People across the country are perplexed. They want to know why the drug abuse subculture has invaded college campuses nationwide.

But even more than wanting to know why this phenomenon has occurred, they are asking what is being done to curb the trend of drug misuse and abuse.

The University of Oklahoma is doing something about the problem. They have faced it head on with positive action. Through the establishment of the Oklahoma Drug Education Center, OU is contributing locally and nationally to the training in techniques of drug abuse prevention-education, treatment and rehabilitation as opposed to punitive action.

In June 1970 the Oklahoma Drug Education Center was established at the University of Oklahoma by contract with the National Institute of Mental Health through a presidential order. At that time the Center was one of three national centers sponsored by the Division of Narcotic Addiction and Drug Abuse for the training of potential workers in the areas of drug abuse. It is anticipated that by the end of 1972, approximately 12 centers will be in existence.

Mrs. Helen Dunn Gouin is director of the Oklahoma City-based Center. Originally the Drug Education Center was housed at the Oklahoma Center for Continuing Education, Norman. In June 1971 the Center was moved to the University of Oklahoma Health Sciences Center.

The move was made due to the clinical facilities and the association with the Health Sciences Center, the fact that Oklahoma City is a more metropolitan area, and the majority of the faculty were from the Health Sciences Center.
The faculty for the program is drawn from nationally known experts as well as faculty from the University of Oklahoma and the Health Sciences Center. Experts for the course come from as far as the University of Tulsa, Arizona State University at Tempe and Southwestern Medical School in Dallas.

The purpose of the program is to educate and train individuals who through their job professions will come in contact with drug users and drug education programs. The program trains the trainers, and it is hoped that these people will provide drug education programs in their individual communities. Due to a lack of funds, however, the Center is unable to include those who are interested and desire to understand the drug abuse problem but are not involved in a drug program.

Participants in the program come from many disciplines and backgrounds including attorneys, homemakers, educators, ministers, youth workers, physicians, law enforcement, counseling and guidance and students. The Center has seen people from twenty-five states and two foreign countries attend the course.

"The faculty and staff try very hard not to take a stand on the moral or legal implications in relation to drugs or the drug abuse problem. Nor do we try to inflict upon the participants a particular point of view concerning this area," said Mrs. Gouin. "We present the facts as they exist and the differing viewpoints nationwide in relation to those facts."

The course offers a flexible, basic orientation on drugs and drug abuse in order that people can take the information and build on it in their communities. This orientation shifts in relation to the participants involved.

Learning is encouraged through discussion and reflection, and an attempt is made to place the problem in proper perspective through consideration of a number of divergent viewpoints from a wide variety of sources. From this process individuals, hopefully, can reach a much more knowledgeable and reasonable assessment of the facts.

Mrs. Betty Chase, assistant director of the Drug Education Center, explained the discussion and reflection process of the course. "Unstructured small groups meet in an informal manner at the end of each day. During this period they discuss the material presented that day, problems in their individual communities, how their situations relate and in what ways the new material will be useful to them."

According to Mrs. Gouin, concerned people who want to help find solutions to the drug abuse problem must first learn their own attitudes before they can begin to understand and cope with the conditions surrounding the life of a drug abuser.

Although the comprehensive picture of the problem of drug abuse is presented, the major emphasis of the course is on the various characteristics of the abuser and the high risk indications of potential abusers. The course content is community focused with special regard to prevention, recognition, treatment and rehabilitation at the community level.

The Center now is also conducting clinical programs. They give clinical personnel how-to information—for example, how to manage a drug program of a clinical nature and how to apply the various treatment modalities.

The drug-using population does not conform to any single psychiatric category or profile, and there are no social or age barriers to the drug problem. "There are a great many more adults, even to middle age, that abuse and misuse drugs than society is willing to admit. It is not typical of only young people," Mrs. Gouin explained.

"The perfect example is the housewife who needs a pep pill in the morning to get going and then needs two or three tranquilizers during the day because the pep pill has made her nervous. Then when she goes to bed she needs a sleeping pill in order to sleep," added Mrs. Chase.

Recognizing that drug abuse is a growing problem among adults as well as youth, the Fifth United States Army recently sponsored 78 people.
who attended the drug education course.

The course was comprised not only of military personnel but also of civilians from towns adjacent to military installations and 10 OU students.

The 10 students were provided scholarships by the Fifth Army in order that they might attend the course. The purpose of including students was to create an interchange of ideas, philosophies and attitudes. In the words of Mrs. Gouin, "How can adults learn to deal with youth if there are none involved as participants?"

When explaining why the Fifth Army was sending personnel through the program, Col. Jack H. Dibrell, chief of the Drug Abuse and Alcoholism Control Division, Fifth Army, Fort Sam Houston, said, "This program is essential for the modification of the behaviour and attitudes of those working with drug abuse programs, and this attitudinal change is essential before individuals can have any influence over their peers."

"Our education in this area wasn't good before. But through this program knowledge is obtained which has influence over attitudes such as why people use drugs, a knowledge of drugs and the changing social scene. When I attended the course, I found my attitude changing about the fourth day. By the time the course ended, I was exhausted. We chose the Oklahoma course because the faculty is very good, experienced and has been working together for some time," he said.

"Our job after the course is over will be to go back and develop and implement a plan where this training may be used," Dibrell added.

"I've seen some really profound changes take place in the program. Some people who enter here with simplistic, punitive ideas leave with an unbelievably changed attitude," stated Julien Wood, a group leader and consultant to the Drug Education Center. "One individual I recall was a narcotics agent with the police department. Upon beginning the program he was interested only in

locking up drug users. By the time he left, he had reached the point where he wanted to go back and help these people."

The entire thrust of the program is education and training with the intended purpose of changing attitudes and behaviour in order that people can understand the problem and react to it with positive action. It is then hoped that the course participants will return to their communities and have the knowledge, skills and desire to create effective drug programs in their communities.

The problem is being dealt with on college campuses such as OU through churches, social groups and concerned students. But the drug problem and the contributing conditions begin long before college level. For the problem to be alleviated, drug education and programs must begin at the kindergarten level.

Through such programs as the University of Oklahoma Drug Education Center, seeds of hope have been cast in the direction of change.