really know. Last month, two teenagers in Ottawa died within an eight-day period. One had been sniffing airplane glue, the other nail polish remover. In 1967 the number of cases involving marijuana was greater than the total of all the previous years back to 1923 when legislation prohibiting its use first appeared. The 1967 figure was more than 100 times that of 1961.

We know that sales of amphetamines and barbiturates continue to rise. We know that the college phenomenon of hallucinogenic drugs is now not only a secondary school phenomenon as well, but even extending into the primary schools. But we do not have an accurate measure of the full extent of the phenomenon.

The most comprehensive study so far is that being done at Laval University. This study involved a prospective sampling of 20,000 young people in the province of Quebec and drew 15,000 replies. The final figures are not yet available, but the first 8,500 replies processed indicated that 10% of these high school and university-age students had used hallucinogens at least once.

Changing attitudes

If 10% of the young people in Quebec have experimented with hallucinogenic substances, there is every reason to believe that the figure in such centres as Vancouver and Toronto will be substantially higher.

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We live in a drug-oriented society with certain attitudes towards the use of drugs and fears about their misuse. It would appear that in certain segments of our population, these attitudes are in the process of change. Consequently it is useful, in maintaining our perspective, to examine the social history of the problem and of our current value system.

Drug use and abuse is certainly not new. An Egyptian papyrus mentions opium and, in 2700 B.C., a Chinese emperor listed Cannabis in his pharmacopoeia. He recommended it as a cure for gout, constipation and absent-mindedness. Apparently man, very early in his development, discovered a number of botanical substances that could be used to treat pain, anxiety and depression in the practice of medicine, and that could be used to obtain the desired mystical state in the practice of religion..

At the same time, the various cultures developed rules, on the basis of trial and error, prescribing the social situations in which these drugs could be used, and rules governing their use.

In general, societies accepted that the control over such substances should be restricted to priests and/or physicians. This has shaped many of our current attitudes.

Takes time

However, such attitudes are generally directed towards specific chemical substances. It takes a considerable time for society to develop rules about the use of any new chemical that is introduced.

For example, in the 19th century, ether and nitrous oxide were used at parties for social purposes before their wide acceptance as anaesthetics moved them into the category of drugs, with the resultant proscribing of their use for pleasure. Such social use, however, was limited to a very select group and was never widespread.

Today, however, we are in a society that has highly refined techniques of communication, both formal and informal. News about every new substance that alters the functioning of the mind is spread rapidly by word of mouth and by the communications media before the scientists have had the opportunity to determine the potential physical hazards associated with its use.

A prime example of this is DOM, the chemical abbreviation by which this drug is known to the scientists. Among the public,

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however, it is far better known as STP. Before the scientists could name it for its composition, the cultists had named it for its supposed effect - serenity, tranquility and peace.

Temporary escape

In our society, there appears to be a growing inclination to turn to the use of chemicals for at least temporary escape from the stresses and strains of our communal living.

With the rapid advances in medicine, we have come to accept that there is "a pill for every ill" and we feel cheated when we encounter diseases that cannot be so cured. Every child of age two who watches television commercials knows that there is no reason to suffer the discomforts of a cold, headache or runny nose, or the pains of arthritis, backache or tired blood. It is socially acceptable to use substances for medical purposes, although some of our overweight housewives may be using their diet pills more for the psychological lift than for the suppression of appetite, and some of our tense businessmen using their tranquilizers as the crutch that keeps them in business.

At the same time, our society presently condones only nicotime, caffeine and alcohol for wide social use. Consequently, we immediately tend to render a moral judgment on the nonmedical use of any other substance and declare that its use is "bad" or that the drug involved in "dangerous".

Dangerous freedom

Now I am certainly not advocating that every individual should have the personal liberty to experiment on himself with every chemical that catches his fancy, in an attempt to escape reality. Such freedom can result in both physical and psychological harm in some of the users, with the resultant impact on society as a whole.

Not everyone who smokes marijuana or uses LSD for the first time goes on to become an habitual user of pot or "acid head". It would appear that a number of individuals do not repeat the experience and that a number of those who do are able to control their subsequent usage, limiting it to situations that are accepted in their particular group.

However, it would also appear that a number of individuals, after exposure to such drugs, change their life style and

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come to centre their whole existence about their particular drug of choice, be it alcohol or marijuana.

It is at this point that the government has an obligation to take steps to control the helpless plunge into self-destruction by the person unable himself to exercise such control.

Control in this regard means far more than the simple imposition of criminal sanctions under law. It includes the considered use by the judiciary of the penalties provided for the trafficker and the profiteer. It involves educational programs directed to all age groups.

Such programs should be designed for specific audiences and take into account existing attitudes and beliefs. They must be factual in content, and outline what is known as well as what is not known. Sufficient information must be provided to enable an individual to make a choice about whether to use a drug. Such programs will inevitably result in some changes in values and attitudes. We have no illusion that this is an easy task.

Over the long term, a separate program specifically directed towards drug abuse might tend to give it an unwanted glamour. It might be more effective to incorporate the information in a total school program directed to the development of the child and his relationships with other members of society.

If we can prevent or detect at an early stage the emotional and social problems encountered by certain individuals, we shall be a long way on the road to the prevention of dependence on chemicals.

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Excerpt from the "DETROIT FREE PRESS"

Sunday, December 8, 1968

DANGEROUS FADS REPLACE GLUE SNIFFING

TEENS TRY COOKBOOK DRUG EXPERIMENTS

Glue sniffing for kicks is on the way out. But "cookbook experimentation" in drugs is coming on strong among junior high school children in Detroit, a pharmacist said Saturday.

"The drug problem is becoming more prevalent in the 7th, 8th and 9th grades," said Eugene Denbici, a registered pharmacist at the Lafayette Clinic, Detroit's mental health research center. Denbici was among speakers at the annual "Clinic Day" of the College of Nursing Alumni Association of Wayne State University.

"They'll fool with anything to get their kicks without thinking whether it will do harm."

The glue-sniffing problem is vanishing because retailers won't sell the stuff to kids anymore, Denbici said. But the ingenuity of the youngsters is boundless.

They have found they can get light-headed by sniffing corn remover lotion or chloroform liniment, both non-prescription drugs.

ABOUT TWO years ago two mouthwashes hit the market via massive mailings of free samples. And immediately Lafayette Clinic began receiving reports from junior high schools that kids were acting goofy and smelling of winter-green and spearmint.

"Locker searches turned up 6 or 7 bottles of mouthwash in some lockers," Denbici said. "The kids were having a nip after lunch. They were 40 proof (20 percent alcohol). It made a nice liqueur if you didn't mind the taste, the smell and the burping."

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By "cookbook experimentation," Denbici said he meant the kids would try "a pinch of this, a pinch of that . . . like mother's chicken soup."

He said cough syrups containing codene or anti-histamines have been popular for some time.

AMONG OLD favorites is a common kitchen spice.

"It's not too easy on the stomach, but for those who can hold it down, there are pretty good kicks," Denbici said.

Another old favorite is morning glory seeds. The kids pack a wad of seeds in their cheek and chew it like tobacco. The result is a wallop about one-tenth the power of LSD.

The newest fads travel faster than the Asian flu when the teenagers and preteenagers in San Francisco discovered a new sniffing formula: "It was here before we knew it," Denbici said.

The youngsters are hip to freon, the inert gas that pushes shaving cream, deodorant, whipped cream and all those other products out of the can. By breathing freon, the body is deprived of oxygen and dizziness results. The sudden expansion of the compressed gas as it exits from the tube also results in an immense cooling process - much like a refrigerator works.

"When a boy walks into the clinic in July with frostbite on his face and neck, I ask him if he's been sniffing freon, Denbici said.

ALSO ADDRESSING the group were Dr. Mel Ravitz, associate professor of Sociology at Wayne State, and Dr. Patrick Donlon, a psychiatrist at the Lafayette Clinic.

Ravitz said that marijuana users number fewer than five percent of the population and that marijuana is not nearly as much a social problem as alcohol.

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Excerpt from the "DETROIT FREE PRESS"

Wednesday, December 11, 1968

READING, WRITING--AND LSD

Pot, pills and LSD share equal billing with reading, writing and arithmetic in several Oakland County schools.

The schools are attempting to stem the alarming increase in teen-age drug abuse by instituting drug education courses into the curriculum.

In some cases, the courses are mandatory.

"THE WAY TO combat drug abuse is through education," explained Marilyn Nagy, chairman of a committee adding the final touches to Birmingham's new drug-education program.

"Most drug authorities point out the importance of giving kids instruction before they are confronted with the drugs," she said.

Birmingham's drug-education program, mandatory for all seventh through 12th graders, will begin in February as a short unit included in a broader area of study, possibly social studies.

The unit will consist of speakers, informal "bull" sessions, panel discussions, films and educational materials.

"It will probably last for several days," Mrs. Nagy said, "but the exact length and teaching methods will depend entirely on the age and interest of the students.

"We're not going to moralize," she said, "We're just going to explore the consequences and point out the dangers."

NEIGHBORING Bloomfield Hills began its mandatory junior high drug-abuse program last fall as part of gym class.

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On the senior-high level, students may take an elective in human relations which includes a unit on drug abuse. The course has been offered for three years.

Corky Price, who teaches the senior high course, admitted she is very conscious of a moral stand although she avoids sermonizing.

"Sometimes you just can't tell if you're getting through," she said.

"Just last week I walked out of class to talk to a student and while I was out in the hall, a boy in the class pulled out a marijuana cigaret and smoked it right in class. He seemed to feel I'd be on his side."

ALTHOUGH Oak Park teens in junior high science classes receive some instructions on the dangers of drug-abuse, school officials are attempting to organize a required drug unit for both junior and senior high students.

"Something has to be done fast," said Lucille Boyle, Oak Park director of health services.

Southfield educators are also working on an experimental program for fifth through 12th graders, according to Assistant Superintendent George Richens.

Richens said staff members are now developing anti-drug "starter kits" with basic information on drugs and lists of resource materials for teachers and students.

"The kids could be worked into almost any course," he said. "They should be ready by January."

He said teachers would be encouraged to stress information rather than moral opinions.

OTHER SCHOOL systems - including Royal Oak, Troy and Pontiac - are now attempting to tackle drug abuse with a less formal approach.

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"We welcome it wherever classroom teachers can assimilate it into class - in biology, health, social studies, almost anywhere," said Troy High School Principal Clyde Peterson.

"It deserves attention, but I'm not quite sure what direction we should take."

Royal Oak Superintendent Donald M. Currie agreed.

"It's a subject of discussion in all sorts of classes," he said, "but we have no plans for formal instruction."

In Pontiac, the school board purchased artificial marijuana leaves - which give the odor of burning marijuana - small drug-identification kits and information packets. But no co-ordinated program has been planned to reach students with the materials.

OAK PARK is attempting to establish a required course in both junior and senior high school. It would include discussions of sex education, racial relationships and alcohol as well as drugs.

According to Lucill Boyle, Oak Park director of health services, most Oak Park teens receive some instruction on the dangers of drug abuse in their seventh grade science classes.

Nearly all Oakland County schools have held in-service training sessions for teachers, shown movies, booked speakers, and stocked their libraries with books on drug abuse.

Educators report students are generally enthusiastic toward the programs, but admit it is too soon to tell if they have had any effect.

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MEDICINE

The Effects of Marijuana

PRACTICALLY everybody, whether doctor or layman, pothead or puritan, has been expressing dogmatic opinions for years about the effects of marijuana on its users. It therefore came as a surprise last week when a team of Harvard and Boston University investigators reported that they had just conducted the first truly scientific tests ever made on the subject. Their findings, which appear in *Science* magazine, confirm some popular ideas about marijuana's effects and expose others as completely false. The drug, the investigators concluded, "appears to be a relatively mild intoxicant, with minor, real, short-lived effects." It seems to have a greater effect on thinking and perception than on reflexes and coordination.

The leader of the research team was Andrew T. Weil, 26, a senior medical student at Harvard who graduated last summer and is now an intern at San Francisco's Mount Zion Hospital. Weil hopes to make a career of research into drugs that influence the mind. With marijuana, he learned—the hard way—about some of the research difficulties involved. Possession or use of marijuana is illegal, except by hard-to-get federal dispensation. Universities are skittish about sponsoring research that might incur public or congressional criticism, and it took Weil a frustrating year to get the study approved and organized. Then he did it up right: he got his marijuana from the Federal Bureau of Narcotics and Dangerous Drugs itself, and got the attorney general of Massachusetts to agree that nobody would be arrested for taking part in the experiments.

Inhale Deeply. Weil organized two study groups composed of men aged 21 to 26 who had no known psychiatric disorder. Nine of the men had never smoked marijuana (although most said they had wanted to); the other eight were regular users.

Instead of using a psychedelic setting in a dimly lit pad, the researchers ran their tests in a square but comfortable laboratory. They rolled their own cigarettes of three kinds: one of low-strength marijuana, one of high-strength and a third of male hemp stalks, which gave off the same odor but contained none of the psychoactive ingredient. The subjects smoked two reefers within a few minutes in each three-hour session, which included both psychological and physiological tests. The study was double-blind—neither the testers nor the smokers knew, until afterward, which were the dummies and which the weak and strong reefers. The subjects smoked the different kinds of cigarettes in random order at successive sessions.

Red Eyes. The first thing that became clear was that those who had never smoked marijuana before got no reaction in their first session on pot, whether mild or strong. This tallies with the experience of many unscientific potheads; they achieved no "high" the first time. The only exception to this was a man who had expressed a desire to get high—and did so quickly. He became euphoric and laughed continuously. Yet one subject who had said that he did not intend to get high never did, even in successive sessions that included heavy doses of marijuana.

Nor could the novices estimate the strength of their reefers. They guessed right eight times out of nine on the dummy cigarette, and six times on the mild reefer, but eight out of nine guessed "mild" when they were really getting a puff with a big clout.

The physiological changes were modest. Novice smokers registered an increase in heart rate of only 16 beats a minute on the average, while habitual users, who tended to start off with a slower heartbeat, showed a greater but not alarming increase. There was no significant increase in breathing rates. The tests confirmed the widely reported "red-eye" effect of pot: the small blood vessels in the whites of the eyes became dilated, and the higher the dose the greater the dilation.

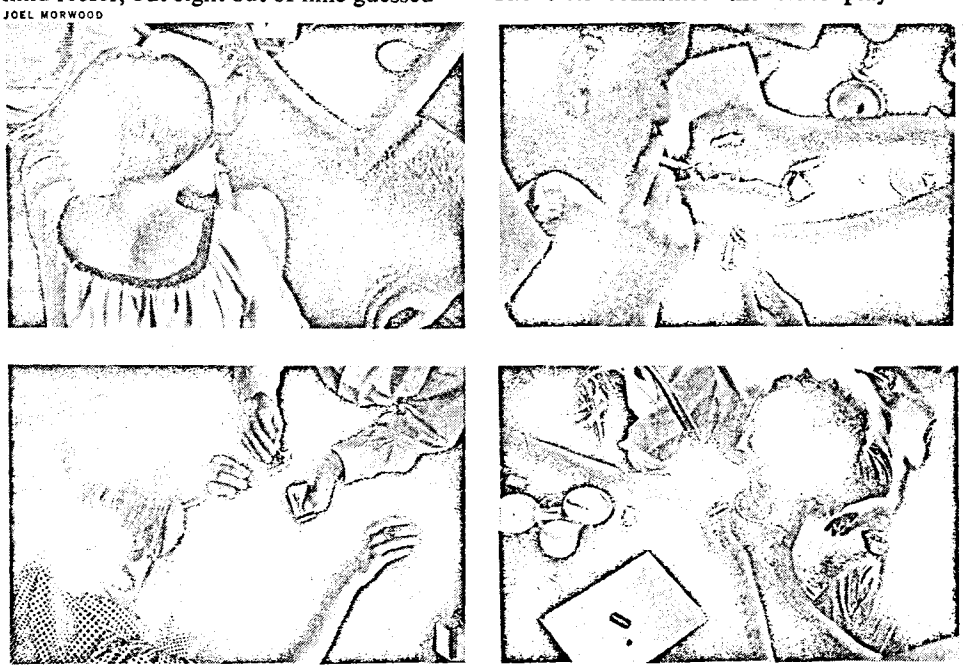
One "well-known" effect of marijuana did not occur. Many policemen say that they can spot a pothead by the dilation of his pupils. Not so, say the researchers. Or if so, the cause is not marijuana but the fact that potheads have done their smoking in dimly lit rooms, where the pupils naturally dilate. The tests also failed to confirm an assumption that pot causes an increase in appetite by lowering the level of blood sugar. The subjects showed no changes in blood sugar, so why marijuana smokers get so hungry remains a mystery.

Stretched Time. The psychological tests produced other interesting, but still inconsistent results. The men's performance was unaffected in a test that demands signaling when a particular letter appears in a group of letters flashed on a screen. Another test, in which numbered arithmetical symbols must be put in correspondingly numbered spaces, produced a paradoxical result. The marijuana novices did poorly on this for as long as 1½ hours after smoking, but the habitual users improved their ordinary performance when under pot. A similar discrepancy appeared in a test requiring the subject to keep a stylus on a moving spot. The novices did badly, but the habitual users got better at it.

The tests confirmed the blues player's notion that time seems to be stretched under the influence of pot. Some subjects who had previously been able to gauge a five-minute interval with fair accuracy guessed that the same interval was ten minutes after they had had their smokes. One subject said: "I realize why they took our watches. There was a sense of the past disappearing, as happens when you're driving too long without sleeping. It was the same tonight with eating a sandwich. I'd look down and discover that I'd just taken a bite, but I hadn't noticed it at the time." Another: "Time seemed very drawn out. I'd keep forgetting what I was doing, especially on the first test, but somehow, every time the critical letter came up, I found myself pushing the button."

Why do marijuana users get little or no reaction the first time, and greater highs later? The phenomenon may represent, Weil and his colleagues suggest, a strange case of "reverse tolerance." But, as with many other things about marijuana, they cannot be sure.

JOEL MORWOOD



YOUNGSTERS SMOKING MARIJUANA

Novices can't even tell if it's mild or strong.

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Excerpt from the "DETROIT FREE PRESS"

Saturday, December 14, 1968

MARIJUANA'S EFFECT IS MILD, STUDY SAYS

Marijuana is a "relatively mild intoxicant" with minor, short-lived effects, such as slightly impairing thinking and coordination, Boston University researchers reported Friday.

Their study was taken last spring on two groups of subjects, nine men who were cigaret smokers but never had smoked marijuana, and eight chronic marijuana users. They ranged in age from 21 to 26 and were drawn largely from students in the Boston area.

The subjects went through four three-hour observation periods, smoking two cigarets according to a prescribed inhalation pattern. Some of the cigarets contained marijuana - in high or low doses - and others were placebo (research dummy units without drugs).

THE FINDINGS SHOWED:

Marijuana is a "relatively mild intoxicant with minor, real, short-lived effects."

Subjects who had never used marijuana did not get "high", though their performance on simple tests was impaired, while chronic users got "high" but their performance on the same tests was not impaired.

The ability to think clearly and the motor coordination were slightly impaired in these subjects.

No marijuana response was so severe as the nicotine reactions of five potential subjects to ordinary cigarets in a practice session, including getting dizzy, going pale or getting sweaty palms.

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No pupil dilation was observed in any subject, although this frequently is considered an indication of marijuana use; many subjects did have bloodshot eyes.

All signs of use were completely gone within two hours after smoking.

THE TESTING team used a "double - blind" Method, meaning that neither the subject nor the tester knew whether marijuana-filled cigarets or placebo cigarets were used. Testing rooms were sprayed with heavily scented aerosols to neutralize telltale odors.

The drug was supplied by the Federal Bureau of Narcotics.

The chronic marijuana users said the narcotic was as good as they had been able to obtain in Boston, researchers said.

Marijuana intoxication is dependent on the interaction of the drug with the attitude of the subject and the over-all setting in which the narcotic is taken, the report said.

The testers, noting that marijuana research and knowledge still were in the "primitive stage," said it appeared the non-marijuana users had to erase inhibitions before they got "high" on the drug.

The "beginners" did not become "high" on marijuana until they had used it or been exposed to it several times, but chronic users readily became "high" on the narcotic, the report said.

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Excerpt from "THE TELEGRAM"

After four, December 28, 1968

MARIJUANA: THREE VIEWS ON THE WORLD OF GRASS.

Three groups discuss the marijuana issue. One group feels that the penalty that is given for possession of marijuana fits the crime and that it definitely should not be made legal.

Another group is prolegalization. For argument they say that there is no medical evidence to prove that marijuana is harmful; that it is this generation's alcohol - in fact, alcohol is more physically addictive and produces withdrawal symptoms which are not found in marijuana use; that the user of alcohol is more liable to become a public menace than the marijuana user (because the effects of marijuana are usually feelings of peacefulness and euphoria rather than hostility).

They also argue that if it is made legal it will no longer be a badge of rebellion.

Group three feels certain that marijuana does not deserve the legal status of a narcotic along with heroin and morphine, but they are not certain that there is enough medical evidence to say that it should be legalized.

The group in the middle prefer to remain there for the moment because they maintain marijuana can be psychologically habit forming - like alcohol.

Most doctors are in this position.

They take a pragmatic view on the question of whether or not it should be legalized. A prominent pediatrician, Dr. John Slavens, has had several cases of anxious parents of the children he has taken care of since birth. They have come to him to say that their teenage son or daughter has been taking hashish or marijuana, and want to know why.

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"A doctor is neither a moralist, nor a judge nor a cop. He will base his evidence on medical truism. Breaking the law is secondary to what causes the child of 14, 15, or 16 to take marijuana. There has been no evidence to prove that the drug is physically addictive, but the effect and necessity to produce that effect can be habituating."

"In so far as it is an escape there is something wrong with it. Anyone who uses it as an escape is emotionally or psychologically disturbed in some way to begin with. And it would contribute to less parental control in an affluent society where parents are involved in their own search for pleasure - rather than making the home the pivot point for the child."

"I wouldn't think, however, that a 15-year-old who uses marijuana as an experiment should have any criminal record. A jail term proves nothing. The child has more need for psychiatric or psychological guidance rather than punishment from the legal side," says Dr. Lionel Solursh.

Dr. Lionel Solursh, a psychiatrist who works with adolescents and young adults says that there is not enough evidence to say that it should be legalized. But says Dr. Solursh, to classify marijuana as a narcotic and to make a criminal record the penalty for possession is not appropriate, since the long term effects are not known. Britain has now outlawed amphetamines, because of governmental concern about abuse and tendency to dependence on them.

Dr. Solursh commented that only on two occasions has anyone come to him with acute psychosis apparently precipitated by marijuana.

"Statistics that have come to us from California and Quebec and which are open to question, show that in general one in four teen-agers that try marijuana go to stronger hallucogenics. But heroin is not common in this group," Dr. Solursh.

There is at least one group that takes an almost unanimous stand against marijuana use and possession - the police. William Pilkington, chief of Whitby police and former morality squad chief is often called upon to speak to young people. To support his argument he says that there is no country that he knows of where marijuana is legal.

"It is not accepted in the so-called civilized world,"

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he said.

The part about it that is most dangerous is that when people speak of it we don't necessarily know what kind they are speaking about. Quantities and strengths are not regulated like alcohol. Therefore most people do not know what they are getting until after they have tried it.

"Our experiences as officers have indicated to us that people who use it go on to experiment with other drugs," said Chief Pilkington.

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Excerpt from the "TORONTO TELEGRAM"

December 28, 1968

PEP PILLS: DEATH ON PRESCRIPTION

by Sheila Gormely - Telegram Staff Reporter

Amphetamines or related drugs are available in at least 23 brands of prescription pills.

They were the probable cause of recent deaths in Toronto, and at the core of a local cult of freaks.

Legitimate users are overweight housewives, depressed people and alcoholics.

Doctors are concerned that some patients have grown dependent on the pills, and ask for an increasingly larger supply.

It is still a professional argument whether amphetamines are addictive, or habit forming. But there is no argument that the drug is abused the world over, and has been since the end of World War 11 when stock-piles were left in Japan.

Some medical authorities are now saying that amphetamine abuse is so serious that it far outweighs any legitimate medical use, and have called for a ban.

New the Canadian medical profession has been asked to question what place, if any, the drugs should have in their practice in a major paper by Wilfred R. Clement of Queen St. Mental Health Centre and Dr. Lionel Solursh of Toronto Western Hospital.

The situation in Toronto, they say, is that there is a cult of more than 500 "speed (amphetamine) freaks".

Amphetamine use at every social and economic level has grown in the last year and a half. General hospitals and most doctors are unable to cope with it.

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The paper is to be published in an American professional journal. Both doctors have been researching the use of hallucinogens and other drugs for several years.

Dr. Solursh, an associate in Western's department of psychiatry, has done clinical research on LSD for several years and has treated youthful abusers of all the available local drugs.

Mr. Clement is a psycho-pharmacologist at Queen St. centre, and has been a major participant in the extensive program there for drug users.

Dr. Solursh said the medical conditions for which amphetamines are valid are comparatively small, and run to such rarities as sleeping sickness and Parkinson's Disease.

With this in mind, Dr. Solursh and Mr. Clement said there should be some alarm over the fact that between 50,000,000 and 70,000,000 doses of amphetamines were prescribed in Canada last year.

No one is guessing how many doses were produced through forged documents, or how much is turned out in black market laboratories.

In the United States it is estimated that the production of amphetamines is 10 times the need of the medical profession.

The obvious effects of amphetamines are wakefulness, which in the case of "speed freaks" can be prolonged for as long as four or five days, an increase in blood pressure and eventually weight loss.

In the vernacular, amphetamines are "pep pills" because the person taking them feel more energetic and self confident, thinks more quickly and efficiently and has a feeling of wellbeing, or even euphoria.

There is a staggering list of toxic effects when they are used over a long period, ranging from dizziness and confusion, to brain hemorrhage and death.

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Dr Solursh and Mr. Clement say there is a specific group of occasional amphetamine users.

In these cases the drug is taken in an emergency, by truck drivers trying to stay alert on a long haul, by students cramming for exams and by athletes in competition.

They say they are personally aware that there are now 10 times the number of amphetamine users in Toronto than they would locate a year ago.

An average of two users a day are seen in Toronto's general hospital emergency departments or at the Queens St. Mental Health Centre.

They're not there to be cured of their drug use, but to be treated for medical complications arising out of it, most commonly scurvy, which has not been seen in the Western world for years, pneumonia and hepatitis.

"Speed freaks" often inject amphetamines to get a more pronounced "rush" as they describe it, and run a high risk of getting serum hepatitis.

There is a definite withdrawal period during which suicide is a risk.

One teen-aged girl said she had started out as a "speed freak" but switched to LSD because she felt "so rotten" when she came down from amphetamines.

Most of the young people who use drugs heed the warning - Speed Kills - and it is usually the most sick and depressed among them who persist with amphetamines.

Dr. Solursh says the medical profession must question at least the extensive use of these drugs for depression and obesity.

There are some cases where the drugs are useful and the patient doesn't become hooked, but he says the risk is great enough.

Dr. Solursh and Mr. Clement vary in their opinions of how likely death is eventually for chronic users, either as

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a direct or indirect result.

Mr. Clement says after 5 years a daily user will face a major health problem and possible death.

In a survey of amphetamine use, deliberately done away from an area known to be frequented by "speed freaks", they found that 36 out of 43 young people were using them actively.

They also conducted a brief survey to see how prepared the medical profession is to treat the problem. They found it wasn't.

Two poison control centres were asked what to do about a young chronic user who was having muscle spasm and was becoming psychotic.

One advised that the boy should stop using the drug. The other said that there was no clear cut treatment.

Dr. Solursh and Mr. Clement said too often hospitals dismiss amphetamine users as "dope fiends" and don't feel they have the services to help them.

They gave one outstanding example of professional lapse.

A youth went to a pharmacy with a prescription for 1,000 Desoxyn, an amphetamine.

The pharmacist called the doctor to see if the prescription had been altered from 10 or 100 pills. He confirmed that it had been made out for 1,000 pills.

"By the way," the doctor asked, "what is Desoxyn?"

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Letter to "TIME MAGAZINE"

January 3, 1969

CUMULATIVE EFFECT

Sir:

TIME speculates about a "reverse tolerance" to marijuana (Dec. 20). No claims for reverse tolerance have been made by responsible persons, even though the lack of response to marijuana in initial trials is well known. I prefer the statement of a pot user, published by the columnist Helen Bottel in April: "Marijuana, contrary to narcotic drugs, has a cumulative effect, and each time it is smoked it will take less and less to feel high, but it may take as many as four or five tries before you get off the ground."

My search into the matter has convinced me that the explanation is not that kids are too scared to let the drug take effect at first or that the pot reaction is the result of suggestion and conditioning or a reverse tolerance. There is no precedent for a reverse tolerance. There is much precedent for accumulation of chemical burdens, and it seems to me that this is the most likely explanation - a lasting and accumulative effect of marijuana on the brain.

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Consumer Memo
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FROM CONSUMER DIVISION • FOOD AND DRUG DIRECTORATE
DEPARTMENT OF NATIONAL HEALTH AND WELFARE, OTTAWA

C.M. NO. S-11

DATE July 1968

FACT SHEET ON L.S.D.

What is it?

Lysergic acid diethylamide, LSD, is a relatively simple synthetic chemical derived from a parasitic fungus which grows on rye. The pure white crystalline powder readily dissolves in water to produce an odourless, colourless, tasteless solution.

LSD in extremely small doses has a profound effect on the thought processes of the user.

Black-market LSD contains a number of impurities and is available in capsules, tablets or liquid. Individual doses may be difficult to detect because they can be placed on sugar cubes, crackers or other absorbent material.

Jargon of the LSD cult

acid	illicit LSD
acid head	frequent user
a trip	hallucinogenic drug experience
freak out	panic reaction
drop acid	use LSD

Legal Situation

It is an offense under federal legislation to sell LSD except

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to an institution approved by the Minister of National Health and Welfare for mental and scientific research. In British Columbia and Alberta, it is an offense to be in possession of LSD without approval of the provincial authorities.

Physical Effects

LSD affects the autonomic nervous system producing at sporadic intervals, flushing of face, irregular breathing, nausea, sweating and tremors of the extremities.

Dilation of the pupils is common requiring at times protection from the light. Permanent eye damage has been reported in some LSD users after a period of gazing directly at the sun.

Recently, three investigators have reported an unusually high incidence of genetic damage to the chromosomes of the white blood cells of habitual LSD users. Similar damage has been discovered in the white cells of infants born to mothers who had used LSD during pregnancy. LSD has been demonstrated to have teratogenic effects (produces physical deformities) on the litters of rats and mice. One case has been reported of a female infant with a deformity of the right leg that was born to a mother who had used LSD on four occasions during pregnancy. The significance of these findings has not yet been fully evaluated.

Psychological Effects

The most dramatic effects are those that affect the mind of the user. The drug experience differs from person to person and in the same individual on different occasions. These effects depend on -

(a) the properties and potency of the drug,
(b) the basic personality, the current mood and expectations of the user,
(c) the social, psychological and physical setting in which the drug is used.

In a trip lasting eight to twelve hours, the user experiences distortion of senses of sight, hearing, pain position and touch. His sense of time and space are altered. These changes progress to hallu-

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cinations.

Under the influence of the drug, the user experiences wide mood swings from elation to depression. The release of inhibitions in some subjects may lead to violent behaviour.

The user may believe that he has increased mental and physical ability. However, there is no evidence to support the claims that LSD improves the capacity of the mind, provides an increased knowledge of one's self and interpersonal relationships, or stimulates artistic creativity.

Medical Use

There is no evidence to date that LSD has any significant role in the treatment of various psychiatric conditions.

Hazards

The most widely reported hazard is the persistance of abnormal psychiatric reactions. This may last for various periods of time and require extensive hospitalization and treatment. Hallucinations have been reported to have recurred weeks after the drug experience.

There are a number of reports of deaths and serious injuries resulting from falls and traffic accidents. There are a number of reports of violence and homicide. Acute depressions have been reported terminating in suicide.

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FROM CONSUMER DIVISION - FOOD AND DRUG DIRECTORATE
DEPARTMENT OF NATIONAL HEALTH AND WELFARE, OTTAWA

C.M. NO. S-12

DATE August 1968

SOME QUESTIONS AND ANSWERS ABOUT MARIJUANA

Q. What is Marijuana?

A. Marijuana ("pot", "grass", "Maryjane", "tea", "Weed") consists of the dried flowering tops of the female Indian hemp plant (species Cannabis sativa L. var. indica).

Hashish ("hash") is a more concentrated and more potent form prepared by extracting from the green flowers of the plant the amber coloured resin which contains most of the active ingredient, tetrahydrocannabinol.

Q. What does it look like?

A. Marijuana is coarser and less uniform than tobacco. It has a greenish-grey to brown colour, and is a mixture of crushed, dried leaves and flowers, some twigs and small globular seeds. Marijuana cigarettes ("joints" or "reefers") are thinner and more uneven than tobacco cigarettes and the ends of the cigarette paper are folded back on the cigarette, or twisted, to prevent loss of the contents. They burn more rapidly than tobacco cigarettes with an acrid odour similar to burning leaves, rope or alfalfa. The unused end or butt of a marijuana cigarette is called a "roach" and is valued because it contains a higher quantity of resin.

Hashish is sold as blocks of the solid dark brown resin.

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Q. Where does Marijuana come from?

A. Hemp plants grow wild in many parts of the world including Canada. The plants grown in Canada contain less active ingredients than those grown in tropical countries such as Mexico. However most of the marijuana available in Canada is brought in from Mexico through the U.S.A. ("Acapulco Gold" is considered to be of a superior purity and quality.)

Hashish generally originates from the Middle East.

Q. How is it used?

A. Marijuana is usually smoked in cigarettes, held closely between cupped hands to inhale the maximum amount of smoke. The smoke is inhaled deeply and held in the lungs as long as possible. The active principles in the smoke are carried from the lungs through the bloodstream to the brain. Sometimes marijuana is ingested in cookies, candy or tea or smoked in a normal pipe or waterpipe. Young people tend to smoke marijuana in groups rather than alone.

Hashish is used in a pipe or by placing small pieces of the resin on the burning end of an ordinary cigarette with a drinking straw leading the vapours directly to the nose giving a quicker more intense effect than with marijuana.

Q. What effects does it have?

A. The effects of marijuana are generally unpredictable. They depend very much on the personality of the user, the quantity used, the manner in which it is taken and the specific circumstances surrounding its use. Most users take it for the euphoria or "high" it produces. There is a general dulling of attention to the surroundings and users tend to focus on certain selected auditory and visual sensations which are heightened by the shutting out of all other external stimuli. There are wide mood swings varying from uncontrollable laughter and hilarity to a depressed mood with a tendency towards irritability. With large doses hallucinations may occur. Although the user is usually passive when under the influence of the drug, inhibitions are lessened and the release of

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repressed anger may sometimes lead to violence. There is also distortion of judgement, in time sense and perception which makes driving a car or operating machinery of any sort extremely dangerous. The user may experience a feeling of a change in body image or the sensation of leaving the body image. This depersonalization can be extremely frightening and may cause panic. When used by persons with pre-existing personality disturbances, temporary psychoses may be precipitated. The pupils become dilated and the eyes are sensitive to normal light exposure thus requiring the user to wear dark glasses.

Q. Is Marijuana addicting?

A. Marijuana is not addicting in the same way that heroin is. There are no physical withdrawal symptoms when its use is discontinued and it does not require increasing doses, i.e. tolerance to the drug does not develop.

Q. Is Marijuana habit forming?

A. There is evidence that some users resent deprivation and readily admit their future intention to return to the drug as soon as possible. The World Health Organization defines this as a psychological dependency. The fact that marijuana users tend to accumulate reserves of the drug to tide them over periods when their source of supply is cut off indicates that its use is habit forming and cannot be easily discontinued.

Q. Is the use of Marijuana illegal in Canada?

A. Yes. It is illegal for any unauthorized person to possess, traffic in (manufacture, sell, give, administer, transport, send, deliver or distribute), import or cultivate (grow) marijuana in Canada.

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FROM CONSUMER DIVISION · FOOD AND DRUG DIRECTORATE
DEPARTMENT OF NATIONAL HEALTH AND WELFARE, OTTAWA

C.M. NO. S-13

DATE February 1969

Glue-Sniffing (Solvent Inhalation)

The term "glue-sniffing" is used to describe the intentional inhalation of a wide variety of volatile substances in order to become intoxicated. Because a number of common household products besides glue are used, this practice is probably better described by the term "solvent inhalation" or "sniffing".

Characteristics of Solvents

Household and china cements, cements designed for use with polystyrene plastics (model hobby kits), fingernail polish remover, lighter and cleaning fluids, paint and varnish removers and gasoline all contain volatile organic solvents such as benzene, toluene, acetone and carbon tetrachloride which have a number of common characteristics.

a) They vapourize quite readily at room temperature i.e. change from a liquid to a gas.

b) They dissolve easily in the fatty (lipid) tissue of the body including brain and nerve tissue.

c) Although initially there may be stimulation, the main effect of these chemicals is a depression of the activity of the central nervous system resulting in dizziness, drunkeness, confusion and euphoria.

The first characteristic gives a quick-drying product and this combined with the ability to dissolve a wide range of substances is what makes these solvents particularly useful and so difficult to replace in the aforementioned household products. Unfortunately the same characteristics are also responsible for the intoxicating effects when they are inhaled.

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Methods of Use

Polystyrene cement, better known as model airplane or hobby kit glue, appears to be the most popular product, possibly because it is inexpensive, relatively easy to purchase or steal, and easy to conceal. Reports indicate an increase in use among adolescents and even younger school children.

The solvent user chooses a method which will rapidly give him a high concentration of vapour to inhale. Usually the substance is squeezed into a plastic or paper bag and then the open end is held tightly around the face while the user breathes in deeply. Another method is to place the substance in a tightly rolled cloth which is then jammed against the nose and mouth. The vapours are sniffed and sometimes the cloth is sucked. The substance may be heated first to increase the production of vapours. Traces of hardened glue in the hair or on clothing and the odour of glue will often be noticed on the habitual user.

Physiological Effects

Solvents act on the central nervous system within minutes after inhalation and the effects are similar to those of anaesthetics. The effects last anywhere from 15 minutes to several hours and users commonly have a loss of memory about events which take place during this period of intoxication. Feelings of drunkeness, dizziness, confusion and euphoria develop. The euphoria may be accompanied by grandiose ideas and feelings of omnipotence and recklessness.

There may be distortions of visual perception and objects may appear to change in colour, size or shape. Visual hallucinations may occur in some subjects. There may be a sensation of feeling "blank, numb or dead". Often there is a sense of floating or spinning. Marked changes of mood, delusional ideas, or psychotic behaviour may occur. With high concentrations of vapours the user may become very drowsy and lose consciousness. Frequent users often show a loss of appetite and may become markedly underweight.

Physical and laboratory studies are now underway to determine any possible permanent toxic effects high concentrations of various solvents may have on the nervous system, the liver and the kidneys. There have been some reports of temporary liver and kidney damage and bone marrow depression immediately following inhalation of large quantities of vapours. Changes in brain tracings have also been recorded but clear cut evidence of detectable brain damage is not yet available.

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Tolerance develops in the regular user within a very short time, often several weeks, and where one tube of glue will be used initially to achieve the desired state of intoxication, within a few weeks several tubes will be required to achieve the same effect. It has not yet been shown that a physiological addiction develops, resulting in withdrawal symptoms when the sniffing is stopped, but psychological symptoms such as restlessness, irritability and anxiety have been reported when users abstain. The craving and habitual use shown by a number of users indicates the development of a psychological dependency.

What then are the hazards?

A number of accidental deaths have been reported recently where solvent inhalation was a factor. In some cases death was due to suffocation caused either by blockage of the air passages with vomitus or by the plastic bag used to contain the glue. Death becomes an even greater possibility if the "sniffer" loses consciousness since he may fall with his face smothered in the bag. In other cases it has been suggested that death may have resulted because the chemical caused a slowing down and finally halted activity completely in the brain centre which controls breathing.

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MACLEAN'S/JANUARY 1969

SOME OF THE BEST PEOPLE SMOKE POT

BY JON RUDDY

THE INTERVIEWS THAT follow may shock you or touch you or make you mad or make you laugh. They will make you think. We have all heard that marijuana, once the "noxious," "crippling" and "degrading" preserve of criminals, jazz musicians, delinquents and, latterly, hippies, has shown a tremendous upward mobility in the last few years. This is true. It's no pipe dream — it's here. The virtues and dangers of marijuana are debatable but its wide acceptance is obvious. Many of my acquaintances, in the silly lexicon of this underground revolution, "turn on" and profess to believe that doing so is harmless as well as wonderfully pleasant. I don't know any criminals, jazz musicians, delinquents or hippies. I do know a lawyer who says, "Half the law students in the country smoke pot. It is just a matter of time until our legal institutions are comprised mainly of pot-heads. Do you think it will be illegal then?"

Most marijuana users in the middle and professional classes expect that it will be legalized with solid public support. I had no trouble finding a gallery of them, and I discovered that they were anxious to talk about themselves. They asked for anonymity, of course, but they weren't frightened. The simple fact is, they smoke with impunity. Police, in resolutely confining their investigations to intractable youth,

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POT *continued*

have not only failed to check pot's upward mobility, they have failed to grasp it. "I think we have pretty good control of the problem," says the head of a 20-man RCMP drug section in Toronto. He adds that, of the more than 300 Toronto marijuana arrests up to November of last year, not one involved a member of the professional classes. "No arrests have ever been made, to my knowledge, of professional people."

It's a safe bet that no one is ever going to arrest the Toronto lawyer who likes to take a stroll in Nathan Phillips Square on his lunch hour, puffing pot. (Source: another lawyer, who also indulges.) No one is likely to nab the pusher whose beat is the floor of the Toronto Stock Exchange. (Source: a psychologist at the Ontario Hospital at 999 Queen Street West.) No one is going to bash in the front door of a big house in Vancouver's Shaughnessy Heights where a wealthy hostess offers marijuana from a hand-engraved silver cigarette box. (Source: a 23-year-old student at Simon Fraser University who is the son of a vice-president of a large company. "These cigarettes are machine-rolled and filter-tipped," he says. "You don't get any little bits of grass in your mouth. It's very elegant.")

The biggest enclaves of these newly typical pot smokers are in Vancouver and Toronto, although Montreal, Winnipeg and several other cities have their share. The smokers are mostly in their 20s and 30s, affluent, articulate and prepared to do anything to promote the legalization of marijuana, short of risking the seven-year jail term they could still conceivably get for possession. Most of them are as disparaging of hippies and the quasi-religious implications of pot smoking as they are of the law. "I have no sympathy for the Yorkville hippies who get bust," says a lawyer. "Let them listen to the latest platitude-filled *guru* and squat in doorways. I know I'm not going to find The Way through marijuana. It's good, that's all." If the smokers have anything else in common it seems to be a certain glibness and self-indulgence. An RCMP officer asked me, "How do you know they're not kidding you?" A better question might be, how do they know they're not kidding themselves? But who can really say whether they're right or wrong, deluded cop-outs or the perceptive champions of a better, safer, cheaper and more portentous crutch than alcohol?

THE LAWYER SMOKES POT

"THE FIRST TIME I used it, I realized why marijuana is illegal," says Paul, a hard-driving 34-year-old Toronto lawyer. "Because it's just so damned good." He had some with a friend about a year ago, then overcame his wife's fears and turned her on. They now share a pipe of marijuana about twice a week.

"The effects are different every time," Paul says. "I usually first notice a mild hallucination. My ankle bones seem to vibrate. There is a similar feeling at the back of the neck. There is a mild and pleasant vertigo. There is some visual distortion. I get a buoyant, youthful feeling. I really feel about 18 when I turn on. Things seem funny and I laugh a lot. Sometimes I get terribly thirsty, but that might be just from the smoking. A friend of mine will often drink two quarts of milk when he turns on. And they have called it the killer drug! Or you can get hungry. One night at 4 a.m. my wife and I made an enormous Swiss fondue and ate it all. We were high as kites. That's the only thing my wife doesn't like about it — she's little and watches her weight. It affects taste in funny ways. Some things like cold, fresh fruit taste fantastic. But a glass of wine might be disgusting. You never know. Music seems clearer. I can follow contrapuntal music like Bach horizontally, whereas straight I'd likely hear it vertically as melody and harmony. Rhythmic responses are much better. I'm a lousy dancer but when I'm high I dance very well. Anyone who says it is a sexual depressant is crazy. It stimulates you in the same way as when you go away on a trip and forget your day-to-day hang-ups."

Paul has evolved a certain self-discipline about how he uses pot. "I would never drive when I'm high or go to work high. I know lawyers who do and I disapprove. On the other hand, I think it's probably better than going to the office, drunk. I know a computer programmer who will sometimes stay high for weeks. He says he can work effectively, but it's hard to believe. I think it's probably possible to become psychologically dependent on the stuff. That's why I only turn on twice a week. Also, you want to have time to appreciate it. I work long hours, sometimes at night. We tend to devote spare time to it, as if we were going to a movie. It seems to be compatible with relaxation. I don't think I'd ever use it to calm tension. It might work, but I just don't think it's the right time. If I'm tense I might have a drink with dinner or a glass or two of wine. The beauty of pot is that it's so different from booze. There seems to be no price you have to pay. It's not poisoned like liquor. I mean, you never get sick. There's never any hangover. I've never felt a single adverse effect from pot physically, nor do I know anybody who has."

He says the use of marijuana is so common among the young middle class "that it can be assumed." He is acquainted with pot-smoking lawyers, architects, writers, photographers, businessmen, musicians, doctors and dentists. He himself buys it in bulk — usually a pound for $200 to $300 — and deals it to his friends at no mark-up, keeping a few ounces for himself. "Two ounces would make 25 pipefuls and last me three months." Paul's pusher is an insurance executive. "I understand he gets it from a guy he went to college with, a really big distributor who brings in 40 or 50 pounds. It's probably from Mexico. I don't ask questions."

THE PROFESSOR SMOKES POT

SHOULD AN 11-YEAR-OLD try pot? Graham, a 46-year-old Vancouver university professor and the father of six, was dubious at first. "The three older children, teenagers, all use it when my wife and I do," he says, reclining in a leather chair at the faculty club. "That's only about once a month — we're a somewhat abstemious family.

Photo/Zichmanis

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POT *continued*

I wasn't sure about the younger boy. But the other kids talked me into it. I let my kids have a glass of wine with their meals — the liquor laws are crazy — so why not a joint? I don't think the 11year-old got a real high. I hope I haven't done him any harm."

Graham, who is small and aesthetic-looking, buys his marijuana from contacts his older children have established. He started smoking it after one of his lectures, at the end of 1966. "I was talking about ingrained thought processes limiting the imagination. Four kids who were obviously stoned came in to listen. I could see that they were the only ones who were getting anything out of the lecture."

He says that six out of 10 of his faculty colleagues indulge. "Sometimes I think getting stoned is a state we could learn to flip into," he says. "I think we use pot as a trigger to get there now, but maybe we don't need it. When I use it I resonate more easily to things like music, taste, smells. And once or twice it has made a helluva difference to an evening of love-making. It seems to give me all the advantages of youth to go with the advantages of age that I've already got. A couple of my girls reckon that they have achieved a sort of telepathic communication with pot. One thinks she could taste something the other was eating. I never experience wild things like that, but my wife does. It has made things very good for my wife."

THE DOCTOR SMOKES POT

AT TORONTO'S Central Library a handbook called *Weeds of Canada and the Northern United States* is well-thumbed at page 27. That's where there is a botanist's description of *Cannabis sativa*, the hemp or marijuana plant. A tall, rough annual, native to Asia, with coarsely toothed, finger-shaped leaves and tiny greenish flowers, hemp was once grown in Canada and the U.S. as a source of fibre for rope. It still thrives as a weed in many locations. Author F. H. Montgomery states that plants growing this far north "are probably of no value" as a source of marijuana. But he may be wrong about that. At any rate, some very facile minds have been concerned with finding the hemp plant, with cultivating it in flower pots, gardens and rural lots, and with harvesting its small top leaves, flowers and stems.

Among them is a Toronto general practitioner who shall here be known as Dr. Lefferts. A scholarly bachelor in his mid-30s, he has been smoking pot for seven years. He started at college. He says it is neither habit-forming nor harmful, "an entirely innocent diversion." In his analytic way, Dr. Lefferts has acquired a considerable fund of information about his long-time interest. Sometimes he will drive through the southern Ontario countryside looking for it. He has also taken to growing it at home. The procedure, he says, is simple. "The marijuana you buy contains seeds. About half of them will germinate in warm water. Then you plant them in sandy loam—alkaline, not acidic — and nurse them along with plant food. They should mature in about six months. Meanwhile, they are a rather nice house plant. The root structure seems to be such that you can grow a big plant in a 10-inch pot. When it's ready for harvest you can dry the tops in an oven for 20 minutes at 250 degrees, or in a laundry drier in a cheesecloth bag. I've had home-grown pot with friends and found it less potent than the imported stuff, but quite pleasant. It is my ambition to grow enough for my own use."

This decision stemmed from a recent and frightening experience. Dr. Lefferts attended a convention in New York and came home with several ounces of marijuana in his briefcase. He had a lot to carry off the plane and before going through customs asked a colleague to give him a hand. The colleague took the briefcase. Dr. Lefferts went through first and absent-mindedly headed for the door. He was horrified to hear his friend, who didn't know what he was carrying, make a little joke. "Hey, here's your bag of marijuana," he called, holding up Dr. Lefferts' bag of marijuana. The customs inspector looked up, startled. "Ho, ho, ho," he said, after a second or two.

THE PSYCHOLOGIST SMOKES POT

TEN YEARS AGO Tracey played drums in a college band and smoked pot regularly because it was cheaper than liquor. Free, in fact. The lead guitarist had a friend in Tijuana who sent it up in half-pound tobacco tins. Tracey liked it — when he was high he felt he was as good as Gene Krupa — but he forgot all about it, he says, after the band broke up. A year ago, Tracey, now a Vancouver psychologist of 35, a well-tailored bachelor with grey-flecked sideburns, tried marijuana again at a party at the home of a doctor friend. He loved it.

"More than half my friends use it," he says. "It's ridiculously easy to get. I know maybe six people I can get it from at any time. Friends offer you grass or a drink now, the way Air Canada offers you tea, coffee or milk. I am associated with about a dozen doctors and four of us get stoned more or less regularly. What do I get out of it? It adds another dimension to my thinking that wasn't there before. When I'm stoned it seems as if my mind is working on five or six channels. I know it's just what I believe at the time and maybe isn't really happening. But that's what's important, isn't it? What I believe, I mean."

Last winter Tracey went to a ski resort near Vancouver with a friend. "The first night we met a couple of girls, secretaries, and asked them out for a drink and they said, 'Look, why don't you come up to our hotel room and turn on?' It sounds licentious, but it was very innocent and pleasant. Later that week I met a barmaid and she had some stuff, and we went back to her chalet and smoked it through one of those water pipes, but we used crème de menthe instead of water."

THE PSYCHIATRIST DOESN'T SMOKE POT

DR. EDWIN LIPINSKI is a Vancouver psychiatrist who does not smoke marijuana. As if that were not odd enough, his views on pot pushers and certain users — but not the drug itself — are distinctly jaundiced. "I take the occasional drink and wine with meals, but I don't use marijuana," he says. "It's

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ust not a part of my life. On the other and, I don't become outraged when people around me use it."

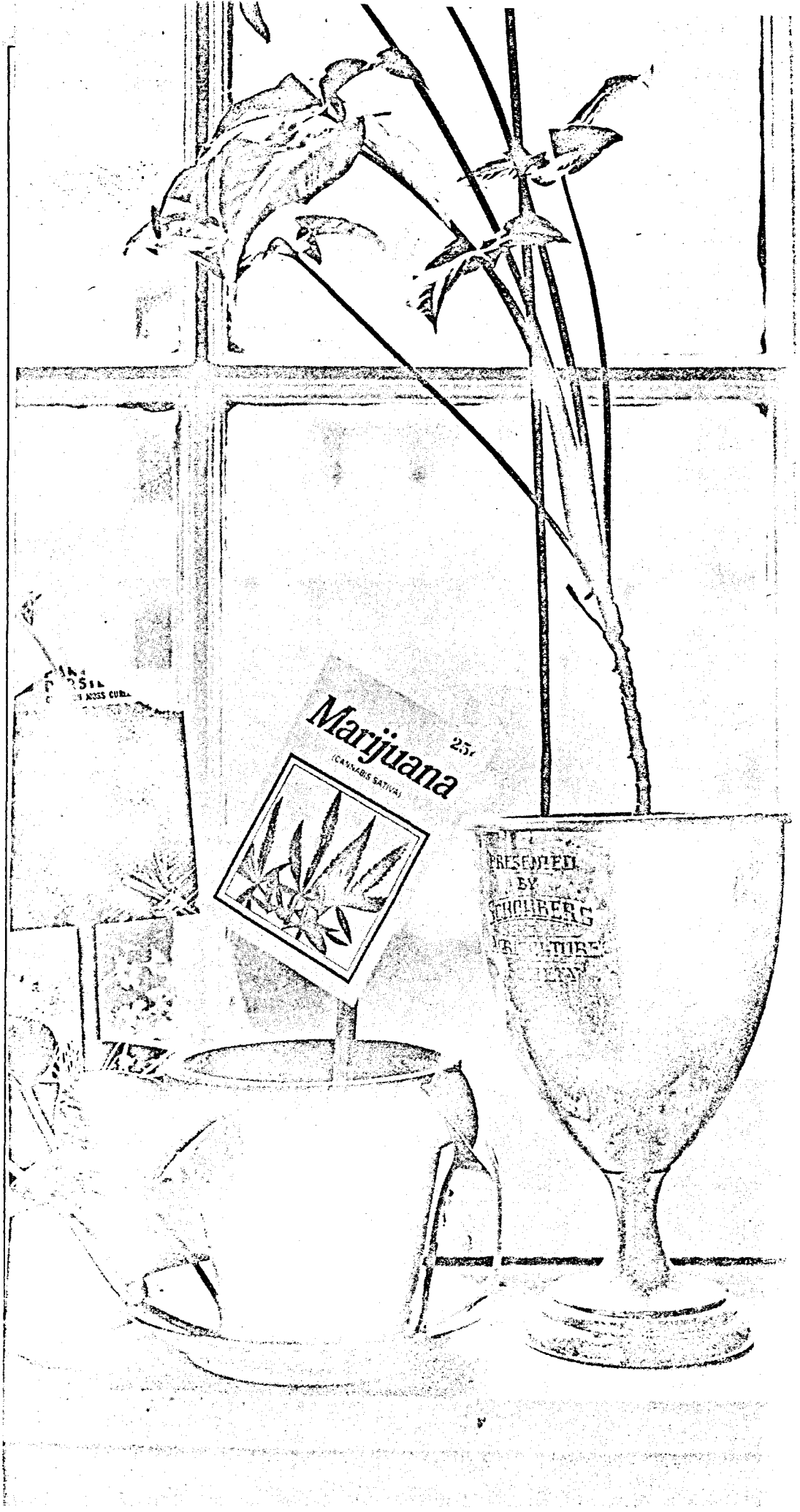
An internationally renowned expert in forensic psychiatry, Dr. Lipinski is in close daily contact with the consumers of various drugs. He says that, of the teenagers and college students among his patients, 90 percent use pot more or less regularly." Among his personal friends, a quarter are users.

"It's quite common for people listening to music and attending social functions of various kinds to smoke pot," he says. "You have this thing where they believe that people become more sincere and open and get closer to one another. Pot is a marked social facilitator for many people. Yes, I suppose that's what alcohol is to other people. Me, for instance. And pot is probably a far more innocuous compound in every respect."

But he feels that the pushers are deluding themselves. "They are usually the bright kids. They become occasional users, then they make a bit of money selling pot. The next stage is that they begin to develop a rationale about the system being wrong and the law an ass that should be flouted. They see themselves as defenders of the people against the system. These marijuana peddlers! It falls down when you ask them to stand up and accept responsibility for their actions the way Martin Luther King accepted responsibility for his advocacy of civil disobedience. Then it becomes a different matter. Before long, these young people are pushing Speed and LSD and then a few of them go over the top, pushing the hard stuff."

Multiple users — people who progress from pot to some of the wilder hallucinogens — are caught up in a similarly dangerous and self-defeating game. And a pathetic one. "There is no end to the areas multiple users will investigate," says Dr. Lipinski. "I understand some have even tried meat tenderizer taken intravenously, just because the word got around. It didn't matter that it was absurd and didn't do anything.

"Here's a little story that tells you something about pot smokers. In Vancouver not long ago a group of hip social workers tried a psychological experiment on some runaway kids. They got them together in a psychodrama and gave half of them pot and half of them dried parsley. About half the kids smoking pot turned on — and 40 percent of the parsley smokers turned on, too. You always get about 40 percent of people who respond to the suggestion more than the stimulus." □



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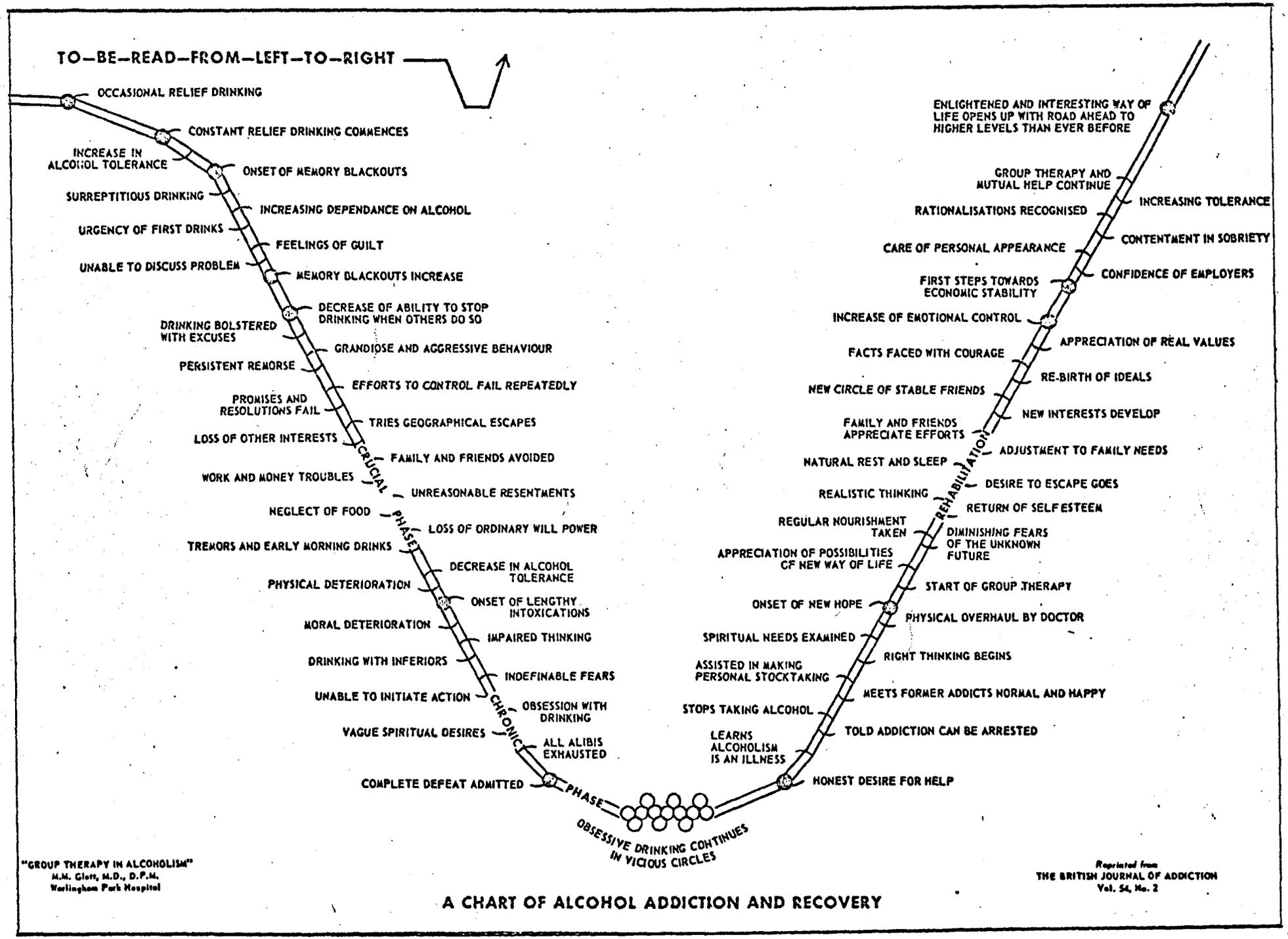

A CHART OF ALCOHOL ADDICTION AND RECOVERY

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WHAT U.S. DRUG STUDY SHOWS

	Psycho-logic Depend-ence	Compulsion to Abuse	Physical Dependence	Tolerance	Psycho-toxic Effects During Adminis-tration	Psychotoxic Effects During Withdrawal	Regula-tory Control Specific Laws	Regula-tory Control Prescrip-tion Only	Available Over he Counter
Morphine.....	Yes	Maximal	Maximal	Yes	None	Maximal	Yes	No	No
Codeine	Yes	Minimal	Minimal	Yes	None	Minimal	Yes	Yes	Limited (1)
Barbiturate .	Yes	Maximal	Maximal	Yes	Yes	Maximal	No	Yes	No
Alcohol	Yes	Maximal	Maximal	Yes	Yes	Maximal	No	No	Yes
Marijuana ...	Yes	Moderate	None	?	Yes	None	Yes	No	No
Cocaine	Yes	Maximal	None	None	Yes	None	Yes	No	No
Amphetamine..	Yes	Moderate	None	Yes	Yes	None	No	Yes	No
Mescaline ...	?	Minimal if any	None	Yes	Yes	None	No	(2)	(2)
Lysergic Acid	?	?	None	Yes	Yes	None	No	(3)	No

(1) Pure drug available only on prescription. One ounce of liquid preparations for cough containing 1 grain (65 mg.) of codeine is available per person per day without prescription.

(2) Mescaline available only for experimental purposes. The crude drug (Peyote) used by Indians in religious ceremonies controlled by some tribal laws. Arizona and New Mexico revoked control laws.

(3) Available only for experimental purposes. Small illicit traffic from diversion of these sources.

Source: Science Advisor to the U.S. President in The Financial Post, April 6, 1968

EXCERPT FROM THE DETROIT "FREE PRESS", MARCH 4th, 1969.

DRUG	SLANG NAMES	DESCRIPTION	EFFECTS	PHYSICAL DEPEND-ENCE	PSYCHO-LOGICAL DEPEND-ENCE	RELATIVE DANGER
Marijuana, marihuana, cannabis	Pot, grass, tea, weed, mary jane	Flowers or leaves of female hemp plant rolled into cigaret called a joint or reefer	Euphoria, talkativeness, laughter, hallucinations, dilated pupils, sometimes drowsiness.	No	Possible	Least dangerous of common drugs except when user is driving. Distorted perception, poor judgment.
Amphetamine (Benzedrine, Dexedrine, Methedrine)	A, pep pills, bennies, dexies, speed	Man-made stimulant for treatment of depression, narcolepsy, weight control (diet pills)	Excitation, feeling of alertness and power, talkativeness, nausea, confusion, high blood pressure, aggressiveness.	No	Yes	Fairly dangerous, can cause psychosis.
Barbiturates (Nembutal, Seconal, Luminal, Amytal)	Goof balls barbs, yellow-jackets, red birds, purple hearts, blue heaven (depends on color of pill)	Man-made depressant for treatment of epilepsy, high blood pressure, insomnia and for sedation	Drowsiness, staggering, slurred speech, depression, vomiting, convulsions.	Yes	Yes	By far the most dangerous of commonly abused drugs. Can be fatal by stopping the breathing mechanism. Withdrawal should be supervised by a doctor.
Tranquilizers (Miltown, Equanil, Librium)	Downers (coming down from a bad trip)	Man-made depressant for relief of severe anxiety, some mental ills, alcoholism	Relaxation, some vomiting, and tremors with overdoses, blurring of vision, severe depression when combined with alcohol.	Yes	Yes	Not too dangerous in low doses except when taken with alcohol. Potential for addiction.
LSD and other strong hallucinogens like DMT, STP and mescaline or peyote, psylocibin	Acid. Peyote is "cactus"	Man-made chemical. Only use is in research to create psychotic animals. Cactus is the dried and ground-up button of a cactus plant.	Visual and auditory hallucinations, impaired judgment, anxiety, paranoia, possible psychosis. Can last for days or weeks.	No	Yes	Extremely dangerous, can make user psychotic, possible damage to chromosomes causing birth defects.
Morphine and Heroin, its derivative	H, junk, horse, morphine is M	Man-made narcotic derivative of opium plant once used to relieve pain, now displaced medically by newer drugs. Morphine still used as medical pain killer.	Loss of appetite, drowsiness, stupor, contracted pupils, temporary impotency and loss of sexual desire.	Yes	Yes	Extremely dangerous, can lead to permanent addiction requiring steadily more expensive doses.
Liquor	Booze, juice, hooch	Man-made depressant derived from fermented grain, potatoes, grapes.	Loosening of inhibitions, slurred speech, staggering, drowsiness.	Ordinarily No	Yes	Extremely dangerous in large quantities cirrhosis of liver. Severe depression when taken with tranquilizers.
Tobacco	Weed, fag, coffin-nail	Dried leaves of tobacco plant, rolled into cigaret or stuffed into pipe.	Relief of mild anxiety and tension for those already addicted. Nausea in first users.	No	Yes	Relatively dangerous. Chronic use may cause lung cancer, and emphysema. Often fatal.

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APPENDIX G

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APPENDIX H

TOC ALPHA VISION '68 ARRANGEMENTS

1. Leadership Taining Sessions

2. Advertisement

3. Programme for Conference

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APPENDIX H

TOC ALPHA VISION '68 ARRANGEMENTS

1. Leadership Taining Sessions
2. Advertisement
3. Programme for Conference

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Welcome to the Third Toc Alpha Training Session. I hope that after completing this week end you will feel that it was worth your effort to attend.

The first and second training sessions were held at Cedar Glen and Friendly Acres, respectively. During these sessions, the atmosphere was such that the format came from the group with a minimal amount of structuring from the leaders. To some, this type of experience was most effective; to others, a complete waste of time. What was experienced was the initial stages involved in developing "Group-Centred Leadership."

The design of this third training session is extensive and very structured. The goals are clearly defined and most of the time available is taken up with actual "learning" activity. Your free time will be to "catch your breath" and then back to work. The comments regarding this type of training should be most interesting when the bulk of the sessions have been completed.

You will find enclosed the training schedule and an answer booklet - as you will see, very little of the planning has been left to chance. Before arriving at Niagara Falls you should be familiar with the schedule and the answer booklet - you just won't have time to do this at Niagara Falls.

Once again welcome - see you at the training session.

P. Bennett,
Youth Work Director.

NOTE: Try hard to get there before 9:00 p.m. Friday.

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THIRD TRAINING SESSION

Please Note: It is imperative that the participants attempt to remain on schedule as much as possible. This schedule and outline will explain to you what exactly is going to happen, and what exactly is expected of you in terms of actual performance.
The session is heavy as this will help to duplicate actual "Conference Conditions". At the Christmas Conference you will have no more time than what you will have this week end.

TIME	INSTRUCTIONAL OBJECTIVE
Expl.	Describes the intended outcome of the instruction.
Fri. 9:00 10:00	To learn to listen while in a group. To become familiar with other members of the training session.
10:00 10:15	Break (Remember, this is only 15 minutes. We begin again at 10:15 on the dot.)
10:15 10:30	HOW TO USE TOC ALPHA REFERENCE MATERIAL - Dave Hemingway This will include the following: (a) What the material involves (b) Method of organizing the material (c) How to use the material (d) Suggested changes from the participants of the training session (e) Questions NOTE: You may be called on to use the material during the Conference - Will you be ready?
10:30 11:45	To be able to list what reference material is available in TA recreation material. To be able to locate certain items in the reference material. To list several types of "inside recreation". To be able to list and state if required, the rules for an "inside activity". To design a program for the activity which you were assigned in part 4.
12:15	Lights Out (It is imperative that you get as much rest as possible for tomorrow is a heavy day.) Meeting of the trainers will be in Function Room #1.
7:30	WAKEY - WAKEY RISE AND SHINE (Anyone not up and ready for breakfast is open to action from the group.
8:00 9:00	(This does not mean additional time to sleep-in!) Dinner will not be until 12:45 so you had better get your stomach filled as it will be a long morning.

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INSTRUCTIONAL OBJECTIVE (CONTINUED)

9:00
9:30 Styles of Leadership - Peter Bennett (Discussion and Questions)
To be able to identify and list the characteristics of the following leadership styles.
a) Authoritarian
b) Democratic
c) Laissez-faire

9:00
9:45 Break

9:45
10:00 Assignment to Groups (No more than 5 members to a group)

10:00
11:00 1) To lead a group using your present skills (10 min/pers)

2) To evaluate your own style of leadership.

3) To be able to interpret a sociogram. To accept criticism from others. To say in as few words as possible, exactly what you mean. (ie. to learn to be explicit) (10 min/person)

11:30
11:45 Break (Remember that the groups will begin again at 11:45 sharp.

11:45
12:45 Parts 1), 2) and 3) of the above section will be repeated for the remaining two members of the group.

12:45
1:45 Lunch

2:00
2:45 Treasure Hunt. To be able to locate the following rooms at the Sheraton Brock Hotel. To give directions orally on how to get to the following rooms in the shortest period of time.

a) Operations Room
b) Floor control
Room on each of the following floors: 3, 4, 5, 6, 7, 8, 9, 11 and 12. NOTE: The unique layout of the 11th & 12th floors.
c) Sheraton Room, Floridian Room, Elizabeth Room, American Room, Brock Room, Games Room, Polliwog Lounge, Cafeteria, Room at The Top
d) Function Rooms No. 1 & 2 at the Fox Head.

2:45
3:00 Break (Make sure you have all your supplies and booklets for the next session - it is most important)

THIS NEXT SESSION WILL BE THE KEY TO YOUR INDIVIDUAL EFFECTIVENES AT THE CHRISTMAS CONFERENCE

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INSTRUCTIONAL OBJECTIVE (CONTINUED)

3:00
3:30

1) To encourage members participation.
2) To sensitize members to the variety of human relationship problems in work situations at the Christmas Conf. as they adversely affect efficiency & productivity.
3) To identify and list situations involving human relationship problems which can be used for subsequent reference and study.

3:30
4:15

1) To be able to state several possible causes of a designated problem.
2) To be able to state alternative solutions to a designated problem.
3) To become sensitive to the affect of your own personality on your attempts to solve a problem, situation.

4:30
5:30

To finalize the design of the Christmas Conference & to know exactly your individual responsibilities.

5:45
7:00

"The Criteria For Successful Recreation." - Dave Hemingway

7:00
10:30

1) To determine the effectiveness of your program that you designed during your session at 10:30 Friday.

10:30
11:00

Free Time

11:00
?

Evaluation of the Training Session:

Sunday Morning: Continuation of the Evaluation.... Training Session end officially at 11:00 a.m.

1) To evaluate the training week end using specific questions as guidelines.
2) To look at oneself before the group.

TERMINAL BEHAVIOR AND CRITERION

Expl.

Identifies the kind of behavior or performance that will be accepted as evidence that the learner has achieved the objectives.

Fri.
9:00
10:00

To state after the person speaks, this person's name - residence - special interests - main interests. At the end of the session you should be able to state the names of 20 people in the group and their main interests. Do Section 1 in booklet.

10:00
10:15

Break

10:15
10:30

HOW TO USE TOC ALPHA REFERENCE MATERIAL - Dave Hemingway

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TERMINAL BEHAVIOR AND CRITERION (CONTINUED)

10:30 11:45 To develop your own list of the reference material and be able to recite the list if required.

To locate 2 recreational activities in the reference material and place them in your booklet.

To list at least 10 activities in your booklet.

To list the rule of your chosen activity. To find the rules for an activity that will be given you by the Trainer.

To design and plan to lead the activity given you in part 4 on Sat. night for 10 minutes with all persons observing.

Place your design and program in the answer booklet under the following headings:

- name of act.
- No. involved
- rules
- Equipment Required
- List References with pages

12:15 LIGHTS OUT

7:30 WAKEY - WAKEY

8:00 9:00 Breakfast

9:00 9:30 To complete the section in your answer booklet.

The discussion will use the sociogram to illustrate the following styles and those problems associated with each style.

9:30 9:45 Break

9:45 10:00 Assignment to Groups

10:00 11:00 1) To get all members of the group to participate.

2) To list 5 things you did correctly. To list 5 things you did incorrectly. To state what type of leader you are. To use "self-criticism & accept the criticism of others.

3) To interpret your own sociogram with the aide of the trainer. To list in the answer booklet the findings of the sociogram as well as a copy of the actual sociogram. To have a list of the comments of the group. To accept the criticism of others without reply. To change if necessary - your interpretation of your sociogram and answers to the 7 questions in part 2) after the comments of the Trainers and group. To still want to belong to the group. To continue to participate as a group member although the group may have criticized you severly.

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11:30 Break
11:45

11:45
12:45

12:45 Lunch
1:45

2:00 a) The person should have a complete list of where these rooms
2:45 are.
b) Give directions to at least 2 rooms orally if required.
c) Each person should have in his possession 20 cards that have been obtained from each location.
d) How you get there from the operations room should be clearly indicated in your answer booklet.

2:45 Break
3:00

THIS NEXT SESSION WILL BE THE KEY TO YOUR INDIVIDUAL EFFECTIVENESS AT THE CHRISTMAS CONFERENCE

3:00 1) Each person should have contributed to the group function.
3:30 2) You should have in your answer booklet a list of possible problem situations.

3:30 1) List the causes of the problems. a)
4:15 b)
c)
d) etc.

2) List the solutions of the problems.
a)
b)
c) etc.

3) My personal problems will be: a)
b)
c) etc.

4:30
5:30 " " "

5:45 "The Criteria For Successful Recreation". - Dave Hemingway
7:00

7:00 1) A successful activity as defined by the talk given by
10:30 D. Hemingway

10:30 Free Time
11:00

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TERMINAL BEHAVIOR AND CRITERION (CONTINUED)

11:00 ? Evaluation of the Training Session:

Sunday Morning: Continuation of the Evaluation. Training Session ends officially at 11:00 a.m.

1) To complete an evaluation of the session using the questions in booklet.

2) To answer question #13 before the group.

DEFINING TERMINAL BEHAVIOR

Expl. What conditions will be imposed.

Fri. 9:00 10:00 The person will speak for 45 seconds and will begin by stating their
- name
- age
- where they live
- main interests

The person to speak will be chosen by the trainer and he will not follow any specific order.

10:00 10:15 Break

10:15 10:30 HOW TO USE TOC ALPHA REFERENCE MATERIAL

10:30 11:45 You will have 15 minutes to produce your list.

You will have 15 minutes to locate the references under - text used & pages

You have 30 minutes. Do this on your own.

12:15 LIGHTS OUT

7:30 WAKEY - WAKEY

8:00 9:00 Breakfast

9:00 9:30 You must do this while the Trainer is speaking.

9:00 9:45 Break

9:45 10:00 Assignment to Groups

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DEFINING TERMINAL BEHAVIOR (CONTINUED)

10:00
11:00 1) You will have 10 minutes and the topic will be assigned by your trainer.

2) After you have lead the group for 10 minutes answer the following questions orally before the group.

a) Did I feel at ease while leading the group?
b) If so - Why? If not - Why not?
c) Was I able to lead the group?
d) How did you know you lead the group? Or did not lead the group?
e) Who bothered me most while leading the group? Why?
f) Who assisted me most while leading the group? How?
g) How much did I do?

You have 10 minutes to complete the section in your answer booklet. <u>You are not allowed to reply to any of the comments or criticisms of the group</u>.

11:30
11:45 Break

11:45
12:45

12:45
1:45 Lunch

2:00
2:45 a) All persons will leave from the Operations room on the 6th Floor (Rm 607)
b) You must travel individually with no talking to other people
c) You must follow the sequence as outlined on your individual list.
d) A Trainer may ask you at any time how you get to a certain location.
e) The first group to have each member with all 20 cards will win a prize.
f) Make sure that all this information is recorded in your answer booklet under the appropriate headings.

2:45
3:00 Break

THIS NEXT SESSION WILL BE THE KEY TO YOUR INDIVIDUAL EFFECTIVENESS AT THE CHRISTMAS CONFERENCE.

3:00
3:30 1) You have a half hour to complete the discussion and complete your list of problems.

3:30
4:15 1) Complete the appropriate section in your answer booklet.

2) Same as above

3) Same as above

4:30
5:30 Same as above

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DEFINING TERMINAL BEHAVIOR (CONTINUED)

5:45 "The Criteria For Successful Recreation". - Dave Hemingway
7:00

7:00 1) Apply the criteria outlined by Dave to determine the
10:30 success of your activity. Place your evaluation & suggestions in your answer booklet.

10:30 Free Time
11:00

11:00 Evaluation of the Training Session:
?
Sunday Morning: Continuation of the Evaluation. Training Session ends officially at 11:00 a.m.

1) Answer all 14 questions in your answer booklet under the heading evaluation.

2) You have 5 minutes maximum to answer the question.

EQUIPMENT REQUIRED & PHYSICAL ARRANGEMENTS

Fri. 1 Function Room
9:00 40 Chairs
10:00 All arranged in a circle with no specific position for the trainer.

10:30 The TA recreation library
11:45 1 large function room with seating for 40 people.
1 Blackboard

40 cards, each with a different activity.

Cards that you were given in part 4.

12:15 LIGHTS OUT

7:30 WAKEY - WAKEY

8:00 Breakfast
9:00

9:00 1 Function room
9:30 40 Chairs
1 Blackboard

9:30 Break
9:45

9:45 Assignment to Groups
10:00

10:00 8 Rooms
11:00 5 Chairs each
40 discussion topics

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EQUIPMENT REQUIRED & PHYSICAL ARRANGEMENTS (CONTINUED)

8 Rooms
5 Chairs each
Answer sheets
1 sociogram completed for each discussion leader.

Same as above

11:30 Break
11:45

11:45
12:45

12:45 Lunch
1:45

2:00 40 sets of 20 cards
2:45 40 lists of the rooms in different sequences.

2:45 Break
3:00

THIS NEXT SESSION WILL BE THE KEY TO YOUR INDIVIDUAL EFFECTIVENESS AT THE CHRISTMAS CONFERENCE

3:00 40 Chairs placed in a circle
3:30 A Chalkboard

3:30 Same As above
4:15

4:30 Same as above
5:30

5:45 "The Criteria For Successful Recreation." - Dave Hemingway
7:00

7:00 All the Toc Alpha equipment. The session will break down into
10:30 two groups of 20 people and each will use a function room

10:30 Free Time
11:00

11:00 Evaluation of the Training Session:
?

Sunday Morning: Continuation of the Evaluation. Training Session ends officially at 11:00 a.m.

40 Chairs
Discussion directed by D. Hemingway.

Same as above

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COMMENTS

Fri. 9:00 10:00 — Until you are as good a listener as a speaker, your group participation is questionable.

10:30 11:45 — Your list should be placed in the appropriate place in your answer booklet.

If you just pick out the first thing that comes to mind, rather than choose an activity and then look for it - you will defeat the purpose of the third exercise.

Look for ideas in the material - don't just go by "past experience".

The assigned activity will be the same activity assigned in Part 5.

During the Christmas Conference if a group goes dead you should be all set to go on an alternative activity.

9:00 9:30 — What type of leader are you?

10:00 11:00 — While you are leading the discussion group your leader will construct a sociogram on the group while under your leadership.
Each discussion leader has 10 minutes to answer the 7 questions. The trainer is to stop the evaluation at the end of 10 minutes whether the person is through or not. At this time no group members are to participate orally, including the trainer. The only person speaking is the person who just lead the group in an assigned discussion.

It is imperative that the Trainer make sure that the person under consideration is not allowed to reply to the comments of the group.

NOTE: 3 people should have completed 30 minutes each after this session is over.

2:00 2:45 — Follow all instruction on your list no matter what they require you to do.

3:00 3:30 — The trainer will direct this session.

Question: Must you participate verbally in order to contribute to the group function?

3:30 4:15 — You should, when this exercise is over, have completed a list of possible problem areas, and for a problem, have a list of a) causes b) alternative solution c) what problems will you have in dealing with the problem because of your own personality? e.g. You could have a quick temper, etc.

7:00 10:30 — This session can be loads of fun, or it can be dead. It's up to you
NOTE: YOU MUST STAY WITH YOUR OWN GROUP AND IN YOUR DESIGNATED FUNCTION ROOM.

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EVALUATION: To Be Completed By the Group in Discussion

(1) Did the group demonstrate an increasing ability to be self-directed? (not dependent on a leader)

0 1 2 3 4 5

Not at all — Completely

(2) Was there an increased tolerance in accepting that tolerance takes time?

0 1 2 3 4 5

Not at all — Completely

(3) Was there an increased sensitivity to their own feelings and the feelings of others?

0 1 2 3 4 5

Not at all — Completely

(4) Was there a marked improvement in the ability to withstand tensions, frustration, and disagreement?

0 1 2 3 4 5

Not at all — Completely

(5) Was there a perception of the common denominators which bind the group as well as areas of individual difference?

0 1 2 3 4 5

Not at all — Completely

(6) Did the group indicate an increased ability to anticipate realistic results of behavior and to channel emotions into more socially acceptable ways of expressing these emotions?

0 1 2 3 4 5

Not at all — Completely

(7) Was there an increased ability to change plans and methods as new situations develop?

0 1 2 3 4 5

Not at all — Completely

(8) Was there a decrease in the time needed to recover from threatening group situations? Peaks and valleys of emotional group crisies became less pronounced.

0 1 2 3 4 5

Not at all — Completely

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(9) Was there increased efficiency in locating problems, engaging in problem solving, and providing help to individuals as needed?

0 1 2 3 4 5

Not at all — Completely

(10) Was there a willingness to face one's own responsibilities and to assist others when help was needed?

0 1 2 3 4 5

Not at all — Completely

(11) Was there an acceptance of the right of other people to be different?

0 1 2 3 4 5

Not at all — Completely

(12) Was there an acceptance of the idea that people are different?

0 1 2 3 4 5

Not at all — Completely

(13) How much did you contribute to the above?

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TOC ALPHA

VISION '68

ADVERTISEMENT

12th ANNUAL YOUTH CONFERENCE

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CANADIAN YOUTH
STUDIES ALCOHOL

TOC

ALPHA

HEADQUARTERS
39 DAVENPORT ROAD
TORONTO 5, ONTARIO
922-1138

September 30, 1968

Dear Sir or Madam:

Once again we are sending to you information regarding our

TWELFTH ANNUAL YOUTH CONFERENCE ON ALCOHOL AND DRUG PROBLEMS

being held at Niagara Falls from December 27th to 30th.

Please note that the age limit has been lowered for this conference and may we express that we are not just interested in people who are going to provide leadership in their community, but also people who find themselves involved in the problem of alcohol and drug consumption.

We have taken the liberty of forwarding material and registration forms to the president of your student council.

We ask that you make this information available to your student body and we thank you for your co-operation.

Yours very truly,

Peter C. Bennett

Peter C. Bennett,
Director of Youth Work

PCB/lc
Encls.

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CANADIAN YOUTH
STUDIES ALCOHOL

TOC

ALPHA

HEADQUARTERS
39 DAVENPORT ROAD
TORONTO 5, ONTARIO
922-1138

September 30th, 1968

Dear Mr./Madam President:

Please find enclosed information on our

TWELFTH ANNUAL YOUTH CONFERENCE ON ALCOHOL AND DRUG PROBLEMS

to be held from December 27th to 30th in Niagara Falls.

This year an attempt has been made to make the programme as relevant to young people as possible and we would hope that you will pass this information on to the student body of your High School.

This year we are allowing only 500 people to attend and we have lowered the age limit from 16 to 15 and Grade 10 as a minimum requirement for any person wishing to attend Vision '68.

I am hoping you will "sock it to 'em."

Yours truly,

Peter C. Bennett

Peter C. Bennett,
Director of Youth Work

PCB/lc
Encls.

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CANADIAN YOUTH
STUDIES ALCOHOL

TOC ALPHA

HEADQUARTERS
39 DAVENPORT ROAD
TORONTO 5, ONTARIO
922-1138

October 4th, 1968

Dear Sir or Madam:

Please find enclosed information and registration forms regarding our

TWELFTH ANNUAL YOUTH CONFERENCE ON ALCOHOL
AND DRUG PROBLEMS

being held in Niagara Falls from December 27th to 30th.

We ask that you make this information available to the young people in your church and we hope that if possible they will be sponsored by one of the church organizations.

For any further information you require, please feel free to contact us at your convenience.

Thanking you for your co-operation in the past, I remain,

Yours very truly,

Peter C Bennett

Peter C. Bennett,
Director of Youth Work

PCB/lc
Encls.

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TOC ALPHA

PURPOSE

To encourage young people to become aware of themselves, their environment, and their responsibilities in order to relate successfully to others, particularly in the areas of alcohol and drugs.

OBJECTIVES

1. To promote the idea of a life independent of alcohol and harmful drugs and examine other responsible attitudes to the same, with a view to resolving problems arising from their use.

2. To encourage the support in this cause of persons not presently committed to a concept of a life independent of alcohol and harmful drugs.

3. To provide unique experiences by which actual involvement and awareness of the purpose can take place.

METHODS

1. To distribute factual and relevant literature.

2. To attempt to provide a learning experience by means of conferences at the provincial and local levels.

3. To provide a periodical with information that can be used by youth and community leaders in order to assist them in the development of youth.

4. To encourage and involve youth within supportive roles in their community.

5. To provide fellowship for maximum amount of youth interaction and development.

6. To provide specific training in the area of leadership.

7. To provide a program offering a continuum for involvement from 14 (Grade 10) to 21 years of age.

* * * * *

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TOC ALPHA Vision '68

12th ANNUAL YOUTH CONFERENCE on Alcohol and Drug Problems

NIAGARA FALLS, ONT.

December 27 - 30, 1968.

THEME: IT'S A STRANGE, STRANGE WORLD, MASTER JACK"

PURPOSE — To encourage young people to become aware of themselves and their relationship to others as regards to their personalities and responsibilities in their interactions in society.

WHO MAY ATTEND — This is a co-educational program geared for those in Grades 10 or higher, or the approximate age group of 15 to 21, from High School, University, church, office and industry. We invite churches, schools, and other community organizations to sponsor delegates. We are not just concerned with people with leadership potential, but also young people who are personally involved in these problem areas.

REGISTRATION — Time of Registration: 9:30 a.m. - 3:30 p.m. Friday, December 27, 1968.

Registration Fee: $25.00 includes 3 nights' accommodation at the Sheraton Brock Hotel, and 4 main meals, and use of swimming pool and gym facilities. December 1st is the deadline for receiving applications, or as soon as 500 applications have been received.

OTHER COSTS — Outside of transportation cost and registration fee - an amount of $15.00 should cover meals not included in the registration fee, and other incidentals.

Note: An attempt is being made to organize bus transportation across the province from Ottawa to Niagara, and Windsor to Niagara along the 401. Please indicate whether you would be interested in this project.

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PROGRAMME HIGHLIGHTS

TOPIC AREAS

EDUCATION - WHERE ARE WE GOING?

TRENDS AND CHANGE IN CANADIAN SOCIETY

PREMARITAL SEX IN A CHANGING SOCIETY

BASIC LECTURE ON ALCOHOL AND DRUGS

PSYCHOLOGY OF ADDICTION

TREATMENT OF ALCOHOLISM AND DRUG ADDICTION

TRAFFIC SAFETY

RESPONSIBILITY ON THE ROAD

THE CHURCH AND MARRIAGE

THE FAMILY

WHAT CAN WE DO AS YOUNG PEOPLE?

MARIHUANA, LSD AND SPEED

ADOLESCENT COMMUNICATION

CANADIAN POVERTY?

FACTORS IN ALCOHOL AND DRUG USAGE

YOUTH AND A WORLD AT WORK

THE ROLE OF THE SECONDARY SCHOOL COUNSELLOR

VOLUNTEER YOUTH WORK IN YOUR COMMUNITY

JUVENILE DELINQUENCY?

YOUTH AND INTERNATIONAL INVOLVEMENT

RECREATION - ITS PLACE IN A CHANGING SOCIETY

SEMINAR LEADERS

FATHER GREGORY BAUM, Professor of Theology at St. Michael's College, Toronto

MR. JOHN BEALE, Professional Counsellor Federal Department of Manpower

MR. G. K. BENNETT, Dundurn Clinic, Addiction Research Foundation, Hamilton, Ontario.

FATHER JOHN BURKE, "The Hippie Priest", Montreal, Quebec.

MR. LLOYD DENNIS, Co-Chairman of the report "Living and Learning". A report on Education in Ontario.

REV. JOZEF DENYS, Professor, Sociology of Religion, Pius XII College, Detroit.

MR. W. P. JACKSON, Senior Probation Officer, St. Catharines, Ont.

MR. GRANT LOWREY, Detached Worker, Central YMCA, Toronto

MR. NORMAN McKIBBEN, Alcohol Education Services, Manitoba.

MR. DON MOULTON, Chairman, Youth Work Committee, Toc Alpha

ONTARIO PROVINCIAL POLICE OFFICERS

DR. H. L. POTTLE, Principal Research Officer, International Welfare and Special Projects, Federal Government, Ottawa

MR. BURT SELLICK, Guidance Counsellor, Hillcrest High School, Port Arthur.

MR. ROBERT E. SMITH, Director, National Council on Alcoholism, Rochester.

SPECIAL PRESENTATIONS

PANEL DISCUSSIONS ** TEACH-INS ** TALK BACK ** FILMS ** DANCES ** GAMES
DEVOTIONS ** SPORTS ** BOOK DISPLAYS

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CANADIAN YOUTH
STUDIES ALCOHOL

TOC ALPHA

HEADQUARTERS
39 DAVENPORT ROAD
TORONTO 5, ONTARIO
922-1138

December 19, 1968

Dear Delegate:

All aboard to 'Vision '68'. We have just finished arranging the bus schedule as follows:

PLEASE NOTE: Buses #1 and #7 leave on the 26th all the others on the 27th All fares include return

Bus #1--Windsor to Niagara Falls--Cost, $12.00 return

Windsor: Brennan High School	1 p.m.	Dec. 26
Tilbury--401 Service Centre	2 p.m.	Dec. 26

Bus #2--Sarnia to Niagara Falls--Cost return, Sarnia--$11.00; otherwise $9.00

Sarnia--Davies Bus Depot, Michigan Ave.	5:30 a.m.	Dec. 27
Warwick--Restaurant	6:00 a.m.	
Strathroy--Hotel at traffic lights	6:30 a.m.	
Mount Brydges, Hardware store	6:45 a.m.	
Delaware--Gas station at Highways 81 & 2	7:05 a.m.	

Bus #3--Goderich to Niagara Falls--Cost $5.00 return

Goderich at the lights	6:00 a.m.	Dec. 27
Holmesville, at Highway #8	6:20 a.m.	
Clinton, Stop lights on Highway #8	6:30 a.m.	
Seaforth, Supertest on Highway #8 @ lights	7:00 a.m.	
Dublin, Main St. & Highway #8	7:10 a.m.	
Mitchell, Cozy Grill Bus Depot	7:25 a.m.	
Stratford--Loblaws, 207 Ontario St.	7:45 a.m.	
Kitchener--A. & W. Highway #8 West	8:15 a.m.	
Galt--Highways #8 and #24	8:45 a.m.	

Bus #4--London to Niagara Falls--Cost return--London $8.50; Woodstock, Ingersoll $8.00; Brantford, $7.50.

London, Bus Depot	7:00 a.m.	Dec. 27
Woodstock, Bus Depot	7:45 a.m.	
Burford--United Church	8:15 a.m.	
Brantford--Bus Depot	8:30 a.m.	

Bus #5--Toronto to Niagara Falls--Cost return--$5.00

Toronto--Toc Alpha office, 39 Davenport Rd.	7:30 a.m.	Dec. 27

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APPLICATION FOR REGISTRATION

VISION '68

TWELFTH ANNUAL YOUTH CONFERENCE ON ALCOHOL AND DRUG PROBLEMS

Sheraton-Brock Hotel, Niagara Falls, Ontario - December 27th - 30th, 1968

NAME (Miss Mr.) ..... Phone No. ..... AGE ....

FULL ADDRESS .....

TOWN OR CITY ..... BILLET REQ'D Yes ..... No ....

SCHOOL ..... GRADE ..... PRINCIPAL .....

CHURCH (if any) ..... MINISTER .....

SPONSORING GROUP AND ADDRESS .....

.....

PARENT'S SIGNATURE .....

(Delegates should be at least in Grade 10, or 15 years of age.)
(Maximum Age Limit - 21)

I am interested in having bus transportation arranged Yes ___ No ___

Mail application and registration fee ($25.00) to: TOC ALPHA
39 Davenport Road, Toronto 5, Ont.
Phone: 922-1138

APPLICATION FOR REGISTRATION

VISION '68

TWELFTH ANNUAL YOUTH CONFERENCE ON ALCOHOL AND DRUG PROBLEMS

Sheraton-Brock Hotel, Niagara Falls, Ontario - December 27th - 30th, 1968

NAME (Miss Mr.) ..... Phone No. ..... AGE ....

FULL ADDRESS .....

TOWN OR CITY ..... BILLET REQ'D Yes ..... No ....

SCHOOL ..... GRADE ..... PRINCIPAL .....

CHURCH (if any) ..... MINISTER .....

SPONSORING GROUP AND ADDRESS .....

.....

PARENT'S SIGNATURE .....

(Delegates should be at least in Grade 10, or 15 years of age.)
(Maximum Age Limit - 21)

I am interested in having bus transportation arranged Yes ___ No ___

Mail application and registration fee ($25.00) to: TOC ALPHA
39 Davenport Road, Toronto 5, Ont.
Phone: 922-1138

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TOC ALPHA

MEMBERSHIP REGISTRATION FORM

DATE.....

NAME ..... DATE OF BIRTH.....

MALE FEMALE

ADDRESS ..... PHONE .....

CHURCH AFFILIATION (IF ANY) .....

PRESENT MEMBERSHIP IN TOC ALPHA YES NO

*FAMILY COMPOSITION

FATHER - LIVING AT HOME MOTHER - LIVING AT HOME

LIVING WITH RELATIVES (STATE RELATIONSHIP) .....

LIVING IN OWN DOMICILE

No. OF BROTHERS..... AGES FROM..... TO..... No. OF SISTERS..... AGES FROM..... TO.....

EDUCATION

GRADES COMPLETED 7 8 9 10 11 12 13 UNIVERSITY 1 2 3 4

POST GRADUATE STUDIES (DESCRIBE) .....

.....

SPECIAL COURSES COMPLETED (DESCRIBE) .....

.....

SPECIAL QUALIFICATIONS (E.G. R.N. - LIFE SAVER - FIRST AID, ETC.) .....

.....

EMPLOYMENT HISTORY

TYPE OF WORK FOR HOW LONG?

.....

.....

OTHER GROUPS OFFICE HELD

.....

.....

INTERESTS AND HOBBIES .....

PREFERENCE IN TOC ALPHA ACTIVITY (PLEASE CIRCLE)

GROUP WORK	CAMPING	FUND RAISING	COOKING
COMMITTEE WORK	HOME NURSING	TICKET SALES	FINE ARTS
HOSTESSING	VISITING	PUBLICITY	REGISTRATION
OFFICE/CLERICAL	SONG LEADING	PROGRAM PLANNING	ADMINISTRATION

PLEASE COMPLETE AND RETURN TO:-

TOC ALPHA, 39 DAVENPORT ROAD, TORONTO 5

*It is not necessary to complete this section unless you desire to do so.

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TOC ALPHA
39 Davenport Road, Toronto 5, Ont.

Note: THIS WILL CONFIRM THE ACCEPTANCE OF YOUR REGISTRATION

Dear Delegate:

In reference to the response received for the bus transportation, plans have been made to charter buses from Windsor, Sarnia, London, Goderich and Campbellford, and Toronto.

There are four main reasons to go by bus to the conference, which are:

1. The rates are from $1.00 to $5.00 less expensive than regular fare.
2. The delegates have an opportunity to meet other deletates from their own area.
3. The delegates will know some of the other conference delegates before the conference begins.
4. Parents will not have to leave work to provide transportation to the conference.

Since there are only a limited number of seats on the buses we will have to accept the first delegates who send their money and reservation form (below) to Toc Alpha. Bus routes are not completely planned but we hope to have the buses within 20 miles of each delegate. Bus schedules will be mailed out later. These fares are based on bus costs in their particular areas.

BUS #1 Windsor via 401 to Niagara. Delegates for this bus should live in the Windsor, Comber, Wheatley, Merlin, Chatham area. Fare $12.00 return.

BUS #2 Sarnia via #7, #22 and the 401 to Niagara. Delegates for this bus should live in the Sarnia (Fare $11.00 return), Oil Springs, Melbourne, Parkhill, Forest area (Fare $9.00 return).

BUS #3 Goderich, Highway #8 to Stratford and Kitchener, to Niagara. Delegates for this bus should live in Goderich, Wingham, Listowel, Stratford, St. Marys and surrounding area, or near Kitchener, Preston and Guelph. Fare $5.00 return.

BUS #4 London via 401, #53, Brantford, and Hamilton, to Niagara. Delegates should be from London (Fare $8.50 return), Woodstock, Ingersoll (Fare $8.00 return), and Brantford ($7.50 return).

BUS #5 Toronto, Q.E. to Niagara. Delegates should live in or close to the north side of Toronto. Fare $5.00 return.

BUS #6 Campbellford via Highway #30 to the 401, Q.E. to Niagara. Delegates should live in Campbellford, Belleville, Havelock, Peterboro, Cobourg area (Fare $9.00), Oshawa Whitby, Bowmanville area (Fare $6.00 return).

Since this is our first attempt at bus transportation to the conference, these fares are the closest estimates that we could come to at this time. REMEMBER TO SEND YOUR BUS RESERVATION (below) AND FARE (PLEASE SEND MONEY ORDER OR CHEQUE INCLUDING EXCHANGE) to TOC ALPHA, 39 DAVENPORT RD., TORONTO 5, ONT., AS SOON AS POSSIBLE TO ALLOW US TO MAKE FINAL PLANS AND SCHEDULES.

- -

RESERVATION FOR BUS TRANSPORTATION

NAME _____ ADDRESS _____

RESERVE ONE SEAT IN BUS # _____ FARE (enclosed) $ _____ PHONE No. _____

Special buses to Niagara for VISION '68 leave Friday, December 27th and return Monday, December 30th, 1968

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TOC ALPHACATE

SEEK TRUTH AND MAKE IT KNOWN

Volume 7 NOVEMBER 1968 Number 4

VISION '68

12th ANNUAL YOUTH CONFERENCE

DECEMBER 27 - 30, 1968

SHERATON-BROCK HOTEL

Niagara Falls, Ont.

TEACH-INS

TALK-BACK

BULL SESSIONS

FILM FESTIVAL

Theme: "It's A Strange, Strange World, Master Jack"

COFFEE HOUSE

FOLK SESSIONS

DANCES

RECREATION ROOM

I'll Be There! Will You??

OPTING IN OR OUT? - - NEW TOC ALPHA GROUP - - (See Page 4)

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UP AND AT IT!

Involvement — that is one of the key words to the recent training session held at Friendly Acres. Involvement in every aspect of program planning, from group discussion to recreation.

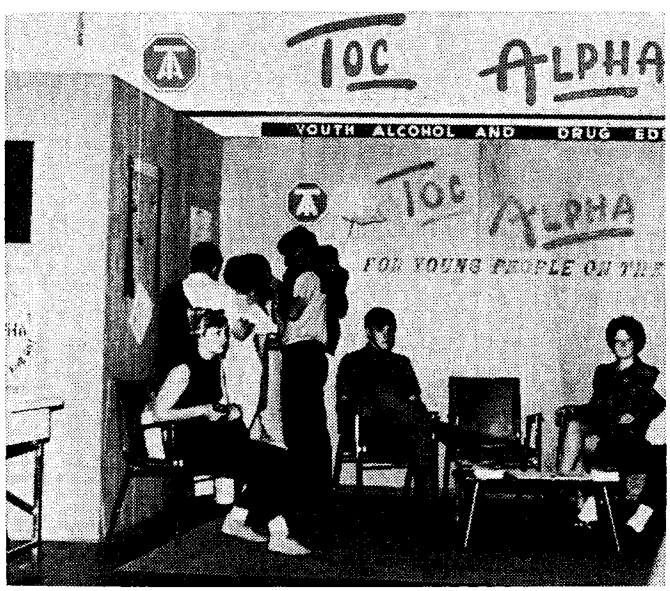
In the informal atmosphere at the camp, the three T-groups were each given one topic to thoroughly plan. All problems were to be anticipated, and solutions for them were to be worked out. Group one planned a weekend conference in a city of 100,000. The task of the second group was to work out an opening session for a conference that would get all delegates really enthusiastic. The third group planned a drop-in centre, coffee house style, for the basement of 39 Davenport Road.

Evaluation is the second key word. Without an *honest* evaluation of your program, it will not be possible to learn if your original goals have been reached. Did your program satisfy the needs and desires of the delegates? If not, why not?

To learn how to create forceful programs, check each issue of the Toc Alphacate, and be sure to attend the third training session to be held at the Sheraton-Brock Hotel in Niagara Falls, from November 29th to December 1.

Barb Gibson,
London, Ont.

GOT ANY PICTURES FOR THE TOC ALPHACATE????? PLEASE SEND CLEAR PRINTS BLACK AND WHITE ONLY



Toc Alpha Booth at the C.N.E. August 15 - Sept. 2, 1968.

Since August the Toc Alpha workers at the booth have been making plans to change it for the Royal Winter Fair this year. The New Toronto Toc Alpha group is working on designing the booth now so if you want to help us before or during the Royal Winter Fair November 15 - November 23 contact Paul Johnston, Tel. 928-2517 or 39 Davenport Rd., Toronto 5, Ontario.

SPEED KILLS?

"Mother's Little Helpers", a recent pop hit by the Rolling Stones, illustrates the common acceptance of another group of drugs, Amphetamines, by today's pill users. *Speed* or *Leapers* as they are popularly referred to have gained widespread use amongst teenagers, college students and housewives, looking for added stimulation and a relief from everyday boredom. What is the this drug *Speed?* Who uses it? Is it as dangerous as the title implies? Or is it the "Superman" drug?

The Amphetamines refer to a group of Central Nervous Systems stimulants with such trade names as Benzedrine and Methedrine. These drugs produce feelings of euphoria and self-confidence, increase energy, alertness, and endurance and lessen fatigue. The common medical use is in the treatment of mildly depressed patients and, with caution, in overweight patients because of the drug's appetite-depressant quality. Amphetamine was commonly used during World War II to prolong the energy of the troops and thereby became known as the "superman" drug.

If so, what are the dangers? It is generally felt that Amphetamine is not physically addictive but excessive use may result in psychological dependence. The immediate pleasant effects of the drug subside in a few hours and are replaced by feelings of extreme exhaustion, depression and boredom. This leads to an increase in dosage and the development of tolerance to and dependence on the drug. In addition, because of its appetite depressant effect, many users do not eat for days, thereby losing considerable weight and suffering from vitamin deficiencies. Teenagers develop an indifference to the dosage taken and rare cases of extreme exhaustion and death due to overuse have been reported.

Teenagers, housewives and professional people are the chief users and abusers of Amphetamines. Some are looking only for kicks and an experiment with drugs, but others realize *Speed* can be an escape from boredom and can increase their energy and endurance to the point where they can accomplish their tasks more easily (as in the case of the overworked housewife) or they can go without sleep for days and prolong their weekend (as in the case of the teenager).

Because this is a commonly used and legitimate drug, the chief method of obtaining Amphetamine is by prescription from a doctor. Many users switch doctors and give false names in order to avoid detection by the Food and Drug legislation which requires a careful record of all prescriptions. Black-market dealers, referred to as the *Source* are popular with teenage users, many charging in excess of 50¢ a capsule.

And so the story goes. Is this drug dangerous? The answer would appear to be *Yes* — dangerous not in use but in abuse and overuse; dangerous not in the hands of physicians but in the hands of teenagers and adults looking for an escape and a new method of stimulation. But why is this artificial stimulation necessary? What basic problems afflict our society and our personalities that lead us to this dependence? This is the question that faces and baffles concerned authorities.

Pat Cox, R.N.

Next Issue
CHRISTMAS CONFERENCE REVIEW

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TOC ALPHA

VISION '68

PROGRAMME

12th ANNUAL YOUTH CONFERENCE

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TOC ALPHA

TEACH-INS

TALK-BACK

BULL SESSIONS

FILM FESTIVAL

COFFEE HOUSE

FOLK SESSIONS

DANCES

RECREATION ROOM

TOC ALPHA

VISION '68

TWELFTH ANNUAL YOUTH CONFERENCE ON ALCOHOL AND DRUG PROBLEMS

Sheraton-Brock Hotel, Niagara Falls

December 27th to 30th, 1968

THEME:
"It's a Strange, Strange World, Master Jack"

PROGRAM

DECEMBER 27, FRIDAY

10:00 — REGISTRATION BEGINS
Film ("Woman of Straw" — Gina Lollibrigida) *Games Room*

11:00 - 12:00 — INITIAL QUESTIONNAIRE OF CONTROL GROUP
(100 delegates: questionnaire on background and pre-conference attitudes)

12:00 - 1:00 — LUNCH (delegate pays)

1:00 - 1:30 — WELCOME BY THE PRESIDENT (Dave Blair)
(Questions on conference format answered)

2:00 - 3:00 — BASIC LECTURE ON ALCOHOL — Mr. Norm McKibben *(Sheraton Room)*
DRINKING AND DRIVING SEMINAR — Ontario Provincial Police *(Elizabeth Room)*

3:30 - 4:30 — ASSIGNMENT OF ROOMS FINALIZED
Discipline Committee meets
(3 Toc Alpha members, 3 non-members, chaired by P. Bennett)
Folk Session *(Floridian Room)*
Film *(Elizabeth Room)* "What Time Is It Now?"
Games Room (next to the *Floridian Room)*

5:00 - 6:30 — BANQUET

7:00 - 8:30 — SEMINAR PERIODS
1. The Family *(American Room)* — P. Bennett
2. Traffic Safety *(Elizabeth Room)* — O.P.P.
3. Recreation — Its Place in a Changing Society *(Games Room)* — Dave Hemingway
4. Factors in Alcohol and Drug Usage *(Sheridan Room)* — Mr. G. K. Bennett

8:30 - 9:00 — FREE TIME

9:00 - 12:00 — DANCE (compliments of Coca-Cola)
Coffee House *(Floridian Room)*
Film — "A Funny Thing Happened on the Way to the Forum" *(Games Room)*

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11:30 - 12:30 — EVALUATION *(Operations Room)*

12:30 - ? — BULL SESSION —
Sex — What Should We Know About It?
Panel (J. Denys, P. Bennett, and Guests)
Moderator: Don Blair *(Elizabeth Room)*

DECEMBER 28, SATURDAY

7:30 - 8:00 — CHAPEL (Kier Barker) (Tim Hayward)

8:00 - 9:00 — BREAKFAST

9:00 - 10:15 — SEMINAR PERIOD

1. Psychology of Addiction —
   Mr. G. K. Bennett *(Elizabeth Room)*
2. Treatment of Alcoholism —
   Mr. R. E. Smith *(American Room)*
3. Adolescent Communication —
   Father John Burke *(Function Room No. 1, Sheraton Foxhead)*
4. Marijuana, LSD and Speed —
   Mr. Cline *(Function Room No. 2, Sheraton Foxhead)*

10:45 - 12:00 — SEMINAR — 1, 2, 3 and 4 again

12:15 - 1:30 — LUNCH (delegate pays)

2:00 - 3:15 — SEMINAR PERIOD

1. Responsibility on the Road — O.P.P.
   (Elizabeth Room)
2. The Role of the Secondary School Counsellor — Mr. Burt Sellick
   (American Room)
3. Volunteer Youth Work in Your Community — Mr. Grant Lowrey *(Function Room No. 1)*
4. What's My Line? — Mr. John Beale
   (Function Room No. 2)
5. Juvenile Delinquency? — Mr. W. P. Jackson
   (Floridian Room)

3:45 - 5:00 — Repeat of SEMINAR PERIODS

6:30 - 7:30 — BANQUET
Speaker — Father Jozef Denys —
"Youth and Society"

7:30 - 8:30 — FREE TIME

8:30 - 12:00 — DANCE — Greg Herring Quartet
Film: "To Sir With Love" — Sidney Portier
Games Room
Coffee House *(Floridian Room)*

12:00 - 1:00 — EVALUATION

12:30 - ? — BULL SESSION
Premarital Sex In a Changing Society
Panel — D. Blair, Fr. Joe Denys, P. Bennett, Guests

DECEMBER 29, SUNDAY

8:00 — R.C. SERVICE
Father Jozef Denys *(American Room)*

9:00 - 10:00 — BREAKFAST

10:00 - 11:00 — FREE TIME

11:00 - 12:00 — CONTEMPORARY CHURCH SERVICE
(Interdenominational)

12:30 - 1:30 — LUNCH (delegate pays)

1:30 - 3:00 — TOURS —

1. Wax Museum 50¢
2. Niagara Falls $1.50
3. The Aquarium

Film Festival —
Toys
David and Hazel — 30 min.
The Red Kite — 17 min.
Neighbours — 8 min.
The Game — 30 min.
} *Brock Room*
Games Room

3:00 - 3:30 — FREE TIME

3:30 - 5:00 — SEMINAR PERIOD

1. The Church and Marriage —
   Father Jozef Denys *(Elizabeth Room)*
2. What Can We Do As Young People?
   Panel: Dave Blair, Sally MacCracken, Quentin Yardley, Burt Sellick, Moderator
   (Brock Room)
3. Canadian Poverty? — Don Moulton
   (Function Room No. 1)
4. Trends and Change in Canadian Society —
   Dr. H. L. Pottle *(Function Room No. 2)*

5:30 - 7:30 — BANQUET
Speaker: Father Baum

7:30 - 8:30 — EVALUATION MEETING

8:30 - 11:30 — CONCERT —
St. George's Youth Choir
Jazz, Folk, etc.

11:30 - 12:00 — FREE TIME

12:00 - 1:00 — A TEACH-IN *(Sherton Room)*
Youth — Just What Do They Want?
Panel — John Fauteux, Q. Yardley, Fr. Baum, Sally MacCracken, Guests

DECEMBER 30, MONDAY

8:00 — CHAPEL

8:30 - 9:30 — BREAKFAST

9:30 - 10:30 — WORKSHOPS

1. Program Planning — Some helpful hints
2. Toc Alpha — What It Must Do in the Future
3. Conference Evaluation
   (100 people will complete post-conference evaluation questionnaire)

10:45 - 12:15 — EDUCATION — Where Are We Going?
Mr. Lloyd Dennis in the "Hot Seat"

12:30 - 2:00 — FINAL BANQUET
Dave Blair — "What's Ahead For Toc Alpha?"

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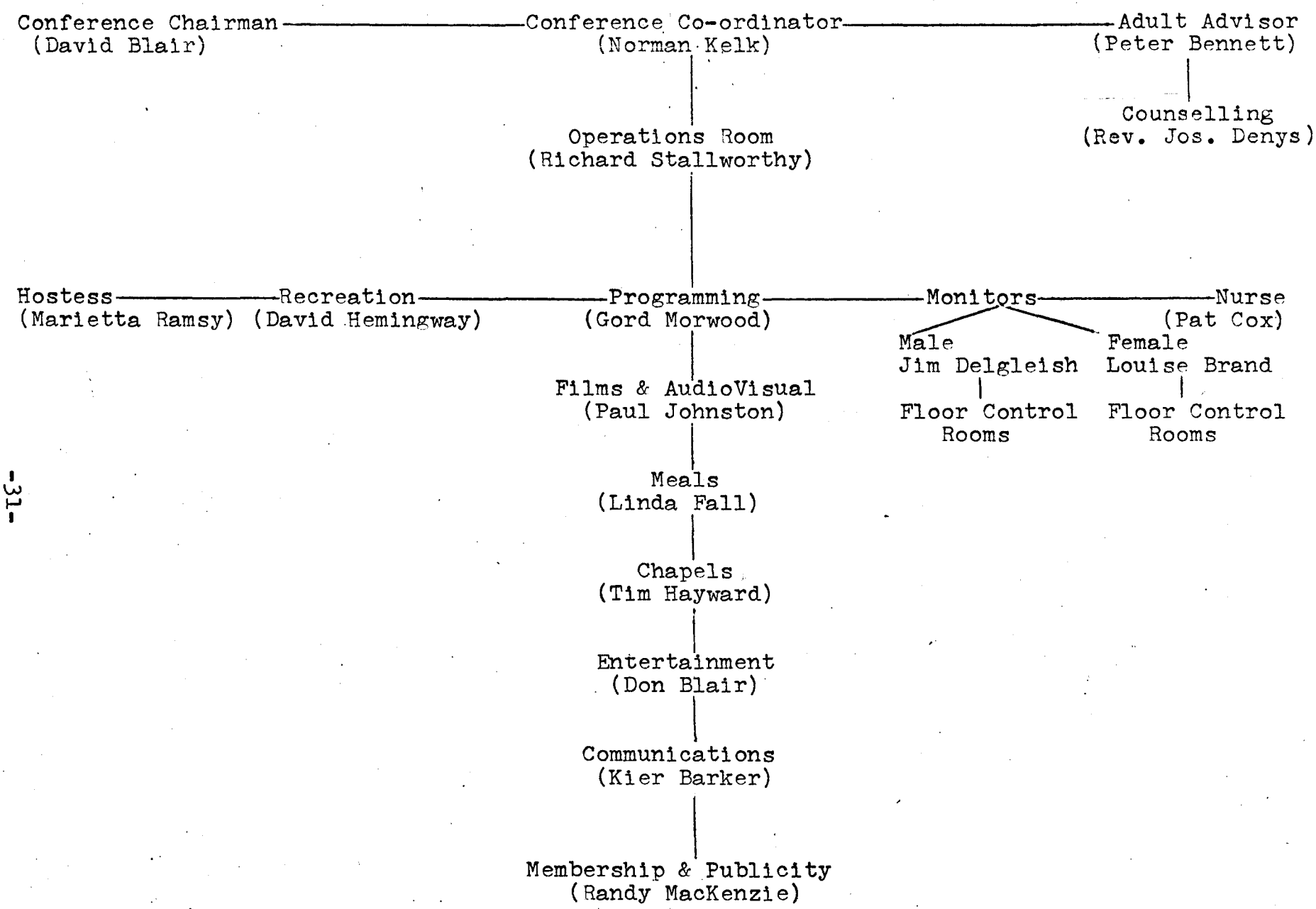
ORGANIZATIONAL SCHEMATIC



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Vol. 8 No. 1/FEBRUARY 1969

Toc Alphacate

SEEK TRUTH AND MAKE IT KNOWN

NOW SOCIAL STIMULANTS ARE ACCEPTABLE?

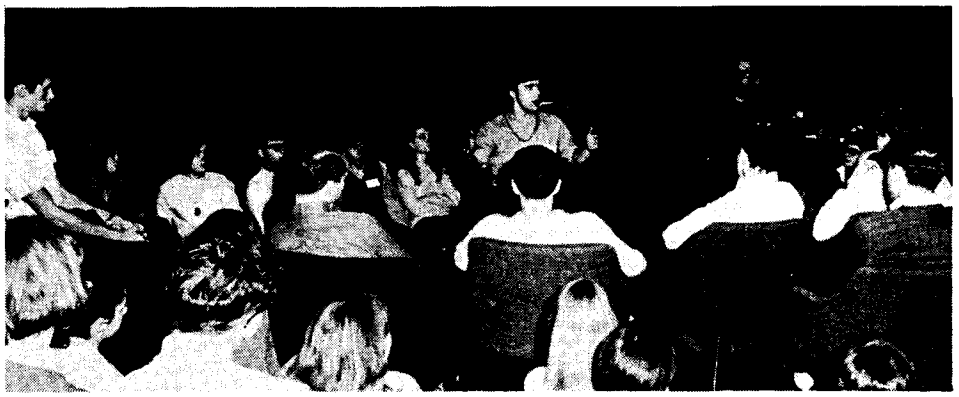
TEEN-AGERS can safely use drugs or alcohol in moderation according to G. K. Bennett, midwestern supervisor for the Alcohol and Drug Addiction Research Foundation.

Mr. Bennett made the statement at the 12th annual Toc Alpha conference in Niagara Falls.

"Well-adjusted kids can take drugs or use alcohol in moderation safely," Mr. Bennett said, "because they don't really need them and just use them for enjoyment." But, he added, kids from poor environments may become dependent on drugs or alcohol because they feel insecure. The problem is, how does one determine whether he is stable enough to participate in drug or alcohol usage? There is nothing wrong with trying a drug once, but if you have to try it again, you've got a problem."

Mr. Bennett, who works out of Kitchener, also mentioned that some people are dependent on drugs and alcohol because they help them do their jobs better and make them feel more self-confident. As examples of successful alcohol users, Mr. Bennett cited Sir John A. MacDonald and Winston Churchill. "Alcohol contributed to their success," he said. Later he added: "Other people shouldn't tell a person that he or she shouldn't take drugs or drink without first analyzing the person to see if they need to have them and whether some drugs or alcohol might help them without doing any harm."

Mr. Bennett was just one of a list of speakers at the conference which ran from December 27 until December 30. Almost 1,000 delegates from across Ontario heard about and discussed the psychology of addiction, volunteer youth work, prisons, juvenile delinquency, teenage communication, trends and changes in Canadian poverty, in addition to the sessions on drugs and alcohol.



QUINTIN YARDLEY of Sarnia makes a point at Vision '68 forum conducted by Mr. Robert Smith of Rochester.

On Sunday, Mr. Robert E. Smith of the U.S. National Council on Alcoholism said that the chances of an alcoholic's child becoming an addict himself are 20 times greater than for the child of the non-alcoholic. Mr. Smith said while studies have failed to show that alcoholism is hereditary, the home environment of the alcoholic causes his children to be more susceptible to addiction than the non-alcoholic's offspring.

"The trauma of growing up in an addict's home reduces the child's chances of becoming mature and stable," Mr. Smith said. The alcoholic's child is often fighting a losing battle in trying to develop the emotional tools and strengths to get along in the world.

Mr. Smith later mentioned the ability of women to nag is being exploited by

CONTINUED PAGE 3

MOTTO CONTEST

"SEEK TRUTH, and Make It Known." This is still Toc Alpha's main objective. Truth is what we are after; truth is our reason for education, for enlightenment through such means as Vision '68. *But with a new look to the* Toc Alphacate, *we are looking for a new phrase, a more up-to-date expression of our motto.*

You can help! Toc Alpha is you and our motto is your philosophy for Toc Alpha.

Join the New Motto Contest. Mail your suggestions to The Editor. Toc Alphacate, 39 Davenport Rd.

Top suggestion will win a $10 prize. (Judges' decision final).

ELECTION - POLICY - FUTURE

Annual Toc Alpha Convention

Friday-Saturday March 21-22

Registration: 12 noon March 21 • Final Convention Banquet Saturday Evening

More information will be made available when details are finalized

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'JITARIST WALT GIBBONS performs in the Vision '68 Coffee House as part of the recreation program for delegates attending the 12th annual Toc Alpha conference.

PROGRAM PLANNING

BY DAVE HEMINGWAY

HOW TO PUT PEP IN A PARTY

. Program

ou need a program with:

1. Variety
2. Surprises
3. Spontaneity
4. Balance
5. Unity

. Facilities

'ou need a facility that:

1. Is the right size
2. Has a bar (?)
3. Is ventilated
4. Can be decorated

. Leadership

The leadership has to be adequate and also has to be the type to fit into the rogram.

). Equipment

Varies, depending on the program.

Organization

The chart shows the structure of the rganization needed for a successful party.

A party should have some activity – eople are gathering for a program – and hen round off to a quieter program and unch.

OCIAL RECREATIONS

Considerations When Planning a Program

ituation: Recognition night in Xville. Banquet is put on by recreation staff with 00-700 people participating.

Decorations

Over-all; Head table and other tables; Name Plates; Arrangements of Table; Special Lighting; Flowers; Theme; Platform.

Program

Receiving of Guests
Banquet
Guest Speaker
Entertainment
Agenda and Brochure
M.C.
Minister
Favors

Promotion

Posters; Invitations; Buy Tickets; Press and Radio – T.V. Releases; Phone Committee.

Food

Menu; Caterers; Refreshments.

Staff

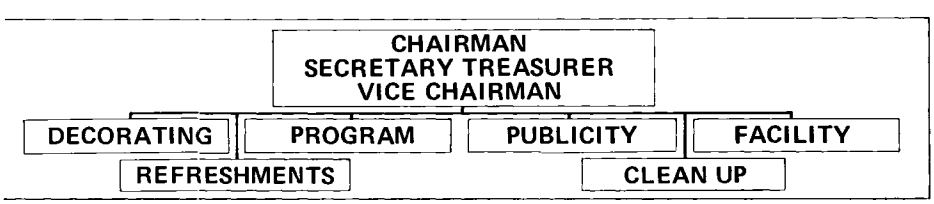
Reception Committee; Parking Lot; Coat Room; Co-Ordinator; Maintenance; Head Table Host or Hostess.

Target Dates

Event – Sept. 29, 1967
Preparation Date Suggestions:
Facility – May 1
Program – June 1
Food – July 1
Promotion – Aug. 1

Recognition Arrangements

Vary according to event, but include trophies, crests, etc.



Social stimulants

CONTINUED FROM PAGE 1

the U.S. National Council on Alcoholism as a means of bringing addicts to treatment centres. "All women know how to nag but they don't know how to do it consistently or constructively," he said. The council offers courses in nagging to the wives of alcoholics so they can be more effective in forcing the alcoholic to face up to his problem and seek outside help. "The chances of getting the alcoholic to a treatment centre might otherwise be lost unless his wife's nagging were persistent and constructive," he said.

Many trained people were present to lead seminars and to talk to individual delegates. And the delegates themselves took part in evaluating the program.

What Toc Alpha tries to do is provide learning experiences for young people that they would not normally get. It reaches mostly the people who do not have these problems in their homes, but many who attend do have problems themselves, or come from homes where there are social stimulants. There are other organizations which hold similar conferences – but omit the important factor of providing an environment where young people can enjoy themselves without artificial stimulants.

Toc Alpha also attempts to bring out the leadership potential in young people by leadership training. The basic aim is to help young people become better individuals through learning more about themselves and the world they must live in.

Toc Alpha hopes that through the educational and recreational programs it offers, some of these young people will be able to handle problems better, if and when problems arise. Toc Alpha is unique, in that its programs are planned and carried out by the young people themselves. There is a full-time director, but policy and planning are handled by a group of young people, most of whom attend school or university.

It is important for them to listen and hear what the young people have to say. "The worst injustice we can do is withhold information from young people in the hopes that somehow they will grow up safe and innocent. Too many young people have been hurt by ignorance," says Norm Kelk, Toc Alpha vice-president.

Toc Alpha does not say that the answers are simple or even that they are within our grasp. What it is trying to do is get young people to think – to motivate them to be concerned.

–Story by Dave Turnbull, courtesy, After Four, The Telegram

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	1940	born in Staden, P. W. VL., Belgium.
1945 -	1953	attended Westroozebeke Jongensschool, P. W. VL., Belgium, and Sacred Heart School, Parkhill, Ont.
1953 -	1958	attended North Middlesex District High School, Parkhill, Ont., and Chatham Collegiate Institute, Chatham, Ont.
1958 -	1965	attended St. Peter's Seminary, London, Ont.
	1961	graduated with B.A. degree in Honours Philosophy from the University of Western Ontario, London,Ont.
	1963	promoted to the rank of Flying Officer, U.R.T.P., assistant Chap/RC, Royal Canadian Air Force.
	1964	graduated with B. Th. degree in Theology from St. Peter's Seminary, London, Ont.
	1965	ordained priest in the service of the Diocese of London, Ont.
1965 -	1967	served in Parroquia Sta. Anna, Pisaflores, Mexico, St. Joseph's Parish, Stratford, Ont., St. Mary's Parish, Tillsonburg, Ont., and St. Joseph's Parish, Windsor, Ont.
	1968	graduated with M.A. degree in Theology from the University of Windsor, Windsor, Ont.
1968 -	1969	registered as full time student in the Department of Sociology and Anthropology, University of Windsor, Windsor, Ont.

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