A Study of Substance Abuse by Black Youths

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A STUDY OF SUBSTANCE ABUSE
BY BLACK YOUTHS

by

Monroe H. Johnson

A Project Report
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Specialist in Education Degree

Western Michigan University
Kalamazoo, Michigan
August 1974

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ACKNOWLEDGEMENTS

In writing this project report, I have benefited from the encouragement, advice, and constructive criticism of Doctors Thelma Urbick, Kenneth B. Engle, and Gilbert Mazer. My thanks go to them, as to others at Western Michigan University, who have assisted in giving much needed help.

Monroe H. Johnson
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Western Michigan University, Ed.S., 1974
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CHAPTER I

INTRODUCTION

The "use" of "drugs" by children and young adults is recognized by school administrators and law enforcement agencies as a very serious and highly complex problem with far reaching effects. These effects include: less academic production, emotional maladjustment, and an increase in the juvenile crime rate (American Medical Association Journal, 1966).

In order to provide adequate programs, both remedial and preventive, according to Eddy (1965), it is necessary to understand the various factors which are related to "drugs" and "drug use."

The child or teenager who "uses drugs" is engaged in a dangerous or harmful behavior (Nowlis, 1969). However, at the moment, he is coping with his world in the way that seems most likely to satisfy his deeply felt needs, which are excitement, thrills, and escape from boredom or pressures.

To prevent "drug use" by young children and teenagers, we must both understand the needs of the students and assist them in developing coping behaviors (for their needs or wants) so they will not turn to dangerous, high risk, or antisocial behavior.
including the "use of drugs" (Nowlis, 1969).

There is a tendency in the educational and overall community, as presented in the study by Blum (1966) and supported by Aubrey (1970), for people to connect the overall increase in the crime rate, low scholastic achievement, and poor emotional adjustment to a suspected increase in "drug use," especially by black school age children. Therefore, I will obtain data for the following eight questions and draw conclusions based on that information.

1. What is the amount of "drugs" used by black school children (Grades 6 - 12)?

2. How do black students obtain "drugs"?

3. What kinds of "drugs" are being used?

4. Where do black students get money to support their "drug" habits?

5. What percent of students are arrested or suspended for "drugs" or "drug" related incidents and what percent of that percent is black?

6. What percent of the students are hospitalized or treated for "drug use," and what percent of that percent is black?

7. At what age or grade level do black students become actively involved with "drugs"?
8. How does the school community deal with the "drug" problem?

The school community and law enforcement agencies in facing the "drug" problem among students, find themselves trying to provide an approach to "drug use" education in the schools and community. Before this can be done, the school community and law enforcement agencies must define two terms to prevent adding to, rather than reducing, the confusion and controversy which exists in relationship to "drugs."

The first term that must be defined is "drug." As the school community and law enforcement agencies in our society view it, there are two widely accepted definitions of "drug," which coincide with Nowlis (1969). Both definitions contain many implicit assumptions. One definition describes "drug" as a chemical useful in the art and practice of medicine. The other defines "drug" as a "narcotic," and with "narcotic" defined, not medically, but as a socially approved substance which is often used for socially disapproved reasons. From the above definitions, many problems result because the definitions are based on the purpose for which a "drug" is used, this, also, is according to Nowlis (1969). As examples, the following are presented.

1. It is a fact that a "drug" may be a "narcotic"

under one circumstance and a medicine under
another, or not even a "drug" under still another.

2. There is a great tendency among investigators and researchers to study one type of "drug" or "drug use" out of the context of all "drugs."

3. There is the temptation by researchers and investigators to assume that the use of all "drugs" which come under one heading has the same significance and the same effects. For example, the use of "heroin" as a model for all "drugs" under the heading of "narcotic" is a case in point (Nowlis, 1969).

Because of the above conditions, confusion in the design and interpretation of surveys of student "drug use" still exists. One researcher will define "drug use" as the use of any "drug" without the advice or supervision of a physician, while another will define "drug use" as the use of a specific socially disapproved "drug," and another will define "drug use" as the use of a wide span of "drugs," including prescription "drugs," over-the-counter "drugs," social "drugs" including alcohol and tobacco, home remedies, painkillers, and exotic illicit "drugs" (Nowlis, 1969).

We, as educators, must adhere to a definition of "drug" which is objective, descriptive, and void of a variety of implicit value judgments if we are to avoid the confusion and controversy.
which abounds in discussions of "drugs" and "drug use."

The most descriptive and objective "drug" definition is the basic pharmacological one which states that a "drug" is any substance which by its chemical nature affects the structure or function of the living organism (Nowlis, 1969). This definition, of course, includes a wide range of substances which we do not ordinarily call "drugs": beverage alcohol and caffeine, nicotine, agricultural, industrial, and household chemicals, pollutants, and even some foods. However, this definition is broad enough to form a base from which we can select groups of "drugs" and make explicit the basis on which we make a given classification. According to Nowlis, 1969) it should be understood that a "drug" and the principles by which it interacts with the living organism are the same whether we call it a medicine, a "narcotic," or some other name.

The second term that must be defined is "use." Researchers do not find this term difficult to define as was its adjacent part ("drug"), because it is defined in terms of time and frequency, as ever having tried, occasional, regular, or excessive (Nowlis, 1969).

Alcohol "abuse" is defined as a pattern of "use" which interferes with the psychological, social, academic, or vocational functioning of a given individual. Also, according to Nowlis
(1969), "abuse" is legally defined as any "use" of a nonmedically approved "drug" for nonmedically approved purposes.

For the purpose of this project, I will use the term "drug use" as defined in the introduction. Also, I will refer to "drug" as defined by the pharmacological definition (Jewell, 1968) as follows:

1. Depressant ("drugs" which slow the central nervous system producing relaxation in the individual).
2. Stimulant ("drugs" which produce excitation, alertness, and wakefulness in the individual).
3. Hallucinogenic ("drugs" which modify mood and behavior of the individual).
CHAPTER II
RELATED RESEARCH REVIEW

There are numerous studies which attempt to define and evaluate the various causes of the following: low general scholastic achievement, poor emotional adjustment, and an increase in the juvenile crime rate. However, since the complexity of human behavior makes it a difficult area to study, the relationship between "drug use" and general scholastic achievement, poor emotional adjustment, and an increase in the juvenile crime rate is a difficult one to define or evaluate. Consequently, the literature contains many more opinions than actual research studies. Nonetheless, there have been a few studies which have attempted to identify and clarify the relationship among these four factors.

Aubrey (1970) presented eight observable conditions among college and secondary students on the current "drug" scene, which must be taken into account before we can offer preventive programs to help students using "drugs" or contemplating the use of "drugs" in the near future.

1. There is a growing reluctance of high school students to explore the "drug" scene.

2. Students are ignorant regarding many factors of "drugs."
3. There is a danger involving the "use" and "abuse" of alcohol among teenagers.

4. Young children are now being added to those sampling "drugs."

5. Will new materials available to teach about "drugs" lull the schools into thinking that this avenue will solve the "drug" problem?

6. Time should be devoted to study factors associated with group status and prestige in order to understand the appeal of "drugs" to the young.

7. The treatment of any "drug" problem of a serious nature is beyond the capacity of the public schools.

8. Many teachers admit to sampling "drugs."

The main danger in "drug" education, as reported by Aubrey (1970) in his illustration with a small sample of students, young people, and adults from the Greater Chicago and Boston areas, lies in exciting the curiosity of the young and naive instead of dissuading them from dangerous experimentation. The eight following reasons were also reported by Aubrey (1970) as influencing students to "use drugs": curiosity, peer-group pressure, insecurity, boredom, escape, rebellion, failure at home, and mental, emotional, or physical problems. In conclusion, Aubrey relates poor emotional adjustment and low scholastic achievement
as probable side effects of "drug use" by students and that only a cooperative school-community effort over a sustained period of time will even make a dent in "drug" prevention.

A student "drug" survey showing percentages and case method data among "users" and "non-users" in six Michigan school districts was conducted by Roth (1970). The results of his survey showed that only eleven percent of student "drug users" and twenty-four percent of student "non-drug users" would go to a school counselor if they needed help or assistance related to "drugs." Only twelve percent of the "users" and seventeen percent of the "non-users" would go to a teacher if they needed help. However, both "users" (71%) and "non-users" (68%) indicated that they would go to friends or peers first. From the facts presented in this study, it seems clear that if the schools are going to provide students with preventive help with the "drug" problem, new means such as appraisal of the school's policies and general educational climate as it relates to "drugs" are needed.

In the curriculum guide for teachers, Aafedt (1971), lists as part of the rationale for the Tobacco, "Drugs," and Alcohol Unit for Sixth through Ninth Grade, the effects of "drugs" on students, such as: poor emotional adjustment, low scholastic achievement, and an increase in juvenile delinquency (crime related incidents). Based on their exploratory "drug" studies of underachievement in
academic areas, Aafedt also found poor family relations among
the characteristics associated with the underachievement. This
included poor family relationships classified as domestic strife.
The writer also included another interesting aspect: extreme
pressures exerted by overzealous parents. The latter is especially
classified, according to characteristic of the middle socio-economic class, according to this study. In cases of extreme underachievement, the author concludes that this may be the result of an emotional block caused by failure in school adjustment or by the severe deprivation of emotional needs such as love and affection. In other words, Aafedt would appear to support emotional maladjustment as a cause and as an effect of "drug" usage, as well as poor family relations as a possible common cause of both problems.

Student "drug use," as viewed by Nowlis (1969), may depend primarily upon emotional factors. However, she points out that the effects of "drugs" are varied, depending on sex, age, state of health, and individual differences. Whether the outcomes or reactions from "drugs" are good or bad, according to Nowlis (1969), is a value judgment. In conclusion, Nowlis states the following:

Limiting the supply of a particular "drug use" does not decrease "drug use" but rather causes the "user" to look for another "drug" . . . furthermore, instead of treating the problem, we are attempting to regulate the symptoms.
In dealing with the nature and extent of the "drug" problem on college campuses, Blum (1966) states that one of the great dangers and one of the great nonsenses in criminology and other friends is to blame bad behavior on "drugs." For example, as stated by Blum (1966):

You will hear someone say, "He took heroin and became a bad boy," the fact is that if he is a bad boy and takes heroin, he remains a bad boy and is going to stay a bad boy until something else, not heroin, happens.

The document on "Drugs" and Personal Values by Blum (1966a) refers to two major "drug" motivations: the medical curative and the religious or supplementary. Although both of these have an effect on the emotional adjustment of the individual, Blum (1966) indicates that there is an increase in "drug use" for both purposes. A possible connection between increased medical "drug use" and confidence, and increased religious or pleasure "drug use" and confidence is expressed by Blum (1966). However, there are adverse effects of "drug use." Using "drugs" can be a means of being one of the in-group. The non-user is an outsider and experiences rejection. Therefore, if a solution to the "drug" problem is to be achieved, communication both ways, between those who would solve it and those who do not see it as a problem, must take place through education and dialogue (Blum, 1966a).
Summary of Related Research

These documents and research findings do not support the assumptions that "drug use" by students causes the following: low scholastic achievement, poor emotional adjustment, and an increase in the crime rate. On the other hand, there are differences in the definitions and the meaning and nature of "drugs" and "use." However, these apparent differences may be attributable to the complex nature of the subject "drugs" and their effect when "used" by individuals in adequate or inadequate amounts for non-medical purposes.

In general, it could be concluded from these studies that though there are often slight relationships between "drug use" and emotional difficulties, low scholastic achievement, and juvenile delinquency (as it relates to crime), the nature of these relationships cannot be specifically defined in isolation; they can be evaluated only as they exist in each individual case. In other words, emotional difficulties may be the cause of low scholastic achievement or vice versa. Emotional difficulties and low scholastic achievement may be two symptoms associated with "drug use" with a third factor, for example, interfamily relations, as the common cause. Nevertheless, "drugs" in the hands of children and young teenagers do create a problem for administrators and law enforcement.
agencies because of state and federal laws, including the Harrison
Narcotic Act of 1914, the Marijuana Tax Act of 1937, and the
Narcotic Acts of 1956 and 1960, which regulate the sale, use, and
possession of "drugs" (Girdon, 1972).
CHAPTER III

RESEARCH METHODS

In order to test the hypothesis that an overall increase in the crime rate is directly related to an increase in "drug use," especially by black students, a survey of the black youths in the Kalamazoo Public Schools, Grades 6 - 12, was conducted. This survey was carried out by peers presenting a twenty-five question closed form schedule questionnaire to respondents in a door-to-door, face-to-face situation.

Selection of Subjects

The sample population consisted of black public school age children, Grades 6 - 12, living in census tracts one, two, three, four, and five. The term Black or Negro was applied to the subjects according to the classification used in the 1970 Census. "Negro. The classification used in the 1970 Census for respondents who identified themselves as Negro or Black . . ." (U. S. Department of Commerce, 1970).

The subjects chosen from Kalamazoo County's Census Tracts one, two, three, four and five were selected because the 1970 Census showed that of the total population, 85,661 persons
living in Kalamazoo, 8,525 were Negroes (10% of the population)
living in Census Tracts one, two, three, four, and five.

Information received from the Kalamazoo Public Schools
in January, 1974, showed that of the total school population of
14,923 students, 3,147 were black and constituted ninety-five per-
cent of the students living in census tracts one, two, three, four,
and five. Of this 3,147 black student population, 2,216 were in
Grades 6 - 12. The 2,216 black students constitute the sample
population with which this project is concerned.

After contacting more than 1,069 families in census
tracts one, two, three, four, and five, the peers presenting the
closed form schedule questionnaire were able to obtain 990
respondents from the sample population selected (see Table 1).

The 990 students were classified according to age, sex,
race, and school attended. According to the ages of the students,
they ranged from eleven to seventeen years old.

Test Procedures

When I reached this phase of my survey I was very unsure
about the reception that the peers working door-to-door would
receive because, according to Nowlis (1969), society's undiscrimi-
nating response to all student "drug use" has been nothing but
emotional and extremely punitive. However, the four peers whose
TABLE 1.--Census Tracts 1, 2, 3, 4, & 5, Kalamazoo Urban Area, 1970

<table>
<thead>
<tr>
<th>Mosel Ave.</th>
<th>Vlosel Ave.</th>
<th>W. North St.</th>
<th>Academy St.</th>
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</table>

ages ranged from fourteen to seventeen years old were able to face their peers with the closed form schedule questionnaire and receive a most favorable response.

The survey was scheduled to be completed within a ninety day period (January through March). Working from an office located at Western Michigan University's Para-Learning Center, census tract three, the four peers set as their goal to call on three hundred sixty family units per month (90 per peer). Each peer was assigned one specific census tract of the five designated and all peers worked in census tract three.

When the ninety day period had ended, the four peers had contacted 1,069 families in the designated areas and had received 990 responses from black school age children, Grades 6 - 12.

While the above part of the survey was being conducted, I requested and received "drug" and statistical reports on school age children from four community sources: (1) Bronson Methodist Hospital (Poison Information Center); (2) Kalamazoo Police Department (Public Relations Division); (3) Kalamazoo County Juvenile Court (Juvenile Division); and (4) Kalamazoo Public Schools (Research and Development Division).

The statistical information from Bronson Methodist Hospital showed that twenty-nine school age children had been treated at the poison control center for "drug" poisoning (Bronson
Methodist Hospital, 1974).

Thirty-five students, according to the Kalamazoo Police Department's Public Relations Division, had been referred to them by interested citizens for the possession of harmful "drugs" (Kalamazoo Police Department, 1974).

Cooperation from the Kalamazoo County Juvenile Court produced records which indicated that there were ninety-five referrals to the Court regarding possession of "controlled substances" from students in the Kalamazoo Public School system.

In regard to referrals,

It is virtually impossible to determine how many of these referrals came directly from the schools, as the local police departments were contacted prior to the complaint reaching the court. In effect, the local police departments were the referring agents in all of these cases." (Kalamazoo County Juvenile Court, 1974).

Records from the Kalamazoo Public Schools' Research and Development Department showed the total number of black students enrolled in elementary, junior high, and high school by individual building. According to the Research and Development Department of the Kalamazoo Public Schools (1974), the statistics were compiled from the Racial Census reports filed by building principals at the time of the Fourth Friday Count on September 28, 1973, but they did not include Special Education (the physically or mentally handicapped) students. I acknowledge this could affect
the outcome of this study.

A breakdown of the above reports will be shown in Chapter IV under the Analysis and Results heading.
CHAPTER IV

ANALYSIS AND RESULTS

In this project of survey sampling of 990 Black students from seventeen Kalamazoo Public Schools (ten later elementary, five junior high, and two senior high), 530 males or approximately fifty-four percent had smoked cigarettes one or more times. One hundred sixty one females or approximately sixteen percent had smoked cigarettes one or more times. Four hundred seventy five males or approximately forty-eight percent had drunk beer or alcohol one or more times. One hundred females or approximately fifteen percent had drunk beer or alcohol one or more times. Eighty-one males or approximately .08 percent had smoked marijuana one or more times. Twenty-seven females or approximately .03 percent had smoked marijuana one or more times. Twenty-one males or approximately .02 percent had used illicit "drugs" (LSD). (See Table 2.)

From the questionnaire it was also found that forty percent of the students who had "used drugs" one or more times used their allowance or lunch money to obtain "drugs" from other individuals including their peers. Females received "drugs" from males and older students passed "drugs" on to younger students.
TABLE 2.--Total elementary, junior high, and high school black school age students, male and female, grades 6 - 12, Kalamazoo Public Schools, who tested cigarette smoking, marijuana, illicit drugs, and beer or alcohol

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Note: The meaning of the alphabetical letters at the head of each column are as follows: N = Total, M = Male, F = Female, O = Only Male Respondents, B = Black, R = Responses, TCS = Tested Cigarette Smoking, TBA = Tested Beer or Alcohol, TM = Tested Marijuana, and ID = Illicit Drugs.
<table>
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<th>B</th>
<th>M</th>
<th>F</th>
<th>R</th>
<th>TCS</th>
<th>TCS</th>
<th>TCS</th>
<th>TBA</th>
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<td>255</td>
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<td>750</td>
<td>240</td>
<td>990</td>
<td>530</td>
<td>161</td>
<td>691</td>
<td>475</td>
<td>152</td>
<td>627</td>
<td>81</td>
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</table>
According to the information received from Bronson Methodist Hospital (Poison Control Center), twenty-nine students from the Kalamazoo Public Schools had been hospitalized and received treatment for a "drug" overdose. The information further revealed that there was no entry designation by race. However, the following statistical breakdown gives the date, age, and type of "drug" for which the students were treated (Bronson Methodist Hospital, 1974).

### July 1, 1972 - December 31, 1972

<table>
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<th>Age</th>
<th>Number</th>
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### January 1, 1973 - December 31, 1973

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<td>5</td>
<td>Hallucinogen</td>
</tr>
</tbody>
</table>

Information received from the Kalamazoo Police Department's Public Relations Division showed that between July, 1973 and February, 1974, thirty-five students (twenty-nine males and six females), whose ages ranged from twelve to seventeen years,
had been referred by the Juvenile Court or Kalamazoo Public Schools (Kalamazoo Police Department, 1974) for the possession of harmful "drugs." Although there were thirty-five students, twenty-nine were from the Kalamazoo Public Schools and there was no information to designate racial composition.

The records from the Juvenile Division of the Kalamazoo County Juvenile Court (1974) indicated that there were ninety-five referrals to the Court regarding possession of controlled substances from students in the Kalamazoo Public Schools. The records also indicated that "of the ninety-five students, seventeen were females, seventy-eight were males, and twelve were black."
CHAPTER V

SUMMARY AND CONCLUSIONS

There can be little doubt that "drug use" is increasing and that it is spreading up and down the age scale. In recent studies, "drugs" were shown to be in "use" at the elementary and junior high levels. Nevertheless, according to Blum (1966), a variety of unpleasant outcomes such as nausea, diarrhea, dizziness, panic, and fear can occur from "drug use," but one gets the impression that very few suffer anything damaging after one or two experiences. Thus, Nowlis (1969) concluded illicit exotic "drugs" when "used" as students are now doing, do not seem to pose serious hazards to school performance or to health.

In the group of 990 students, seventy percent reflected that they had tested smoking cigarettes one or more times. Sixty-three percent reflected that they had "used" beer or alcohol one or more times. Eleven percent reflected that they had "used" marijuana one or more times, and .02 percent reflected that they had "used" illicit "drugs" one or more times. Inasmuch as the students in this study "used drugs" in one form or another, the possibility does exist that "drugs," if "used" regularly until dependency on them is acquired, might have effects which produce
poor scholastic achievement, emotional maladjustment, and an increase in crime at times, but the data, according to Blum (1966) does not support such assumptions. Yet, research by Smith (Smith, Kline, & Frence Laboratories, 1971) does support the assumptions that "drugs" are expensive, nauseating, responsible for impairment of the individual's social functions, and even death when students become dependent on their "use," regardless of the "dose."

Eight questions presented in this survey reflected the following results.

1. Black school age children, Grades 6 - 12, are ranked according to "drug use" and kind from the least to the most: .02 percent had "used" illicit "drugs," eleven percent had smoked marijuana, sixty-three percent had drunk beer or alcohol, and seventy percent had smoked tobacco.

2. Black students obtain "drugs" from other individuals, including their peers.

3. The kinds of "drugs used" by black students in the Kalamazoo Public Schools are tobacco, alcohol, marijuana, and LSD (one or more times).

4. Forty-nine percent of the black students get money for their "drug use" from home allowance and
lunch money.

5. According to the Kalamazoo Police Department's Public Relations Division, the Kalamazoo County Juvenile Court, and the Kalamazoo Public Schools Research and Development Department, thirty-five students or .002 percent had been referred or suspended for "drug use" or possession of illegal substances.

6. Twenty-nine students or .001-1/4 percent had been treated or hospitalized for "drug" overdose.

7. Students become involved with "drugs" as early as eleven years old or about the time they reach the sixth grade.

8. The school community and law enforcement agencies recognize that there is cause for alarm because "drug use" is on the increase, reaching children, young adults, and older people alike. Therefore, the Kalamazoo Public School administrators and the law enforcement agencies are combining their efforts in presenting information on "substance abuse" such as tobacco, alcohol, and other habit-forming "drugs" (Kalamazoo Public Schools, Joint Instructional Program Council, 1974).
The school administrators, through the Student Service Department, are also expanding the curriculum (K - 12) in order to include more "drug" and "substance abuse" information for the students and their parents with high hopes of decreasing "drug use" and "drug" experimentation (Smith, Kline, & Frence Laboratories, 1970; American Medical Journal, 1966).

"Drug use" as defined in this survey has a negative relationship with low scholastic achievement, emotional maladjustment, or an increase in the overall crime rate. From all available research data on "drugs," I am convinced that there are no quick and easy solutions for assisting students and their families in both preventive and rehabilitation efforts. However, I do have three recommendations for future researchers who are contemplating research with children and young adults who might be "using" various types of "drugs":

1. That "drug use" research be directed at children and young adults who live in affluent suburbs, small towns, and rural areas of the country, instead of the children and young adults who live in the central depressed city.
areas. Recent research shows a high increase in "drug use" by children and young adults. However, it does not show that the increase was among children and young adults in the depressed areas of our central cities.

2. That peers be included in the make-up of the "drug" survey team.

3. That the working relationship between educators and law enforcement agencies, in regard to "drug use" situations, be thoroughly understood because it could slow or hinder the data gathering process of the researcher.
APPENDIX

CLOSED FORM SCHEDULE QUESTIONNAIRE

Female ________
Male ________

School________________ Grade ________
Age ________

The term "Drugs" as used in this questionnaire is anything that will get you "high," including alcohol.

1. Do you get "high"? Yes _____ No _____

2. Do you use any of the following? (a) "Drugs" _____
   (b) Dope _____ (c) Narcotics _____ (d) None of these _____.

3. Which of the following have you used to get "high"?
   (a) "Drugs" _____ (b) Dope _____ (c) Narcotics _____
   (d) Marijuana _____ (e) Grass _____ (f) None of these _____.

4. How long have you used "Drugs"? (a) Less than one year _____
   (b) About one year _____ (c) About two years _____ (d) About
   three years _____ (e) Never _____.

5. Who do you get "Drugs" from? (a) Friends _____ (b) Relatives
   _____ (c) Black people _____ (d) White people _____.

6. How often do you use "Drugs"? (a) Once a week _____
   (b) More than once a week _____ (c) Every day _____ (d) Once
   a month _____ (e) Never _____.

7. Where do you get "High"? (a) At parties _____ (b) During
   school _____ (c) On dates _____ (d) At home with friends _____
   (e) Alone _____.

8. Which reason best explains why you get "High"? (a) I like it _____ (b) My friends do it _____ (c) Habit _____ (d) It is
   cool or hip _____.

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9. Have you tried smoking cigarettes? (a) Once (b) Twice (c) Never.
10. Have you ever been arrested for any of the following? Mark all that apply to you. (a) Possession of "Drugs" (b) Using "Drugs" (c) Selling "Drugs".
11. Which member of your family uses "Drugs"? (a) Mom (b) Dad (c) Sister (d) Brother (e) None of them.
12. Have you ever been to the Para-School-Learning-Center? Yes No.
13. What do you know about the Para-School-Learning-Center? (a) I never go there (b) I know where it is located (c) I have been there.
14. Have you ever had to go to the hospital because of "Drugs"? Yes No.
15. Have you ever sold "Drugs"? Yes No.
16. Have you ever been suspended or expelled from school for any of the following? (a) Possession of "Drugs" (b) Using "Drugs" (c) Selling "Drugs" (d) Buying "Drugs".
17. Where do you get most of your knowledge about "Drugs"? (a) At home (b) At school (c) From Friends (d) From "Drugs" clinics (e) Reading books (f) At church (g) From TV.
18. Have you tried drinking any of the following? (a) Liquor (b) Beer (c) Wine (d) None of them.
19. If you wanted "Drugs," would it be hard for you to get them? Yes No.
20. Which of the following do you think are dangerous or harmful if used? (a) Weed (b) Speed (c) Hashish (d) Marijuana (e) All of them (f) None of them.
21. Which of the following are the easiest to get? (a) Weed (b) Speed (c) Hashish (d) Marijuana (e) All of them (f) None of them.
22. Do your friends use "Drugs"? (a) Yes ___ (b) No ___ (c) I do not know ____.

23. Where do you get money to buy "Drugs"? (a) I work ____ (b) I steal and sell things ____ (c) From my friends ____ (d) From my allowance ____ (e) I do not buy "Drugs" ____.

24. If you wanted to get "Drugs," where would you meet someone to get them? (a) At school ____ (b) At the bus ____ (c) At the movie ____ (d) I do not know ____.

25. Have you ever used Illicit "Drugs"? (a) Once ____ (b) Twice ____ (c) Never ____.
REFERENCES


Roth, R. Project D.R.U.G.S. Plymouth, Mich. E.S.E.S. Title III Project.


Bronson Methodist Hospital (Poison Information Center), 1974.
Kalamazoo County Juvenile Court (Juvenile Division), 1974.
Kalamazoo Police Department's Public Relations Division, 1974.
Kalamazoo Public Schools Joint Instructional Program Council, 1974.
Kalamazoo Public Schools Research and Development Department, 1974.