

AN ANALYSIS OF ATTITUDES OF  
CERTAIN ADULTS REGARDING  
ASSIGNMENT OF YOUNG ADDICTS  
TO DRUG TREATMENT PROGRAMS  
AS BASED ON SELECTED VARIABLES

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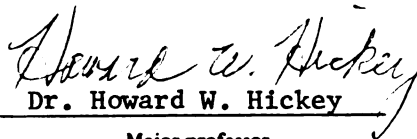
AN ANALYSIS OF ATTITUDES OF CERTAIN ADULTS REGARDING  
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PROGRAMS AS BASED ON SELECTED VARIABLES

presented by

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## ABSTRACT

### AN ANALYSIS OF ATTITUDES OF CERTAIN ADULTS REGARDING ASSIGNMENT OF YOUNG ADDICTS TO DRUG TREATMENT PROGRAMS AS BASED ON SELECTED VARIABLES

By

Charles Austin Ladley Jr.

#### The Purpose

The purpose of this study was to identify the attitudes related to drugs, drug addiction, and drug addicts by adults who are considered to have the greatest impact upon the fate of drug addicts. An analysis of these attitudes was undertaken by means of the assignment of drug addicts described in twenty-four hypothetical vignettes to drug treatment programs by selected groups of adults. Two Null Hypotheses were formulated:

Hypothesis I--There is no significant difference in the attitudes held by school administrators, school teachers, school counselors, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, drug addicts, and parents as measured by the Drug Addiction Treatment Attitude Survey concerning drug treatment programs for youthful addicts.



Hypothesis II--there is no significant difference in the attitudes held by school administrators, school teachers, school counselors, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, drug addicts, and parents as measured by the Drug Addiction Treatment Attitude Survey concerning drug treatment programs for youthful addicts as a function of the addict's race, sex, intelligence, socio-economic status, family situation, school attendance, or record of arrests and illegal activity.

A review of the literature revealed no studies that were directly related to the problem under investigation. No systematic research was found that related the attitudes of selected adults with regard to the assignment of youthful drug addicts to drug treatment programs, nor any research that dealt with the complex of variables referred to in Null Hypothesis II.

### Methodology

The population for this study resided in the metropolitan area of Flint, Michigan. A sample of N = 168 respondents selected from groups of school administrators, school counselors, school teachers, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, drug addicts, and parents provided the basis for

this study. Of the 168 respondents contacted all participated and responded to all questions.

To test the hypotheses drug addicts were described in twenty-four hypothetical vignettes. The respondents were asked to select one of five drug treatment programs for each of the vignettes. The instrument, designed by the Researcher and his guidance committee, was entitled the Drug Addiction Treatment Attitude Survey and measured the attitudes of the respondents through the application of a one-way analysis of variance and a repeated measures analysis of variance.

#### Findings of the Study

The tests of significance revealed these findings:

1. There was a significant difference in the attitudes of the respondents regarding the assignment of drug addicts to drug treatment programs.
2. There was a significant difference in the attitudes of the respondents as a function of the addict's race, sex, intelligence, socio-economic status, family situation, school attendance, and record of arrests and illegal activity.
3. There was significant interaction between respondent groups and levels of intelligence, school attendance, and record of arrests and illegal activity.

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4. The respondents were most punitive toward Blacks.
5. The respondents were most punitive toward individuals of below average intelligence.
6. Law Enforcement personnel were most punitive in their overall attitudes.
7. Probation officers were least punitive in their overall attitudes.
8. School counselors were significantly less punitive than vocational-rehabilitation counselors.

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## CHAPTER I

### INTRODUCTION

#### Statement of the Problem

The non-medical use of drugs is steadily increasing in the United States. This is particularly noticeable among high school and college-age people. The significance of this rise was graphically illustrated through the findings of a recent Gallup poll. One-half of today's college students admit to having tried marijuana and there has been an increase of 1,800 percent in those who have sampled hallucinogens in the past five years.<sup>1</sup>

The Uniform Crime Report, prepared annually by the Federal Bureau of Investigation, notes that suburban drug arrests have increased 1,024 percent in a five year period while the national population has increased only 7 percent, and further, drug arrests of suburban dwellers under the age of eighteen have increased 2,932 percent.<sup>2</sup>

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<sup>1</sup>Staff Reporter, "The Campus Drug Scene," Newsweek, Vol. LXXIX, No. 8 (February 21, 19720, p. 80.

<sup>2</sup>The Issues on Trial, Drugs--1970, Position Paper V, Emphasis: Public-Mental Health vs. Law Enforcement, "The An Advisory Proceeding, Pontiac, Michigan, 1970.

The figures do not end here, but no additional citations are necessary to realize the unauthorized use of drugs by the youth of our society is a problem of considerable magnitude.

The problems associated with heroin and other hard drugs are becoming increasingly apparent to society. A conservative estimate regarding drug use in Detroit, Michigan, considers that approximately 30,000 addicts steal between \$200 million and \$400 million annually to obtain heroin and that one out of every six murders in Detroit is directly related to the heroin trade.<sup>3</sup> The same article cites a rise of from about 55,000 heroin addicts in 1960, to an estimated 560,000 heroin addicts today in the United States, and if this increase continues at only half the present rate two-million heroin addicts can be expected in the nation by the end of the decade.<sup>4</sup>

Crime and hard narcotics are inseparable. New York has an estimated 100,000 heroin addicts who are responsible for twenty percent of the crimes against property.<sup>5</sup> One must not, however, be deluded into thinking that property damage and crime are the only results of drug use. Other costs that cannot be so easily quantified are those paid by the drug users. Every individual who chooses drugs risks drug related

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<sup>3</sup>Detroit Free Press, March 30, 1972, p. 3, col. 2.

<sup>4</sup>Ibid.

<sup>5</sup>Donald Louria, Nightmare Drugs (New York: Pocket Books, Inc., 1966), p. 19.

paranoid psychoses, accidents, brain damage, infection or death. Other dangers that must be included are the loss of esteem in the community, the loss of employment opportunities and the loss of his family. The drug user is in a very unenviable position.

New York and Detroit are not unique to the problems of drugs and drug addiction. Thirty-three cities throughout the country have been picked to receive the concentrated efforts of special law enforcement teams who are charged with stopping the flow of heroin on the nation's streets. All the largest cities in the United States, plus some rather small ones, are included.<sup>6</sup>

Drug use is not uncommon in the schools. It has become a problem that can no longer be ignored by educators. The largest cause of unnatural death among New York teen-agers is due to drug overdose.<sup>7</sup> According to the Michigan Department of Education, a growing body of evidence exists that children in the elementary school, even as young as seven, are finding access to abusive substances.<sup>8</sup>

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<sup>6</sup>Flint Journal, March 26, 1972, p. 2, cols. 3-5, Flint, Michigan.

<sup>7</sup>Flint Journal, April 20, 1972, p. 17, cols. 1-6, Flint, Michigan.

<sup>8</sup>Michigan Department of Education, A Teacher Resource Guide for Drug Use and Abuse for Michigan's Schools, Lansing, Michigan, 1970, p. 24.

Numerous misconceptions exist regarding the use of drugs and addiction. Pope writes:

Contrary to popular belief, one does not automatically become a heroin addict after one or two doses; many days of continual heavy use are required before any signs of physical dependence appear. ... of the youths I have known who had tried heroin, the great majority were not addicted.<sup>9</sup>

But what of the addict? What does this society do with its drug addicts? Drug use for non-medical reasons is an illegal act in the United States and, therefore, is a problem for law enforcement and the courts. Regarding the impact of law enforcement on drugs, Bear stated:

It doesn't work anymore. If it ever really did. Life and the problems of our society are too complicated to be solved by somebody's fast guns. We have to move, as a nation, away from the call box and into personal involvement, commitment, and human concern.<sup>10</sup>

Bear concludes that the emphasis must be away from "the sheriff syndrome" in the American culture and that treatment programs for drug users must be away from punitive measures and toward a more therapeutic orientation.<sup>11</sup>

Society cannot ignore the addict or the abuser. The illicit use of drugs and the drug culture tend to be self-perpetuating. Louria writes:

Adament in the belief they [the drug users] cannot join society, they try to bring society to them by turning

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<sup>9</sup>Harrison Pope, Jr., Voices From the Drug Culture (Boston: Beacon Press, 1971), pp. 117-118.

<sup>10</sup>Drugs--1970, op. cit., p. 3.

<sup>11</sup>Ibid.



others on, seemingly with the vague hope that if everybody is turned on, they will no longer feel like outsiders.<sup>12</sup>

He suggested in an earlier work that 70 to 80 percent of those addicted become narcotics peddlers or pushers.<sup>13</sup>

The drug user in this society is a law-breaker with his fate being decided upon by the courts. The considered opinions of those most closely involved with the addict assist the courts in their decisions. Probate judges identify those most closely involved with the young addicts as educators, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, and parents.

In this study it is considered that attitudes related to drug use, drug abuse, and drug addiction held by those persons most closely involved with the addict will determine the treatment program the addict will undergo. The crucial question is whether these groups of individuals have different and perhaps conflicting attitudes regarding drug use, drug abuse, and drug addicts. These selected groups are those who may have the greatest impact with regard to the disposition of the addict. Many of these same people are also in leadership positions in the community and therefore control the human and physical resources that can be brought to bear on the drug

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<sup>12</sup>Donald B. Louria, The Drug Scene (New York: Bantam Books, 1970), p. 153.

<sup>13</sup>Donald B. Louria, Nightmare Drugs (New York: Pocket Books, Inc., 1966), p. 20.

problem, it is imperative they know current attitudes toward drug addicts as well as the extent of the differences of these attitudes relative to solving or minimizing the problem of the addict.

### Statement of Purpose

This study is an assessment of the attitudes about drug addicts and drug addiction as measured by the selection of the drug treatment program an addict will receive. The attitudes to be assessed are those of persons who are considered to have the greatest impact upon the fate of the addict. The purpose of this study, therefore, is to obtain and analyze data regarding the attitudes relative to drugs and addiction held by educators, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, and parents. This information should help in the development of effective strategies and programs to cope with the menace of drugs.

### The Research Questions

The following research questions assume that educators and others directly concerned with the drug problem will seek to (1) plan effective drug education, drug prevention, and drug treatment programs, and (2) plan, institute, and execute effective drug education, drug prevention, and drug treatment programs through community cooperation.

The research questions, therefore, are:

1. Are the attitudes held by school administrators, school teachers, school counselors, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, and parents as measured by the Drug Addiction Treatment Attitude Survey concerning treatment programs for young addicts significantly different?
2. Are the attitudes held by school administrators, school teachers, school counselors, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, and parents as measured by the Drug Addiction Treatment Attitude Survey concerning treatment programs for young addicts significantly different because of the addict's race, sex, intelligence, socio-economic status, family situation, school attendance, or arrest record and criminal activity?

In addition to providing the information necessary to the planning, institution, and execution of effective drug education, prevention, and treatment programs, the answers to the research questions should enable concerned persons to assure equal and equitable treatment for young addicts and to follow the argument of Louria proper treatment would reduce the number of addicts attempting to entice "straights" to join them which then would reduce a stimulus for initial drug use.

#### Definition of Terms

In order for the reader to better understand this study, the significant terms related to drug abuse, drug use, attitudes about drugs, and drug treatment programs as used by the researcher are described in the following pages.

1. drug--any chemical that modifies the function of living tissue, resulting in psychologic or behavioral change.<sup>14</sup>
2. hard drugs--heroin, morphine, codeine, cocaine, amphetamines, and sedatives.<sup>15</sup>
3. drug use--where the effect of a drug sought can be realized with minimal hazard, whether or not used therapeutically, legally, or as prescribed by a physician.<sup>16</sup>
4. drug abuse--where drugs are taken or administered under circumstances and at doses that significantly increase their hazard potential, whether or not used therapeutically, legally, or as prescribed by a physician.<sup>17</sup>
5. drug dependence--a state rising from repeated administration of a drug on a periodic or continuous basis.<sup>18</sup>
6. drug addict--an individual who has an overpowering and compulsive need for drugs and generally will obtain them by any means.<sup>19</sup>
7. home situation--the condition of the home environment, not necessarily including the socio-economic status of the addict's family. Included is the stability of the family, the nature of their supportive behavior, and the home as a plus-factor in the recovery of the addict.

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<sup>14</sup>Samuel Irwin, Drugs of Abuse (San Francisco: The Student Association for the Study of Hallucinogens, 1970), p. 3.

<sup>15</sup>National Association of Blue Shield Plans, Drug Abuse: The Chemical Cop-out (Chicago: Chicago Airlie Productions, 1970), pp. 28-29.

<sup>16</sup>Irwin, op. cit., p. 3.

<sup>17</sup>Ibid.

<sup>18</sup>Michigan Department of Education, op. cit., p. 16.

<sup>19</sup>Sidney Cohen, The Drug Dilemma (New York: McGraw-Hill Book Company, 1969), p. 8.

8. drug education program--an educational program set outside the regular curriculum, but augmented into the regular curriculum so that it cannot be dropped when the current state and national concern passes. The program would be planned to aid students in making intelligent decisions regarding drugs and drug use.<sup>20</sup>
9. attitude--in this study the word "attitude" is most closely related to ethnic prejudice which can best be expressed as "an antipathy based upon a faculty and inflexible generalization. It may be felt or expressed. It may be directed toward a group as a whole or toward an individual because he is a member of that group."<sup>21</sup>

[The term] "Drug Dependence" was included to satisfy the trend in literature to use this term to replace all others associated with drug use not sanctioned by medical authority. The term has been adopted in educational circles and seeks to clarify the differences brought to mind by psychic and physical dependence.<sup>22</sup> For the balance of this study, the terms drug use, drug abuse, drug addiction, and drug dependence will be used interchangeably as will the terms drug user, drug addict, and drug abuser.

Finally, an explanation of the term "race" is necessary. The researcher, in using the word "race", is implying a social definition of race and not the strict biological concept. The researcher considers these social and cultural differences, often referred to as "racial traits", to be the significant differences between individuals and groups.

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<sup>20</sup>Michigan Department of Education, op. cit., p. 54.

<sup>21</sup>Gordon W. Allport, The Nature of Prejudice (New York: Doubleday and Company, Inc., 1958), p. 10.

<sup>22</sup>Michigan Department of Education, op. cit., p. 16.

### Delimitation of the Study

This study is a survey of the attitudes of selected school administrators, school teachers, school counselors, law enforcement personnel, probation officers, members of the clergy, vocational rehabilitation counselors, addicts, and parents regarding drug treatment programs for youthful drug addicts. The attitudes of those selected are measured by the Drug Addiction Treatment Attitude Survey and consider the addict's race, sex, intelligence, socio-economic status, family situation, school attendance, and record of arrests and illegal activity. No attempt will be made to generalize beyond the sample of this study as it is realized by the investigator that attitudes are transitory in nature. The attitudes disclosed will be reported as perceived attitudes and not fact. The study was done within the confines of the metropolitan boundaries of Flint, Michigan.

### Methodology

The population for this study was the Flint, Michigan, metropolitan area. The sample was drawn from the Carman School District's central administrative staff and from the administrative staffs of the district's three junior high schools and two high schools. The school counselors came from the above enumerated schools and include all the counselors in the school district. The teachers included were selected by a random

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sample from each of the major departments of study from the junior high schools and high schools of the district. Area law enforcement personnel, probation officers, members of the clergy, and vocational-rehabilitation counselors are also included. The parents involved came from the Carman School District and were selected through availability, and the fact that they are not members of any of the other enumerated groups. Drug addicts who were available to the researcher and were willing to participate complete the sample. The researcher recognized the possibility of bias to the study when random selection of any of the respondents is not accomplished.

Each respondent was asked to react to a set of twenty-four short vignettes, each a hypothetical description of a young drug addict, and prescribe a suggested treatment program for the addict. A description of five treatment programs is included with the vignettes.

The statistical treatment used includes a one-way analysis of variance, a repeated measures analysis of variance, and other appropriate statistical procedures. Each vignette constitutes a dependent variable. The necessary analysis procedures are incorporated with the findings. The information is summarized and reported as a descriptive study. A more detailed description of the methodology is given in Chapter III, which also includes a more detailed description of the instrumentation, administration of the questionnaire, and the treatment of the data.



### Hypotheses to be Tested

The null hypotheses to be tested in this study are:

1. There is no significant difference in the attitudes held by school administrators, school teachers, school counselors, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, addicts, and parents as measured by the Drug Addiction Treatment Attitude Survey concerning treatment programs for youthful addicts.
2. There is no significant difference in the attitudes held by school administrators, school counselors, school teachers, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, addicts, and parents as measured by the Drug Addiction Treatment Attitude Survey concerning treatment programs for youthful addicts as a function of the addict's race, sex, intelligence, socio-economic status, family situation, school attendance, or record of arrest and illegal activity.

### Organization of Subsequent Chapters

The content of Chapter I includes a statement of the problem, a statement of the purpose, the research questions, a definition of terms, delimitation of the study, and a brief description of the methodology to be used and the hypotheses to be tested.

Chapter II constitutes the review of the literature related to this study. Included are descriptions of the drugs currently in use, drug addiction, the question of "why drugs?" the drug scene, drugs and the law, and drug treatment and rehabilitation.

Chapter III comprises a description of the methodology used in this study. The sample used is further defined as

well as the methods of investigation and data gathering instruments.

Chapter IV organizes, analyzes, and presents the data and findings of the study.

Chapter V presents the conclusions and recommendations of the study as based on the findings.

## CHAPTER II

### RELATED LITERATURE

#### Foreword

A review of the literature relevant to this study is considered necessary by the researcher to make the study more meaningful to the reader. The literature regarding drugs will concentrate on heroin and the other hard narcotics or hard drugs. In addition, the review will examine drug addiction, the question of "why drugs?" the drug scene, drugs and the law, and drug treatment and rehabilitation.

#### The Hard Drugs

##### Heroin

Heroin is a derivative of morphine which in turn is derived from the resin of the opium poppy (Papaver somniferum).<sup>1</sup> Heroin was discovered in 1898, and was hailed as a non-addictive pain-killer which could be used to combat morphine addiction.<sup>2</sup> This was not the case, however, for by 1910,

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<sup>1</sup>Donald Louria, Nightmare Drugs (New York: Pocket Books, Inc., 1966), p. 11.

<sup>2</sup>Ibid., p. 13.

heroin and morphine were responsible for nearly one-million narcotic addicts in the United States.<sup>3</sup>

Opium, the parent product of heroin, was used for thousands of years before its addictive properties were established.<sup>4</sup> Opium traveled from its native Asia to England in the eighteenth century where "opium-eating" became an accepted middle- and upper-class phenomenon.<sup>5</sup>

Many people became medically addicted to opium in the late years of the nineteenth and early decades of the twentieth centuries. Medicine had not as yet developed as an applied science and self-medication and self-diagnosis were commonplace.<sup>6</sup> The patent medicines of that day were laced with opium which was in the bottle, but not on the label.<sup>7</sup>

Chein writes:

The user of patent medicines was in a difficult situation. The unidentified opiates did relieve his pain or cough, but since the source of his distress was often a chronic or sub-acute disease process, he made daily or more frequent use of these nostrums for relief. However, when he sought to stop taking the nostrums when the symptoms abated he developed malaise, aches and pains, and gastrointestinal and other symptoms which

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<sup>3</sup>Louria, op. cit., p. 13.

<sup>4</sup>Sidney Cohen, The Drug Dilemma (New York: The McGraw-Hill Book Co., 1969), p. 69.

<sup>5</sup>Ibid.

<sup>6</sup>Isidor Chein, Donald L. Gerard, Robert S. Lee, Eva Rosenfeld, The Road to H (New York: Basic Books, Inc., 1964), p. 354.

<sup>7</sup>Cohen, op. cit., p. 70.

could be perceived as a relapse and occasion for continued medication....<sup>8</sup>

The "relapse" would be identified as "withdrawal symptoms" to the opiate takers of more recent generations.

Heroin is not licensed for any medical use in the United States today. It is a product of the illegal drug trade in this country.<sup>9</sup> The major sources of the illicit manufacture of heroin are France and Italy.<sup>10</sup> A small quantity of heroin is produced in Mexico and is of poorer quality than that manufactured in Europe.

The unceasing battle to control the entry of illegal heroin into the United States is familiar to most Americans. This war on drugs has been exploited by the media both in fact and fantasy.

From its origin, the poppy fields of Iran, Afghanistan, Turkey, and elsewhere to the streets of the United States the dollar value of heroin increases to a profit margin of over \$700,000,000 per year.<sup>11</sup> Eighty percent pure heroin is exported from the manufacturer with a value of from \$3,000 to \$9,000 per kilogram. By the time it reaches the street in

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<sup>8</sup>Chein, op. cit., p. 354.

<sup>9</sup>Michigan Department of Education, A Teacher Resource Guide for Drug Use and Abuse for Michigan's Schools, Lansing, Michigan, 1970, p. 24.

<sup>10</sup>Ibid.

<sup>11</sup>Kenneth Leech, Brenda Jordan, Drugs for Young People: Their Use and Misuse (Oxford, England: The Religious Education Press, Ltd., 1968), p. 48.

five-grain packets of five percent pure heroin approximately \$400,000 in profits have been realized from this same kilogram.<sup>12</sup> Little wonder that countless lives are forfeited annually in the struggle for dominance and control of the white powder.

Heroin acts as a depressant on the central nervous system and induces a peaceful, dreamy state to the user immediately after it is taken. Heroin can, however, excite and stimulate as well.

The four primary methods by which heroin is taken are orally, by sniffing, by injecting into the skin (skin-popping), and by direct injection into a vein (mainlining).<sup>13</sup> It is not uncommon, however, for heroin to be mixed with marijuana and smoked.

Heroin is often combined with other substances and injected. The other substances are generally hard narcotics, the most common being cocaine. This is referred to as "speedballing" and is practiced by those who seek additional drug thrills.<sup>14</sup>

The two primary dangers of heroin use are death due to overdose, and physiological damage from infection. Infection is associated with using contaminated instruments when

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<sup>12</sup>Louria, op. cit., p. 12.

<sup>13</sup>Leech, op. cit., p. 43.

<sup>14</sup>Ibid.

injecting drugs. Little evidence exists that heroin itself is either physically or psychologically damaging.<sup>15</sup> Frequent verbal bombardment is elicited from both lay and professional sources regarding this statement as does much of what creates the mythology of drugs. Accordingly, there appears to be equally as much controversy as there is agreement on the subjects of drugs and drug users.

### Morphine

The isolation of morphine from opium and the invention of the hypodermic needle in 1853, together with the Crimean, American Civil, and Franco-Prussian Wars heralded a new sophistication in opiate addiction.<sup>16</sup> Morphine was welcomed for its analgesic (pain-killing) quality, and, as heroin, was initially thought to be a cure for opium addiction. As with heroin, however, this was not to be the case and thousands of wounded soldiers fell victim to morphine addiction to the extent that morphine addiction became known as "the Army disease."<sup>17</sup>

Morphine induces less euphoria than does heroin and is correspondingly less addicting.<sup>18</sup> It is the drug of choice

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<sup>15</sup>Ibid., p. 44.

<sup>16</sup>Richard H. Blum & Associates, Society and Drugs (San Francisco: Jossey-Bass Inc., 1970), p. 52.

<sup>17</sup>Louria, op. cit., p. 12.

<sup>18</sup>D. P. Ausubel, Drug Addiction: Physiological, Psychological, and Sociological Aspects (New York: Random House, 1968), p. 17.

for the relief of pain but is still widely used by addicts, particularly when heroin is difficult to obtain.<sup>19</sup>

As a standard pain reliever morphine is still widely used. Its eventual replacement is expected when an equally effective analgesic becomes available.<sup>20</sup> According to Cohen, the morphine habit is much less frequently seen than it used to be, and due to its medical sanction mostly doctors and nurses become addicted to it.<sup>21</sup>

### Codeine

Codeine, like morphine, is one of the most commonly encountered alkaloids of opium.<sup>22</sup> Its addiction potential is less than that of heroin or morphine, and in cough syrups or like solutions, it can be purchased in many states without prescription.<sup>23</sup> Codeine is most frequently sought out by addicts who are attempting to avoid withdrawal symptoms.<sup>24</sup>

### Demerol

Demerol is a synthetic drug that is widely used as a pain reliever. It is frequently prescribed by physicians for pain and addicts have been created through its indiscriminate use

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<sup>19</sup>Bureau of Narcotics and Dangerous Drugs, Fact Sheets (Washington, D.C.: U.S. Government Printing Office, 1970), p. 21.

<sup>20</sup>Cohen, op. cit., p. 73.

<sup>21</sup>Ibid.

<sup>22</sup>Ibid.

<sup>23</sup>Ibid.

<sup>24</sup>Ibid.



by doctors. Demerol is available from pushers, although it is not currently enjoying a widespread abuse.<sup>25</sup>

### Methadone

Methadone is a synthetic drug with analgesic qualities similar to that of the opiates. Methadone is less euphoric than heroin and will not produce the same heroin "high." It is, however, addictive. The most recent uses of methadone are in treatment programs as a substitute for heroin.<sup>26</sup>

### Cocaine

Unlike the drugs heretofore described, cocaine is a stimulant rather than a narcotic. According to Louria, it is hoped that cocaine will not become a major problem in the United States, for it is an extraordinarily dangerous drug.<sup>27</sup> Cocaine is not considered to be truly addicting, in that abstinence does not cause withdrawal symptoms, but its frequent usage often brings feelings of fear, anxiety, and paranoid behavior.<sup>28</sup> Too, unlike the other narcotics users, the cocaine habitué may turn to irrational aggressive behavior and may commit acts of violence.<sup>29</sup>

It is not the inherent danger of cocaine that tends to make it less a threat, it is the expense. Cocaine is twice

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<sup>25</sup>Cohen, op. cit., p. 74.

<sup>26</sup>Ibid.

<sup>27</sup>Louria, op. cit., p. 21.

<sup>28</sup>Ibid.      <sup>29</sup>Ibid.

as expensive as heroin, and, as Louria states, it is considered a rich man's habit.<sup>30</sup> One should not, however, discount the dangers of cocaine because of its relative expense or the fact that it is not addictive in the traditional sense. The psychic craving for cocaine is very strong because it is a potent stimulant, excitant, and euphoriant.<sup>31</sup> Cohen writes:

Preoccupation with obtaining and using cocaine leads to indifference to health, loss of appetite, and emaciation; its frequent use leads to convulsions. When death occurs, it is because of paralysis of the breathing center in the brain.<sup>32</sup>

### Sedatives

Sedatives are the derivatives of barbiturate acid, first synthesized in Germany in 1893.<sup>33</sup> The barbiturates produce relaxation, lassitude, and a reduction in tension. Overuse creates a marked impairment of intellectual and motor functions.<sup>34</sup>

Barbiturates are usually taken by mouth, however they may be injected, either alone or in combination with other substances. An estimated two-thirds of the heroin users combine heroin and barbiturates in the belief that the "high"

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<sup>30</sup> Ibid.

<sup>31</sup> Cohen, op. cit., p. 96.

<sup>32</sup> Ibid., p. 97.

<sup>33</sup> Louria, op. cit., p. 24.

<sup>34</sup> Ibid., p. 26.

can be prolonged in this manner.<sup>35</sup>

A sudden cessation of the drug by heavy barbiturate users may be followed by convulsions, and occasionally by coma and death. One of the greatest dangers, however, regarding the use of barbiturates occurs when they are mixed with alcohol.

In his book Nightmare Drugs, Louria states:

... a danger common to both legitimate and illicit usage is that barbiturates apparently do not mix with alcohol. The number of accidental deaths from the combination of these two agents appears to be growing each year. Although not entirely proved, the evidence suggests that even moderate doses of barbiturates combined with a few alcoholic drinks can cause death.<sup>36</sup>

### Stimulants

Stimulants are essentially those drugs often referred to as amphetamines. They are frequently referred to as "uppers" in contrast to the sedatives or "downers." Amphetamines are medically used to combat mild depression, narcolepsy, and obesity.<sup>37</sup> More commonly they are known as "pep pills" and diet pills. Athletes have been known to abuse the amphetamine group to improve their performance and endurance. Motor performance may be improved, but judgment is often impaired.<sup>38</sup>

Paranoid schizophrenia is a well-known complication of prolonged amphetamine abuse. Delusional thought may persist

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<sup>35</sup>Ibid., p. 27.

<sup>36</sup>Ibid.

<sup>37</sup>Cohen, op. cit., p. 91.

<sup>38</sup>Ibid., p. 92.

long after the drug has been discontinued.<sup>39</sup> Depressive psychoses are also known after the amphetamines have been discontinued with the danger of suicide being present at this time.<sup>40</sup>

Methedrine or "speed" is one of the most frequently abused of the amphetamines today. Its use is on the rise among younger persons and "weekend hippies," with instances being known in which LSD has been abandoned in favor of methedrine.<sup>41</sup> Regarding "speed" Pope writes:

Amphetamine dependence, as I have known it, is more pathetic than addiction to opiates ... speed freaks are emaciated because they cannot feel hunger ... afflicted with lapses of memory and attention ... sometimes psychotic.... It is universally believed in the drug world that amphetamine kills brain cells and that three years of heavy use will reduce the brain to the consistency of peanut butter--the smooth-spreading brand.<sup>42</sup>

Pope concludes with the observation that the "speed freaks" remain in the drug subculture to the end for these are the only people that will accept them.<sup>43</sup>

No discussion of drugs is complete unless lysergic acid diethylamide (LSD) is included. LSD is a hallucinogen or psychedelic which produces paradoxical and ambivalent symptoms in the user. The use of LSD peaked in the late 1960s. Its use has steadily declined in favor of more controllable substances.

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<sup>39</sup>Ibid., p. 92.    <sup>40</sup>Ibid., p. 93.    <sup>41</sup>Ibid., p. 94.

<sup>42</sup>Harrison Pope, Jr., Voices From the Drug Culture (Boston: Beacon Press, 1971), p. 110.

<sup>43</sup>Ibid.

### Drug Addiction

The terminology of the drug world tends to confuse as well as clarify. The confusion becomes apparent when one attempts to define what is meant by "drug addiction." The explanation requested usually seeks an answer of whether the addiction is physical or psychological. In 1957, the World Health Organization adopted the term "drug dependence" which has now become the term of choice in educational circles.<sup>44</sup> This term includes both the psychic and physical dependence to or upon drugs and thereby makes the discussion of drugs more manageable. The term "addiction" is still generally reserved for drugs that create a physical craving, while "habituation" retains a "psychic" connotation.<sup>45</sup>

The mark of physical addiction comes to fore when sudden drug abstinence causes withdrawal symptoms. Regarding withdrawal, Cohen writes:

Sudden discontinuance of a substantial heroin intake leads to a profound autonomic storm. Every orifice pours forth its secretion or excretion. Muscles twitch or cramp and convulsions can occur ... chills and fever leave the person in withdrawal with a compulsion to secure relief ... it is during withdrawal that the heroin addict will resort to violence to obtain relief.<sup>46</sup>

The physical symptoms generally abate within two or three days, the psychic craving for euphoria and release from

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<sup>44</sup> Michigan Department of Education, op. cit., p. 16.

<sup>45</sup> Ibid.

<sup>46</sup> Cohen, op. cit., p. 76.

tensions lasts much longer, however, often for a lifetime.<sup>47</sup>

Heroin withdrawal is anything but pleasant. Many addicts remain on heroin rather than experience the real or imagined tortures of withdrawal. Sudden heroin abstinence is seldom fatal. This, however, is not the case for abrupt barbiturate withdrawal which, like that of alcohol, can cause convulsions, coma, and death.<sup>48</sup>

Considerable misunderstanding surrounds actual addiction. Pope writes:

I have talked to two boys who used heroin every day for a week without noticing physical withdrawal symptoms. I have known others who have used heroin fifty or a hundred times in the course of two years without ever experiencing the craving for another dose.<sup>49</sup>

Louria further states:

There are large numbers of heroin users who use the drug once or twice a week for many years, never becoming truly addicted.... This is in part due to the fact that the drug is so adulterated by the time it reaches the street that it is difficult to become physically addicted in a short period of time.<sup>50</sup>

Ausubel considers physical dependence to be a relatively rare phenomenon in drugs with only the opiates or opiate-like substances having addictive potential. He points out:

... physical dependence is by no means the most important or most dangerous aspect of drug addiction. When it does take place it merely guarantees the occurrence of a

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<sup>47</sup>Cohen, op. cit., p. 77.

<sup>48</sup>Louria, op. cit., p. 26.

<sup>49</sup>Pope, op. cit., p. 117.

<sup>50</sup>Louria, op. cit., p. 61.

relatively invariable group of withdrawal symptoms. The actual prognosis of a case of drug addiction, however, is primarily a function of psychological and personality factors.<sup>51</sup>

Another factor of drug addiction is drug tolerance.

Tolerance, as addiction, is wont to its share of misunderstanding. Chein, in The Road to H, regards drug tolerance as follows:

Tolerance is a concomitant of dependence. It occurs at a much slower rate than dependence.... "Tolerance" refers to the fact that the body adapts--to varying degrees and at different rates.... The addict can, for instance, take quantities of opiates which would produce coma or death from respiratory inhibition in the non-addict.<sup>52</sup>

Tolerance, however, does not appear to be a totally physically situated phenomenon as one might expect. Chein further remarks:

Though the addict can satisfy his need for normal bodily function without increasing his dosage, he must gradually raise his intake if he wishes to satisfy his craving. In the vernacular, he "can keep normal but can't get high." He no longer experiences a change of state. He is "tranquilized" so long as he can avoid withdrawal symptoms, but he gets no kicks, and he cannot "go on the nod," that is, he can no longer experience intensified relaxation and inwardness.<sup>53</sup>

The "keeping normal" phase of addiction parallels the idea of using a substitute drug as a blocking agent as is currently practiced in treatment programs utilizing methadone. This allows a slow withdrawal to an eventual state of total

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<sup>51</sup>Ausubel, op. cit., pp. 10-11.

<sup>52</sup>Chein, op. cit., p. 249.

<sup>53</sup>Ibid.

drug abstinence without physical discomfort. Psychic dependence, however, is not so easy to maintain. Many addicts undergo periodic voluntary bouts of detoxification and abstinence in order to recapture anew the thrill of drug intoxication.<sup>54</sup>

### Why Drugs?

The motives for turning on with drugs are legion, in that the ultimate decision for the non-medical use of drugs rests with the individual. The researchers in the drug field have classed the motives into several general categories. Leech and Jordan identify the social causes for drug misuse as a desire to change one's mood or how he feels, due to feelings of insecurity, through ignorance, social pressure, and personality problems.<sup>55</sup>

Cohen identifies the reasons for the promiscuous overuse of drugs is in part related to real or imagined rejections, the impulse-ridden "angry young man" who will try anything, a search for adequacy, and as those individuals with "the borderline personality, not psychotic, but somehow strange, a bit bizarre in his thinking, shy and seclusive, unable to communicate easily."<sup>56</sup>

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<sup>54</sup>Chein, op. cit., p. 250.

<sup>55</sup>Leech, op. cit., pp. 67-75.

<sup>56</sup>Cohen, op. cit., p. 108.



Richard H. Blum in his book Society and Drugs, considers drug use as resulting from an endless catalogue of motives.

... one finds, over the centuries, men seeking--and drugs offering--health, relief of pain, security, mystical revelation, eternal life, the approval of the gods, relaxation, joy, sexuality, restraint, blunting of the senses, escape, ecstasy, stimulation, freedom from fatigue, sleep, fertility, the approval of others, clarity of thought, emotional intensity, self-understanding, self-improvement, power, wealth, degradation, a life philosophy, exploitation of others, value enhancement, and one's own or another's death.<sup>57</sup>

Louria identifies the majority of those involved with drugs as being young people, usually from culturally or economically deprived groups, who are ill-housed, inadequately educated, underemployed, and see themselves as ineligible for the benefits of our affluent society.<sup>58</sup>

The phenomenon of drugs is essentially familiar to the ghetto and the barrio. However, as the popular television personality Art Linkletter stated, "The problems of drug abuse have come across the tracks."<sup>59</sup> Had drugs not "come across the tracks," the current interest in drug prevention, education, and rehabilitation would probably be minimal.

Louria is not alone in equating social deprivation and drug abuse. Gold and Scarpitti write:

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<sup>57</sup>Blum, op. cit., pp. 7-8.

<sup>58</sup>Louria, op. cit., p. 13.

<sup>59</sup>Ron Wilson, Moody Monthly, "High on the Campus," March, 1971, pp. 83-85.

Excessive drug use is a condition found overwhelmingly among deprived minority people, and in transitional neighborhoods.<sup>60</sup>

But drug use, according to Pope, has shown an abrupt increase in the middle- and upper-class segments of society while excessive use of drugs in the lower socioeconomic class has shown little change.<sup>61</sup>

Pope, as have other researchers, cite multiple causes for this increase. One notable exception exists however, as Pope notes:

What is the single most important reason why middle-class American youths take drugs? The answer is simple: for fun.<sup>62</sup>

Pope tends to discount the using of drugs as the response to an acute need. He states:

The user feels no more need to take hallucinogens than another person feels a need to drive a sports car. Both are activities which promise to be pleasurable, albeit risky. Drug use, like driving sports cars, may of course, reflect more subtle unconscious "psychological" needs, but its primary attraction is fun.<sup>63</sup>

Pope continues in his explanation of why young people turn to drugs by advancing the theories of alienation, a search for new feelings, and new awareness, anger and withdrawal, loneliness and the need for community, and boredom.

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<sup>60</sup>Harry Gold and Frank R. Scarpitti, Combatting Social Problems, "Drug Addiction" (New York: Holt, Rinehart, and Winston, 1967), p. 411.

<sup>61</sup>Pope, op. cit., p. 27.

<sup>62</sup>Ibid., p. 15.

<sup>63</sup>Ibid.

Regarding boredom, Pope writes:

To potential users, life is unexciting, lacking in action, too much like the dull lives of their parents. Cars, motorcycles, movies, television, sports, and other "acceptable" activities promise only transitory and inadequate amusement. They feel deprived of real involvement, of gut-level experiences. They see no opportunities for commitment, no source of meaning. In particular school is irrelevant and therefore dull, restrictions too severe, competition overemphasized.<sup>64</sup>

Other factors which contribute to the predisposition of youth to drugs are availability and awareness. American young people have considerable sums of money at their disposal. Those who want drugs can easily afford them. Many of those who lack funds experience little difficulty because of the willingness of the haves to share with the have-nots.<sup>65</sup>

Pope contributes the following in his explanation of awareness:

In most high schools and colleges, not to mention on the street, a potential user can observe his peers going to movies, driving cars, talking with their parents, playing sports, and even passing exams under the influence of drugs. He may witness a few "bad trips" but the vast majority of users he sees will be enjoying themselves.<sup>66</sup>

This is a far cry from what the potential user has heard from his parents, teachers, and others in position of authority, who through ignorance or fear have perpetuated the myth of the "wild-eyed, raving, sex-crazed, maniacal dope fiends" who live only to rob, rape, pervert, and smoke dope.

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<sup>64</sup>Pope, op. cit., p. 25.

<sup>65</sup>Michigan Department of Education, op. cit., p. 7.

<sup>66</sup>Pope, op. cit., p. 16.

Pope credits the media with having given the drug culture a mote of approval in society as he observes that, "American society officially condemns drug users on one hand but romanticizes them on the other--in movies, on television, in magazines, in the newspapers, and, of course, in music."<sup>67</sup>

Drugs and the problems of drugs can be a considerable part of the American scene. It is highly unlikely that the problems associated with the illegal and non-medical use of drugs will just "go away" or perhaps be minimized if they are ignored. Perhaps we as a nation are just beginning to understand where the real problems lie. Regarding alienation, Pope writes:

Drug use is a response to the syndrome of alienation from American society. Drug use ranges from simple fun--a transient relief from boredom--to an entire way of life which buffers against apathy.... Since alienation will not soon vanish from America, it will remain a foundation for drug use for years to come.<sup>68</sup>

### The Drug Scene

In recent history the electronic media has made America aware of drugs and those who make up what is called the "drug culture," the "drug sub-culture," and the "drug scene." Until recently drug use was thought to be restricted to the inner-city and indulged in by social misfits or psychological

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<sup>67</sup>Ibid., p. 81

<sup>68</sup>Ibid., p. 121.

deviants. These attitudes were revised when Americans were informed that those subject to the attraction of drugs were mainly the hippies and teenyboppers who populated the Haight-Ashbury District of San Francisco and Greenwich Village in New York.<sup>69</sup>

America is also familiar with the stereotype of the drug pusher who is, as he exists in the minds of many parents:

A lower-class type, older, addicted to morphine, he issues from his hole in the ghetto and descends upon a virginal suburban high school eager to expand his clientele. Selecting a gullible-looking sophomore, he whispers, "Hey, man, you wanna buy some pot? It's you man!... What's the matter? You chicken, huh?"<sup>70</sup>

According to Pope, this is far from the general picture, as the vast majority of youth are initially introduced to drugs through friends who are aware of their effects.<sup>71</sup>

The reasons previously cited by researchers who have identified the ghetto and its conditions as the base from which drugs have spawned are probably as acutely valid at present as they were earlier, for these conditions have shown little improvement. But, as Blum describes, the ghettos and the hippies are extremes and must be recognized as such.<sup>72</sup>

Chein concluded in his study of drug use by teenage males in New York City:

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<sup>69</sup>Michigan Department of Education, op. cit., p. 7.

<sup>70</sup>Pope, op. cit., p. 71.

<sup>71</sup>Ibid.

<sup>72</sup>Blum, op. cit., p. 344.

The use of narcotics is in the main associated in some fashion with living in areas of economic squalor, but other unwholesome aspects of the social environment also contribute in substantial measure ... conditions of economic squalor dominate the picture ... but, social causation is a complex picture.<sup>73</sup>

The hippies and the slums can be considered to be only two facets of the drug scene. Other scenes must include the business man and his three-martini lunch, the acting community with its "uppers" and "downers" that make the day possible, the truckdriver who swallows benzedrine to be able to make his long hauls, and the youth of today whose use of drugs suggests that the next generation may be more dependent on drugs than this one.<sup>74</sup>

One major "scene" worth consideration because of its size and universality is the educational institution. Drug use by the student population is impossible to measure. There has been a marked increase, however, as can be testified to by death and arrest records related to drugs.

"Drug use, among college students," according to Pope, "has not increased as drastically as at the high school level in the last two years, primarily because it was so high already."<sup>75</sup>

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<sup>73</sup>Chein, op. cit., p. 74.

<sup>74</sup>J. Anthony Lukas, Social Profile: USA Today, "The Drug Scene: Dependence Grows" (New York: Van Nostrand Reinhold Co., 1970), p. 386.

<sup>75</sup>Pope, op. cit., p. 7.

Another aspect of the drug scene is the subculture formed by those who choose to "drop-out" and pursue a life-style dominated by drugs. These are probably the most bizarre of individuals and therefore, attract the most attention. These include the "\$100.00 per-day habit," the young mothers who regularly give their infants LSD to avoid future "hang-ups" when the child grows up, the "rip-off" artists who make their way by their wits on the street, the "heads" and junkies who overdose or suffer the ravages of malnutrition, paranoia, psychoses and infection, the "speed-freaks" whose brains are reduced to the consistency of peanut butter by amphetamines, and the "greasers" who deal in and shoot all forms of drugs and live a life-style asserting masculinity.<sup>76</sup> These are the "casualties," the five percent who choose drugs and represent the tragedy of the chemical world.<sup>77</sup>

#### Drugs and the Law

The prohibition of drugs can, in part, according to Chein, be directly attributed to the temperance movement. The temperance movement indicated the following assumptions:

1. Any substance which is liable to rob a man of his senses and render him foolish, irascible, uncontrollable, or dangerous is unsafe.

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<sup>76</sup>Pope, op. cit., p. 40.

<sup>77</sup>Ibid., p. 126.

2. Alcohol offers neither a natural nor a healthy way to achieve happiness or reduce unhappiness; the natural means for achievement through work, play, socialization, and so forth.

3. The gratifications afforded the moderate user of alcohol are outweighed by the dangers to society of immoderate use and the fact that, with alcohol available, there will always be incontinent users.<sup>7 8</sup>

These moral arguments were accepted by the House of Representatives and resulted in the Hobson Amendment in 1914. This amendment sought to control "the sale, manufacture for sale, and transportation for sale of intoxicating liquors." The amendment failed to become law. The same congress, however, applied these same arguments to opiates which resulted in the Harrison Narcotic Act.<sup>7 9</sup>

Narcotic addiction was considered a crisis prior to the passage of the Harrison Act. One in every four-hundred people in the United States was a known opiate addict. The Harrison Act and the following chronology of drug laws therefore developed:

1914 Harrison Narcotic Act

Provided for registration of all firms or individuals which manufacture, buy, give away, or sell narcotics. This act placed a special tax on opiates and provided for careful record keeping on all sales and distribution of opium and its derivatives. It remains as the basic federal narcotic control law today.

1922 Narcotic Drugs: Import-Export Act.

Limited the importation of crude opium and cocoa leaves (source of cocaine) and prohibited the importation of opium for smoking or the manufacture of heroin. Limited export of drugs containing opiates.

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<sup>7 8</sup>Chein, op. cit., pp. 351-352.

<sup>7 9</sup>Ibid., p. 352.



- 1930 Established Bureau of Narcotics.  
Bureau of Narcotics was established within U. S. Treasury Department to administer and enforce narcotic control laws.
- 1939 Vehicle and Vessel Seizure Act.  
Provides for seizure and forfeit of any vessel, vehicle, or aircraft used to transport any contraband narcotic drug.
- 1937 Marijuana Tax Act.  
Provided controls over marijuana similar to those placed on opium by the Harrison Act of 1914. While the Act was passed as a tax act its effect was to prohibit import and sale of the produce by setting taxes as much as \$100.00 per ounce on the sale or transfer. This act is under threat of voidance by a Supreme Court decision and may be replaced by a new law.
- 1942 Opium Poppy Control Act.  
Prohibits growing the opium poppy in the U. S. except under special license for scientific research. Also eliminated opium poppy as a decorative flower in the U. S. and restricted sale of the seed.
- 1946 Harrison Act Amended.  
The amendment provided for synthetic drugs such as Demerol, which had addicting qualities, to be brought under the provisions of the Harrison Narcotics Act.
- 1951 Boggs Act--Mandatory Sentence Act.  
Provided for mandatory sentences for the illegal possession or sale of narcotic drugs. Limited the court's power to grant suspensions, probation, or parole.
- 1956 Narcotics Control Act.  
Provided severe penalties for possession, sale or dispensing illicit narcotics or marijuana. First offense: mandatory 5-20 year sentence and optional \$20,000 fine. No probation or parole. Adult sale of heroin to minor: mandatory 10 years to life sentence (death if jury directs) and optional \$20,000 fine.
- 1960 Narcotic Manufacturing Act.  
Provides for licensing and establishment of quotas for all narcotic drug manufacturers.
- 1962 Kefauver-Harris Drug Amendment.  
Requires registry of all manufacturers of stimulants and depressants.

1965 Drug Abuse Control Amendments.

Amends the Federal Food, Drug and Cosmetic Act. Provides stronger regulations of the manufacture, distribution, delivery, and possession of stimulants, depressants, and psychotoxic drugs. Special penalties for sales by anyone over 18 years of age to sell or give drugs to anyone under 21--special penalty provides imprisonment for up to 2 years and fine of \$5000. Second offense--6 years and \$15,000. Penalty for violation of the act otherwise is one year imprisonment and \$1,000 fine--second offense--3 years and \$10,000 fine.

1966 Bureau of Drug Abuse Control.

Created separate bureau in the Food and Drug Administration to carry out provisions of the Drug Abuse Control Amendments of 1965.

1966 Narcotic Addict Rehabilitation Act.

This act established a new national policy for treatment of narcotic addiction. The law accepts the premise that the narcotic addict is suffering from an emotional illness and is not per se a criminal. The act provides for civil commitment of addicts to treatment facilities rather than subjecting them to criminal prosecution. It also provides for community based treatment facilities.

1968 Bureau of Narcotics and Dangerous Drugs.

To eliminate duplication, reduce confusion and improve law enforcement in April, 1968, the Federal Bureau of Narcotics in the U. S. Treasury Department and the Bureau of Drug Abuse Control of the Food and Drug Administration, U. S. Department of Health, Education, and Welfare, were merged into a single agency now known as the Bureau of Narcotics and Dangerous Drugs and placed under the jurisdiction of the U. S. Department of Justice.<sup>80</sup>

Researchers in the field of drugs along with those who choose to violate drug statutes continually question the motives behind the drug laws. The questioners seek to know if the restrictions serve mainly to punish violators, to protect society from the ravages of a drug addicted population, to keep drugs under legal control, to protect man from his own

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<sup>80</sup>Michigan Department of Education, op. cit., pp. 44-45.

weaknesses, to control the quality of drugs being dispensed, to prevent crime, or to assist the addict to recover and become a responsible member of society. Unfortunately, many of today's youth view drug legislation as an attempt on the part of the adult world to deprive youth "the opportunity to express themselves in a mode of their own choice."<sup>81</sup>

Regarding youth and the law, Bloomquist writes:

Though it may come as a surprise to many, most of those in the counterculture (with a few notable exceptions) do respect the law. But many individuals in the group reserve the right to choose for themselves which laws are proper, and which are of so little value that they should be ignored. This is not unique. America has unenforceable and impractical laws governing sexual behavior. The counterculture ignores these as being unintelligent and inapplicable to them, as do most other sexually active people. Members of the Establishment follow a similar route, but are more subtle in their violations.... Where marijuana laws specifically are involved, the counterculture vigorously sponsors the idea that the laws are invalid.... Unfortunately for those who run into conflict with cannabis [marijuana] laws, this flexibility of thinking is not permitted by legislation.<sup>82</sup>

There is little doubt that drug laws lack consistency when it comes to making "the punishment fit the crime." Although the view that drug use is a medical-social problem and not a criminal activity is gaining in popularity, the simple use and possession of drugs remains a prison offense. In fact, in many states the penalty for the sale of marijuana to a minor is death.<sup>83</sup>

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<sup>81</sup>Michigan Department of Education, op. cit., p. 41.

<sup>82</sup>Edward R. Bloomquist, Marijuana, The Second Trip (California: Glencoe Press, 1971), pp. 349-250.

<sup>83</sup>Helen H. Nowlis, Drugs on the College Campus (New York: Doubleday & Company, Inc., 1969), p. 33.

The most recent federal legislation became effective May 1, 1971. President Richard M. Nixon signed into law the "Comprehensive Drug Abuse Prevention and Control Act of 1970." This legislation reclassified many drugs into different schedules and provided funds for drug education, treatment and rehabilitation programs. It also provides for possible probation for first offenders who are convicted for the use or possession of marijuana, stimulants or depressant drugs. Uniform state legislation is still lacking, however, although most states are expected to adopt a new model state act entitled the "Uniform State-Controlled Dangerous Substance Act," in the next few years.<sup>84</sup>

#### Drug Rehabilitation and Treatment

The treatment for drug addiction may be viewed as a simple matter. One only need make the drug unavailable to the user, and after a short duration the addiction has been successfully treated. Unfortunately, however, the addict has not been cured. Merely removing the physical symptoms is not enough, for the addict still retains a psychological craving for drugs and in all probability will return to them.<sup>85</sup>

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<sup>84</sup>Drug Abuse: A Manual for Law Enforcement Officers (Pennsylvania: Smith, Klein & Frency Laboratories, 1968), p. 33.

<sup>85</sup>Leech, op. cit., p. 88.

Rehabilitating a user, according to Goode, is problematic for "rehabilitation is predicated on the notion that the transgressor thinks of his transgression as wrong."<sup>86</sup> Too frequently, however, the user perceives the law as wrong and not the act.

Little, if anything, can be accomplished regarding rehabilitation unless the user is well motivated.<sup>87</sup> This factor causes considerable consternation in the treatment of young addicts for, all too often, he is at a phase of his addiction when the greatest pleasure is being experienced and drugs are perceived as being more enjoyable than abstinence.<sup>88</sup>

Drug abusers share one general characteristic; their overall motivation is very poor.<sup>89</sup> The narcotic addict is considered "a con-artist who thinks only of himself and uses everyone to satisfy his own needs."<sup>90</sup> In light of this, it is not surprising that drug rehabilitation programs in general have not afforded any particular success.<sup>91</sup>

These are not the only reasons, however, that drug treatment and rehabilitation schemes have not as yet exerted

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<sup>86</sup>Erich Goode, The Marijuana Smokers (New York: Basic Books, Inc., 1970), p. 289.

<sup>87</sup>Louria, op. cit., p. 83.

<sup>88</sup>Cohen, op. cit., p. 123.

<sup>89</sup>Louria, op. cit., p. 89.

<sup>90</sup>What is Rubicon House, pamphlet by Rubicon House, Flint, Michigan.

<sup>91</sup>Louria, op. cit., p. 85.

maximum effect on the drug problem. The nature of "rehabilitation" itself is beclouded by a difference in interpretation. Some judges and police officers believe a jail sentence to be a rehabilitative function. This conclusion appears to be spurious, however, when the jail recidivism record of heroin users, which is over sixty percent, is considered.<sup>92</sup>

A police function is served, nonetheless, by the removal of an addict population from the streets. Addict related crime lessens as do arrests for drug offenses when this method of suppression is employed.

Another factor that works against the drug abuser is his inability to obtain or keep gainful employment. Most private and public employers will not consider an identified or suspected addict or abuser. Many convicted drug users are ineligible for business licenses. Even those addicts who seek and obtain vocational and educational training are unemployable because of their drug history.<sup>93</sup>

There are two general types of drug treatment and rehabilitation programs; those without drugs and those that use drugs as a method of treatment. The former consists of programs such as Synanon, Daytop Village, and Odessey House.

Synanon was founded in 1958, by Charles Dederich as a self-help program for drug addicts. Dederich used many of the ideas he had learned as a member of Alcoholics Anonymous.

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<sup>92</sup>Goode, op. cit., p. 290.

<sup>93</sup>Louria, op. cit., p. 86.

Synanon does not use professionals but employs recovered addicts as therapists. Theirs is a rejection of many psychological assumptions which is projected in the statement that "We do not begin with a presumption of sickness ... we assume that people behave badly not because they are ill or ill-willed, but because they are stupid."<sup>94</sup>

Synanon and the other similar programs are live-in therapeutic communities that stress work and honesty. The commitment is voluntary, the program very rigorous, and the rate of those who stay on to completion of the program small. They claim a success rate of those who do choose to remain to be approximately fifty percent.<sup>95</sup>

Rehabilitation with drugs is primarily used with heroin addicts. The idea of using a drug to treat a drug problem is the basis of the methadone maintenance program wherein methadone is substituted for heroin in out-patient medical facilities.<sup>96</sup> This form of treatment has elicited considerable criticism from those whose moral commitment cannot tolerate a population of legally sanctioned addicts in society. This form of treatment has had its successes in that it allows some addicts to return to a useful place in society.<sup>97</sup>

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<sup>94</sup>Frank Goble, The Third Force (New York: Pocket Books, Inc., 1971), p. 152.

<sup>95</sup>Ibid.

<sup>96</sup>Louris, op. cit., p. 90.

<sup>97</sup>Ibid., p. 92.

Methadone maintenance should not be prematurely hailed as a panacea nor should it be condemned until sufficient time passes to study the full effects of the program in its true perspective.

It must be stressed that the non-medical use of drugs is a symptom of deep disturbances in our society and not just a problem in and of itself. Drugs cannot be ignored nor can they be corrected by feeble educational programs or inappropriate treatment. If there is to be a solution it may well lie in education and the prevention and eradication of the social factors that manifest themselves through personal rebellion.<sup>98</sup>

### Summary

The review of the literature pertaining to drugs found considerable information that the author concluded to have merit or be open to question. Much of what is the mythology of drugs has been reported and accepted as fact. Perhaps, too much attention has been paid the conclusions related to some drug research and not enough critical examination been afforded the assumptions, hypotheses, methods of investigation, or the data itself.

A review of the literature revealed that drugs have been known to and used by man since before the dawn of recorded

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<sup>98</sup>Ibid., p. 96.



history. Some might therefore conclude that the use of drugs by mankind was both inevitable and predictable. The literature further notes that man's use of some form of chemical comfort appears to increase in proportion to his perceived amount of stress.

Heroin has been listed as the most addictive, and therefore the most dangerous of the drugs subject to abuse. But as has been noted, there is a considerable lack of agreement by the experts regarding drugs and addiction and the claim for heroin is no exception. In recent research, Grinspoon and Hedblom consider all the detrimental effects of addiction normally reserved for heroin to be, in reality, the awards of amphetamines. These researchers state without equivocation that amphetamines are, in fact, significantly more dangerous than heroin with regard to addiction and abnormal behavior.<sup>99</sup>

To some, repeated disagreements of this type might cause considerable consternation. The researcher concludes the opposite. The researcher considers the potential dangers of drug misuse to be of the nature that the questioning of established "facts" must be a top priority activity in research if the truths about drugs and addiction are to be known.

Our society has been labeled a "drug maker's dream" whose motto should be "a pill for every ill," both real or imagined. Men do take drugs and for all manner of reasons,

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<sup>99</sup>Lester Grinspoon, M.D., and Peter Hedblom, Amphetamines Reconsidered, Saturday Review, Vol. LV, No. 28 (July 8, 1972), pp. 33-46.

but the most disturbing reason articulated to the researcher was by an addict who concluded "when you come up with something better, we'll quit doing drugs."

The bizarre, the unreal, and other deviants were considered by most to be "the drug scene." These ideas have been and are being promoted by the media and therefore become truth to many as they make up what is considered the mythology of drugs. Fortunately, however, society appears to be no longer content to believe in "a drug scene" as it is increasingly evident that not only the emotionally disturbed or unhappy youngsters are turning on with drugs. Drugs are clearly seen to respect no racial, age, social, or economic boundaries.

Today's drug laws are a composite of crises actions that appear to be neither successful nor reasonable. In some states the penalty for possession of a few ounces of marijuana may exceed that of murder. Society has only to look at recent history to realize the futility of any attempt to legislate morals. And yet, according to Swedish Psychiatrist Nils Bejerot, hard drug addicts should be quarantined and isolated. Drug addicts are social lepers who spread their contagion to an uninfected public and therefore deserve total isolation.<sup>100</sup> Bejerot further considers that lenient methods of handling this type of contagion have done nothing to curb addiction, but that Japan stamped out an amphetamine epidemic through the

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<sup>100</sup>Staff Reporter, "Quarantining Addicts," Time, Vol. 99, No. 21 (May 22, 1972), p. 70.

enforcement of some very tough drug laws.<sup>101</sup>

In agreement with Bejerot, the American pattern of civil liberties decisions would not permit this form of control over the users of drugs. Bejerot may, however, have a solution.

Drug rehabilitation programs, according to Etzioni, have rehabilitated only a few drug addicts. He states:

The failure of educational and therapeutic approaches to help most heroin addicts has led finally, to the widespread use of a substitute, methadone, which is usually referred to as a blocking drug because it is said to curb the craving for heroin.... For our purpose it is sufficient to say that, unlike the educational and therapeutic approaches to heroin addiction, methadone is effective. That is, people taking methadone work, study, are satisfied, function as human beings and citizens, and have a much lower criminality record.<sup>102</sup>

What Etzioni concludes is probably true, however the researcher found the majority of the drug therapists cold to this philosophy and considered "a drug to lick a drug," as methadone has been called, a somewhat reprehensible alternative.

It is highly unlikely that the use of drugs will be completely eliminated, however, drug use can be markedly reduced if the human, physical, and financial resources of the nation are so directed.

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<sup>101</sup>Ibid.

<sup>102</sup>Amitai Etzioni, "Human Beings Are Not Very Easy To Change After All," Saturday Review, Vol. VL, No. 23 (June 3, 1972), p. 46.

## CHAPTER III

### METHODOLOGY OF THE STUDY

#### Introduction

This section discusses the methodology used in conducting the study. The population and sample used are identified and defined, the data gathering procedures described, and the instruments employed with their administration and statistical treatment explained.

The primary questionnaire employed was designed by the researcher with the assistance and advisement of the graduate committee. The instrument, particularly the vignettes, is unique to this study, therefore, no opportunity for validation existed.

The use of the vignettes was considered by the researcher and the guidance committee to be a new approach to the study of drug use, drug users, and drug treatment. The originality of this approach recognizes the need for innovative methods of investigation to a complex social problem. The instrument was field tested and refined, however, to insure clarity and eliminate any confusion that might have existed through misleading or ambiguous terminology.

### Selection of the Population

The nature of the subject matter of this study made acceptance of the study by an available population difficult. The non-medical use of drugs is a sensitive matter and affords numerous aversions to many individuals and groups.

It was initially necessary to identify the individuals involved in the decisions regarding the disposition of youthful drug offenders. The Genesee County Regional Drug Abuse Commission of Flint, Michigan, the Genesee County Sheriffs Office, and the Probate Court of Genesee County provided much of the necessary information.

It was learned that the fate of the majority of youthful drug offenders is decided upon by the judges of the Probate Court. The judges' decisions are greatly influenced by the Probation Office whose function it is to investigate the offender's home situation, school attendance and progress, previous arrest record, and other pertinent or extenuating facts. This information is then made available to the Probate Court. The judge then bases his decision on the probation report and the nature of the pending offense. One of the most limiting factors facing Probate judges is the absence of alternatives regarding where the youthful drug offender can be placed. The researcher found only one live-in therapeutic community in the Flint, Michigan area. This was the Odessey Rubicon House which had only recently been licensed to accommodate youths under the age of 18 years. This choice is

included in the Drug Addiction Treatment Attitude Survey, Appendix D, along with the remaining options which are open to the court.

The Flint area also has some "drop-in" centers which are now resident centers designed to offer both professional and lay counseling for individuals with drug problems.

The officers of the Probate Court and Probation Department were asked to identify the individuals whose information was sought for the probation report. The following groups of individuals were identified:

1. School personnel
2. Probation officers
3. Members of the Clergy
4. Law-enforcement officers
5. Parents

The school personnel were further enumerated as school administrators, school counselors, and school teachers.

### Selection of the Sample

#### School Personnel

The school personnel included were selected from the Carman School District of Flint, Michigan. These persons were employed in the Central Office Administrative Staff and from the administrative staffs, school counselors, and teaching staffs of the district's three junior high schools and two high schools.

The smallest number of the identified groups selected proved to be the school counselors which numbered twelve. It was decided, therefore, to use this size group as the size criterion for all the groups in the sample.

Selection of the school administrator group considered each principal of the five schools involved. The district contained twenty-two administrators in all among the junior high, high school, and central office administrative staffs. A consecutive number was assigned the remaining administrators and a table of random numbers applied to complete the selection of this group.<sup>1</sup>

The selection of the teachers considered the five major teaching and subject matter disciplines. The fields chosen were Math-Science, Social Science, Home Economics-Industrial Arts, English-Language Arts, and Health-Physical Education. These fields were chosen for they include the majority of the subject matter taught and have the maximum desired student participation.

Each teacher in these disciplines was selected through the use of a table of random numbers which was described with the administrative group.

#### Probation Officers

The staff of the Genesee County Adult Probation Office numbered twelve probation officers including their chief

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<sup>1</sup>Sidney J. Armore, Introduction to Statistical Analysis and Inference for Psychology and Education (New York: Wiley and Sons, 1967), pp. 498-499.

administrator. The entire staff was therefore included in the assessment.

### Clergy

The Flint (Michigan) Area Telephone Directory was consulted for the purpose of identifying the religious denominations represented in the area. These were concluded to be Catholic, Jewish, Greek and Syrian Orthodox, Baptist, Episcopal, Pentecostal, Lutheran, LDS, Seventh Day Adventist, Church of Christ, Methodist, and Presbyterian. Other lesser represented denominations were listed but are too numerous to list. They were all placed into the population, however, and the sample drawn.

### Law Enforcement

The Carman School District is served by the Genesee County Sheriff's Office. The Genesee County Sheriff was contacted for information and assistance in the selection of the deputies who would participate in the study. The afternoon shift officers were considered most appropriate and the sheriff instructed the duty commander of that shift to select the twelve deputies who would be included. This shift was selected because the highest incidence of contact with youthful drug users occurred during this period. The shift commander selected the officers who had the highest interaction rate with youthful drug users.



### Parents

The parents included were selected on the basis of the following criteria:

1. Residence in the Carman School District.
2. Non-membership in any of the other enumerated groups.

Twelve male and twelve female parents were chosen. In all, six of the parents were married to each other. Some of them knew their sons or daughters to be drug users. The families did not live in the same neighborhood and were chosen through random contact.

### Addicts

During the investigative and data gathering phases of the study the researcher came into contact with numerous drug users and addicts. Some interesting differences of opinion became apparent and it was decided to include the responses of an addict group. The decision to use hard-core addicts who were undergoing treatment in the methadone maintenance program in Flint, Michigan was arbitrary on the part of the researcher. This was the only addict population available to the researcher but it was believed that this group of individuals would provide the necessary insight through their first-hand experience. Twelve addicts were selected on the recommendation of the head-therapist and the willingness of the addict to participate.

### Vocational-Rehabilitation Counselors

The final group included consisted of vocational-rehabilitation counselors. These were from the Michigan State Department of Education, Division of Rehabilitation Services. This group was included for a comparison of their attitudes with those of the school counselors. This decision was made by the researcher when, during the preliminary stages of the investigation, it became apparent that differences of opinion existed between the groups.

The North Flint District Office of the Vocational Rehabilitation Services was chosen. This office handles the socially and economically disadvantaged individuals of the area who are seeking employment and assistance. This office also has the highest percentage clientele with drug involvement. The selection of the counselors to be used in this group was conducted by the district manager of the office.

### Administration of the Questionnaire

The questionnaire was administered during the period of May 1, 1972 through June 12, 1972.

The respondents in the school administrator, school counselor, school teacher, and parent groups were given the instructions and the questionnaire individually by the researcher. The questionnaires were completed at that time and returned to the researcher. This contact provided the opportunity for personal interviews which proved both useful and informative.

The groups involving the law-enforcement officers, probation officers, and vocational-rehabilitation counselors were administered the questionnaires by their respective supervisors. These supervisors had previously been instructed in the administration of the instrument by the researcher. The questionnaires were collected from the supervisors by the researcher.

The addict group was given the questionnaires by the researcher with the assistance of the head-therapist of the methadone clinic. This helped to insure correct responses to the questionnaire and provided the opportunity for numerous valuable interviews.

Members of the Clergy were mailed the instrument and asked to return it upon completion. Extensive follow-up by telephone and personal contact was necessary to encourage participation.

### Instrumentation

Two instruments were used in conducting this study. The primary questionnaire (see Appendix A), entitled the "Drug Addiction Treatment Attitude Survey" was administered to the one-hundred-sixty-eight respondents identified earlier who made up the sample for the study.

The secondary questionnaire (see Appendix C) was administered to sixty-three adult participants who were in the twelfth week of a fifteen-week drug seminar. The seminar was sponsored by the Genesee County Regional Drug Abuse Commission

and met once a week at the Drug Abuse Commissions quarters in Flint, Michigan. Attendance was voluntary and the class consisted of individuals whose occupations brought them into immediate contact with drug users. The majority of those in attendance were law enforcement personnel, educators, clergymen, and social workers. The course was instructed by those who were concluded to have expertise in the drug field. Although this survey was not a core part of the study the researcher included it to demonstrate the lack of knowledge and misinformation that exists in a group of adults assumed to be reasonably knowledgeable about drug users. The descriptions were taken from the book The Marijuana Smokers, by Erick Goode.<sup>2</sup>

In the primary questionnaire, items 1 through 12 consider the demographic data necessary to identify the respondents. Items 13 through 25 were designed to measure opinions regarding drugs, addiction, drug education programs, and the causes for drug use by young people.

Items 26 through 49 are the twenty-four dependent variables which are designed to measure attitudes about drug addicts through the manipulation of variables regarding race, sex, socio-economic status, family situation, intelligence, school attendance, and the record of arrests and illegal activity. These variables are in the form of short

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<sup>2</sup>Erich Goode, The Marijuana Smokers (New York: Basic Books, Inc., 1970), p. 304.

hypothetical vignettes and contain the information included in the probation reports.

The respondent was given a description of five possible treatment programs and asked to assign the individual described in the vignette to a treatment program that the respondent felt would best benefit the drug addict described. This was accomplished by circling a number below the vignette that corresponded to the number assigned the treatment program.

Each respondent was assured that there were no "right," "wrong," "good," or "bad" answers. The respondents were further cautioned to answer as they felt and not as they thought they should feel.

The final question, item #50, came into being during the field testing of the primary instrument. The main purpose of the field testing was to eliminate any ambiguity. Many respondents, however expressed some dissatisfaction with the absence of what they felt was a necessary alternative in a forced-choice instrument of this type, is the foster home. This choice had previously been explored by the researcher and was rejected for inclusion in the original questionnaire when the Probate Court explained the reluctance of most people to accept an addict into their home and family. On the basis of the pre-test the choice was included with the regard to those who would accept this responsibility and to satisfy this perceived need.

Each respondent group, with the exception of the parent group, was also asked to complete an additional "cover sheet" that provided further occupational data. These cover sheets constitute Appendix C.

The questionnaires were so designed to be both concise and brief while yielding as much information possible concerning the respondent's perceptions of drugs, drug addiction, and drug users. Each respondent was afforded the opportunity to discuss the instrument with the researcher both during and after its administration. This opportunity served to diminish any latent confusion on the part of the respondent and gain the researcher considerable information regarding drug attitudes that might not have otherwise been possible.

#### Recording the Data

Upon return of the primary questionnaires the responses were immediately hand coded on Michigan State University Computer Laboratory Data Coding Forms by the researcher. This information was then key-punched on cards and the cards verified by the Michigan State University Computer Center Key-Punch Division. One card was punched for each questionnaire. There was no missing data.

The secondary questionnaire was collected and recorded by the researcher and will be reported utilizing the recommended statistical procedure.

### Statistical Procedures

The Michigan State University College of Education Research Consultation Office recommended the appropriate statistical techniques for analysis of the data. The computer programs and facilities of the Michigan State University Computer Center were used.

The statistical procedures used in the analysis of the data are:

1. Basic statistics which provide mean, standard deviation, and simple correlation squared.
2. Analysis procedures utilizing percent and frequency tables.
3. One-way analysis of variance across the fourteen groups using each vignette as a separate dependent variable.
4. Repeated measures analysis of variance with fourteen groups and measures relating levels of race, sex, intelligence, socio-economic status, home situation, school attendance, and record of arrests and illegal activity.

### Summary

This chapter has offered a description of the methodology involved in conducting the study.

The population utilized was the Flint, Michigan, area with the sample of respondents being drawn from the educators and administrators of the Carman School District, the Genesee County Sheriff's Office, the Adult Probation Office, Flint area clergy, the North Flint District Office of Vocational Rehabilitation, Flint area drug addicts and parents of the Carman School District.

The questionnaire was developed by the researcher with the assistance and advisement of the guidance committee. The questionnaire was administered by the researcher with a one-hundred percent return resulting, see Table 3.1 in the Appendix.

The statistical procedures were designed in conjunction with the Michigan State University College of Education Research Consultation Office and the Michigan State University Center for Urban Affairs Research Division. The data are organized, presented, and analyzed in Chapter IV.



## CHAPTER IV

### PRESENTATION AND ANALYSIS OF THE DATA

#### Introduction

This study was designed to measure the attitudes of selected adults regarding drug use, drug abuse, and drug addiction through the simulated assignment of young drug addicts to drug treatment programs by these same adults. The primary instrument used to identify these attitudes was the Drug Addiction Treatment Attitude Survey (see Appendix A). A second instrument was employed to measure stereotypes commonly held about drug users (see Appendix C). The stereotype information, although not a primary focus to the study, was determined to be pertinent and was therefore included.

This chapter is divided into six parts which consider the drug user stereotypes as measured by the secondary instrument, Appendix C, the cover-sheet data, the demographic data, drug opinion data, the vignettes which comprise the attitude survey, Appendix A, and a discussion of the opinions expressed in the interviews with the respondents.

### Drug Addict Stereotypes

In reviewing the literature the researcher noted the considerable amount of mis-information that exists regarding drug users. To test this hypothesis the writer posed the following description to a group of adults who were in the twelfth week of an intensive fifteen-week drug seminar.

The frame is stunted and weak, the muscles underdeveloped, the eye is sunken and heavy, the complexion is sallow, pasty, or covered with spots of acne, the hands are damp and cold, and the skin is moist. The person shuns the society of others, creeps about alone, joins in repugnance in the amusements of his peers. He cannot look anyone in the face, and becomes careless in dress and uncleanly in person. His intellect has become sluggish and enfeebled, and if his evil habits are persisted in, he may end in becoming a drivelling idiot. Such people are to be seen in all stages of degeneration, but what we have described is but the result towards which they all are tending.<sup>1</sup>

Please indicate which category you feel best fits the above description

\_\_\_\_\_ long-term heavy user of marijuana

\_\_\_\_\_ long-term user of LSD

\_\_\_\_\_ heroin addict

The sixty-three participants in the drug seminar answered the questions based on the above text as follows:

1. Sixty participants considered the text best described a heroin addict.
2. Three considered the descriptions applied to a long-term user of LSD.
3. None selected a marijuana user as their choice.

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<sup>1</sup>Erich Goode, The Marijuana Smokers (New York: Basic Books, Inc., 1970), p. 304.

The text, in fact, describes an erroneous perception of the ravages of masturbation as manifested in young men. This description is credited to Dr. William Acton, the famous Victorian physician.

#### Cover-Sheet Data

To further identify the respondent groups a cover sheet (see Appendix B) was attached to each of the primary questionnaires with the exception of the parent groups. The following summary relates to the items considered significant on selected cover-sheets:

##### Law Enforcement--

1. Eighty-three and three tenths percent of the law enforcement group considered the courts to be unrealistic in their treatment of drug offenders.
2. Ninety-one and seven tenths percent of the respondents in this group considered the probation officers to be unrealistic in their recommendations regarding drug users.

##### School Administrators--

1. None of the administrators considered the drug education program in their district to be adequate.
2. The majority of this group felt the community would react positively to an adequate school-sponsored drug education program.
3. All of the school administrators stated that their contact with students who had drug problems was infrequent or nonexistent.
4. The entire group indicated that a specially qualified teacher was necessary to teach drug education programs and stated they would endorse such a program to qualify school teachers to instruct drug education.

5. Seventy-five percent of the school administrators did not consider school counselors qualified to counsel drug users. All of them indicated support to a program that would qualify school counselors in drug matters.

#### School Counselors--

1. To their knowledge had little or no contact with drug users.
2. Forty-one and seven tenths percent of this group considered themselves knowledgeable enough about drug use and drug users to counsel with young people who have drug problems.
3. Eighty-three and three tenths percent indicated they would take the time and effort to become qualified as a drug counselor.

#### School Teachers--

1. To their knowledge had little or no contact with drug users.
2. Forty-five percent indicated they would take the time and effort to become qualified to teach drug education programs.

#### Clergy--

1. To their knowledge had little or no contact with drug users.

#### Vocational-Rehabilitation Counselors--

1. Sixty-six percent indicated that only a few of their clients admitted having drug problems.
2. All of the group stated that prospective employers reacted negatively toward hiring individuals with a history of drug use.

#### Addicts--

1. The majority had been addicted to heroin from one to five years.
2. Most of the addicts indicated their habits had cost from \$50.00 to \$100.00 per day.

3. None were able to support their habit without resorting to some illegal activity.
4. All of the addicts admitted to peddling drugs, with prostitution, burglary, and robbery being other prominent means of supplementing money for their drug needs.
5. Most of the addict group considered themselves to be of above average intelligence, of having average family backgrounds and socio-economic status, and of having been regular in their school attendance.
6. Half of the group indicated frequent arrests.

#### Demographic Data

Items 1 through 12 of the Drug Addiction Treatment Attitude Survey comprise the demographic data and consider the respondent's race, sex, marital status, school ages of their children, political belief, religious affiliation, educational attainment, and years of occupational experience. This information is summarized in tables utilizing percents and frequency counts and are located in Appendix D.

Item 10 pertains to educational attainment other than college training. This item received only limited response. The types most frequently listed by the respondents included beauty and barber schools, secretarial training, armed forces related courses, and trade-school listings.

Item 12 sought to determine the percentage of the respondents who planned to remain in their present positions. The respondents for whom this item was applicable listed eighty-one percent who planned to remain in their present position,

three percent who planned to leave, and sixteen percent who were unsure.

In summary, the demographic data reveals:

1. Most of the respondents were male.
2. Most respondents were white, with 10.7 percent being black and considerably fewer Mexican-Americans and American Indians.
3. The largest age group represented was in the 25-29 age bracket with those in age groups 30-34, 35-39, and 40-43 following closely.
4. Married respondents clearly outnumbered those in any other marital category.
5. Children of the respondents in school categories numbered 64 in the K-6 group followed by 54 pre-schoolers, 34 junior high students and 31 high school pupils.
6. Political beliefs represented primarily the moderately conservative system closely followed by those who represent the middle-of-the-road political philosophy.
7. Religious representation was primarily Protestant.
8. Seventy-eight percent of the respondents had completed college.
9. The addict group showed a significantly lower educational achievement.
10. Most of those with college training had prepared in the field of education.
11. Nearly half of the respondents had between 1 and 5 years experience in their field. The second most prevalent group had between 6 and 10 years experience in their field (see Table 4.10).

#### Drug Opinion Data

Items 13 through 25 were designed to assess the opinions of the respondents regarding drug use by youth in their

community, the legalization of marijuana, the involvement of organized crime with regard to hard drugs, the availability of heroin under medical supervision, drug education programs, and the causes for non-medical use of drugs by young people.

In responding to Item 13 the respondents reported that over eighty-eight percent of them considered drug use by young people in their community had increased and sixty percent believe drugs to be a major problem (Item 18). Additionally, thirty-five percent of the respondents were of the opinion that the increase in drug use was rapid while thirty-eight percent thought the increase to be slow (Item 20).

Item 14 deals with the current controversy over the legalization of marijuana. On the whole, the reaction to this proposition was negative although this was not the case within the groups. Table 4.11 provides an analysis of the opinions for group comparison on this subject. Regarding the findings reported in Table 4.11 with respect to the legalization of marijuana, it can be noted that the addict, vocational-rehabilitation counselor, and male parent groups were the groups most in favor of its legalization. Least in favor of this option were the law enforcement personnel and certain of the teacher groups. It should also be noted that a significant number of the respondents reported they were unsure in this regard.

Item 15 regards the relationship of organized crime to hard narcotics. Over eighty-eight percent of the respondents

consider organized crime to be the controlling factor in hard drugs.

Items 16 and 17 reflect on the availability of heroin under medical supervision similar to the English system where opiate addiction is considered a medical problem and not a function of the police or of the criminal courts. The majority of the respondents considered that there would be no significant change in heroin addiction, but that there would be a substantial reduction in crime.

Items 21, 22, and 23 are related to drug education programs in the school. It can be noted that:

1. Ninety-seven percent of the respondents felt that drug education programs in the schools that had drug education programs were inadequate.
2. Approximately eighty percent stated that drug education should begin in the primary grades.
3. Ninety-three percent of the respondents indicated they would be supportive of drug education programs if they were offered in the schools.

Item 24 asked the respondents to rank the causes for drug use by young people. In the order of most importance they considered the causes to be:

1. Deterioration of the family unit.
2. Permissive society.
3. Boredom.
4. Continual world unrest.

It can be noted that the investigators and experts in the field of drugs also consider these forces to be the factors



behind the increase of the non-medical use of drugs by young people, although not necessarily in that order.

Item 25 asked the respondents if they suspected any of their children's acquaintances to be drug users. Of the one hundred twenty-five respondents with children:

1. Twenty-two percent suspected their children's acquaintances to be drug users.
2. Sixty-five percent did not suspect any of their children's acquaintances of using drugs.
3. Thirteen percent were unsure.

Since fifty percent of the respondents' children were in grade six or below, a sample in which more of the children were older might have produced significantly different responses.

The final item for discussion here is Item 50 which asked if the respondent would accept an addict into his home. Seventy percent of the respondents stated that they would not accept this responsibility. An analysis of the group responses on this item is presented in Table 4.12.

It can be noted in Table 4.12 that the probation officer, school administrator, school counselor, and two teacher groups were solidly against acting as foster parents for addicts. In favor of an activity of this nature were the law enforcement, clergy, and addict groups.

### Attitude Analysis

This portion of the analysis of the data considers the research questions which were presented in Chapter I. The two null hypotheses which were generated from the research questions were tested through the responses to the twenty-four vignettes, Items 26 through 49 of the Drug Addiction Treatment Attitude Survey. Herein, the respondents were instructed to assign the subjects described in the vignettes to a drug treatment program. A description of the treatment programs is included with the vignettes, see Appendix A.

### Testing the Hypotheses

The one hundred sixty-eight respondents were classified into fourteen groups which were based upon their occupations. Two groups are pertinent to the study, although they cannot be considered as occupations were the parents and the addicts.

Null hypothesis number one stated:

There is no significant difference in the attitudes held by school administrators, school teachers, school counselors, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, drug addicts, and parents as measured by the Drug Addiction Treatment Attitude Survey concerning drug treatment programs for youthful addicts.

This hypothesis was tested twenty-four times using a one-way analysis of variance across the fourteen groups with each vignette serving as a separate dependent variable. Therefore, this hypothesis in actuality is considered as twenty-four separate null hypotheses. Table 4.13 presents the mean score

of each vignette for all the fourteen groups.

It can be seen that vignettes number 1, 3, 4, 6, 7, 11, 15, 16, 17, 21, and 22 show significance at the .05 level of confidence. This means that the fourteen groups varied significantly in their attitudes concerning drug treatment programs for the youthful addicts described in the vignettes. Therefore, those eleven of the twenty-four null hypotheses are rejected. It can be concluded that, on the basis of the eleven vignettes, the fourteen groups hold different attitudes regarding the assignment of drug addicts to drug treatment programs which calls for rejection of null hypothesis number one.

Null hypothesis number two stated:

There is no significant difference in the attitudes held by school administrators, school teachers, school counselors, law enforcement personnel, probation officers, members of the clergy, vocational-rehabilitation counselors, drug addicts, and parents as measured by the Drug Addiction Treatment Attitude Survey concerning drug treatment programs for youthful addicts as a function of the addict's race, sex, intelligence, socio-economic status, family situation, school attendance, or record of arrests and illegal activity.

This hypothesis was tested seven times using a repeated measures analysis of variance. The levels of the measures factors were:

1. Race: Mexican-American, Black, White, American-Indian.
2. Sex: Male, Female.
3. Intelligence: Above Average, Average, Below Average.
4. Socio-economic status: High, Medium, Low.
5. Family situation: Good, Poor.

6. School attendance: Regular, Irregular.
7. Record of arrests and illegal activity: Neutral, Negative, Very Negative (Neutral activity would be of a non-criminal nature--negative activities would include acts such as theft or burglary--very negative would indicate drug peddling, prostitution, and crimes that indicate the possibility of bodily harm).

Each repeated measures analysis resulted in three separate tests of the hypothesis. The first tested the mean differences in the attitudes of the fourteen groups collapsed across all the vignettes. The second tested the differences across two, three, or four levels of the repeated measures collapsed across all groups. The third analysis tested the interaction between groups and levels of the repeated measures. The tables in Appendix D summarize the attitude data with respect to the three enumerated hypothesis tests. The means depicted on these tables are based on a scale of from one to five. On the scale a score of five represents a wholly punitive attitude toward the treatment of drug addicts while a score of one would represent a therapeutic approach in the treatment of drug addiction.

Table 4.14 shows that, on the average, the respondent groups were most punitive toward Blacks and least punitive toward American Indians. It can be noted, however, that the Law Enforcement group showed a reverse of this trend and was most punitive toward Whites. The overall attitudes indicated the Law Enforcement group to be the most punitive with respect to race while the Probation Officer and Clergy groups were least punitive.

Table 4.15 presents the results of the repeated measures analysis of variance. The test for the mean differences across the fourteen groups was significant at the .05 level of confidence. There was also a significant difference between the means of the vignettes as a function of the addict's race with the respondents being more punitive toward Blacks. There was no interaction between the groups and measures. This means that each of the fourteen groups was roughly equally more punitive toward Blacks than any other racial category.

Table 4.16 shows that the respondent groups were more punitive toward males than females. Regarding this measure the Law Enforcement group was considerably more punitive than any of the other groups. The Probation Officer group was the least punitive of the groups.

Table 4.17 presents the results of the repeated measures analysis of variance. The test for the mean differences across the fourteen groups was significant at the .05 level of confidence as a function of the addict's sex. There was also a significant difference between the means of the vignettes as a function of the addict's sex with the respondents being more punitive toward males. There was no interaction between groups and measures. This means that each of the fourteen groups was equally more punitive toward males than females.

Table 4.18 shows that, on the average, the respondent groups were most punitive toward addicts with below average intelligence and least punitive toward those of average

intelligence. This pattern was reversed, however, by most of the teacher groups and the parent groups who were most punitive toward those addicts of above average intelligence.

Table 4.19 presents the results of the repeated measures analysis of variance utilizing the categories of intelligence. The test for the mean differences across the fourteen groups was significant at the .05 level of confidence as was the test for the differences between the means which showed the groups being most punitive toward addicts of below average intelligence and least punitive toward drug addicts with average intelligence. The test for interaction also showed significance as can be seen from the graph in Figure 4.1. The representation shows that all the fourteen groups were not equally punitive toward the addicts with regard to their intelligence. The most obvious instances of interaction occur in the Law Enforcement group and the Social Science Teacher Group.

Table 4.20 shows that, on the average, the respondent groups were most punitive toward addicts with a medium socio-economic status and least punitive toward addicts from a low socio-economic background. This pattern was reversed by the Law Enforcement group which was significantly more punitive toward addicts from the low socio-economic level and least punitive toward addicts from a high socio-economic level.

Table 4.21 presents the results of the repeated measures analysis of variance utilizing the categories of socio-economic

status. The test for the mean differences across the fourteen groups was significant at the .05 level of confidence as was the test for the differences between the means which showed the groups being most punitive toward addicts from a medium socio-economic background. There was no interaction between the groups and measures. This means that each of the fourteen groups was roughly equally more punitive toward addicts from a medium socio-economic background.

Table 4.22 indicates that the respondent groups were more punitive toward addicts with a good family situation. The most punitive group was Law Enforcement and the least punitive being the Probation Officer group.

Table 4.23 presents the results of the repeated measures analysis of variance utilizing the categories of family situation. The test for the mean differences across the fourteen groups was significant at the .05 level of confidence as was the test for the differences between the means which showed the groups being most punitive toward addicts from a good family situation. There was no interaction between the groups and measures. This means that each of the fourteen groups was roughly equally more punitive toward addicts from a good family background.

Table 4.24 shows that the respondent groups were more punitive toward addicts with irregular school attendance. This pattern was reversed, however, by the parent and Clergy groups who were more punitive toward addicts with regular

school attendance. The Law Enforcement personnel were significantly more punitive than any of the other groups.

Table 4.25 presents the results of the repeated measures analysis of variance utilizing the categories of school attendance. The test for the mean differences across the fourteen groups was significant at the .05 level of confidence as was the test for the differences between the means which showed the groups being most punitive toward addicts with irregular school attendance. The test for interaction also showed significance as can be seen in the graph in Figure 4.2. The representation shows that all the fourteen groups were not equally punitive toward the addicts with regard to school attendance. The most obvious instances of interaction occur in the Law Enforcement group and also the parent and Clergy groups.

Table 4.26 shows that the respondents were most punitive toward addicts with a very negative record of arrests and illegal activity. It should be noted also that addicts with a negative record of arrests and illegal activities received less punitive treatment than did addicts with a neutral record of arrests and illegal activities. The Clergy, however, showed a reverse pattern regarding this function.

Table 4.27 presents the results of the repeated measures analysis of variance utilizing the categories of record of arrests and illegal activity. The test for the mean differences was significant as was the test for the differences





between the means. The test for interaction also showed significance as can be seen in the graph of Figure 4.3. This means that not all the groups were equally punitive toward the addicts with regard to their record of arrests and illegal activity. The School Counselor, Social Science Teacher, and Clergy groups indicate the most obvious instances of interaction.

In summarizing the responses to the 24 vignettes it can be stated:

1. There was a significant difference in the attitudes of the groups in eleven of the twenty-four vignettes.
2. There was a significant difference in the average of the attitudes across all twenty-four of the vignettes.
3. There was a significant difference in the attitudes of the groups toward the different categories of race, sex, intelligence, socio-economic status, family situation, school attendance, and record of arrests and illegal activity.
4. There was a significant interaction between groups and levels of intelligence, school attendance, and record of arrests and illegal activity.

On the basis of the tests administered to the hypotheses and the levels of significance obtained, both null hypotheses were rejected.

#### Interview Data

From the beginning of this study the researcher has considered the interview technique a necessary adjunct to an investigation of this nature.

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Some readers may deem the interview technique to be less scientific than other research systems because of the possibilities of the bias or of the researcher of being "put-on" by those being interviewed. These considerations aside, it must be stated that the researcher had no real feeling for the actual workings of the drug culture or the perceptions of those individuals to whom drugs and drug users had become a reality until many of the interviews had been concluded.

With particular regard to the Addict group, several informal meetings were necessary before an addict would even guardedly discuss his situation. These personal experiences give validity to Pope's conclusions as he writes:

Many drug users are far too disenchanted with society to respond openly to someone who used such straight techniques as taking notes, distributing questionnaires, or even informal interviewing. Even if the interviewer were under thirty and had long hair, I shudder to think of the result if he asked an acid-head to rate himself on a scale of one to five. A researcher who tried to reduce people to numbers would be fair game for a put-on.<sup>2</sup>

Many of those interviewed verbalized some discomfort regarding the questionnaire. They stated that insufficient information had been provided regarding the individuals described in the vignettes about whom they were to make decisions. Most of the respondents agreed with the researcher, however, that frequent decisions of equal magnitude, with particular regard to students, are registered on even less information.

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<sup>2</sup>Harrison Pope, Jr., Voices From the Drug Culture (Boston: Beacon Press, 1971), p. 126.

Most of those interviewed expressed genuine concern and anxiety regarding their perceptions of the drug problem. Nearly all transmitted a feeling of futility about drugs and feared the situation would worsen considerably in the near future. In reviewing the most frequently articulated thoughts and opinions it can be summarized that:

1. The school received considerable blame for allowing drugs to spread so rapidly. The school's refusal to teach the truth about drugs and to "get tough" with the pushers indicates a tacit approval of drugs and drug users.
2. The police don't concentrate enough time and energy in seeking out the sources of drug supply. They are content in just arresting the drug users.
3. School personnel assumed a defensive posture in that they felt they have been given an impossible task--that the behavior of young people is a parent responsibility and that the schools were neither equipped, empowered, or able to cope with the drug problem.
4. The courts were felt to be unrealistic in their handling of drug offenders. Too many go free or are given such light sentences that "justice" is a mockery.
5. Marijuana should be legalized--its less harmful than alcohol, and besides, the laws are unenforceable.
6. Penalties for the use of marijuana are not stiff enough--its use leads to hard drugs.
7. The church has ignored its responsibility to youth. They spend too much time preaching to the people who don't need it.
8. "Adults are too involved with their own "hang-ups" to be concerned with young people. They [the adults] don't communicate--they don't even try to communicate."
9. "They've [the parents and the school] lied to us so much about everything else, they're probably lying about drugs too."

10. "School is so bad, I have to get stoned [high on drugs] so I can stand it."

The final three comments were those of young people who made these statements in conversations with the researcher on the campus of Michigan State University and in screening sessions for drug treatment programs in which the researcher participated.

Comments from the drug users, both those who were in treatment programs and those who were not, were equally enlightening. They did, however, present a particular set of problems. Most of them were involved in an illegal activity and not inclined to openness. Many of those interviewed who were in the methadone maintenance program tended to romanticize their situation as being in a special category of "Super-Junkie" and, therefore, above most drug users. Many, however, fully enjoyed articulating their feelings, and did so at length.

Some of the most frequently expressed opinions of the drug users included:

1. "The police and the prosecutor's office have the most to say about who goes to jail and who gets treatment. If the arresting officer turns in a "good" report on you the courts tend to be more lenient."
2. "Junkies [drug addicts] are easy to find and convict. If the prosecutor is trying to make a record for himself, you're on your way to Jackson [Jackson Prison]."
3. "The cops don't seem to be as hard on the junkies as they used to be. Someone in their own family must be on dope."

4. "In-residence treatment programs are bad--they treat you like dogs. They take away all your self-respect. I don't have to be told I'm shit, I know that already. Most of the cats split [run away] anyway. They're worse than Jackson--I'd rather go to Jackson."
5. "If you're Black or look like a hippie they [the police and the courts] hassle you all the time. Black means dead around here."
6. "No one ever asked me if I wanted to come to a treatment program. My mother had to beg on her knees to get the judge to let me come here."
7. "Treatment programs aren't for everybody. You've got to want to quit doing drugs--no one can make you quit."
8. "There's more junkies nowadays, but they're smarter and the cops seem to look the other way."
9. "The increase in people doing [using] drugs is real bad in the junior high and high school. The young kids are really going crazy in this town. You can get all the junk [drugs] you want at school."
10. "When you come up with something better, we'll quit doing drugs."

### Summary

The analysis presented in this chapter sought to identify the respondents through the demographic data and to assess the respondents' opinions about drugs and drug users. This information is presented and summarized in Tables 4.1 through 4.12.

In addition, this chapter presented an analysis of the respondents' attitudes about drugs and drug addicts through their responses to the hypothetical vignettes in the Drug Addiction Treatment Attitude Survey. This information is

presented in Tables 4.13 through 4.27 and in Figures 4.1 through 4.3.

In exploring the means of the repeated measures analyses it can be concluded that the respondents were:

1. Most punitive toward Blacks, followed in order by Whites, Mexican-Americans and American Indians.
2. More punitive toward males than females.
3. Most punitive toward drug addicts with below average intelligence.
4. Most punitive toward drug addicts with a medium socio-economic status.
5. More punitive toward drug addicts with a good family situation.
6. More punitive toward drug addicts with irregular school attendance.
7. Most punitive toward drug addicts whose record of arrests and illegal activity were considered very negative.

The two final tables relative to this chapter are summaries of the attitude data. Table 4.28 presents the grand means of the twenty-four vignettes as a comparison of the most and least punitive respondent groups by vignette. Table 4.29 offers a comparison of the respondent groups with regard to a punitive group attitude. This was developed using the average of the means within each group. It can be noted by overall average that the most punitive group was the Law Enforcement personnel and the least punitive the Probation Officer group.

The conclusions and recommendations are presented in Chapter V.



## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

There seems to be agreement that the use of drugs by young people in our country has become a critical problem of national concern. Our daily newspapers keep us informed of the continuing increase in drug related crimes against people and property, of the rock-music concerts that draw thousands of youth and leave some behind--dead from drug overdose, or the frequent instances of civil disobedience that frequently feature and promote drugs as the way of life for some youth.

It would seem difficult to find anyone of reasonable ability who does not consider himself knowledgeable and aware of drugs and the culture that drugs has spawned. It would appear even more difficult to find an individual who does not feel his opinions of what to do about drugs and drug users to be both valid and viable.

The flood of literature related to drugs is of itself epidemic. There appears to be no end of books that tell of either how "bad" or "good" drugs are. America is a nation well aware of drugs, the drug scene, and the drug problem.

### Conclusions

The major purpose of this study was to identify the attitudes related to drugs, drug addiction, and drug addicts by adults who are considered to have the greatest impact upon the fate of drug addicts. The non-medical use of drugs is a criminal offense and an individual convicted on drug charges usually faces a jail or prison sentence. The alternatives to incarceration are drug treatment programs. These programs range from in-residence therapeutic treatment programs to a few prison sponsored ones. The courts decide the addict's future as based upon the judiciary's perceptions of what best suits the addict and society. These perceptions, it was learned, may be formulated through the input of those considered individuals closest to the drug addict.

These individuals made up the sample for this study, with the population being the metropolitan Flint, Michigan area. The data was gathered through the use of an instrument designed by the researcher with the assistance of the members of the guidance committee.

The major findings based on the analysis of the data were:

1. There was a significant difference in the attitudes of the respondents regarding the assignment of drug addicts to drug treatment programs.
2. There was a significant difference in the attitudes of the respondents as a function of the addict's race, sex, intelligence, socio-economic status, family situation, school attendance, and record of arrests and illegal activity.

3. There was significant interaction between respondent groups and levels of intelligence, school attendance, and record of arrests and illegal activity.
4. The respondents were most punitive toward blacks.
5. The respondents were most punitive toward individuals of low intelligence.
6. Law enforcement personnel were most punitive in their overall attitudes.
7. Probation officers were least punitive in their overall attitudes.
8. School counselors were significantly less punitive than vocational-rehabilitation counselors.

The data also revealed that:

1. The vast majority of the respondents (97 percent) felt drug education programs in the schools were inadequate.
2. Eighty percent of the respondents felt drug education should begin in the primary grades.
3. The reason given by most of the respondents for youth's preoccupation with drugs was the deterioration of the family unit.
4. Seventy percent of the respondents would not consider taking a youthful addict into their home for purposes of rehabilitation.

From these conclusions and from the data gained through the personal interviews the researcher made the following interpretations:

1. Race would be a significant factor in the assignment of drug addicts to drug treatment programs as is indicated in the punitive attitude toward Blacks.
2. The schools of the area are not providing adequate drug education programs.
3. The schools of the area are either not listening to the wishes of the community regarding the provision of adequate drug education programs or the community is not articulating its wishes.

4. The majority of the respondents do not want to "get involved" with the drug problem.
5. School personnel, in particular, were most punitive toward individuals with low intelligence and those with irregular school attendance.
6. Some respondent groups did not appear very realistic in their recommendations of drug treatment programs for addicts. It seems inconceivable that one treatment program would be recommended for most or all addicts.
7. There appeared to be little articulation between drug programs and related agencies and little cooperation between the drug treatment programs themselves.

It can be noted that some groups were significantly more punitive than others in electing drug treatment programs for the individuals described in the vignettes. This might lead one to conclude that the groups emphasizing less punitive means consider jail or prison to be an ineffective form of treatment and that in-residence therapy was the best alternative.

This conclusion cannot stand without inquiry, however, for one must ask if this type of thinking differs significantly from the philosophy that promotes the institutionalization of the mentally retarded. According to the drug addicts interviewed many of the in-residence programs are as difficult as prison and some are worse. The effectiveness of some in-residence drug treatment programs is clearly open to question when, as Louriá notes:

The figures from the narcotic rehabilitation unit at Lexington, Kentucky, for example, show that 95 percent

of the people leaving that institution use heroin again within a period of six months.<sup>1</sup>

Indeed, most of the drug addicts interviewed by the researcher considered in-residence drug treatment programs to be little more than a method construed by the courts to separate them from society while causing them to suffer cruel and unusual treatment--an adequate substitute for prison.

### Recommendations

It would appear obvious that there are no easy answers to a situation as complex as the drug problem. It might be argued that it is not a matter of whether or not we want drug addicts, it is a matter of fact that we have them. What we do with them becomes the crucial decision.

It has been demonstrated that the attitudes of those persons who are considered to have the greatest impact upon the fate of the drug addict differ significantly. These differences are undoubtedly due to differing perceptions regarding drugs and drug addiction. Perceptions, we are told, can be changed through the addition of information.

The review of the literature demonstrated the reasons for the continued non-medical use of drugs to be considerable. Therefore, it would not appear likely that one type of treatment program would benefit every drug addict.

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<sup>1</sup>Donald Louria, The Drug Scene (New York: McGraw-Hill Book Company, 1970), p. 163.

Moreover, the many drug users contacted by the writer stated that no program would work unless the user wanted to be rehabilitated.

The researcher concluded there to be a significant lack of information about drugs and drug addiction on the parts of many of the respondents. This can be corrected only through a concerted program of education regarding drugs and drug users for those people who would have contact with the drug users. To the researcher this most aptly effects school personnel when it is considered that what was a relatively minor problem in colleges is now a major one in the grade schools and high schools. This then becomes a problem for all communities.

As stated, most problems are usually problems because of a lack of knowledge and the reliance on stereotypes. Therefore, the community must, in a rational manner:

1. Become aware of the truth about drugs and addiction through education of the adult population by reliable sources who do not tend to exaggerate, sensationalize, or moralize.

2. Become aware of the extent of the drug problem in their community.

3. Require the schools to include, as a separate part of the curriculum, reasonable drug education programs for all students. It would be assumed that if the community considered drug education to be necessary in the primary grades, it would be offered in the primary grades.

4. Require the schools to provide properly trained staff members who would present drugs factually and objectively.

5. Demand that the media act in a responsible manner regarding drugs by refraining from the exaggerated and sensationalized treatment now given the drug culture.

6. Concentrate on workable methods of combating drug abuse. Be aware that the general reasons youth turns to drugs is because of alienation, peer pressure, boredom, curiosity, frustration, and fun. It is necessary to provide socially acceptable alternatives for drugs.

7. Educate parents to their responsibilities to the young by making the fact plain that the adult world often contributes to the drug menace by failing to provide facts about drugs, by showing excessive dependence on both prescription and non-prescription drugs, or by ignoring their responsibilities as parents.

8. Provide opportunities that allow young people to participate in community activities designed to control drug use. The drug scene too often provides the sense of community for youth that is lacking elsewhere.

9. Provide for frequent and systematic evaluation of both drug education and drug treatment programs that would allow for change when and where necessary in order to keep such programs functioning optimally.

10. Provide the necessary guidance and direction for drug treatment programs so as to prevent their becoming political

pawns wherein the drug addict is given little or no consideration.

11. Undoubtedly one of the major problems of communication between the different groups vitally involved in the drug problems are because of the vastly differing perceptions held by the groups. Perhaps these perceptions might be brought into focus and the differences reduced through the effort of community workshops and other cooperative ventures that would promote greater consensus.



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## APPENDICES

## APPENDIX A

### DRUG ADDICTION TREATMENT ATTITUDE SURVEY

## APPENDIX A

## DRUG ADDICTION TREATMENT ATTITUDE SURVEY

1. Sex: 1. male\_\_\_\_ 2. female\_\_\_\_
2. Race: 1. Black\_\_\_\_ 2. Mexican-American\_\_\_\_ 3. White\_\_\_\_  
4. American Indian\_\_\_\_ 5. Oriental\_\_\_\_
3. Age: 1. 15-19\_\_\_\_ 2. 20-24\_\_\_\_ 3. 25-29\_\_\_\_ 4. 30-34\_\_\_\_  
5. 35-39\_\_\_\_ 6. 40-44\_\_\_\_ 7. 45-49\_\_\_\_ 8. 50-54\_\_\_\_  
9. 55-59\_\_\_\_ 10. 60-64\_\_\_\_
4. Marital Status:  
1. married\_\_\_\_ 2. single\_\_\_\_ 3. divorced\_\_\_\_  
4. separated\_\_\_\_ 5. widowed\_\_\_\_
5. Please indicate the number of children you have in the following categories:  
1. pre-school\_\_\_\_ 2. K-6\_\_\_\_ 3. jr. high\_\_\_\_  
4. high school\_\_\_\_ 5. college\_\_\_\_ 6. post-school\_\_\_\_
6. Please specify which best indicates your political belief:  
1. strongly conservative\_\_\_\_ 4. liberal\_\_\_\_  
2. moderately conservative\_\_\_\_ 5. left\_\_\_\_  
3. middle-of-the-road\_\_\_\_
7. Religion:  
1. Catholic\_\_\_\_ 3. Jewish\_\_\_\_ 5. None\_\_\_\_  
2. Protestant\_\_\_\_ 4. Other\_\_\_\_
8. Education: (please indicate your highest educational attainment)  
1. less than 8 years\_\_\_\_ 6. completed college\_\_\_\_  
2. completed grade school\_\_\_\_ 7. masters degree\_\_\_\_  
3. less than 4 years high school\_\_\_\_ 8. Ed. Specialist\_\_\_\_  
4. completed high school\_\_\_\_ 9. EdD or PhD\_\_\_\_  
5. less than 4 years college\_\_\_\_

9. If you have a college education, your major in college:
- |                         |                              |
|-------------------------|------------------------------|
| 1. Social Science____   | 6. Education____             |
| 2. Math-Science____     | 7. English-Language Arts____ |
| 3. Home Economics____   | 8. Health--P.E.____          |
| 4. Foreign Language____ | 9. Other____                 |
| 5. Industrial Arts____  |                              |
10. Please specify any other educational attainment not listed:  
(trade or technical school, etc.)
11. Years in present position:
- |              |                     |              |              |
|--------------|---------------------|--------------|--------------|
| 1. 1-5____   | 2. 6-10____         | 3. 11-15____ | 4. 16-20____ |
| 5. 21-25____ | 6. more than 25____ |              |              |
12. Do you intend to stay in your present field:
- |            |           |               |
|------------|-----------|---------------|
| 1. yes____ | 2. no____ | 3. unsure____ |
|------------|-----------|---------------|
13. In recent years, do you feel the drug problem among young people in your community has:
- |                  |                  |                          |
|------------------|------------------|--------------------------|
| 1. increased____ | 2. decreased____ | 3. remained the same____ |
| 4. unsure____    |                  |                          |
14. Should marijuana be legalized:
- |            |           |               |
|------------|-----------|---------------|
| 1. yes____ | 2. no____ | 3. unsure____ |
|------------|-----------|---------------|
15. Do you feel organized crime is behind the trade in heroin and hard narcotics:
- |            |           |               |
|------------|-----------|---------------|
| 1. yes____ | 2. no____ | 3. unsure____ |
|------------|-----------|---------------|
16. If heroin was made available for addicts under medical supervision, as in England, do you feel there would:
- |   |
|---|
| 1. be significantly more heroin addiction____       |
| 2. be significantly less heroin addiction____       |
| 3. be no significant change in heroin addiction____ |

17. If heroin was made available for addicts under medical supervision, as in England, would there be considerably:
1. more crime\_\_\_ 2. less crime\_\_\_ 3. no change\_\_\_
18. Do you feel drug use by young people is a major problem in your community?
1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_
19. Do you feel drug use by young people in your community is increasing?
1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_
20. Do you feel drug use by young people in your community is increasing:
1. rapidly\_\_\_ 2. slowly\_\_\_ 3. not increasing\_\_\_  
4. unsure\_\_\_
21. Regarding current drug education programs in the school, are they:
1. adequate\_\_\_ 2. inadequate\_\_\_ 3. unsure\_\_\_  
4. there are none\_\_\_
22. Should drug education in schools begin in:
1. primary grades\_\_\_ 2. jr. high\_\_\_ 3. high school\_\_\_  
4. should not be taught in schools\_\_\_ 5. unsure\_\_\_
23. If an intensive and extensive drug education program was taught in the schools would you be:
1. supportive\_\_\_ 2. opposed\_\_\_ 3. unsure\_\_\_
24. Please rank what you feel the causes for drug use by young people are: (1--the main cause, 2--the next, etc.)
1. hippies\_\_\_ 6. movie and TV violence\_\_\_  
2. boredom\_\_\_ 7. rapid change\_\_\_  
3. rock music\_\_\_ 8. continual world unrest\_\_\_  
4. permissive society\_\_\_ 9. poor schools\_\_\_  
5. deterioration of the family unit\_\_\_
25. Do you suspect any of your children's acquaintances to be drug users?
1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_ 4. I have no children\_\_\_

## Vig. Item

- 1 26 Manuel D is a 16 year-old Mexican-American male with above average intelligence. Manuel is provided with a comfortable home by his parents who work hard to make the family restaurant a success. Manuel helps in the restaurant along with his older brother and sister. Manuel has regular school attendance and he has no arrest record. Manuel steals to support his habit.
- 1 2 3 4 5
- 2 27 Celia A. is a 15 year-old black female of below average intelligence. Celia lives with her mother, two younger sisters, and an older brother. The family is on relief and the father is in prison. Celia has had a child out of wedlock that lives with her family. Celia's school attendance is irregular. Her arrest record includes prostitution and drug peddling. This is also her method of obtaining heroin.
- 1 2 3 4 5
- 3 28 Terri C is an attractive 16 year-old white female with below average intelligence. Terri's father is a minister and in the middle income bracket. Terri has an older brother who is in college in another state. Terri's mother is perpetually busy with church, social, and philanthropic work. Terri has regular school attendance and no arrest record. Terri's drug need is supplied by her boy friend.
- 1 2 3 4 5
- 4 29 Martha O. is a 14 year-old black female with above average intelligence. Martha's parents are both professionals and provide an excellent living for the family. Martha has a twin sister and younger brother. Martha's school attendance is regular and she has no arrest record. Martha's ample allowance supports her habit.
- 1 2 3 4 5
- 5 30 Tina F. is an attractive and athletic 15 year-old Mexican-American female of average intelligence. Tina's father owns a successful bar and restaurant and provides a good living for the family. Tina is

the youngest of four children, two of which are still in the home. Tina's mother is in a mental institution. Tina's school attendance is irregular and she has a record of petty theft. Tina steals from the restaurant and uses her salary and tips to support her habit.

1 2 3 4 5

6 31 Archie W. is a 16 year-old American Indian male of average intelligence. Archie's parents are very poor and live on their tribal reservation. Archie is in a government sponsored trade school. Archie is in a boarding school and his attendance is regular. Archie's arrest record includes breaking and entering and petty theft. Archie steals to support his habit.

1 2 3 4 5

7 32 Tommy M. is a 14 year-old Mexican-American male of below average intelligence. Tommy's father and mother are farm laborers and must follow the crops as seasonal workers. Tommy has eight brothers and sisters, all of which are older. Tommy's school attendance is irregular and his arrest record includes truancy, petty theft, and auto theft. Tommy supports his habit by stealing.

1 2 3 4 5

8 33 Raul B. is a 14 year-old Mexican-American male with above average intelligence. Raul also has considerable artistic ability. Raul's father is a successful labor leader and provides a comfortable living for the family. Raul's mother died when he was six years old and he was raised by an older sister and brother-in-law who live with the family. Raul's father recently was married to a much younger woman. Raul has irregular school attendance and no arrest record. Raul sells drugs to others to support his habit.

1 2 3 4 5

9 34 Hector X. is a 14 year-old American Indian male of below average intelligence. Hector lives with his mother and older sister. The family is on welfare. Hector's school attendance is irregular and he has an arrest record which includes strong-arm robbery, petty theft, and burglary. Hector sells drugs to others to support his habit.

1 2 3 4 5

10      35      Jack N. is a 16 year-old white male of below average intelligence. Jack lives with his widowed grandmother who is supported by a modest pension. Jack's grandmother is deeply religious and devotes much of her time to the church. Jack's attendance in school is irregular and his arrest record includes petty theft and strong-arm robbery. Jack steals to support his habit.

1                      2                      3                      4                      5

11      36      Allen I. is a 16 year-old white male with above average intelligence. Allen is both artistic and athletic. Allen's druggist father provides a good living for the family. Allen's mother is a constant complainer. There are two younger children in the home. Allen's school attendance is irregular and his arrest record includes truancy and petty theft. Allen steals money and drugs from his father's store and sells drugs to others to support his habit.

1                      2                      3                      4                      5

12      37      Fanny U. is a 14 year-old American Indian female with average intelligence. Fanny's father is a well-paid government official and is an alcoholic. Fanny has a younger brother and sister. Fanny has good school attendance and no arrest record. Fanny supports her habit through her allowance and by stealing.

1                      2                      3                      4                      5

13      38      Marvin R. is a 16 year-old black male with above average intelligence. Marvin is also an outstanding athlete. Marvin has an older brother who is a well-known professional athlete. Marvin's father is a successful dentist who provides well for the family. Marvin's mother is active in church and social work. Marvin's school attendance is regular and he has no arrest record. Marvin sells drugs to others to support his habit.

1                      2                      3                      4                      5

14      39      Mabel T. is a 16 year-old American Indian female with above average intelligence. Mabel lives with a middle-class church sponsored foster family. Mabel's school attendance is regular and she has no arrest record. Mabel uses the money from her tribal scholarship and steals to support her habit.

1                      2                      3                      4                      5



15      40      Nancy E. is a 14 year-old black female with average intelligence. Nancy's family income is above average. Her father is a teacher and her mother a social worker. There are no other children in the home. Nancy's attendance in school is regular and she has no arrest record. The money Nancy earns from baby-sitting and her allowance support her habit.

1                      2                      3                      4                      5

16      41      Betty Q. is an attractive 15 year-old Mexican-American female with above average intelligence. Betty's parents both work and provide comfortably for Betty and her two older brothers. Betty's school attendance is irregular and she has no arrest record. Betty's habit is provided for by the money she gets from an older man with whom she is having an affair.

1                      2                      3                      4                      5

17      42      Anita S. is a 15 year-old American Indian female of below average intelligence. Anita's family is on relief. She lives with her mother, step-father, and three younger sisters. Anita is pregnant by her step-father. Anita's school attendance is irregular. She has an arrest record that includes petty theft. Anita uses her earnings as a part-time motel maid to support her habit.

1                      2                      3                      4                      5

18      43      John G. is a 14 year-old black male of average intelligence. John's family is on welfare. John lives with his mother, two older sisters and a younger brother. There is no father in the home. John's school attendance is irregular and he has no arrest record. John supports his habit by petty theft and burglary.

1                      2                      3                      4                      5

19      44      Ray V. is a 15 year-old American Indian male with above average intelligence. Ray's father is a renowned silversmith and provides excellently for the family. Ray's mother is an alcoholic. There are three younger children in the family. Ray's school attendance is regular and he has no arrest record. Ray is also a talented artist and silver-smith. He sells his work to support his habit.

1                      2                      3                      4                      5

- 20      45      Anna L. is a 14 year-old white female of average intelligence. Anna's father is a career Army man who is presently overseas. Anna's mother is a heavy drinker and openly promiscuous. Anna has two younger sisters. Anna's school attendance is irregular and she has no arrest record. Anna baby-sits and steals to support her habit.
- 1                      2                      3                      4                      5
- 21      46      Alvin P. is a 15 year-old white male of above average intelligence. Alvin's father is a successful salesman and frequently out-of-town. He provides a very comfortable living for the family. Alvin has a younger sister. Alvin's mother is an excellent and avid golfer and very civic minded. Alvin's school attendance is irregular. His arrest record includes petty theft, truancy, and breaking and entering. Alvin sells drugs to others to support his habit.
- 1                      2                      3                      4                      5
- 22      47      Maria J. is a 16 year-old Mexican-American female with above average intelligence. Maria's father is a laborer and provides a meager living for the family. The parents are poor but proud and deeply religious. Maria has one older sister and two younger sisters. Maria's school attendance is regular. Her arrest record includes soliciting. Maria uses her earnings as a prostitute to support her habit.
- 1                      2                      3                      4                      5
- 23      48      Charlie K. is a 15 year-old black male with below average intelligence. Charlie lives with his aunt and her children in a modest, but comfortable home. Charlie's school attendance is irregular. His arrest record includes petty theft, burglary, strong-arm robbery, and auto theft. Charlie sells drugs to others to support his habit.
- 1                      2                      3                      4                      5
- 24      49      Mary H. is a 13 year-old white female of above average intelligence. Mary's father is a very successful businessman and highly respected in the community. The family enjoys an excellent standard of living. Mary's mother is an alcoholic. Mary's school attendance is regular and she has no arrest record. Mary steals from her mother to support her habit.
- 1                      2                      3                      4                      5

## Item 50

Many young addicts are products of undesirable home situations. Most therapists and directors of treatment and rehabilitation programs consider an acceptable home situation to be the difference between success and failure in the rehabilitation and recovery of young addicts. Live-in therapeutic community programs are expensive and in short supply. In some states the age of the addict would preclude admission to a live-in situation. Would you accept the responsibility of a young addict in your home as a member of your family in cooperation with an addict recovery program?

1. yes\_\_\_ 2. no\_\_\_

Answer the following only if your answer to the above is yes.

2. Would you accept a:

1. boy\_\_\_ 2. girl\_\_\_ 3. either\_\_\_

3. Would the race of the addict make a difference?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

4. Would the addict's intelligence have to be:

1. high\_\_\_ 2. average\_\_\_ 3. low\_\_\_

4. intelligence would make no difference\_\_\_

5. Would the addict's arrest record make a difference?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

6. Would the addict's previous school attendance record make a difference?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

7. If the addict had come from a poor family would it make a difference?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

8. If the addict had come from a bad family situation would it make a difference?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

Each young person described is a heroin addict. The length of their respective addiction is from one to three years. Their addiction was only recently discovered--none was known to be a prior drug user. Please read the brief statement on each individual and select the rehabilitation method appropriate from the programs described below.

1. This addict is a victim of many factors which he or she could not control. The home situation is not supportive for the individual. This addict might best be helped by a therapeutic community which is a live-in situation stressing work, responsibility, and honesty. The usual residency is from 18 to 24 months. Most therapeutic communities are populated by addicts seeking rehabilitation and must quit drugs without medical assistance. Some of the communities have professional staff members.
2. The home situation of this addict appears to be stable and supportive. This addict could probably remain in the home and be rehabilitated through the cooperative effort of the school, church, home and non-residential therapy programs.
3. This addict has many positive factors to his or her credit. The individual is intelligent, talented, and has a reasonable home situation. This addict will probably understand the mistake he or she is making once it is fully explained. It would seem unnecessary to involve anyone else and risk causing the family additional embarrassment.
4. This addict lacks the self-discipline necessary to succeed in the other programs. The home situation is not unacceptable and would probably be supportive. Probation by the court is probably the best solution. It would be carefully explained to the addict that he or she would be required to seek new and acceptable companions, demonstrate acceptable behavior, and generally "shape-up" or risk the loss of personal freedom.
5. This addict is incorrigible. Society needs protection from this type. This addict should be placed in a training school, jail, or prison until such time that he or she can prove that society need not fear their behavior.

APPENDIX B

COVER SHEETS

APPENDIX B  
COVER SHEET FOR CLERGY

1. Is your congregation:

1. large\_\_\_ 2. small\_\_\_ 3. medium in size\_\_\_

2. Denomination: (other than Protestant)

1. Catholic\_\_\_ 2. Jewish\_\_\_ 3. Orthodox\_\_\_

3. Protestant:

1. Baptist\_\_\_

6. Seventh Day Adventist\_\_\_

2. Episcopal\_\_\_

7. Church of Christ\_\_\_

3. Pentecostal\_\_\_

8. Methodist\_\_\_

4. Lutheran\_\_\_

9. Presbyterian\_\_\_

5. LDS\_\_\_

4. Young people with drug problems come to you:

1. frequently\_\_\_ 2. infrequently\_\_\_ 3. never\_\_\_

APPENDIX B  
COVER SHEET FOR TEACHERS

1. You work mostly in:

1. Jr. high\_\_\_\_ 2. High school\_\_\_\_

2. You work mostly in the field of:

1. Social Science\_\_\_\_

6. Language Arts\_\_\_\_

2. Math-Science\_\_\_\_

7. English\_\_\_\_

3. Home Economics\_\_\_\_

8. Health--P.E.\_\_\_\_

4. Foreign Language\_\_\_\_

9. Other\_\_\_\_  
(specify)

5. Industrial Arts\_\_\_\_

3. Do you coach athletics in addition to your other duties?

1. yes\_\_\_\_ 2. no\_\_\_\_

4. Young people with drug problems come to you:

1. frequently\_\_\_\_ 2. infrequently\_\_\_\_ 3. never\_\_\_\_

5. Would you take the time and effort to become qualified to teach drug education programs?

1. yes\_\_\_\_ 2. no\_\_\_\_ 3. unsure\_\_\_\_

APPENDIX B

COVER SHEET FOR SCHOOL ADMINISTRATORS

1. Your location:

1. jr. high\_\_\_ 2. high school\_\_\_ 3. central office\_\_\_

2. Do you feel the drug education programs in the district are:

1. adequate\_\_\_ 2. inadequate\_\_\_ 3. unsure\_\_\_

3. How do you feel the community would react to an intensive and extensive drug education program that would be sponsored by the district?

1. positively\_\_\_ 2. negatively\_\_\_ 3. unsure\_\_\_

4. Young people with drug problems come to you:

1. frequently\_\_\_ 2. infrequently\_\_\_ 3. never\_\_\_

5. Do you feel it takes a specially qualified teacher to teach drug education programs?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

6. Would you endorse a program to qualify teachers to teach drug education programs?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

7. Do you feel that school counselors are qualified to counsel students with drug problems?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

8. Would you endorse a program to qualify counselors to become proficient in drug counseling?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_



## APPENDIX B

## COVER SHEET FOR SCHOOL COUNSELORS

1. Your location:

1. jr. high\_\_\_ 2. high school\_\_\_

2. You work mostly with:

1. boys\_\_\_ 2. girls\_\_\_ 3. about even\_\_\_

3. Young people with drug problems come to you:

1. frequently\_\_\_ 2. infrequently\_\_\_ 3. never\_\_\_

4. Do you feel your knowledge about drugs and drug use is sufficient to qualify you to advise and counsel with young people who have a drug problem?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

5. Do you feel it takes a specially qualified person to counsel young people with a drug problem?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

6. Would you take the time and effort to become qualified as a drug counselor?

1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

APPENDIX B

COVER SHEET FOR VOCATIONAL-REHABILITATION COUNSELORS

1. What is your approximate client load?

\_\_\_\_\_

2. Please estimate the number of your clients who have or have had drug problems:

1. only a few\_\_\_\_ 2. quite a few\_\_\_\_

3. In general, what is the attitude of prospective employers regarding the hiring of former drug addicts:

1. positive\_\_\_\_ 2. negative\_\_\_\_

## APPENDIX B

## COVER SHEET FOR ADDICTS

1. Please indicate the program in which you are currently involved:
  1. live-in therapeutic community\_\_\_
  2. methadone\_\_\_
  3. non-residential therapy\_\_\_
  4. other (please specify) \_\_\_\_\_
2. How many years were you strung out before you sought help from this program?
  1. 1-5\_\_\_
  2. 6-10\_\_\_
  3. 11-15\_\_\_
  4. 16-20\_\_\_
  5. more than 20\_\_\_
3. Estimate the daily cost of your former habit.
  1. less than \$25. \_\_\_
  2. \$25. to \$50. \_\_\_
  3. \$50. to \$100. \_\_\_
4. Generally, how did you support your habit?
  1. burglary\_\_\_
  2. robbery\_\_\_
  3. prostitution\_\_\_
  4. drug peddling\_\_\_
  5. other (specify) \_\_\_\_\_
5. Were you able to support your habit legally?
  1. yes\_\_\_
  2. no\_\_\_
  3. partially\_\_\_
6. Regarding intelligence, do you feel you are:
  1. high\_\_\_
  2. medium\_\_\_
  3. low\_\_\_
7. When you were growing up was your family:
  1. well-off\_\_\_
  2. about average\_\_\_
  3. poor\_\_\_
8. When you were growing up was your family situation:
  1. good\_\_\_
  2. so-so\_\_\_
  3. poor\_\_\_
9. When you were in school was your attendance:
  1. good\_\_\_
  2. average\_\_\_
  3. poor\_\_\_
10. Before the treatment program were you arrested:
  1. frequently\_\_\_
  2. infrequently\_\_\_
  3. never\_\_\_

APPENDIX B

COVER SHEET FOR PROBATION OFFICERS

1. Are your duties primarily administrative?

1. yes\_\_\_ 2. no\_\_\_

2. Is the majority of your work with:

1. boys\_\_\_ 2. girls\_\_\_ 3. about equal\_\_\_

3. What is your approximate average case load?

\_\_\_\_\_

APPENDIX B

COVER SHEET FOR LAW ENFORCEMENT PERSONNEL

1. Are your duties primarily administrative?  
1. yes\_\_\_ 2. no\_\_\_
2. Which shift do you usually work?  
1. day\_\_\_ 2. afternoon\_\_\_ 3. night\_\_\_
3. Do you feel the courts are realistic in their treatment of drug offenders?  
1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_
4. Do you feel probation officials are realistic in their recommendations regarding drug users?  
1. yes\_\_\_ 2. no\_\_\_ 3. unsure\_\_\_

## APPENDIX C

### DRUG ADDICT STEREOTYPES

## APPENDIX C

## DRUG ADDICT STEREOTYPES

The frame is stunted and weak, the muscles underdeveloped, the eye is sunken and heavy, the complexion is sallow, pasty, or covered with spots of acne, the hands are damp and cold, and the skin is moist. The person shuns the society of others, creeps about alone, joins with repugnance in the amusements of his peers. He cannot look anyone in the face, and becomes careless in dress and uncleanly in person. His intellect has become sluggish and enfeebled, and if his evil habits are persisted in, he may end in becoming a drivelling idiot. Such people are to be seen in all stages of degeneration, but what we have described is but the result towards which they all are tending.

Please indicate which category you feel best fits the above description:

- ☐ Long-term heavy user of marijuana
- ☐ Long-term user of LSD.
- ☐ Heroin addict

## APPENDIX D

### TABLES AND FIGURES



Table 3.1. Number and Percentage of Groups Returning Completed Questionnaires

Group Number	Group Name	Number of Questionnaires Distributed	Number of Questionnaires Returned	Percent of Questionnaires Returned
01	Probation Officer	12	12	100
02	Law Enforcement	12	12	100
03	School Administrator	12	12	100
04	School Counselor	12	12	100
05	Teacher: Math-Science	12	12	100
06	Teacher: Ind. Arts. Home Ec.	12	12	100
07	Teacher: English-Language Arts	12	12	100
08	Teacher: Health--Physical Ed.	12	12	100
09	Teacher: Social Science	12	12	100
10	Parent: Female	12	12	100
11	Parent: Male	12	12	100
12	Clergy	12	12	100
13	Voc. Counselor	12	12	100
14	Addict	12	12	100
Total: 14		168	168	100

Table 4.1. Sex of Respondents (Item 1)

Respondent Group	Male		Female		Total	
	n	%	n	%	n	%
Probation Officer	11	91.7	1	8.3	12	100.0
Law Enforcement	12	100.0			12	100.0
School Administrator	12	100.0			12	100.0
School Counselor	7	58.3	5	41.7	12	100.0
Teacher: Math-Science	9	75.0	3	25.0	12	100.0
Teacher: Business-- Industrial Arts-- Home Economics	7	58.3	5	41.7	12	100.0
Teacher: English-- Language Arts	4	33.3	8	66.7	12	100.0
Teacher: Health-- Physical Education	4	33.3	8	66.7	12	100.0
Teacher: Social Science	8	66.7	4	33.3	12	100.0
Female Parent			12	100.0	12	100.0
Male Parent	12	100.0			12	100.0
Clergy	12	100.0			12	100.0
Vocational-Rehabilitation Counselor	9	75.0	3	25.0	12	100.0
Addict	9	75.0	3	25.0	12	100.0
Totals	116	69.0	52	31.0	168	100.0

Table 4.2. Racial Categories of Respondents (Item 2)

Respondent Group	Black n	Black %	Mexican-American n	Mexican-American %	White n	White %	American-Indian n	American-Indian %
Probation Officer			1	8.3	11	91.7		
Law Enforcement	2	16.7			10	83.3		
School Administrator					12	100.0		
School Counselor					12	100.0		
Teacher: Math-Science					12	100.0		
Teacher: Business-- Industrial Arts-- Home Economics	1	8.3			11	91.7		
Teacher: English-- Language Arts					12	100.0		
Teacher: Health--Physical Education					12	100.0		
Teacher: Social Science					12	100.0		
Female Parent	1	8.3			10	83.3	1	8.3
Male Parent	1	8.3			11	91.7		
Clergy					12	100.0		
Vocational-Rehabilitation Counselor	5	41.7			7	58.3		
Addict	8	66.7			4	33.3		
Totals	18	10.7	1	0.6	148	88.1	1	0.6

Table 4.3. Age Categories of Respondents (Item 3)

Respondent Group	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59
	n	%	n	%	n	%	n	%
Probation Officer	3	25.0	4	33.3	1	8.3	1	8.3
Law Enforcement			6	50.0	4	33.3	1	8.3
School Administrator			2	16.7	3	25.0	5	41.7
School Counselor	1	8.3			3	25.0	3	25.0
Teacher: Math-Science			7	58.3	2	16.7		
Teacher: Business--								
Industrial Arts--								
Home Economics			5	41.7	3	25.0	1	8.3
Teacher: English--								
Language Arts	2	16.7	4	33.3	2	16.7	3	25.0
Teacher: Health--								
Physical Education	1	8.3	5	41.7			4	33.3
Teacher:								
Social Science	1	8.3	4	33.3	2	16.7	2	16.7
Female Parent			3	25.0	2	16.7	4	33.3
Male Parent					3	25.0	4	33.3
Clergy			3	25.0	1	8.3	1	8.3
Vocational-Rehabilita-								
tion Counselor	2	16.7	3	25.0	3	25.0	1	8.3
Addict	1	8.3	6	50.0	1	8.3	2	16.7
Totals	11	6.5	50	29.8	29	17.3	25	14.9
					24	14.3	10	6.0
					13	7.7	6	3.6

Table 4.4. Marital Status of Respondents (Item 4)

Respondent Group	Married n %	Single n %	Divorced n %	Separated n %	Widowed n %
Probation Officer	8 66.7	4 33.3			
Law Enforcement	8 66.7		2 16.7	2 16.7	
School Administrator	12 100.0				
School Counselor	10 83.3				2 16.7
Teacher: Math-Science	10 83.3	1 8.3			1 8.3
Teacher: Business-- Industrial Arts Home Economics	12 100.0				
Teacher: English-- Language Arts	9 75.0	2 16.7	1 8.3		
Teacher: Health-- Physical Education	9 75.0	3 25.0			
Teacher: Social Science	9 75.0	3 25.0			
Female Parent	9 75.0		2 16.7		1 8.3
Male Parent	12 100.0				
Clergy	7 58.3	5 41.7			
Vocational-Rehabili- tation Counselor	8 66.7	2 16.7	2 16.7		
Addict	5 41.7	4 33.3	1 8.3	2 16.7	
Totals	128 76.2	24 14.3	8 4.8	4 2.4	4 2.4

Table 4.5. School Categories of Respondents' Children (Item 5)

Respondent Group	Pre-school		K - 6		Jr. H. S.		H. S.		College		Post-School	
	n	%	n	%	n	%	n	%	n	%	n	%
Probation Officer	3	25.0	2	16.7	1	8.3	2	16.7	1	8.3	1	8.3
Law Enforcement	7	58.3	6	50.0	1	8.3	3	25.0				
School Administrator	2	16.7	6	50.0	5	41.7	5	41.7	1	8.3	3	25.0
School Counselor	4	33.3	2	16.7	2	16.7	3	25.0	3	25.0	2	16.7
Teacher:												
Math-Science	4	33.3	3	25.0			2	16.7	1	8.3		
Teacher: Business--												
Industrial Arts--												
Home Economics	5	41.7	6	50.0			1	8.3	1	8.3	2	16.7
Teacher: English--												
Language Arts	3	25.0	4	33.3	2	16.7	2	16.7	3	25.0	2	16.7
Teacher: Health--												
Physical Education	4	33.3	4	33.3	3	25.0	1	8.3	1	8.3		
Teacher:												
Social Science	4	33.3	1	8.3	1	8.3	1	8.3	2	16.7	2	16.7
Female Parent	4	33.3	7	58.3	5	41.7	3	25.0	1	8.3	1	8.3
Male Parent	6	60.0	9	75.0	5	41.7	2	16.7	2	16.7	2	16.7
Clergy	3	25.0	3	25.0	3	25.0	2	16.7	1	8.3	1	8.3
Vocational-Rehabili-												
tation Counselor	3	25.0	7	58.3	2	16.7	1	8.3	2	16.7	3	25.0
Addict	2	16.7	4	33.3	4	33.3	3	25.0	2	16.7	2	16.7
Totals	54	32.1	64	38.1	34	20.2	31	18.5	21	12.5	21	12.5

Table 4.6. Respondents' Political Beliefs (Item 6)

Respondent Group	Strongly Conservative n	%	Moderately Conservative n	%	Middle Of-the-Road n	%	Liberal n	%	Left n	%
Probation Officer			6	50.0	4	33.3	2	16.7		
Law Enforcement			6	50.0	4	33.3	2	16.7		
School Administrator			8	66.7	3	25.0	1	8.3		
School Counselor			3	25.0	3	25.0	6	50.0		
Teacher: Math-Science			6	50.0	3	25.0	2	16.7	1	8.3
Teacher: Business-- Industrial Arts-- Home Economics			5	41.7	6	50.0	1	8.3		
Teacher: English-- Language Arts			2	16.7	8	66.7	2	16.7		
Teacher: Health-- Physical Education			8	66.7	3	25.0	1	8.3		
Teacher: Social Science			8	66.7	4	33.3				
Female Parent			4	33.3	7	58.3	1	8.3		
Male Parent			5	41.7	3	25.0	4	33.3		
Clergy	2	16.7	1	8.3	2	16.7	7	58.3		
Vocational-Rehabili- tation Counselor			3	25.0	1	8.3	6	50.0	2	16.7
Addict			2	16.7	4	33.3	4	33.3	2	16.7
Totals	2	16.7	67	39.9	55	32.7	39	23.2	5	3.0

Table 4.7. Religious Affiliations of Respondents (Item 7)

Respondent Group	Catholic n	Catholic %	Protestant n	Protestant %	Jewish n	Jewish %	Other n	Other %	None n	None %
Probation Officer	4	33.3	6	50.0	1	8.3	1		1	8.3
Law Enforcement	3	25.0	6	50.0			3	25.0		
School Administrator	2	16.7	9	75.0			1	8.3		
School Counselor	2	16.7	9	75.0			1	8.3		
Teacher: Math-Science	3	25.0	7	58.3					2	16.7
Teacher: Business-- Industrial Arts-- Home Economics			11	91.7					1	8.3
Teacher: English-- Language Arts	2	16.7	8	66.7			1	8.3	1	8.3
Teacher: Health-- Physical Education	2	16.7	8	16.7	1	8.3	1	8.3		
Teacher: Social Science	2	16.7	9	75.0					1	8.3
Female Parent	5	41.7	7	58.3						
Male Parent	4	33.3	6	50.0	1	8.3	1	8.3		
Clergy	4	33.3	8	66.7						
Vocational-Rehabilitation Counselor	1	8.3	10	83.3					1	8.3
Addict			6	50.0			4	33.3	2	16.7
Totals	34	20.2	110	65.5	3	1.8	12	7.1	9	5.4



Table 4.8. Highest Level of Educational Attainment of Respondents (Item 8)

Respondent Group	Less Than 4 Years High School		Completed High School		Less Than 4 Years College		Completed College		Masters Degree		Edu. Spec Degree		Ed.D or Ph.D.	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Probation Officer	2	16.7	1	8.3	8	66.7	1	8.3						
Law Enforcement	8	66.7	4	33.3										
School Administrator							9	75.0	2	16.7	1	8.3		
School Counselor							12	100.0						
Teacher: Math-Science							5	41.7	6	50.0	1	8.3		
Teacher: Business-- Industrial Arts-- Home Economics							10	83.3	1	8.3	1	8.3		
Teacher: English-- Language Arts							8	66.7	4	33.3				
Teacher: Health-- Physical Education							6	50.0	6	50.0				
Teacher: Social Science							5	41.7	6	50.0	1	8.3		
Female Parent	3	25.0	7	58.3	2	16.7								
Male Parent							3	25.0	4	33.3	2	16.7	3	25.0
Clergy			1	8.3	5	41.7	6	50.0						
Vocational-Rehabili- tation Counselor							6	50.0	6	50.0				
Addict	3	25.0	5	41.7	3	25.0	1	8.3						
Totals	3	1.8	18	10.7	16	9.5	59	35.1	61	36.3	7	4.2	4	2.4

Table 4.9. College Major of Respondents (Item 9)

Respondent Group	Social Science n	%	Math- Science n	%	Home Econ. n	%	Ind. Arts n	%	Educa- tion n	%	English n	%	Health P. E. n	%	Other n	%
Probation Officer	8	66.7													1	8.3
Law Enforcement	3	25.0														
School Administrator									12	100.0						
School Counselor									12	100.0						
Teacher:																
Math-Science			11	91.7					1	8.3						
Teacher: Business--																
Industrial Arts--																
Home Economics					4	33.3	5	41.7	3	25.0						
Teacher: English--																
Language Arts	1	8.3									11	91.7				
Teacher: Health--																
Physical Education	2	16.7											10	83.3		
Teacher:																
Social Science	7	58.3							2	16.7	2	16.7	1	8.3		
Female Parent	2	16.7			1	8.3			5	41.7	1	8.3				
Male Parent	2	16.7	5	41.7					1	8.3			1	8.3	3	25.0
Clergy											1	8.3			11	91.7
Vocational-Rehabili-																
tation Counselor	6	50.0	1	8.3					3	25.0	1	8.3			1	8.3
Addict	1	8.3							2	16.7					1	8.3
Totals	32	19.0	17	10.1	5	2.9			41	24.0	16	8.9	12	7.1	16	8.9

Table 4.10. Respondents' Years on Present Occupational Position (Item 11)

Respondent Group	1 - 5		6 - 10		11 - 15		16 - 20		21 - 25		more than 25	
	n	%	n	%	n	%	n	%	n	%	n	%
Probation Officer	7	58.3	3	25.0			1	8.3	1	8.3		
Law Enforcement	9	75.0	3	25.0								
School Administrator	8	66.7	1	8.3	2	16.7			1	8.3		
School Counselor	5	41.7	4	33.3	2	16.7	1	8.3				
Teacher: Math-Science	6	50.0	4	33.3	1	8.3	1	8.3				
Teacher: Business-- Industrial Arts												
Home Economics	6	50.0	3	25.0	1	8.3	1	8.3	1	8.3		
Teacher: English-- Language Arts	9	75.0	2	16.7	1	8.3						
Teacher: Health Physical Education	6	50.0	1	8.3	5	41.7						
Teacher: Social Science	4	33.3	3	25.0	4	33.3	1	8.3				
Female Parent	Not applicable											
Male Parent	Not applicable											
Clergy	6	50.0	3	25.0	2	16.7					1	8.3
Vocational-Rehabilitation Counselor	11	91.7	1	8.3								
Addict	Not applicable											
Totals	77	45.8	28	16.7	18	10.7	5	3.0	3	1.8	1	0.6

Table 4.11. Responses to the Question, "Should marijuana be legalized?"  
(Item 14)

Respondent Group	Yes %	No %	Unsure %
Probation Officer	41.7	50.0	8.3
Law Enforcement		83.3	16.7
School Administrator	33.3	41.7	25.0
School Counselor	25.0	50.0	25.0
Teacher: Math-Science	33.3	41.7	25.0
Teacher: Business-- Industrial Arts-- Home Economics		41.7	58.3
Teacher: English-- Language Arts	8.3	58.3	33.3
Teacher: Health-- Physical Education	8.3	66.7	25.0
Teacher: Social Science	16.7	58.3	25.0
Female Parent	25.0	66.7	8.3
Male Parent	50.0	41.7	8.3
Clergy	33.3	41.7	25.0
Vocational-Rehabilitation Counselor	50.0	33.3	16.7
Addict	75.0	8.3	16.7
Totals	28.6	48.8	22.6

Table 4.12. Acceptance of an Addict into the Respondent's Home as a Foster-home Situation (Item 50)

Respondent Group	Yes %	No %
Probation Officer		100.0
Law Enforcement	50.0	50.0
School Administrator	16.7	83.3
School Counselor	8.3	91.7
Teacher: Math-Science	33.3	66.7
Teacher: Business-- Industrial Arts-- Home Economics	8.3	91.7
Teacher: English--Language Arts	8.3	91.7
Teacher: Health--Physical Education	25.0	75.0
Teacher: Social Science	25.0	75.0
Female Parent	16.7	83.3
Male Parent	50.0	50.0
Clergy	75.0	25.0
Vocational-Rehabilitation Counselor	41.7	58.3
Addict	58.3	41.7
Totals	29.8	70.2

Table 4.13. Mean Response Scores for Each Respondent Group on Each Vignette.

Vignette No.	Probation Officer	Law Enforcement	School Administration	School Counselor	Teacher: Math-Science	Teacher: Bus	Ind. Arts	Home Eco.	Teacher: Eng	Teacher: Lang. Arts	Teacher: Health, P.E.	Teacher: Soc. Sci.	Female Parent	Male Parent	Clergy	Voc.-Reb. Counselor	Addict	Level of Sig.	*Indicates sig. at .05 level of confidence
1	1.3	2.8	2.1	2.1	2.0	2.0	2.0	2.0	2.0	2.0	2.2	2.3	2.4	2.1	2.0	2.3	2.3	0.007*	
2	1.4	3.2	2.0	2.0	1.8	1.6	1.6	1.6	2.2	2.2	2.0	2.0	1.5	1.9	1.3	1.5	1.8	0.282	
3	1.3	3.0	2.8	1.7	2.3	2.2	2.2	2.2	1.8	1.8	2.2	2.4	2.6	2.4	1.9	3.0	2.4	0.0005*	
4	1.5	1.8	2.3	1.6	2.0	2.4	2.4	2.4	2.5	2.5	2.6	2.6	2.6	2.5	2.3	2.2	2.1	0.011*	
5	1.3	2.3	1.8	1.8	1.9	1.7	1.7	1.7	2.0	2.0	1.8	2.3	1.8	1.6	1.9	1.6	1.7	0.917	
6	1.3	3.6	1.7	1.3	2.1	2.2	2.2	2.2	2.1	2.1	1.8	1.3	2.3	2.2	1.2	2.8	1.8	0.001*	
7	1.3	3.5	1.5	2.2	2.0	1.3	1.3	1.3	2.3	2.3	1.8	2.1	1.6	1.3	1.5	1.9	1.8	0.026*	
8	1.6	2.2	2.6	2.3	2.5	2.7	2.7	2.7	2.3	2.3	2.8	2.7	2.4	2.8	2.6	2.3	2.3	0.864	
9	2.3	4.0	3.3	3.3	2.1	2.9	2.9	2.9	2.8	3.2	3.2	3.2	2.9	2.6	1.3	3.3	2.6	0.104	
10	1.7	3.7	2.5	2.4	1.8	2.4	2.4	2.4	2.1	2.2	2.2	2.9	2.5	2.4	1.8	2.8	2.5	0.314	
11	1.3	4.7	2.6	2.4	2.6	2.0	2.0	2.0	2.5	2.6	2.6	1.9	2.9	2.0	2.3	2.6	2.7	0.0005*	
12	1.3	1.8	2.1	1.4	1.5	1.9	1.9	1.9	1.7	1.4	1.4	1.7	1.5	1.8	1.4	1.9	1.6	0.715	
13	1.7	2.2	2.7	2.0	2.6	2.5	2.5	2.5	2.5	2.6	2.6	2.3	2.5	2.4	2.2	2.7	1.6	0.134	
14	1.3	2.0	1.9	1.8	2.2	2.2	2.2	2.2	2.3	2.3	1.9	2.5	2.3	2.4	2.3	2.2	1.8	0.174	
15	1.4	2.5	2.2	1.9	2.2	2.3	2.3	2.3	2.3	2.3	2.3	1.9	2.3	2.2	1.9	2.2	2.6	0.013*	
16	1.3	3.6	2.4	2.1	2.2	2.0	2.0	2.0	2.1	2.4	2.4	2.7	2.7	2.0	1.8	2.4	2.8	0.006*	
17	1.4	4.3	1.5	1.3	1.4	1.0	1.0	1.0	1.3	1.5	1.5	2.2	1.0	1.5	1.0	1.1	1.9	0.0005*	
18	1.0	1.3	1.3	1.3	2.2	2.3	2.3	2.3	2.1	1.8	1.8	2.3	1.6	1.8	1.8	1.5	2.6	0.052	
19	1.3	1.5	2.3	1.3	2.1	1.6	1.6	1.6	1.7	1.8	1.8	2.0	1.8	1.9	2.2	2.1	1.8	0.181	
20	1.0	2.0	1.3	1.3	1.3	1.3	1.3	1.3	1.0	1.3	1.3	1.8	1.0	1.6	1.3	1.6	1.3	0.230	
21	1.6	4.6	2.8	2.3	3.3	2.3	2.3	2.3	2.6	2.8	2.8	2.8	2.3	2.5	2.4	2.8	2.8	0.001*	
22	1.3	3.8	2.1	1.8	2.2	1.9	1.9	1.9	2.3	2.3	2.2	2.8	2.6	2.1	1.8	2.3	1.9	0.001*	
23	2.8	5.0	3.4	3.3	2.3	3.3	3.3	3.3	3.1	3.2	3.2	3.2	3.5	2.9	2.3	2.4	2.6	0.054	
24	1.3	1.8	2.2	1.6	1.9	1.4	1.4	1.4	1.7	1.3	1.3	2.3	2.1	1.8	1.7	2.0	1.5	0.186	

The means depicted are based on a scale of 1 to 5. On the scale the score 5 represents an entirely punitive attitude while the score 1 represents an entirely therapeutic approach to drug treatment.

Table 4.14. Means of the Responses Regarding Assignment to Drug Treatment Programs as a Function of the Addict's Race

Respondent Group	Mexican-American	Black	White	American-Indian
Probation Officer	1.33	1.63	1.35	1.50
Law Enforcement	3.01	2.67	3.31	2.85
School Administrator	2.08	2.31	2.36	2.11
School Counselor	2.04	2.06	1.94	1.74
Teacher: Math-Science	2.13	2.25	2.11	1.89
Teacher: Business-- Industrial Arts-- Home Economics	1.93	2.40	1.93	1.96
Teacher: English--Language Arts	2.15	2.44	1.94	1.97
Teacher: Health--Physical Education	2.19	2.40	2.10	1.93
Teacher: Social Science	2.44	2.33	2.36	2.14
Female Parent	2.24	2.32	2.40	1.96
Male Parent	1.97	2.26	2.11	2.07
Clergy	1.93	1.96	1.89	1.57
Vocational-Rehabilitation Counselor	2.15	2.07	2.51	2.22
Addict	2.13	2.24	2.19	1.93
Averages	2.12	2.24	2.18	1.99

Table 4.15. Repeated Measures Analysis of Variance Table for the Fourteen Respondent Groups and the Four Racial Categories as Levels of the Repeated Measures

Source	df	mean square	F
Between Subjects			
Groups	13	4.95	4.53*
Subjects	154	1.09	
Within Subjects			
Measures	3	1.92	10.43*
Measures X Groups	39	.28	1.51

\*Significant at .05 level of confidence.

Table 4.16. Means of the Responses Regarding Assignment to Drug Treatment Programs as a Function of the Addict's Sex

Respondent Group	Male	Female
Probation Officer	1.60	1.30
Law Enforcement	3.26	2.66
School Administrator	2.39	2.04
School Counselor	2.19	1.70
Teacher: Math-Science	2.29	1.90
Teacher: Business-- Industrial Arts-- Home Economics	2.29	1.82
Teacher: English--Language Arts	2.33	1.93
Teacher: Health--Physical Education	2.40	1.90
Teacher: Social Science	2.42	2.23
Female Parent	2.48	1.98
Male Parent	2.34	1.97
Clergy	1.95	1.72
Vocational-Rehabilitation Counselor	2.48	2.00
Addict	2.29	1.96
Averages	2.33	1.94

Table 4.17. Repeated Measures Analysis of Variance Table for the Fourteen Respondent Groups and Two Categories of Sex as Levels of the Repeated Measures

Source	df	mean square	F
Between Subjects			
Groups	13	2.48	4.53*
Subjects	154	.55	
Within Subjects			
Measures	1	12.87	77.97*
Measures X Groups	13	.09	.52

\*Significant at .05 level of confidence.



Table 4.18. Means of the Responses Regarding Assignment to Drug Treatment Programs as a Function of the Addict's Intelligence

Respondent Group	Above Average	Average	Below Average
Probation Officer	1.39	1.20	1.74
Law Enforcement	2.77	2.23	3.80
School Administrator	2.32	1.68	2.42
School Counselor	1.94	1.43	2.31
Teacher: Math-Science	2.25	1.83	2.01
Teacher: Business-- Industrial Arts-- Home Economics	2.06	1.98	2.11
Teacher: English--Language Arts	2.20	1.83	2.21
Teacher: Health--Physical Education	2.25	1.72	2.29
Teacher: Social Science	2.40	1.82	2.56
Female Parent	2.44	1.73	2.23
Male Parent	2.17	1.90	2.14
Clergy	2.12	1.50	1.60
Vocational-Rehabilitation Counselor	2.31	1.98	2.30
Addict	2.11	1.98	2.24
Averages	2.19	1.77	2.28

Table 4.19. Repeated Measures Analysis of Variance Table for the Fourteen Respondent Groups and Three Categories of Intelligence as Levels of the Repeated Measures.

Source	df	mean square	F
Between Subjects			
Groups	13	3.72	4.35*
Subjects	154	.86	
Within Subjects			
Measures	2	12.38	41.56*
Measures X Groups	26	.64	2.13*

\*Significant at .05 level of confidence.

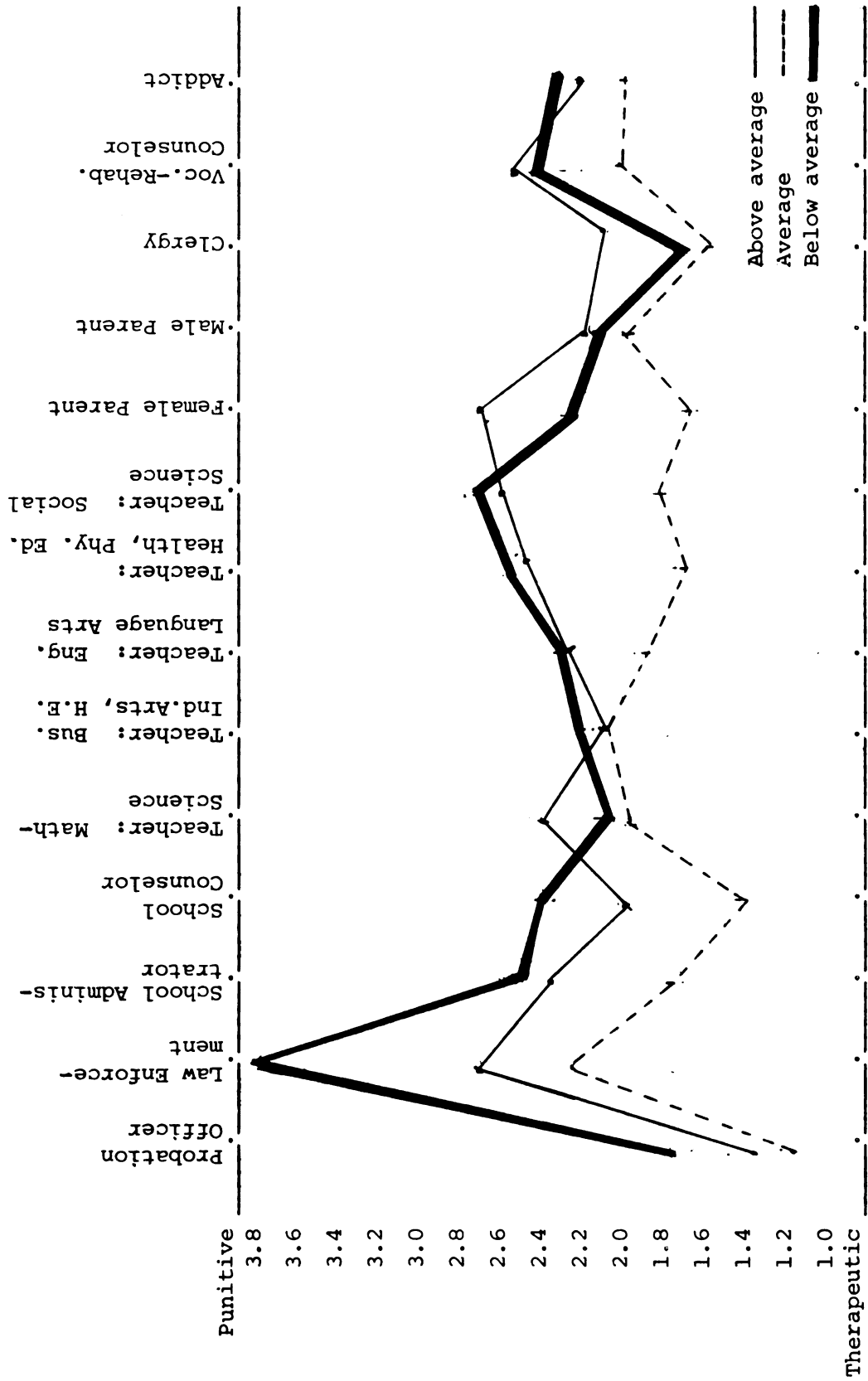


Figure 4.1. Interaction of the fourteen groups and intelligence levels of the addicts described in the vignettes regarding attitudes toward placement in drug treatment programs.

Table 4.20. Means of the Responses Regarding Assignment to Drug Treatment Programs as a Function of the Addict's Socio-economic Status

Respondent Group	High	Medium	Low
Probation Officer	1.42	1.54	1.42
Law Enforcement	2.62	2.96	3.30
School Administrator	2.40	2.43	1.89
School Counselor	1.84	2.16	1.87
Teacher: Math-Science	2.22	2.25	1.86
Teacher: Business-- Industrial Arts-- Home Economics	2.06	2.29	1.87
Teacher: English--Language Arts	2.18	2.23	2.01
Teacher: Health--Physical Education	2.18	2.35	1.97
Teacher: Social Science	2.16	2.56	2.29
Female Parent	2.37	2.51	1.89
Male Parent	2.13	2.32	1.92
Clergy	2.04	2.12	1.44
Vocational-Rehabilitation Counselor	2.33	2.33	2.08
Addict	2.12	2.26	2.02
Averages	2.15	2.31	1.98

Table 4.21. Repeated Measures Analysis of Variance Table for the Fourteen Respondent Groups and Three Categories of Socio-economic Status as Levels of the Repeated Measures.

Source	df	mean square	F
Between Subjects			
Groups	13	3.61	4.50*
Subjects	154	.80	
Within Subjects			
Measures	2	4.38	19.03*
Measures X Groups	26	.34	1.48

\*Significant at .05 level of confidence.

Table 4.22. Means of the Responses Regarding Assignment to Drug Treatment Programs as a Function of the Addict's Family Situation

Respondent Group	Good	Poor
Probation Officer	1.53	1.39
Law Enforcement	3.14	2.83
School Administrator	2.46	2.04
School Counselor	2.08	1.85
Teacher: Math-Science	2.35	1.91
Teacher: Business-- Industrial Arts-- Home Economics	2.32	1.87
Teacher: English--Language Arts	2.36	1.96
Teacher: Health--Physical Education	2.42	1.96
Teacher: Social Science	2.51	2.19
Female Parent	2.67	1.92
Male Parent	2.34	1.94
Clergy	2.09	1.66
Vocational-Rehabilitation Counselor	2.46	2.08
Addict	2.31	1.99
Averages	2.36	1.97

Table 4.23. Repeated Measures Analysis of Variance Table for the Fourteen Respondent Groups and Two Categories of Family Situation as Levels of the Repeated Measures

Source	df	mean square	F
Between Subjects			
Groups	13	2.52	4.76*
Subjects	154	.53	
Within Subjects			
Measures	1	12.76	103.92*
Measures X Groups	13	.11	.92

\*Significant at .05 level of confidence.

Table 4.24. Means of the Responses Regarding Assignment to Drug Treatment Programs as a Function of the Addict's School Attendance

Respondent Group	Regular	Irregular
Probation Officer	1.36	1.53
Law Enforcement	2.42	3.41
School Administrator	2.20	2.23
School Counselor	1.70	2.15
Teacher: Math-Science	2.08	2.10
Teacher: Business-- Industrial Arts-- Home Economics	2.05	2.06
Teacher: English--Language Arts	2.08	2.17
Teacher: Health--Physical Education	2.02	2.26
Teacher: Social Science	2.16	2.46
Female Parent	2.26	2.21
Male Parent	2.15	2.06
Clergy	1.89	1.79
Vocational-Rehabilitation Counselor	2.31	2.18
Addict	1.97	2.25
Averages	2.05	2.21

Table 4.25. Repeated Measures Analysis of Variance Table for the Fourteen Respondent Groups and Two Categories of School Attendance as Levels of the Repeated Measures

Source	df	mean square	F
Between Subjects			
Groups	13	2.37	4.61*
Subjects	154	.51	
Within Subjects			
Measures	1	2.10	9.19*
Measures X Groups	13	.53	2.30*

\*Significant at .05 level of confidence.

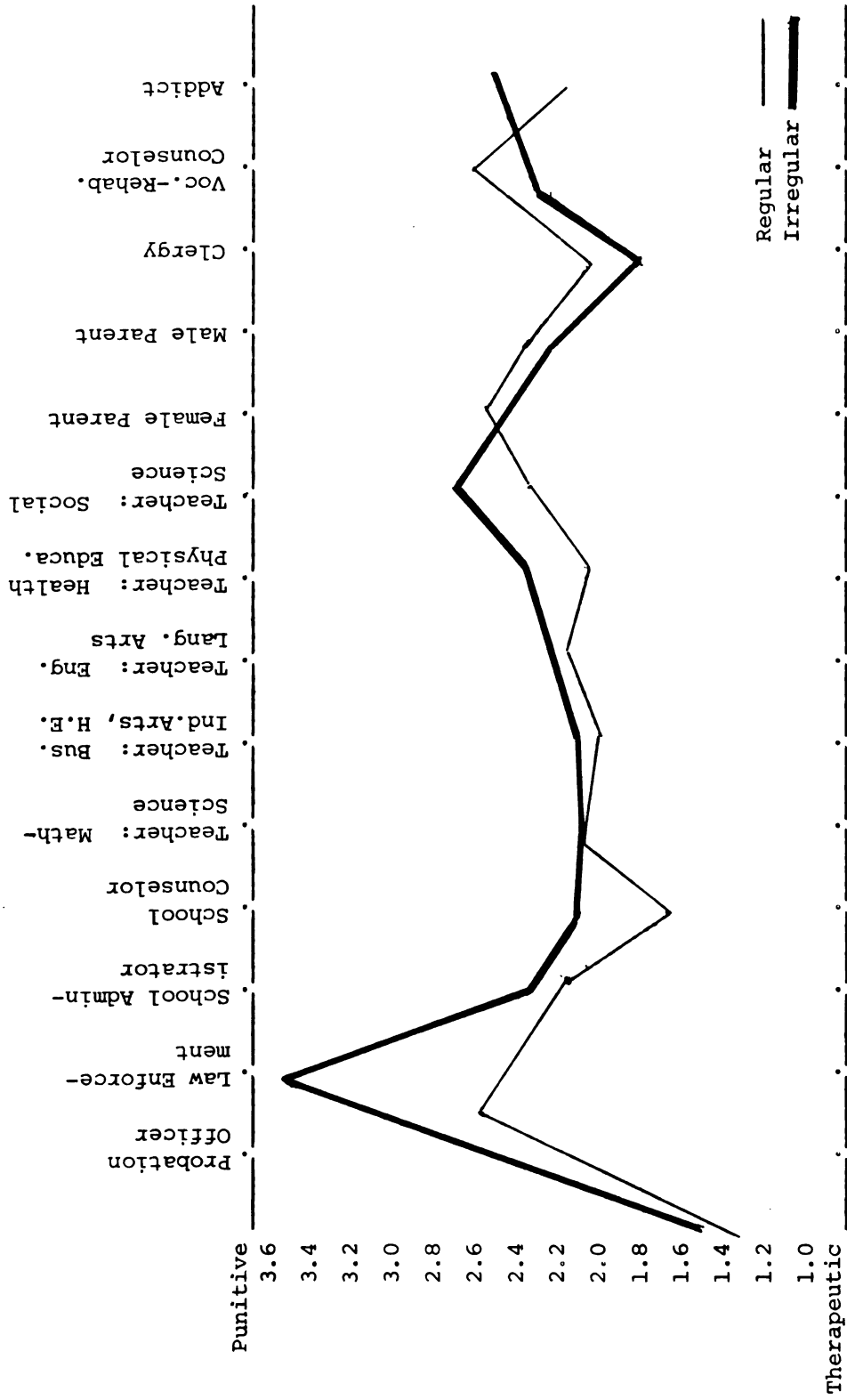


Figure 4.2. Interaction of the fourteen groups and school attendance levels of the addicts described in the vignettes regarding attitudes toward placement in drug treatment programs.

Table 4.26. Means of the Responses Regarding Assignment to Drug Treatment Programs as a Function of the Addict's Record of Arrest and Illegal Activity

Respondent Group	Neutral	Negative	Very Negative
Probation Officer	1.38	1.25	1.79
Law Enforcement	2.21	1.81	2.74
School Administrator	2.36	1.81	2.74
School Counselor	1.67	1.66	2.51
Teacher: Math-Science	2.13	1.90	2.38
Teacher: Business-- Industrial Arts-- Home Economics	2.13	1.76	2.50
Teacher: English--Language Arts	2.08	1.90	2.50
Teacher: Health--Physical Education	2.19	1.79	2.67
Teacher: Social Science	2.15	2.18	2.63
Female Parent	2.29	1.90	2.70
Male Parent	2.30	1.83	2.45
Clergy	2.08	1.63	2.02
Vocational-Rehabilitation Counselor	2.35	1.97	2.59
Addict	2.21	1.92	2.38
Averages	2.10	1.87	2.54

Table 4.27. Repeated Measures Analysis of Variance Table for the Fourteen Respondent Groups and Three Categories of Arrest Record and Illegal Activity as Levels of the Repeated Measures

Source	df	mean square	F
Between Subjects			
Groups	13	3.27	4.47*
Subjects	154	.73	
Within Subjects			
Measures	2	19.10	66.40*
Measures X Groups	26	.49	1.71*

\*Significant at .05 level of confidence.

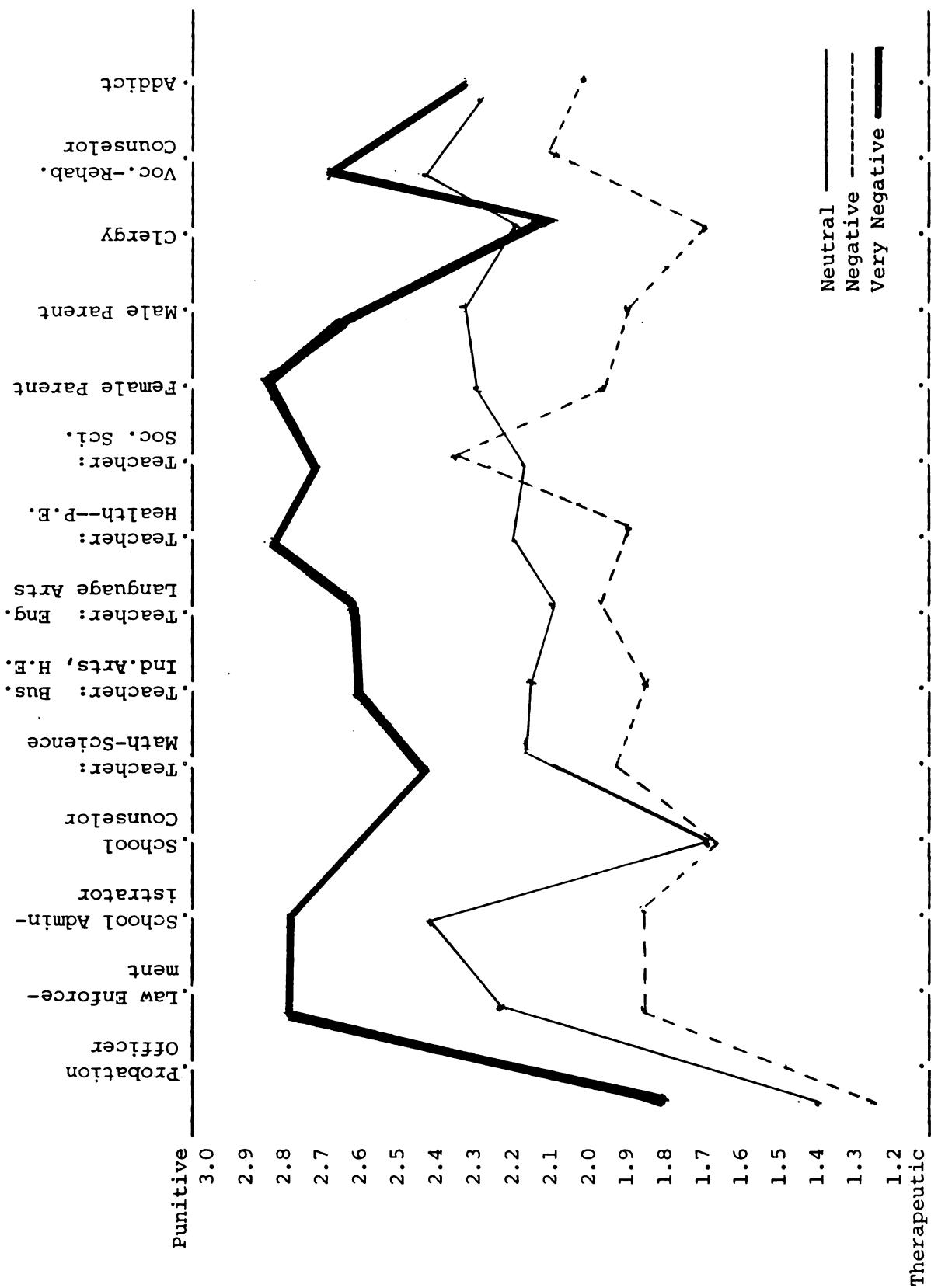


Figure 4.3. Interaction of the fourteen groups and record of arrests and illegal activity levels of the addicts described in the vignettes regarding attitudes toward placement in drug treatment programs.



Table 4.28. The Grand Means for Each Vignette as a Comparison of the Most and Least Punitive Respondent Groups and That Vignette

Vignette Number	Grand Mean	High	Low
1	2.1	2.8 Law Enforcement	1.3 Probation Officer
2	1.9	3.2 Law Enforcement	1.3 Clergy
3	2.3	3.0 Law Enforcement--Vocational-Rehabilitation Counselor	1.3 Probation Officer
4	2.2	2.6 Teacher: Social Science--Teacher: Health--Physical Education Female Parent	1.5 Probation Officer
5	2.1	2.3 Law Enforcement--Teacher: Social Science	1.3 Probation Officer
6	1.9	3.6 Law Enforcement	1.2 Clergy
7	1.9	3.5 Law Enforcement	1.3 Probation Officer Teacher: Bus.- I.A. H.E. Male Parent
8	2.4	2.8 Teacher: Health--Physical Education Male Parent	1.6 Probation Officer
9	2.8	4.0 Law Enforcement	1.3 Clergy
10	2.4	3.7 Law Enforcement	1.7 Probation Officer
11	2.5	4.7 Law Enforcement	1.3 Probation Officer
12	1.6	2.1 School Administrator	1.3 Probation Officer
13	2.5	2.7 School Administrator Vocational-Rehabilitation Counselor	1.6 Addict

14	2.1	2.5	Teacher: Social Science	1.3	Probation Officer
15	2.2	2.6	Addict	1.4	Probation Officer
16	2.3	3.6	Law Enforcement	1.3	Probation Officer
17	1.6	4.3	Law Enforcement	1.0	Teacher: Business-- Industrial Arts-- Home Economics Female Parent Clergy
18	1.8	2.6	Addict	1.0	Probation Officer
19	1.8	2.3	School Administrator	1.3	Probation Officer School Counselor
20	1.4	2.0	Law Enforcement	1.0	Probation Officer Teacher: English--Language Arts Female Parent
21	2.8	4.6	Law Enforcement	1.6	Probation Officer
22	2.2	3.8	Law Enforcement	1.3	Probation Officer
23	3.1	5.0	Law Enforcement	2.3	Teacher: Math-Science Clergy
24	1.8	2.3	Teacher: Social Science	1.3	Probation Officer Teacher: Health--Physical Edu.

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Table 4.29. A Comparison of the Respondent Groups with Regard to Punitive Attitude of the Groups

Respondent Group	Mean Attitude
Law Enforcement	3.0
Vocational-Rehabilitation Counselors	2.3
Teacher: Social Science	2.3
Female Parent	2.2
Teacher: Health--Physical Education	2.2
School Administrator	2.2
Addict	2.1
Male Parent	2.1
Teacher: English--Language Arts	2.1
Teacher: Math-Science	2.1
Teacher: Business-- Industrial Arts-- Home Economics	2.1
School Counselor	1.9
Clergy	1.8
Probation Officer	1.5

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