DIFFERENCES IN KNOWLEDGE AND SOURCES OF KNOWLEDGE
ABOUT ILLEGAL DRUGS BETWEEN RURAL AND
METROPOLITAN HIGH SCHOOL SENIORS

THESIS

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By

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The problem with which this investigation is concerned is discovering if there are any differences in knowledge and sources of knowledge about illegal drugs between rural and metropolitan high school seniors. The term "drugs" in this project includes those defined by law as illegal and also those drugs subject to abuse through misuse.

The report concludes that both correct drug knowledge and attitudes toward drugs seem to depend upon the degree to which drugs have entered into the community and their availability. Since no actual differences in knowledge were discovered, the indication is that possibly rural and metropolitan areas can no longer be separated as to the reasons for, or the extent of, certain social problems.
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CHAPTER I

INTRODUCTION

Our society continues to survive because the majority of its members accept and comply with the norms, mores, and laws that define acceptable social behavior in almost every social situation. These forms of behavior become a part of the heritage of the society and are passed down from one generation to the next. When these forms of behavior survive over a period of time, they either become a part of the legal system, or they develop into customs or traditions, thereby establishing themselves as proper behavior for the members of society. With this process man has created a sociocultural boundary between himself and his natural environment. The socioculture of man refers mainly to the norms, mores, and values which are a part of his society. Whenever anyone violates any of these laws or guidelines, or makes some attempt to change the existing ones, he is said to be deviating from the normal accepted behavior of the group. In some cases, this may actually mean the breaking of a legal code or law, whereas in other cases the offender may only meet rejection or disapproval from the other members of the society. The current
social problems of drug addiction and drug abuse are especially important in today's society, as the offender not only breaks legal codes and faces criminal punishment for his offenses, but he also meets with the rejection and disapproval of the majority of the members of society.

Any person who sets out to study the causes and prevention of drug addiction and drug abuse will encounter a large number of reports, theories, conclusions, and opinions from the many studies and reports before him. He is also likely to find that these studies and research programs were conducted by workers in the fields of philosophy, law, medicine, law enforcement, psychiatry, psychology, journalism, religion, sociology, and many other groups of anxious citizens. There is a great deal of competition among these various fields as to who might have the best theories or methods for dealing with the causes and prevention of drug addiction and drug abuse. This competition has created some difficulty in coordination of effort among many of these groups, as each separate group bases its research primarily on its own theories and conclusions, with seemingly very little regard for other studies that may have been conducted for the same reasons. In the case of drugs and drug abuse, there has been a great deal of controversy surrounding the certain drugs subject to abuse. An example of this particular fact would be that marijuana
is legally defined as a narcotic under the criminal codes, whereas scientifically it is listed as one of the hallucinogens (9). Despite such inconsistencies and differing opinions between the various interested groups, a great deal of the research completed in this particular field has shown that in some form or another, sociocultural influences were acting upon the individual involved in the deviant act of drug addiction or drug abuse.

The only real consensus of opinion between the various groups who have conducted the research is the shared legal, moral, and social definitions of drug addiction and drug abuse. It is not enough to state that a drug is any substance that has some influence upon the mind or body, as that statement involves far too many different items. The drugs referred to in most studies involving drug addiction or drug abuse include those already covered by criminal codes and also those drugs or substances that can be legally obtained but are very often misused, thereby abused, and examples of this type of substance would be tranquilizers or even alcoholic beverages such as hard liquor or even beer (4). Since there are legal codes which formalize and define drug abuse and drug addiction, the term crime can be used in connection with drugs as it refers to any act which breaks a criminal code. Delinquency covers a very broad scale of acts which may or may not be a crime depending upon the age of the offender, but it also
implies the committing of offenses against the law. The legal codes are stated in a form that defines such practices or persons into criminal or delinquent behavior. Perhaps we should consider another interpretation and concept of delinquency. The age of a juvenile delinquent varies from state to state (in Texas it is ten to sixteen), but in this concept, age has little to do with this concept of the term delinquency. The greater majority of the respondents would not fit into that age category, but this definition of delinquency could apply to them, as well as to many other groups or individuals. This is the definition of delinquency which states that "Delinquency is an intentional act or omission in violation of criminal law, committed without defense or justification, and sanctioned by the law as a felony or as a misdemeanor" (3).

There are three basic assumptions that usually go along with this definition by those people concerned with the legal aspects of the delinquency, and since this report is primarily interested in drug abuse and drug addiction, it shall refer to the term drug abuse as including both these aspects of the problem, and to use it alone in place of the term delinquency in discussing any further points concerning the criminal act of drug abuse. The three basic assumptions in this particular case would be:
1. Drug abuse is a legal concept and drug use by an individual becomes criminal when it is in violation of criminal law.

2. The offender is innocent until he has been proved guilty in a court of law, through due process, with specific procedures, and in the case of drugs, it very often depends on the type of drugs involved, the amount, whether the individual was merely in possession of, or selling the drugs, and whether or not the offender has had a previous offense in this same area.

3. Criminal law is a fairly stable means of adjusting social control. However, as drug laws are a product of the socioculture of the society, they are likely to vary with the changing conditions in that society. In any case, the laws still reflect the acceptable conduct and behavior patterns for individuals remaining within the normal values of the group on the subject of drug abuse.

The social definition of drug abuse as delinquent behavior would be stated as "... an act which the group regards as sufficiently menacing to its fundamental interests to justify formal reaction to restrain the violator" (3). It would seem that this definition is the one that actually determined the punishment of the drug abuser, but there are also three assumptions that can be shown to go along with this definition.
1. Criminal laws are only a part of a larger body of norms, and they are made by those groups who influence or control legislation.

2. Drug abuse is antisocial behavior, according to the majority of the population of today's society, and this behavior could be injurious to any part of the society or to the individual himself.

3. The cause and prevention of drug abuse, and the behavior of the drug abuser himself are the primary areas to be studied and considered in law making. It can be said at this point that both definitions are based on the sociocultural environment of the society involving social class and status, racial and ethnic origins, sex differences, age factors, and other aspects that might in any way divide the individuals of a society involved in any behavior patterns into separate groups.

Drug abuse is not anything new in today's society, nor is it a product of the sixties or even the fifties. Some researchers have found evidence of usage of certain drugs dating back several thousand years. The people of Asia, especially China, have used opium for at least that long, according to history. In another case, marijuana, under a different name than the Spanish origin of that word, has been widely used in both Africa and Asia as an intoxicant and as a medicine of a particular form (6).
It would seem that man had always sought some form of escape to help relieve his worries and tensions, or to reduce pain. The opiates and some of the hallucinogens seemed to be the closest thing to an ideal substance for this purpose. In today's society, man has a vast array of pharmaceutical substances to provide as many types of relief as there are symptoms. All of these substances are subject to possible abuse, depending on directions and reasons for use versus whatever deviation from these specifics occurs with their use.

In considering all the many social problems that society is faced with today, the subject of drug abuse has probably received the most attention and interest. This concern has resulted in the publication of several hundred books on this subject, as well as hundreds, or perhaps even thousands, of various articles and pamphlets. On some drugs, such as marijuana, these articles are divided into those written favoring legalization and possession of this drug, and those written favoring keeping the drug strictly illegal. The people who use drugs have developed their own drug culture, complete with spokesmen and organizations that try for legalization or simply less restricting criminal codes for drug users. Timothy Leary is perhaps one of the better known drug spokesmen, and the National Organization for the
Reform of Marijuana Laws (NORML) is perhaps one of the better known groups in this category.

Songs of social protest have been around for many years and have nearly always been fairly popular. When the "drug culture" began expanding and creating both legal and moral problems, many of the protest songs changed their lyrics from subjects dealing with the working man to subjects dealing with the drug culture and drugs. During the sixties, there was not only a rise in the number of songs for and about drugs, but more and more musical groups implied drug usage by their own names, such as The Jefferson Airplane. This term was once a slang expression describing a certain manner of folding and holding a marijuana cigarette. In another instance of this same type of thing, whenever Mick Jagger, lead singer of the Rolling Stones, appears with a shirt or badge showing the four letter word "Coke," he is not promoting the popular soft drink, but rather the use of the drug cocaine. The sudden popularity of groups of this type brought about certain changes in the sociocultural environment of the younger generations. The use of certain drugs, especially marijuana, became commonplace at concerts presenting these groups. This change in behavior created conflicts in the enforcement and interpretation of the two legal definitions mentioned earlier. At concerts of that nature there were large numbers of young people openly and flagrantly engaging
in intentional acts in violation of criminal law without justification, and very often in the very presence of uniformed police officers. There were far too many violators at concerts like these for the law enforcement agencies to arrest all those in violation of the law, as it would have been impossible to catch all with enough evidence for conviction. Therefore, the enforcement officers very often tried to concentrate on those dealing or selling, and also concentrated on those using the harder drugs such as heroin or cocaine.

The definition that drug using was an act which the group regards as sufficiently menacing to its fundamental interests to justify formal reaction to restrain the violator also presented problems at concerts of this type. Restraining violators at these events did not always apply for several reasons. Since the use of various types of drugs was considered normal behavior by the majority of the participants, there was no menace or threat to the fundamental interests of the group. The law enforcement agencies were very often booed by the concert observants when and if they tried to restrain violators. This type of behavior eventually led to some communities banning concerts altogether, in the hopes that this act would reduce or curb the growing number of young people participating in the use of drugs.

The drug abuse problem was actually increasing at an alarming rate, and concerned legislators began to study the problem in order
to set up some system of drug educational presentation in the schools for the younger generations. What had once been considered as only behavior of certain minority groups and lower class people had crossed racial and class boundaries. Perhaps it started with college or college age students using the drugs first, but it did spread to high school students who began to try using the drugs, and even on down into the junior high school level. Finally the use even reached the elementary school level, which was really shocking to the interest groups and legislators involved in studies on the problem (8).

These very factors led to a declaration by the Texas State Legislature that beginning September 1, 1971, every Texas student in grades five through twelve would have or receive drug education in the classrooms. These educational programs were to be taught by teachers or counselors who had to attend mandatory drug education classes themselves in particular seminars in order to qualify for teaching in the programs.

Education, or perhaps the lack of drug education, is important in considering the causes of deviant behavior such as drug abuse. The schools are there to help in teaching the prevailing cultural and social norms, as well as to instruct in academics, and if any part is omitted or presented in such a way as to cause rejection by the students, then the very system must be changed. Since the school is a very basic
part of the sociocultural environment, such drug educational programs must be set up so as to not only stress the right norms and values, but also to present the programs to the students with various facts and figures that they can accept, relate to, and identify with. There obviously should be no effort to scare or force or coerce the youths in any way, as this method would only turn away the majority. Drug education programs in the school should be set up so as to motivate the students on the part of the system towards learning, planning, and developing the proper attitudes, behavior patterns, and norms of the current society, and presenting to the students enough facts concerning the actual problems involved with drug use and drug abuse (5).

Religious institutions in our society play a part in creating values within the social environment, though not to the extent that some of the other institutions do. The organized church can have a large influence on the behavior of the young people of our society, especially through the activities of youth groups designed around interests and recreational desires of these young people. Although there have been a few studies conducted on the relationship of delinquent or deviant behavior patterns to the religious habits of the people involved, these seemed only to produce results that were well known to begin with. They did not show that the more religious a person was, the less likely he was to be involved in deviant behavior such as drug abuse (1).
Obviously, the sociocultural environment of a person has a great deal of influence on each person's learned behavior, beginning with early childhood. If norms and mores and accepted behavior patterns are learned from what goes on around one, then anything that affects the environment affects the learning process. If drugs are openly used and accepted by the particular person's peer group, then it would seem only natural that the person himself would also use drugs, or at least accept this behavior in his peers. In this way, education, social class, religion, family, culture, and racial background are all factors that change and develop an individual as he or she progresses in the sociocultural environment with which he or she is associated. In relation to drug abuse and drug addiction, these factors will all play a part if patterns develop that are not congruent with the normal accepted behavior expectations of the majority in any given situation. Therefore, since large numbers of youths are experimenting with and using drugs on a regular basis within our society today, it is in turn up to our society to try to establish methods of teaching our young people in each and every institution of that society so that their socialization process from the earliest age is geared to avoiding those changes and patterns which may lead to drug abuse or drug addiction. The results of such teaching methods are the primary basis and planning stages for their future lives. Such programs can result either in
some experimentation (and possibly addiction) surrounding drugs, or it can lead to a rejection of the drugs depending on the teaching methods and how well the youths inculcate the data fed them through these methods.

The primary purpose of this research project is to study and examine, then compare, the amount of correct drug knowledge and the various attitudes towards drugs that a sample of High School Seniors in a rural area have versus those same attitudes and knowledge of High School Seniors in an urban or metropolitan area.

Statement of the Problem

Drug abuse and drug addiction are very definite problems in our current society. They reach across racial, ethnic, and social status boundaries, and there is no longer any specific age group or category that one can list as more prone to drug abuse than another, except in terms of the type and nature of the drugs abused.

The problems connected with drug abuse are many and varied. One major problem is the actual drug trade itself which smuggles an estimated two tons of pure heroin into the United States every year, with the port of New York being the most common point of entry. There is no real method of measuring the actual amount, or the true value of any of the illegal drugs smuggled into the United States every year. Detection and capture of drug transporters is one problem of extreme
difficulty for law enforcement agencies, especially with the thousands of miles of sparsely populated borders.

Another problem is the differences in definition of drug abuse and drug addiction, and classification of these between the various concerned agencies. Some Federal laws include several stimulants and hallucinogens (marijuana in particular) as narcotic drugs, whereas science defines them otherwise. This fact, plus the fact that some states have added their own statutes to the already existing Federal laws, compounds the problem further of legally defining and classifying various drugs (6).

The problem of drug abuse is growing and becoming critical as time passes. The National Institute of Mental Health estimated the number of heroin addicts as of June, 1971, to be approximately 250,000. This figure was arrived at by multiplying the annual overdose deaths by the arbitrary factor of 150. It is further estimated that perhaps twenty million people in the United States have at least tried marijuana. It would probably be safe to assume that both these figures have increased considerably since that date. Eight billion amphetamine tablets are produced in the United States every year, with possibly as much as 50 per cent of these ending up in the "wrong hands" and subsequently becoming abused (2). Millions of other Americans are taking various medications of one sort or another, and our news media advertises
many such products to the general public all the time as answers to one's aches and pains and other problems in this area. With this type of concentration on pill taking and "cure-alls," plus the profitable nature of the drug trade itself, it is no wonder that the drug abuse problem in our country is increasing at an alarming rate.

One of the outcomes of the increase in drug abuse and the consequent large-scale legislation in relation to the problem is the vast number of studies being conducted and the large number of publications dealing with the problem that are being published. With such a large number of ideas, theories, problems, implications, and attitudes developing surrounding this subject, there is naturally going to be a tendency towards repetition and a general agreement on the severity of the problem. Many of the studies have dealt with the problem of drug abuse itself for the most part, with a lesser amount of research being conducted on or about the drug abusers themselves.

The primary purpose of this research study, then, is to try to gain some insight into the amount of correct drug knowledge, the main sources of knowledge, and the basic attitudes towards drugs in a comparison of high school seniors in a rural area and in a metropolitan area. There will be major emphasis on the following five hypotheses concerning this study:
1. High school seniors in an urban or metropolitan area will have a much higher level of correct knowledge about drugs and drug abuse than high school seniors in a rural area.

2. High school seniors in a rural area will show a more unfavorable or prejudicial attitude towards drugs and drug abuse than high school seniors in an urban area.

3. Those respondents with high scores of correct drug knowledge will have a more favorable attitude toward drugs than those respondents who have low scores of correct knowledge.

4. Those respondents who have been, or who are presently, acquainted with one or more drug users, will have a more favorable attitude toward drugs than those respondents who have not had such acquaintances.

5. The high school seniors in a rural area will have a different primary source of drug information than the primary source of the high school seniors in the urban area.
CHAPTER BIBLIOGRAPHY


CHAPTER II

REVIEW OF AVAILABLE LITERATURE

If one were to check into the number of published works on drugs and drug addiction, including various forms of drug abuse, he would find several thousand works in the United States alone. This number would include books, articles, and numerous pamphlets published by many different interested and concerned partirs or institutions. The concern has been so great that several governmental agencies have been set up so as to study this particular problem and to publish their findings to the general population in the form of short articles, pamphlets, or even some movies or slide projector programs.

One such program is the Bureau of Narcotics and Dangerous Drugs established in April, 1968. The Bureau resulted from a merger of the Treasury Department's Bureau of Narcotics and the Food and Drug Administration's Bureau of Drug Abuse Control. This particular bureau was set up to control more effectively narcotic and dangerous drug abuse through enforcement and prevention measures. In carrying out the mission assigned them, the men of this bureau cooperate with other Federal agencies, foreign as well as domestic, many state
and local governments, private institutions, and other organizations interested in the problem area. The bureau also publishes its own literature and provides educational programs to interested organizations or institutions that may request them (7).

An example of the literature published by this particular bureau would be *Guidelines for Drug Abuse Prevention*, published in April of 1970, involving background considerations for drug programs and drug abuse courses of study (2).

Another institution involved with drugs and drug abuse is the National Institute of Mental Health, under the supervision of the Department of Health, Education and Welfare. In a pamphlet entitled "The Answer Is Understanding: A Story of the Drug Phenomena," there are some explanations and definitions of drugs and drug abuse in some detail, and especially personal accounts from people who have actually used drugs in some form. This pamphlet also includes information on research and rehabilitation programs, the social context of using drugs, certain other aspects of today's drug culture, and in doing so, tries to gain insight into the national problem (5).

Perhaps one of the more informative pamphlets on the subject of drug abuse is the one entitled "A Federal Source Book: Answers to the Most Frequently Asked Questions about Drug Abuse." This particular pamphlet attempts to provide the most precise answers as to
what drugs are, how they work, their effects on the mind and body, and just what the implications are if one gets involved with drugs. It specifically avoids any attempts at solutions to the problem and concentrates primarily on drug information, and is written so that it can be easily read and understood by school children and by those adults who know very little or nothing at all about drugs or drug abuse (6).

The books on drug abuse are far too numerous to attempt mention of all of them, but there are a few that are worth bringing to attention to show the emphasis and direction most of these books take on the subject. Most of them have a tendency to be repetitious, and very often they will make reference to other books or studies along the same lines, trying to further cement any explanations or conclusions that might have been made. In most cases the books, like the pamphlets, have the primary purpose of advising and informing the reader of the effects and consequences of drug use and abuse. An excellent example of a number of these books would be *Use and Misuse of Drugs Subject to Abuse; Drugs: For and Against; and Drug Abuse: A Perspective on Drugs* (8, 2, 4).

The far greater majority of such books have dealt with the drugs and drug abuse as a problem, rather than concentrating on the user of the drugs himself. In the fifties, very few articles appeared on the subject of the user, with only a small number appearing in print
during the sixties. It was not until 1967 that sociologists became actively involved with the drug abusers as a socially distinct group of individuals. One of the first sociological studies of this nature was a survey questionnaire administered in 1967 to eleventh- and twelfth-grade students in Castro Valley, California. This study, by Richard Blum and his associates, revealed that of the student population studies in the two high schools used, 35 per cent of the males and 22 per cent of the females had experimented with marijuana; 15 per cent of the males and 9 per cent of the females had actually used LSD; and 22 per cent of the males and 18 per cent of the females had used some type of amphetamine (4).

Blum also reported on a larger study also conducted in 1967, which included a research project including all the high school students in the County of San Mateo, California. This study revealed that 32 per cent of all the students in the survey had smoked marijuana and that 17.6 per cent had used it more than ten times, giving some indication as to the probable number of regular or frequent users in that age group within that population. It was also revealed at that time that 10 per cent of the sample population claimed to have taken LSD (1, p. 13). However, in this case, one should consider the time and the area of these studies before making any serious judgments or theories of the findings. First of all, the studies were done in and around the San
Francisco Bay Area, and in 1967 this area was one of the prime centers of the hippies, the flower children, and other similar groups.

Bruce Johnson reported in 1970 that one of the most important problems he encountered in his particular study on drugs was gaining the cooperation and permission of the college officials to conduct his study on their campus. He was finally able to obtain their agreement from twenty-one out of twenty-five colleges he had picked, but this was only after much debate and controversy (3, p. 241). His study was done on the college level in 1970, and with the hesitation from officials at that time, it is no wonder that there had been very few studies conducted at the high school, junior high, and elementary levels. Johnson himself states in the preface of his book that "any researcher in the field of drug use faces the snakepit of public controversy" (3, p. vii).

From these studies and the subject matter of most current literature, it might be said that even though the American public is greatly concerned over drug abuse among its citizens, there is still some hesitation when it comes to investigating the phenomena with one's own children as the study group. The reasons most often cited by school officials for not allowing such studies to be conducted on their campus or in their school district was the fear of reprisals on the part of the parents of the students, and also the possibility of discovering
the extent to which drugs and drug abuse would be found within their school system.

Research Methods

The current available literature and public interest on the subject of drugs and drug abuse suggests five hypotheses that can be researched and analyzed in this area of study. These hypotheses in this research study stem partly from the available literature and partly from the differences in living standards between a rural area and a metropolitan area.

To test these hypotheses a rural-area and a metropolitan-area survey were conducted to measure any significant differences in drug knowledge and sources of knowledge between high school seniors in the two test groups. In conducting the research for this study, the writer ran into similar problems reported by Bruce Johnson, in gaining the permission of the school officials to conduct the study in the particular school districts chosen. This problem had been expected in gaining the permission of the rural-area officials, but in actuality this was not the case. The officials of the rural-area school district seemed eager to cooperate and pleased that their area had been chosen for the study. They asked only to be given a copy of the final results of the study and also to remain anonymous in the finished report.
Permission from the metropolitan-area school district proved to be much more difficult to get, as the officials there came up with all kinds of excuses for not allowing the survey, but permission was finally obtained from officials of one school in the Dallas-Fort Worth metrop-plex, and they also requested to remain anonymous in the report. In compliance with these requests, the rural school shall be referred to as Smalltown High School, and the Dallas-area school shall be referred to as Metro High School.

Smalltown is located in the north-central part of Texas and has a population of about 3,000 people. It is one of the older small towns in Texas, established in the early 1800's. The land itself is hilly, with the county being divided by one of the primary Texas rivers. The county's population is primarily engaged in agriculture business with an average annual income of approximately 5.5 million, of which two-thirds comes from livestock and poultry, and the other third from crops such as peanuts, cotton, pecans, and grains. Small-town itself has a dress factory, the expected small business firms, some tourism, and a small hospital which serves the entire county population.

This remote area would be expected to have very few drug-related problems, but a study of the Criminal Docket of Public Records at the County Courthouse revealed that from the period beginning
January 3, 1974, to January, 1975, there were forty-three arrests made for possession of marijuana, with charges being filed as Class B misdemeanors. This figure may seem high for such a small town population, but the records indicated that approximately thirty of the forty-three were from "out of town," meaning out-of-the-county residents. That still leaves thirteen arrests, and subsequent convictions, for marijuana possession.

Metro High School is located in the greater Dallas metropolitan area, but it is not a part of the Dallas Independent School District. This high school has a student population which is greater than the total population of Smalltown. Due to the size and complexity of the Dallas area, there was no real way for the arrest records to be checked in relation to the chosen school, but it would probably be safe to say that the number would at least equal, if not exceed, the number of arrests at Smalltown.
CHAPTER BIBLIOGRAPHY


CHAPTER III

SAMPLE SELECTION

The populations selected for this study of differences in drug knowledge and sources of knowledge consisted of high school seniors in a rural area high school and in a metropolitan area high school. Both schools desired to remain anonymous; therefore the schools shall be referred to as Smalltown High School and Metro High School. The smalltown area is a primarily white and Protestant farm-and-ranch community, whereas the Metro area is relatively heterogeneous, being in the greater Dallas Metropolitan area.

The original proposal had been to use two Dallas area schools, but finding a cooperative school district proved to be an unanticipated problem as far as the Dallas metropolitan area was concerned. The Smalltown school was eager and cooperative in this project, and the situation just described was the exact opposite of what was actually expected. The one Dallas area school that consented to the study was extremely cooperative and very helpful in conducting the research on their campus.
Since there were no blacks and no Mexican-Americans in the senior class at Smalltown, they were excluded from the comparison sample population of Metro High School. A random sample was taken at each school from among the seniors, and the sixty-question survey was then administered to each sample.

Data Collection

The questionnaire was pre-tested on several groups of students (voluntarily) early in March, 1975, at and around several shopping centers in the Dallas area. The students were stopped and asked if they were seniors, and if they were, the school they attended. It was at this time that some of the attitude questions were obtained, being taken from the pre-tested students as questions from discussions with them on drugs and drug abuse. On April 22, 1975, the questionnaire was administered to high school seniors in Smalltown, Texas. There were fifty-five respondents in the Smalltown sample. The same questionnaire was administered to the Metro High School seniors on May 14th and 15th, with fifty-three respondents answering the questionnaire.

All of the 108 respondents received the same sixty-item survey questionnaire, the same set of instructions, and at the time of the survey were given the purpose and intent of the study and encouraged to make any comments about either the study or the subject on the final
sheet of the questionnaire. The average time for each of the admin-
istrations of the questionnaire (including instructions) was about
thirty minutes, although some respondents who wrote comments took
somewhat longer finishing the survey.

The Instrument

The sixty-item survey questionnaire is composed of five
pages (see Appendix A) and is made up of five parts. The first part
contains ten questions consisting of face sheet data asking for age,
sex, racial group, church denomination, frequency of church attend-
ance, membership in clubs or groups, and any evidence or knowledge
of drug use by acquaintances, by themselves, or in their school.

Part two of the questionnaire (questions 11 through 18) deals
with the source of the respondents knowledge and information about
drugs. The respondents were instructed to circle one of the five poss-
able answers that most closely described the amount of their drug
knowledge obtained from that particular source. The five possible
responses were: (a) none, (b) very little, (c) some, (d) a lot,
or (e) most of it. This section was not to test the knowledge, but
rather the source and amount of drug information from the respond-
ent's school programs, parents, church, friends, television or movies,
books or magazines, groups or organizations they belonged to, and
finally from the pushers and drug dealers themselves.
In part three there are twenty-two true or false questions (19-40) designed to give some insight into the amount of correct drug knowledge of each respondent. It is separated from part four by the fact that it is composed of true or false questions, whereas part four contains multiple choice questions also designed to measure correct drug knowledge.

Part five contains ten statements on or about drugs and drug usage, and are designed as an attempt to measure the feelings and attitudes towards drugs and drug users that the respondents have. Eight out of the ten questions merely required the respondent to indicate whether he agreed or disagreed with the statement, but the other two questions required the choice of one out of five responses. These two questions were somewhat different from the other eight since they were measuring the attitudes of the respondents towards current existing drug laws and drug reform programs, rather than drugs and drug abuse specifically.

The section left for comments at the end of the questionnaire is not really considered as a sixth part of the questionnaire, since only a very few of the respondents made actual comments (see Chapter VII). This part was strictly on a voluntary basis, and not really expected as a source of information or data like the rest of the questionnaire. It
served mainly as an interest section, revealing possible feelings of the respondents not necessarily questioned in the survey.

Some of the questions concerning drug knowledge required some information on drug language or slang terms such as "joint" or to get "burned." Questions 21, 27, 39, 42, 43, 44, and 47 are of this type, whereas the rest deal primarily with drugs and drug usage; questions 37, 49, 57, and 58 are designed to measure some of the attitudes or knowledge about drug laws. All of the questions were important for the project, and no one question was given any more importance than any other. The different sections of the questionnaire were designed to test and measure for specific data, and each has its own rating or testing scale.

In the final analysis and study of the completed questionnaires, three were rejected from the Metro High School sample as being probably worthless to the study. In these three questionnaires, it appeared the respondents had deliberately falsified the data either by answering all the questions in the exact same way, by always making the first response their answer, or by making a comment that was judged to be indicative of the respondent's desire for false data or sarcastic comment on the nature of the study. There were no questionnaires of this type obtained from the respondents of Smalltown High School. The respondents of Smalltown also had a greater rate of
comment at the end of their questionnaires, and in most cases worthwhile comments, rather than jokes or pictures.
CHAPTER IV

RESULTS

Out of the total sample of 105 respondents, 52.38 per cent were residents of Smalltown, whereas the remaining 47.62 per cent resided in the greater Dallas area. The population sample was further broken down into thirty females and twenty-five males in Smalltown, and twenty-six males and twenty-four females in the Dallas sample.

There are many differences between the Smalltown community and the Dallas area from which the sample was obtained. One factor is in the number of minority group families living in each of the areas. Smalltown is a relatively homogeneous area as there are very few Mexican-Americans and even fewer blacks living in the area. The Dallas area, as might be expected, is heterogeneous and includes many other minority groups as well as blacks and Mexican-Americans.

Since there were no minority group members in the Smalltown senior class, they also had to be excluded from the city sample group, so as to be as close as possible in this comparison study.

Church affiliation was very similar in both samples surveyed (see Table I for an analysis of the sample by city of residence and
church affiliation), with Baptist, Methodist, and Church of Christ making up the majority (60 per cent) in Smalltown, followed by no religious affiliation (20 per cent), Catholic (9 per cent), and others making up the remaining 11 per cent. In the Metro sample there were 40 per cent Baptist, Methodist and Church of Christ, no religious affiliation making up 26 per cent, Catholic 22 per cent, and others making up the remaining 12 per cent.

**TABLE I**

**DESCRIPTION OF RESPONDENTS BY CHURCH AFFILIATION**
(Numbers Inside Table Represent Percentage of Respondents)

<table>
<thead>
<tr>
<th>Church Affiliation</th>
<th>Area of Residence</th>
<th>Total (N = 105)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Metro (N = 50)</td>
<td>Smalltown (N = 55)</td>
</tr>
<tr>
<td>Baptist</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Methodist</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Catholic</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Church of Christ</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Presbyterian</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Lutheran</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Episcopal</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Non-denominational</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Christian Word</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Assembly of God</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Nazarene</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>12</td>
<td>10</td>
</tr>
</tbody>
</table>

100 (n = 105)
Since the church can have a great deal of influence on the sociocultural environment and behavior of young people, church attendance was included in the questionnaire to see if there were any differences in knowledge scores with regard to church attendance.

Table II is a breakdown of church attendance based on sex and city of residence. As the table shows, the greater proportion of both population samples (approximately 41 per cent) attend church services only a few times a year, and 13 per cent attend once a month, with another 7 per cent never attending. This means that only about 39 per cent of the total populations of both samples are to be considered as regular church attenders. Comparisons of knowledge scores related to church attendance would use these two categories rather than the five listed in Table II. The mean score of those respondents in the Metro area who regularly attend church services is 25.1, whereas those who never or seldom attend church services is 26.7, or 1.6 points higher. In the Smalltown sample, the respondents who seldom attended church scored a mean of 19.9, whereas those who regularly attended church scored slightly higher with a mean of 20.3, or only .4 points higher.

However, when one compares the Metro area to the Smalltown area, one would find some fairly significant differences in the scores. Regular church attendants in Metro averaged 25.1 points,
<table>
<thead>
<tr>
<th>Church Attendance</th>
<th>Area of Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Metro (N = 50)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>a. Never</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>b. Once a Week</td>
<td>6.0</td>
<td>22.0</td>
</tr>
<tr>
<td>c. Twice a Week</td>
<td>8.0</td>
<td>6.0</td>
</tr>
<tr>
<td>d. Once a Month</td>
<td>6.0</td>
<td>2.0</td>
</tr>
<tr>
<td>e. Few Times a Year</td>
<td>28.0</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Smalltown (N = 55)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>a. Never</td>
<td>3.6</td>
<td>1.8</td>
</tr>
<tr>
<td>b. Once a Week</td>
<td>7.3</td>
<td>18.2</td>
</tr>
<tr>
<td>c. Twice a Week</td>
<td>1.8</td>
<td>9.1</td>
</tr>
<tr>
<td>d. Once a Month</td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>e. Few Times a Year</td>
<td>23.6</td>
<td>16.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE II

DESCRIPTION OF RESPONDENTS BY CHURCH ATTENDANCE
(Numbers inside Table represent the percentage of respondents)
whereas those in Smalltown averaged 20.3—a difference of almost 5 points. Those who seldom attended averaged 26.7 in Metro and only 19.9 in Smalltown—a difference of nearly 6 points. These statistics would seem to indicate that the greater majority of respondents from both samples seldom attend church, with the females having a slightly greater attendance rate than the males.

The differences in the scores between the two areas could be due to the fact that the Metro area may have some type of drug information programs with their youth organizations, whereas the Smalltown church may not be able to afford such a program. The scores were fairly close in each sample though, so that would also seem to indicate that perhaps the scores were not all that much different, considering the population size and the proportion of regular church attenders being considerably smaller than the non-regular church attenders, thereby allowing for a possibly higher answer score. This would be true of either of the populations in the sample.

The church as a source of information and knowledge shall be discussed later in this paper.

In regard to clubs and organizations, both groups had similar memberships in the same type of various clubs, with the majority of both groups not listing or claiming any membership. The Metro area population had only 13 (26 per cent) of its respondents listing any
club affiliation, whereas Smalltown respondents showed a somewhat higher level of membership with 25 (45.4 per cent) claiming membership in any organizations or clubs. Most of these clubs or organizations would be considered school sponsored activities. Examples of these are the Future Homemakers of America (FHA), Future Farmers of America (FFA), Pep Squad, Band and Choir groups, any school sports, Vocational Industrial Clubs of America, Student Council, and Speech and Drama Clubs. These organizations, along with the various church-sponsored activities such as Royal Ambassadors (Baptist), Catholic Youth Organization, Rainbow Girls, and Young Life would be the type of clubs or activity groups in which drug abuse information could be given out in certain drug programs or as part of a classroom type activity. The other clubs were not as likely to be considered as sources of drug information. Examples of such clubs would be Rodeo Clubs (North Texas High School Rodeo Association), Sheriffs Posse, and Bass Club. Explorer Scouts could be a definite outside source of drug knowledge and information, but only 3 respondents out of the total 105 listed membership in that organization. There were far more clubs and organizations listed on the questionnaire than there were respondents claiming membership in such groups because many of the respondents belonged to more than one of the clubs. These clubs and
organizations as an actual source of drug knowledge and information shall be discussed later in this paper.

Questions 6 through 10 of the survey questionnaire sought information as to who was using drugs, and the general availability of drugs to those wanting them. Table III is a description of those respondents in both samples who either know someone who has used drugs, or have used drugs themselves, and also includes questions referring to the availability of such drugs in their own school system or residential area.

The responses to Question 6 revealed that almost the total populations in both samples were acquainted with drug users either at the present time or in the past. In comparison, it was approximately 98 per cent of the Metro sample and approximately 91 per cent of the Smalltown sample who fell into this category. The table does not show the male-female variables, but on this particular question there were 23 out of 25 males and 27 out of 30 females in Smalltown who had such acquaintances, and all of the males (26) and 23 out of 24 females in the Metro sample had acquaintances of this nature.

Question 7 posed a different sort of question in that it was asking the respondents themselves if they were now using or had in the past used drugs. There is no true way of knowing for sure the exact number of those respondents who have actually used drugs themselves,
### TABLE III

**DESCRIPTION OF RESPONDENTS BY DRUG USAGE AND AVAILABILITY**
(Numbers Inside Table Represent Percentage of Respondents)

<table>
<thead>
<tr>
<th>Question</th>
<th>Area of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Metro (N = 50)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>6. Do you know anyone who is now using or has in the past used drugs?</td>
<td>98.0</td>
</tr>
<tr>
<td>7. Are you now, or have you in the past at any time used drugs yourself?</td>
<td>58.0</td>
</tr>
<tr>
<td>8. If you wanted some drugs of any type now, would you know where to get them?</td>
<td>84.0</td>
</tr>
<tr>
<td>9. Do you know anyone who is a pusher or anyone else who sells drugs on a regular basis?</td>
<td>56.0</td>
</tr>
<tr>
<td>10. Are drugs readily available at your school?</td>
<td>66.0</td>
</tr>
</tbody>
</table>
since there are those who would not want to admit it in this questionnaire for any number of reasons. However, a substantial number of respondents in both samples were willing to admit having been a participant in the use of drugs at one time or another. In the Metro sample 58 per cent of the respondents answered yes to the question, whereas 54.5 per cent of the Smalltown respondents admitted the drug use. Again, the breakdown of male-female variables followed closely with 16 of the 29 respondents answering yes being male in the Metro sample, and 17 out of 30 in the Smalltown sample being male.

According to the statistics obtained from this sample, 56 per cent of all respondents have used drugs. This would seem to be a rather significant increase over the 32 per cent reported by Blum in the San Mateo County of California survey mentioned in Chapter II of this paper. However, that 32 per cent was strictly marijuana users, whereas this survey questionnaire included all types of drugs. Nevertheless, this rate was still much higher than that found in Blum's samples. In this particular research there is no way to know what drugs were used since that question was not a part of the questionnaire, nor was it part of the information that was being researched.

In Question 8, the respondents were asked if they would know where to obtain drugs if they wanted them. The majority of both populations again responded yes to this question, as the table shows. The
Metro sample had 84 per cent of its respondents answering yes, whereas Smalltown had approximately 71 per cent responding with a yes answer. The Metro sample in the question answering yes was composed of 25 males and 17 females, whereas the Smalltown sample answering yes was composed of 20 males and 19 females. This particular set of statistics seems to indicate that both males and females use drugs (on the average) at about the same rate, and may obtain them from the same sources. There was no real dominance of any particular sex using drugs more than the other in the sample used for this study.

Question 9 sought information on whether or not the respondent knew anyone who was a pusher, or someone who dealt in buying or selling drugs from time to time. As Table III shows, the yes responses to this particular question revealed that the Metro sample had more knowledge on drug sources (or perhaps knowledge about exact sources) than did the Smalltown sample. Approximately 45 per cent of the Smalltown sample answered yes to Question 9, whereas 56 per cent of the Metro sample answered yes. It was this question that showed male respondents answering in the affirmative dominating the female respondents of both population samples. For example, 16 out of the 25 respondents answering yes in the Smalltown sample were males, and 19 out of the 28 Metro respondents answering yes were
males. Perhaps the reason for such differences is that the males usually have more freedom than females to "get around" but there is no real way of telling why the difference occurred.

Question 10 asked the respondents if drugs were readily available at their school. Table III shows the responses, and as in Question 6, there were some respondents answering "I would not know." In considering the large proportion of those respondents who admitted knowing drug users or using drugs themselves, the answers to this question were very interesting. In the Metro sample 66 per cent responded that drugs were readily available at their school, 30 per cent said they did not know, and the remaining 4 per cent said no. In the Smalltown sample 47 per cent responded yes to the question, 45 per cent said they did not know, and the remaining 8 per cent said no. Unlike the Metro sample whose male and female respondents were fairly even in response to this question, the Smalltown population had 18 out of the 25 "would not know" answers coming from females.

In regard to the total population sample, 56 per cent responded with a "yes" answer to drugs being readily available at their school, and 38 per cent did not know if they were available or not. These proportions give some indication as to the extent that drugs and drug abuse have entered into the two school populations, if the results can
be judged with any degree of accuracy. All of the Questions 6 through 10 seem to indicate that the majority of both populations are either involved with some type of drugs themselves or know someone who is involved. Drugs would seem to be readily available in both communities, and according to the statistics are available at both schools, either from drug dealers or pushers, or from some acquaintance who may sell them from time to time.

Hypothesis Testing

Some of the information contained in part 1 (questions 1-10) of the questionnaire shall be useful in that they provide some data for hypothesis testing. Specifically, Questions 6, 7, and 9 deal with drug use by the respondent or his acquaintances. The responses to these questions shall provide data primarily for Hypothesis 4 in that drug users or those acquainted with drug users will have a more favorable attitude towards drug usage than those not so acquainted. For now it is best to forget part 1 of the questionnaire and to begin the hypothesis testing with the first hypothesis.

Hypothesis testing consists of several important steps, and its purpose is to examine the significance of association between variables. There are five basic steps to hypothesis testing:

1. State the null hypothesis--this simply means that one must restate the original hypothesis in a new form so that it can be
2. Determine beforehand all possible outcomes and their associated probabilities. (What is the sampling distribution?)
   a. Look at basic assumptions such as random sampling,
   b. What is the size of $N$—how many cases are there?
3. Set up the experiment itself with defined procedures for measurement.
4. Decide which outcomes, should they occur, would result in the rejection of the null hypothesis. This is usually done by determining a level of significance and a critical region.
5. Perform the experiment and determine the test statistic (the outcome of the experiment) to see if there are any significant relationships between the variables being tested.

**Hypothesis I**

High School Seniors in an urban or metropolitan area will have a much higher level of correct knowledge about drugs and drug abuse than high school seniors in a rural area.

Null hypothesis: There is no difference in the level of correct knowledge about drugs between rural and metropolitan high school seniors.

In testing the above null hypothesis, there were revealed test statistics, including the mean, median, and mode, as well as
differences of means. The mean is the value or score that every respondent of the population sample would have if the aggregate of the sample were spread evenly among all the respondents. It is the "average" and is obtained by summing up all individual values and then dividing by the number of individuals.

In both samples the individual values were in the form of scores or points obtained from the responses to Questions 19-50 on the survey questionnaire. There were 32 questions, so each respondent could make no higher than 32 points on the correct knowledge test. The Metro sample, when all the scores were summed up, had a mean of 19.98 (N = 50 and sum is 999 so 999/50 = 19.98), whereas the Smalltown sample had a slightly higher mean of 20.01 (N = 55 and sum was 1101 so 1101/55 = 20.01). The overall mean of both populations was exactly 20 points, so neither sample varied to any great extent from the overall mean score. However, if one takes sex variables into consideration, there is considerable difference in the mean scores of the Smalltown males versus females but not so great a difference in the Metro males versus females. In the Smalltown sample the mean score for the males was 15.52 (488/25), whereas the mean for the females was 20.4 (612/30). In the Metro area the mean of the males was 20.769 (540/26), whereas the mean of the females was 19.12 (459/24). Although this may indicate some
difference in drug knowledge between the Smalltown and Metro females and suggests that the Metro males have higher knowledge (or at least higher means) when compared to the Smalltown male sample, it does not really prove any significant differences in the overall populations of both samples because of the similarity of their means.

The median is a measure of central tendency and is defined as the number or value which has the property of having the same number of smaller values below it as it has larger values above it. In any given distribution, the median divides the scores in half and is affected only when the middle case value is changed. The mean and median will have the same value and will coincide when the distribution is perfectly symmetrical. In this project, both population samples had medians of 20. This comes very close to the mean of 19.98 for the metropolitan area and the 20.01 for the Smalltown area population sample.

The mode is that value or score which occurs most frequently in any given distribution. In this project, both samples had more than one mode, with Smalltown having modal scores of 22 and 20, with 9 cases in each score. The Metro sample had modal scores of 22, 21, and 20, with 8 cases in each one. Table IV gives a complete breakdown of the scores of each population and the frequency with which each
one occurred. In this table, the actual number of respondents who scored that value is being used for comparison of number of cases in each score.

**TABLE IV**

**DESCRIPTION OF RESPONDENTS BY FREQUENCY OF SCORES**

<table>
<thead>
<tr>
<th>Score</th>
<th>Metro (N = 50)</th>
<th>Smalltown (N = 55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>27</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>24</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>22</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>21</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>20</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>19</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>18</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>3</td>
<td>4</td>
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<tr>
<td>16</td>
<td>2</td>
<td>4</td>
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<tr>
<td>15</td>
<td>2</td>
<td>2</td>
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<tr>
<td>14</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

The table also points out a difference in the range of the scores in both populations. The range is simply the set of values or scores over which the distribution extends and is stated by specifying the highest and lowest values in a distribution, and then subtracting the
lowest from the highest. In this case the Metro distribution extended from 12 to 24, and by subtracting the lowest from the highest we get a range of 12. The Smalltown distribution extended from 14 to 28, and by subtracting we get a slightly higher range of 14. The differences in the ranges do not in themselves prove or disprove the hypothesis being tested, since there were enough high and low values in each distribution to make the mean of each population sample almost equal or symmetrical. The range was used here simply to show the differences in the high and low scores of the two population samples.

The difference of means test is used to determine if there are any significant differences between mean scores of two different samples, particularly with respect to whatever measuring instruments are being used. It is used when one wishes to find whether an obtained difference between two sample means should be regarded as evidence of a real difference on some measuring scale, or whether it occurred because of errors such as sampling errors. In working with difference of means, one must have a standard deviation. In this case, the standard deviation for the Metro population sample was 2.7 (square root of a variance of 7.34), and the standard deviation for Smalltown was 2.9 (square root of a variance of 8.64). The standard deviation for all 105 respondents was 2.8 (square root of a variance of 8.019). The difference between means is found by first
subtracting the lowest from the highest and dividing the difference by the standard deviation to obtain the z score. The z score for the Metro sample was .0111, and the z score for the Smalltown sample was .0103. For this hypothesis, the .05 level of significance was used in a two-tailed test as the scores could be either high or low. The .05 level of significance means that the critical region will be 5 per cent of the total region of the curve and in a two-tailed test, it means 2.5 per cent on each side. This means that .475 of the cases will be between the median and the critical region of .025 on each of the normal distribution curves. According to the table of z-scores, .475 corresponds to 1.96 which is the beginning of the critical region in this particular case. The z-scores of .0111 (Metro) and .0103 (Smalltown) do not fall into the critical region, so therefore we accept the null hypothesis that there is no difference in the knowledge about drugs between the rural and metropolitan high school seniors in this study.

**Hypothesis II**

High School Seniors in a rural area will show a more unfavorable or prejudicial attitude towards drugs and drug abuse than high school seniors in an urban area.

Null hypothesis: There are no differences in the attitude toward drugs and drug abuse among high school seniors in a rural
area and those in a metropolitan area.

In testing this hypothesis, Questions 51 through 60 were used to determine favorable or unfavorable attitudes by the response either of agreeing or disagreeing with the statements made. The measuring instrument is the percentage or proportion of each sample that agreed or disagreed depending on the statement made. The response rate by area of residence and by sex may be seen in Tables V and Va. The reason for Table Va is that Questions 57 and 58 were multiple-choice questions, whereas the others in the group merely required the respondent either to agree or disagree with the statements made.

Question 51 made the statement that "People who use illegal drugs most often are not members of any church." In the Metro sample, 36 per cent (18 out of 50) of the respondents agreed with the statement. The Smalltown sample had a very close 36.3 per cent of the respondents agreeing with that statement. The Metro male and female sample who agreed were fairly close with 10 males and 8 females, but in the Smalltown population the females in agreement outnumbered the males by nearly two to one (13 out of 20).

In Question 52, the statement was, "Using drugs such as marijuana is no worse than using alcohol." Sixty-two per cent of the Metro sample agreed with this statement, whereas 58 per cent of the
Smalltown sample agreed with it. The difference in the male-female responses was fairly even in both sample populations.

**TABLE V**

**DESCRIPTION OF RESPONDENTS' ATTITUDES BY AREA OF RESIDENCE AND SEX**

(The numbers in this table represent only the percentage of respondents who agreed with the statement.)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Metro (N = 50)</th>
<th>Smalltown (N = 55)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (N = 26)</td>
<td>Female (N = 24)</td>
</tr>
<tr>
<td>51. People who use illegal drugs . . .</td>
<td>20.0</td>
<td>16.0</td>
</tr>
<tr>
<td>52. Using drugs such as . . .</td>
<td>30.0</td>
<td>32.0</td>
</tr>
<tr>
<td>53. Drug users can be . .</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>54. The reason most people . . .</td>
<td>50.0</td>
<td>38.0</td>
</tr>
<tr>
<td>55. Most people use drugs . . .</td>
<td>18.0</td>
<td>28.0</td>
</tr>
<tr>
<td>56. Someone who is addicted . . .</td>
<td>38.0</td>
<td>34.0</td>
</tr>
<tr>
<td>59. The drug abuse problem . . .</td>
<td>40.0</td>
<td>42.0</td>
</tr>
<tr>
<td>60. People who use drugs . . .</td>
<td>4.0</td>
<td>6.0</td>
</tr>
</tbody>
</table>
TABLE Va

FURTHER DESCRIPTION OF RESPONDENTS' ATTITUDES BY AREA OF RESIDENCE AND SEX
(The numbers in this table represent the percentage of respondents who answered each choice on each question.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Area of Residence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Metro (N = 50)</td>
<td>Smalltown (N = 55)</td>
</tr>
<tr>
<td></td>
<td>Male (N = 26)</td>
<td>Female (N = 24)</td>
</tr>
<tr>
<td>57. The penalty for use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>2.0</td>
<td>8.0</td>
</tr>
<tr>
<td>b.</td>
<td>4.0</td>
<td>6.0</td>
</tr>
<tr>
<td>c.</td>
<td>14.0</td>
<td>14.0</td>
</tr>
<tr>
<td>d.</td>
<td>8.0</td>
<td>6.0</td>
</tr>
<tr>
<td>e.</td>
<td>24.0</td>
<td>18.0</td>
</tr>
<tr>
<td>58. People who use drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>16.0</td>
<td>6.0</td>
</tr>
<tr>
<td>b.</td>
<td>2.0</td>
<td>0.0</td>
</tr>
<tr>
<td>c.</td>
<td>8.0</td>
<td>22.0</td>
</tr>
<tr>
<td>d.</td>
<td>20.0</td>
<td>18.0</td>
</tr>
<tr>
<td>e.</td>
<td>10.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Note: The percentages total more than 100 per cent in the Metro columns because some respondents gave more than one answer to these questions.

For Question 53, the respondents were to agree or disagree with the statement that "drug users can be distinguished from non-drug users by the way they dress and the length of their hair." In both cases, only 4 respondents agreed with this statement (2 males and 2
females in each sample) so one could conclude that this statement is in general disagreement among the two population samples. However, it may be that the statement itself was not clear enough or specific enough. This statement came from a discussion with some students (seniors) from Mesquite High School. They felt that one could identify drug users by the methods mentioned in the statement. In their opinion, any male with shoulder length hair or longer, females with extremely long hair, and those who dressed "like hippies" were drug users. Although longer hair may be a style now, it would seem that there are some who still go by the length in their value judgments of others. The opinions of those particular students did not prove to be the same as those in these samples.

"The reason most people use drugs is because they want to get high and have a good time," was Question 54. On this item there was 78 per cent agreement among the Metro sample and a slightly higher 82.8 per cent agreement among the Smalltown respondents. This was a 4.8 per cent difference but can hardly be considered as significant. Perhaps those who disagreed with this statement had their own reasons, but it could be connected with the response in Question 58 that people who use drugs are fad followers and do so only because their friends do. Whereas getting high may be the main objective, it seems that it is more a social action than a solitary action. There is
also the idea that some are merely curious and wish to see what it is all about, but that does not correspond with the high proportion of respondents who know someone who is involved with drugs or who are involved themselves.

Question 55 was closely related to Question 54 in that it was a statement on why people used drugs. This time it said the reasons were because they were depressed, or they felt bad, and the drugs helped them forget their troubles. On this question there was considerable difference between the two samples. The Metro sample had a 46 per cent (23 out of 50) agreement on this particular statement, whereas Smalltown had a 60 per cent (33 out of 55) agreement. This was a difference of 14 per cent in the two populations. On this particular question the females were the majority in both samples with 14 out of 23 in the Metro sample and 21 out of 33 in the Smalltown sample. It could be that these females use drugs only because their boyfriends do, and they see the reasons the boyfriends smoke as being because of depression or feeling bad.

Question 56 may or may not be a moral judgment, depending upon the respondent. The statement, "Someone who is addicted to drugs is more likely to commit crimes than someone who is not addicted to drugs," may be true, but there is a question of what is meant by crime and what is meant by addiction, and what drugs are
involved. In any case 72 per cent of the Metro sample (36 out of 50) and 80 per cent of the Smalltown sample (44 out of 55) were in seeming agreement with that statement. On this question, there was also very little difference between the responses of the males and females in each sample.

For Questions 57 and 58, a different table was used, since these two questions required a multiple choice answer rather than just agreement or disagreement. Question 57 was, "The current penalties for use or possession of illegal drugs in the State of Texas:" and the choices of responses were: "(a) should remain the same as they are, (b) should be made tougher than they are now, (c) are much too severe for some drugs and not severe enough for others, (d) should be abolished for marijuana, and (e) should be changed to fit the severity of the crime committed." The most common response in both samples was (e), with 21 in the Metro sample and 19 in the Smalltown sample. The second most common response differed in the two samples, with 14 choosing (c) in the Metro sample and 14 choosing (d) in the Smalltown population. In any case, the general attitude of the two sample populations is that marijuana should be legalized since it is not as bad as most of the other illegal drugs.

Question 58, "People who use drugs:" had the responses, "(a) should be left alone to do what they want, (b) should be sent to
prison, (c) are doing themselves great harm, (d) need drug education instead of prison terms, and (e) are fad followers and use them only because their friends do." The most common response in the Metro sample was different than the Smalltown sample with 19 Metro respondents choosing (d) and 19 Smalltown respondents choosing (c). The second most common response was just the opposite in both cases with 15 Metro respondents choosing (c) and 15 Smalltown respondents choosing (d). In considering this event, it could be that merely using the term drugs and encompassing all such drugs resulted in such a response. In considering the responses to Questions 52 and 57, it is possible that if the statement had said marijuana instead of drugs, there would probably have been very little difference between the two groups, except that there might have been more responses to (a) and (e). There are some other differences in this question, since several respondents felt that more than one answer was necessary with (d) and (e) being the most common (3), and (a) and (e) being the next (2).

"The drug abuse problem should be dealt with through preventive measures such as drug education in the schools rather than stiff jail sentences," was the statement for Question 59 and resulted in some very close agreement between the two sample populations. The agreement was 82 per cent for the Metro sample and 81.8 per cent for
the Smalltown sample. There was very little difference between the male and female response rate, and the overall response rate on this particular question was 81.9 per cent (86 out of 105).

The last question (No. 60) in this questionnaire was more a measure of racial and class prejudice: "People who use drugs are primarily from minority groups and members of the lower classes," may have been true at one time but it is not true now. Despite this idea, there were five respondents in the Metro sample and nine in the Smalltown sample who agreed with that particular statement.

In almost every case, there was very little difference in the response rate or attitudes between the two sample populations under study. One question (no. 55) only produced answers differing to any large degree. Since there were such little differences in the attitudes based on proportions of the respondents' answers, we must therefore accept the null hypothesis.

**Hypothesis III**

Those respondents with high scores of correct drug knowledge will have a more favorable attitude toward drugs than those respondents who have low scores of correct knowledge.

**Null hypothesis:** There is no difference in the attitudes toward drugs of respondents with high scores of correct drug knowledge and those with low scores of correct drug knowledge.
With the highest possible score on the drug knowledge level being 32, and the mean for both groups approximately 20, it is necessary to set up some system for ranking high to low grades. Therefore, anything below 16 is considered as very low knowledge, 16 to 18 as low knowledge, 18 to 21 as average or intermediate knowledge, 21 to 24 as high, and over 24 as very high. With these categories in mind, they show 12 in the Metro sample with low and very low scores and 15 in Smalltown with low and very low scores. There are 22 in the Metro and 21 in the Smalltown sample who fall in the intermediate category, with 16 for Metro and 15 for Smalltown in the high category. Smalltown had 4 respondents in the very high category, whereas Metro had none. In testing this hypothesis, those respondents who fell in the low and very low categories and those in the high and very high categories were used, omitting those in the intermediate range. Since this hypothesis was on attitude differences by high and low scores, one can combine the two samples and compare high and low scores and attitudes among them. Table VI shows a complete breakdown of drug knowledge scores and other variables. Out of 105 respondents in both samples, 26 per cent were in the lower-ranked category, 41 per cent were in the intermediate range, and the remaining 33 per cent were in the upper category. In the lower category 22 out of the 27 respondents had some acquaintance who was a drug user, and 13 out of the 27
admitted to using drugs themselves. In the upper range of scores 32 out of 35 had some acquaintance who was a drug user and 19 out of the 35 admitted to using drugs themselves. If one takes into consideration the 43 respondents in the intermediate range, one finds that 26 of them have used drugs and all of them have drug acquaintances. The

**TABLE VI**

**DESCRIPTION OF RESPONDENTS BY RANK SCORES, NUMBER OF CASES, DRUG ACQUAINTANCES, AND DRUG USAGE**

(The numbers in this table represent actual number of respondents)

<table>
<thead>
<tr>
<th>Area of Residence and Score Rank</th>
<th>No. of Cases</th>
<th>Number of Respondents with Drug Acquaintances</th>
<th>Number of Respondents Who Use Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro (N = 50)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 16, very low</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>16-18, low</td>
<td>8</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>19-21, intermediate</td>
<td>22</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>22-24, high</td>
<td>16</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Over 24, very high</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>49</td>
<td>28</td>
</tr>
<tr>
<td>Smalltown, (N = 55)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 16, very low</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16-18, low</td>
<td>11</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>19-21, intermediate</td>
<td>21</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>22-24, high</td>
<td>15</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Over 24, very high</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>55</td>
<td>30</td>
<td>49</td>
</tr>
</tbody>
</table>
total number of respondents who admit to drug usage, then, is 58 out of the 105 (or approximately 55 per cent), and 98 respondents have drug acquaintances. From these high proportions of the samples being involved with drug usage, plus the data used in testing Hypothesis 2, one must conclude that there is no difference in the attitudes between the high and low scorers and thereby accept the null hypothesis.

Hypothesis IV

Those respondents who have been or who are presently acquainted with one or more drug users will have a more favorable attitude toward drugs than those respondents who have no such acquaintances.

Null hypothesis: There is no difference in the attitudes toward drugs between those respondents who are acquainted with drug users and those who have no such acquaintances.

This hypothesis is closely related to Hypothesis III above with the difference being attitudes toward drugs based on one's acquaintances rather than high or low scores. This hypothesis will be rather hard to prove or disprove based on the data collected in this project, especially since 98 out of the 105 respondents have some acquaintances who use drugs. That leaves only 7 respondents who either responded that they had no such acquaintances or did not know if
their acquaintances actually used drugs or not. The actual breakdown was one respondent in the Metro sample who responded no, 3 in the Smalltown sample said no, and the remaining 3 responded with "I would not know." If one considers the attitude data used for Hypotheses II and III, there would be some data to use for Hypothesis IV, but that data would show only that the majority of each sample population and category generally has favorable attitudes about drugs. The high proportion of respondents with drug acquaintances not only affects this attitude but can also result in an acceptance of the null hypothesis; this, however, is due more to lack of data than anything else. There is simply not enough respondents with no drug acquaintances to make any truly adequate comparison in this project.

Hypothesis V

The high school seniors in a rural area will have a different primary source of drug information than those students in an urban area.

Null hypothesis: There are no differences in the primary sources of drug information between senior high school students in a rural and urban area.

Part 2 of the survey questionnaire was used to measure for the primary sources of drug information between the two sample populations used in this study. In this part of the questionnaire
11 through 18) the respondents were asked to rate eight different possible sources of drug information as to the amount of drug information obtained from each source. The eight different sources were their school, teachers, coaches or programs found at school, their parents, their church, their friends, groups or organizations they belonged to, and finally from pushers. There were five different possible ratings for each source consisting of (a) none, (b) very little, (c) some, (d) a lot, and (e) most of it. In Table VII there is a general breakdown of the respondents by area of residence, the sources, and the ratings of the sources by the actual numbers of students who gave that response for their answer.

The source of most of the information for both samples came from Question 14 (your friends) with 19 respondents in the Metro sample and 17 in the Smalltown sample answering (c) -- most of it. Category (d) -- a lot -- had the same high responses for both populations with 11 in the Metro sample and 18 in the Smalltown sample. If one combines categories (d) and (e), then there would be 60 per cent (30 out of 50) of the Metro sample with their friends as the primary source and 63.6 per cent (35 out of 55) of the Smalltown population sample with the same primary source. The second highest primary source was the same again in both population samples. This was Question 16 (books or magazines) with 11 respondents rating
TABLE VII

DESCRIPTION OF RESPONDENTS BY SOURCE OF DRUG INFORMATION
(The numbers in this table represent the actual number of respondents in that category.)

<table>
<thead>
<tr>
<th>Source of Drug Information</th>
<th>a: None</th>
<th>b: Very little</th>
<th>c: Some</th>
<th>d: A lot</th>
<th>e: Most of it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dallas (Metro), N = 50</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Your school, teachers, coaches, or school programs</td>
<td>2</td>
<td>15</td>
<td>22</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>12. Your parents</td>
<td>19</td>
<td>20</td>
<td>8</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>13. Your church</td>
<td>37</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>14. Your friends</td>
<td>2</td>
<td>2</td>
<td>16</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>15. Television or movies</td>
<td>0</td>
<td>17</td>
<td>26</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>16. Books or magazines</td>
<td>4</td>
<td>13</td>
<td>22</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>17. Groups or organizations</td>
<td>28</td>
<td>16</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18. Pushers</td>
<td>29</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td><strong>Smalltown, N = 55</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Your school, teachers, coaches, or school programs</td>
<td>7</td>
<td>13</td>
<td>22</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>12. Your parents</td>
<td>21</td>
<td>14</td>
<td>13</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>13. Your church</td>
<td>30</td>
<td>15</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>14. Your friends</td>
<td>1</td>
<td>4</td>
<td>15</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>15. Television and movies</td>
<td>2</td>
<td>14</td>
<td>23</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>16. Books or magazines</td>
<td>4</td>
<td>13</td>
<td>22</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>17. Groups or organizations</td>
<td>36</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>18. Pushers</td>
<td>35</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>
it as "a lot" or "most of it" in the Metro sample and 16 Smalltown respondents rating it the same way. However, Smalltown actually had a tie for the second highest ranked source with 16 respondents rating television or movies (Question 15) the same way, whereas only 9 respondents in the Metro sample did so. Therefore, from these data, we could possibly say that both sample populations had the same primary sources of drug information.

If we wish to know the source of the least amount of drug information and we combine categories (a)--none and (b)--very little, we again find similarities in the two samples. The least information would be tied between (13) Your church, and (17) Groups or organization you belong to, with 46 respondents from the Metro sample rating it in that manner. That is 92 per cent of the Metro sample who answered that they learned nothing or very little from those two sources. In the Smalltown sample, it is the same two sources again, but they were not tied in this case. There were 45 out of 55 respondents in Smalltown who gave the church a very low rating and 47 out of 55 gave their groups or organizations a very low rating.

The parents (Question 12) in both samples also were rated very low in both samples, with 78 per cent (35 out of 55) of the Smalltown sample giving them a very low rating. Table VII shows the rest of the listed sources and how they rated according to the respondents
in this sample questionnaire. Since the primary sources were the same and were very close in the proportions of ratings by respondents in both samples, and the least rated sources were also similar, one would have to say that based on the data obtained, both populations had the same primary sources of drug information. Since the primary sources are the same, one therefore must accept the null hypothesis that there is no difference in the source of drug knowledge between the two sample populations in this study.
CHAPTER V

SUMMARY, INTERPRETATIONS, AND CONCLUSIONS

In analyzing the results of the hypothesis testing and the data obtained from the survey questionnaire, it was concluded that all five of the null hypotheses should be accepted. This means that none of the originally proposed hypotheses proved to be true for this project, and especially for these two sample populations.

Hypothesis I proved to be false through testing of the difference between means. As Chapter IV shows, there was .03 difference in the means of the two population samples with the Smalltown group being that much higher than the Metro group. Perhaps the reason for such close scores between the two groups is the fact that 56 per cent of the total respondents are actually involved with drugs although they may or may not use them on a regular basis. One might think that perhaps drug education programs at school would account for closeness of scores since each student would have access to the same textbooks, pamphlets, and articles. However, a fairly large portion of both samples rated their school as a poor source of drug information. It could be that another study project using another set of sample
populations would secure results different from those obtained here, but for these two groups and the data obtained, one must accept the null hypothesis that there is no difference in the correct drug knowledge between the rural and metropolitan high school seniors used in this project, as this study is no indication of the trend for the total population.

For Hypothesis II the high proportion of drug usage and drug acquaintance among the respondents in both population samples was higher than anticipated. The attitude questions (51 through 60) used in this survey showed very little prejudice or unfavorable attitudes among the respondents both as a total sample of 105 and as separate comparison sample populations. There was only one case (Question 55) where there was really any large difference in percentage (14 percent) but this one item alone is not really enough to prove or disprove anything. There is the possibility that the proportion of students who used drugs either now or at one time in the past was actually higher than indicated in this study. If that were true, then that might account for the low proportion of unfavorable attitudes about drugs. The high proportion of those respondents who had acquaintances who were drug users would also be a strong factor in reducing such attitudes and leave only those who truly had no such acquaintances and/or who had really never used drugs to hold such feelings. The high proportion
of students who admitted that drugs were readily available in their schools would also be another strong factor in influencing one's feelings and attitudes toward drugs and drug usage. It would seem that if one is around something a large proportion of the time, regardless of whether or not he actually participates in it, then there will most definitely be some influence upon his behavior, feelings, and attitudes toward it.

Hypothesis III proved to be false and was probably affected by the large proportion of those respondents who either used drugs themselves or had some acquaintances who used them. The scores were not really that different and both groups had the same feelings and attitudes toward drugs and drug abuse. It would seem to indicate that the amount of correct drug knowledge does not really affect the behavior, feelings, or attitudes of those high school seniors involved with this project. The scores in both the high and low ranges were very similar in the number of cases in each, but did nothing to affect the attitudes or behavior of the respondents. The fact that such a high proportion of the respondents showed no unfavorable attitudes or feelings toward drugs and drug abuse probably accounts for the lack of any differences in attitudes based on the high and low scores of those respondents.

Hypothesis IV is related to Hypothesis III in that it concerns attitudes, but this one is based on one's acquaintance with drug users
rather than on high or low knowledge scores. It is also related to Hypothesis II in that it measures (or attempts to) the attitudes and feelings of the respondents as to whether they are favorable or unfavorable. Like the other two hypotheses, it is strongly affected by the large proportion of respondents who showed no unfavorable attitudes, the large proportion who actually admitted to drug usage, and the large number who had drug acquaintances. Some differences do occur, but not those anticipated by the hypothesis itself. For example, there were differences between the male and female respondents in several areas. One such difference was in reference to Question 9 and whether one knew someone who was a pusher or who sold drugs on a regular basis. The largest number of the respondents who had such acquaintances were males. Perhaps the reason for such differences is that the females may get their drugs from boyfriends and therefore do not consider them as sellers or dealers. There is also the possibility that some might obtain their drugs from close friends where nothing may be bought or sold, but used as a social interaction process. Regardless of the reasons for the difference in the male-female responses to Question 9, the data still indicate that roughly 50 per cent of the total population sample have access to or knowledge of where to obtain drugs.
Another difference occurred in relation to Question 10 and whether or not drugs were readily available in their schools. This time there was very little difference between the Metro male and female response, but the largest proportion of the Smalltown females responding indicated that they would not know. The reasons for such discrepancies could be because of such things as the drugs are not actually purchased on the school campus itself, or they may be purchased from a non-student or an ex-student, or perhaps even purchased out of town. However, these reasons do not account for the large proportion of those respondents who answered yes to Question 10. Perhaps it might be stated that in both cases, it is not what you know about drugs, but rather who you know, and what circle of "friends" one associates with that contributes to the differences in responses to Question 10. The high proportion of respondents who admit to using drugs and the even higher proportion of those respondents with drug acquaintances provide insufficient data when compared to the very small proportion of the respondents who had no such acquaintances. From the data obtained from this survey questionnaire it is debatable whether or not one could actually prove or disprove Hypothesis IV. However, the large number of respondents with drug acquaintances and who have favorable attitudes more or less dictates that one should accept the null hypothesis. Further study with another
population sample and a different primary testing instrument would be recommended and probably very necessary in any further testing of this hypothesis.

Hypothesis V also proved to be false in that both sample populations rated their primary sources and their least productive sources in almost the same way. Although the church could be a very definite factor in the sociocultural behavior of young people, apparently it is not so, or at least did not prove to be so in this project. Perhaps that is because of the irregular and low church attendance as reported earlier in this project, or maybe the church offers no drug information programs, or both. The clubs and organizations, as were discussed earlier, are for the most part not the types of clubs one could really expect drug education or information to be a part of. With the exception of the boy scouts, YMCA, and other such groups, most of the clubs have their own goals and objectives and perhaps they feel that drug education is not really their responsibility and therefore leave it up to some other group. Another factor may be the small number of both sample populations who actually had membership in any such groups or organizations. The parents (Question 12) in both samples also were rated very low, so perhaps the parents leave the responsibility of drug education up to some other institution, or else they know very little or nothing about drugs themselves. There is
the possibility that the school age young people of today do receive adequate drug education from many sources and therefore get "burned out" or "fed up" with so much emphasis on drugs and drug abuse and therefore turn it off when they hear it. They may also feel that much of what they know from experience or from friends does not coincide with what they learn elsewhere. It seems that even though drugs and drug usage is a very common subject in the vast mass media available today, and even though some extensive research and studies have been made to educate and inform these young people about drugs, they still prefer to seek knowledge from their friends or through their own experiences with drugs. Perhaps one possible source that was overlooked in this study should have been "your own experience with drugs." With the high response rate of drug usage and acquaintance with drug usage, it might have proved an interesting alternate to the other studies, and might have possibly made some significant differences in the final outcome in testing Hypothesis V.
CHAPTER VI

THEORETICAL IMPLICATIONS

New Theories

Since none of the original proposed hypotheses proved to be true in this study of these two sample populations, it is possible to form new theories based on the old hypotheses and the data obtained from this study. Since the primary purpose of this project was to discover if there were any major differences in drug knowledge between senior high school students in rural and metropolitan areas, and the second purpose was to discover any differences in primary sources of knowledge, one can use these to formulate new theories.

1. High school seniors, regardless of area of residence, will have a certain degree of drug knowledge based on the extent to which drugs are available in the community.

This theory stems from the high proportion of drug usage and availability in both sample populations in this study. It would seem that there might be some connection with the amount of drug knowledge based on the availability of the drugs themselves. This would not mean correct drug knowledge, but merely some awareness
of the drugs themselves, what they were, what they did, and how to obtain them. This would not have to be done through actual use by anyone in particular, but merely from being around it and hearing others relate their experiences with it. Correct drug knowledge could be obtained through books and other channels in communities with very little or no drug problems, but as this study shows, such a community may be hard to find.

2. The attitude of people toward drugs depends upon either their own experiences with drugs or through their acquaintances who have experienced them.

The data obtained in this project had an extremely high proportion of respondents who were acquainted with drug users. There was also a high proportion of respondents who had actually used drugs themselves. The attitudes of these respondents was generally favorable, especially in reference to marijuana.

3. The majority of young people would favor the legalization of marijuana but would prefer to keep the harder drugs such as heroin and cocaine as illegal drugs and therefore punishable by legal agencies for use or possession.

From some of the comments made at the end of the questionnaire, and the few attitude questions in reference to marijuana, one could possibly draw the conclusion that even some of those who did not
or would not smoke marijuana would be in favor of its legalization, as well as those who used it on a regular basis. The other drugs, such as LSD and heroin, are felt to be harmful by most of the respondents in these sample populations so perhaps others may feel the same way. However, if the sample population being used to collect such data had an unusually large number of people who regularly used LSD or heroin, then one might find favorable attitudes toward these drugs as well.

4. The primary source of drug information and drug knowledge among young people tends to come from their peer group associates rather than from institutions such as schools, churches, parents, and organizations.

This theory stems from the large proportion of the respondents in both sample populations who rated their friends as being the source of much of their information about drugs.

5. The attitude towards drugs tends to depend upon the type of drug and how it is used rather than upon area of residence and familiarity with the drug itself.

As the data in this project revealed, area of residence had little to do with one's attitudes toward drugs. The primary factors in consideration were drug usage, drug acquaintances, and the type of drug being used. There were more favorable attitudes than
unfavorable in both sample populations, but perhaps if one listed the
various illegal drugs themselves and set up a rating scale, or some
form of attitude measurement for each drug, then one might reveal
some very significant differences in drug attitudes towards specific
drugs themselves, regardless of area of residence, drug knowledge,
race, religion, sex, or whatever other variables one wished to com-
pare attitudes by. For such a comparison though, it would probably
be necessary to define the specific drugs and their effects and influence
upon the users, so as to inform those who may not be familiar with
certain drugs as to what they are and what they do.
CHAPTER VII

COMMENTS FROM RESPONDENTS

At the end of the survey questionnaire the respondents were told to feel free to make any comments they might have concerning the subject of drugs and drug abuse at the bottom of the last page. Some merely drew pictures of marijuana cigarettes or asked the question, "Wanna blow a joint with me?" However, some of the respondents made some very good comments which shall be included here in this chapter, with a brief description of the respondent who wrote it. These comments are copied exactly as he or she wrote them with their own words, spelling, and sentence structure. It should be pointed out that the majority of comments came from the Smalltown sample population, but these comments will not be identified as to their area but merely to the face sheet data of the writer himself.

An eighteen-year-old male Catholic, who scored 22 points and admitted to drug usage and drug acquaintance, wrote: "Maryuana is not bad, but I know one thing definitely, that it does change your personality. I know this because it has happened to me. But I don't have any other problems with smoking pot."
Another eighteen-year-old male, who also scored 22 points, had no religious affiliation, but answered yes to questions 6-10 (see Appendix I) wrote: "The penalty for pot should be dropped down to the level as that of alcohol."

A seventeen-year-old male Baptist with a score of 21 points, who knew drug users and where to obtain drugs, but did not admit to using them himself, wrote: "I feel that a person who takes drugs is either very uneducated about the subject or are mentally deprived and mentally deranged for the harm that they do to your body is far worse than what they do for you."

An eighteen-year-old male Baptist with a score of 22 points, who had drug acquaintances and knows where to obtain drugs, but did not admit to using them himself, wrote: "#58 doesn't have a correct choice to choose from. Drug use should be left alone only if they don't harm others."

An eighteen-year-old male Baptist, who scored a rather high 24 points and answered yes on questions 6-10, wrote: "Since I don't use drugs, though I have smoked marijuana, I think that the laws concerning drugs should be inforced. In too many instances the law is not inforced when a person is caught committing a crime. The laws should be inforced or abolished."
An eighteen-year-old female, who is Baptist, scored 21 points and answered yes to questions 6-10, wrote a comment concerning the true and false questions in the survey questionnaire. Apparently the young lady did not really understand the function of true or false questions for she wrote the following: "My comment is on some of the True and False questions. They are neither answer."

An eighteen-year-old female, with no church affiliation and a score of 20 points, answered yes to questions 6, 7, 8, and 10 and wrote the following: "When someone comes to school to talk to the kids about drugs, almost 100% of the time, kids sit there going, 'Yea, yea, that guy doesn't know what they're talking about.' Therefore, either those people who lecture ought to get their information straight or not come at all. Personally, I think an undercover agent out on the streets to inform the kids would be good."

With a score of 22 points, an eighteen-year-old female member of the Methodist Church, who answered no to questions 6 through 9 and "I would not know" for question 10, wrote: "Though I agreed with Question #59, that doesn't always help because my eighth grade year we had a rather extensive course on drugs. Everyone in school was involved. We did questionnaires such as this one nearly every day. We saw filmstrips and movies too. It was all pretty enlightening and
revealing but it didn't stop the 'fad' from spreading. People who were kept right on and those who weren't kept on starting."

With a low score of 17, a seventeen-year-old female with Our Saviour Lutheran membership, answered yes to questions 6, 7, and 8; no to question 9; and would not know for question 10. She wrote: "People learn the hard way, although with drugs people do as they wish; also views of people do and will change with the experiences of others."

An interesting comment came from an eighteen-year-old male with a low score of 15. He was Baptist and answered yes to questions 6-10 and wrote the following: "I get high all the time. Marijuana, I think, is not harmful to you. I've taken speed and acid and that is something else. If people want to take it that is their business. Marijuana shouldn't be outlawed. I know men in their late 20's who grow it all the time, but they do it because they want to. They are not pushers or never have been. They just want to do it because they tell me they've smoked hash, took speed and taken all kinds of drugs, and it never hurt them because they've kept their 'shit' together. It really seems to be the person who wants to find something out of reality. But the real high is within yourself."

An eighteen-year-old member of the Presbyterian church with a score of 21, who answered yes on questions 6-10, wrote this
comment: "Drug education doesn't do much good unless the student is made very aware of not the punishment for using the drug but for the loss he makes on himself. He usually ruins his chance to succeed or excel greatly. I hope drugs are just a fad."

With a high score of 25 points, an eighteen-year-old male member of the Church of Christ, who answered yes to questions 6, 7, 8, and 10, and no to question 9, wrote this short comment: "I think alcohol is OK and maybe marijuana but the others are dangerous."

A male member of the Baptist church, seventeen years old, who scored a high 23 points on the questionnaire and answered yes on questions 6 through 10, took the time for the following: "comment."
APPENDIX I

SURVEY QUESTIONNAIRE

The purpose of this questionnaire is to provide data for a Master's Thesis at North Texas State University. The data collected will provide information on the knowledge, attitudes and sources of drug knowledge of High School Seniors. Names and addresses are not necessary, as the interest is in the statistical data only. All respondents and their answers will remain completely anonymous. Please consider each question carefully before answering. Obviously, for some questions, there are no right or wrong answers, but only measurements of attitudes or feelings. Your cooperation in providing honest answers will be greatly appreciated. Thank you.

Note: In this questionnaire the term "drugs" refers to those drugs that are illegal, and also refers to those substances available with or without a doctor's prescription that are commonly abused.

PART I - BACKGROUND INFORMATION

1. What is your age? _____ Male _____ Female _____

2. What is your racial or ethnic group? _____

3. What church do you belong to? _____
   (If none, write none.)
4. How often do you attend church?
   a. never ___
   b. once a week ___
   c. twice a week ___
   d. once a month ___
   e. a few times a year ___

5. Are you a member of any clubs or organizations such as Boy Scouts, Girl Scouts, or others? If so, please list them. If none, write none.
   ____________________  ____________________  ____________________  ____________________  ____________________

6. Do you know anyone who is now using or has in the past used drugs? Yes ___  No ___  I would not know ___

7. Are you now, or have you in the past at any time, used drugs yourself? Yes ___  No ___

8. If you wanted some drugs of any type now, would you know where to get them? Yes ___  No ___

9. Do you know anyone who is a pusher or anyone else that sells drugs on a regular basis? Yes ___  No ___

10. Are drugs readily available at your school? Yes ___  No ___
     I would not know ___

PART II - SOURCES OF KNOWLEDGE

Questions 11 through 18 deal with the source of your knowledge and information about drugs. Please circle the response that most closely describes the amount of your drug knowledge you obtained from the particular source.

11. Your school, teachers, coaches or programs found at school:
   a. none  b. very little  c. some  d. a lot  e. most of it

12. Your parents:
   a. none  b. very little  c. some  d. a lot  e. most of it
SOURCES OF INFORMATION - CONTINUED

Please continue to circle the response that most closely describes the amount of your drug knowledge you obtained from the particular source.

13. Your church:
   a. none  b. very little  c. some  d. a lot  e. most of it

14. Your friends:
   a. none  b. very little  c. some  d. a lot  e. most of it

15. Television or movies:
   a. none  b. very little  c. some  d. a lot  e. most of it

16. Books or magazines:
   a. none  b. very little  c. some  d. a lot  e. most of it

17. Groups or organizations you belong to:
   a. none  b. very little  c. some  d. a lot  e. most of it

18. Pushers:
   a. none  b. very little  c. some  d. a lot  e. most of it

PART III - TRUE OR FALSE QUESTIONS

In the following questions, indicate whether you think the sentences are true or false by circling the correct representative letter to the left of the questions. There are no questions in this group meant to trick you.

T  F  19. One of the most frequently abused narcotic drugs is marijuana.

T  F  20. Birth defects have been linked to the use of LSD by the mother during pregnancy.

T  F  21. The slang term for the stimulant drug Methamphetamine is "speed."
TRUE OR FALSE QUESTIONS - CONTINUED

Please continue to circle the representative letter you feel is the correct answer.

T F 22. Amphetamine drugs are very often prescribed by doctors to increase one's activity and appetite.

T F 23. Heroin addiction can be effectively and permanently cured by the use of methadone.

T F 24. The heavy use of marijuana eventually leads to the use of and addiction to heroin.

T F 25. Marijuana is most often obtained by contact with friends who use the drug.

T F 26. Although hashish is five times stronger than marijuana, they both come from the same plant.

T F 27. Many of the past and present popular songs on the radio have been concerned with drugs.

T F 28. Only those drugs classified as narcotics are capable of becoming habit forming or addictive.

T F 29. It has been proved that the heavy use of marijuana greatly affects the personality development of young people.

T F 30. Drug addicts from rich families will not commit criminal acts to support their habit of using drugs, because they have the money to pay for anything they want.

T F 31. Model airplane glue, gasoline, paint thinner, hair spray, and other such agents are often used to "get high."

T F 32. Sedatives or tranquilizers can safely be used in large numbers if one knows the "right way" to do it.

T F 33. The use of narcotics and alcohol at the same time has no ill effects on those who use them simultaneously.
TRUE OR FALSE QUESTIONS - CONTINUED

Please continue to circle the representative letter you feel is the correct answer.

T F 34. The narcotic content in marijuana often decreases the rate of the heart beat, possibly causing irregular pulse and death.

T F 35. It is safer to smoke marijuana and drive a car than it is to drink alcohol and drive, because marijuana does not cause impairment of judgment or coordination.

T F 36. The drug LSD and its hallucinogenic effects were not known before the early sixties.

T F 37. Marijuana is defined by Federal Law as a narcotic even though it is scientifically defined as one of the hallucinogens.

T F 38. Women who are drug addicts give birth to infants who are also addicts if the mother was an addict during pregnancy.

T F 39. Amphetamines, tranquilizers, marijuana, mescaline and other hallucinogens are more likely to produce a psychological addiction rather than a physical addiction.

T F 40. The people most likely to suffer permanent damage from using LSD are those who are deeply depressed, or those who are on the borderline of mental illness.

MULTIPLE CHOICE QUESTIONS

In the following multiple choice questions, please place the letter of the answer that is most correct in the blank to the left of the question.
41. Which one of the following drugs is the most abused in the U.S. today:
   a. alcohol
   b. marijuana
   c. heroin
   d. opium
   e. none of these

42. A "joint" is a slang term for:
   a. a place where one goes to buy drugs
   b. someone who has been arrested for possession of drugs
   c. a place where one goes to get high
   d. a marijuana cigarette
   e. none of these

43. To get "burned" means that someone:
   a. was arrested for possession of drugs
   b. had something stolen from him
   c. was cheated on a drug transaction
   d. is very angry about something concerning drugs
   e. none of these

44. Such slang terms as "hay," "baby," "bush," and "ace" refer to:
   a. opium
   b. heroin
   c. hashish
   d. marijuana
   e. none of these

45. A drug may be defined as:
   a. certain medicines prescribed by doctors
   b. some medicines available without a doctor's prescription
   c. any substance that has an obvious effect on the body or mind
   d. heroin, marijuana, speed, LSD, and others
   e. all of the above
   f. none of the above
MULTIPLE CHOICE QUESTIONS - CONTINUED

Please continue to place the letter of your answer to the left of the question.

46. Cocaine, amphetamine, benzedrine, dexedrine and methe-drine are:
   a. stimulants that increase alertness and reduce hunger
   b. sedatives used to induce sleep or reduce tension
   c. narcotics used to relieve pain
   d. all of the above
   e. none of the above

47. A "roach holder" is a slang term for:
   a. a pipe used to smoke marijuana
   b. a device used to smoke hash
   c. a device used for holding the butt of a joint
   d. equipment used for smoking opium
   e. a container for drugs

48. Tetrahydrocannabinol is the scientific term for:
   a. a syrup containing codeine used to suppress coughs
   b. a substance prescribed by doctors as a mild sedative
   c. the active ingredient in marijuana
   d. the chemical name for antihistamine
   e. none of the above

49. Giving a friend a gift of a small amount of marijuana is:
   a. not punishable by law, as there was no sale of drugs involved
   b. punishable by law for possession, rather than for selling or dealing
   c. punishable by law as the same as selling or dealing
   d. punishable, depending on the amount given as the gift
   e. none of the above

50. When someone is arrested for possession of marijuana, and is later found "Not guilty," he will:
   a. not have any record concerning the arrest
   b. will have a record that he was arrested but not convicted
   c. will have a special "narcotics charge" record
   d. none of the above
PART IV - FEELINGS AND ATTITUDES TOWARDS DRUGS AND DRUG USERS

Indicate your feelings or attitudes to the following statements by placing the letter of your response in the blank to the left of the question.

51. People who use illegal drugs most often are not members of any church.
   a. agree   b. disagree

52. Using drugs such as marijuana is no worse than using alcohol.
   a. agree   b. disagree

53. Drug users can be distinguished from non-drug users by the way they dress and by the length of their hair.
   a. agree   b. disagree

54. The reason most people use drugs is because they want to "get high" and have a good time.
   a. agree   b. disagree

55. Most people used drugs because they are depressed, or they feel bad, and drugs help them forget their troubles.
   a. agree   b. disagree

56. Someone who is addicted to drugs is more likely to commit crimes than someone who is not addicted to drugs.
   a. agree   b. disagree

57. The penalty for use or possession of illegal drugs in the State of Texas:
   a. should remain the same as they are
   b. should be made tougher than they are now
   c. are much too severe for some drugs and not severe enough for other drugs
   d. should be abolished completely for marijuana
   e. should be changed to fit the severity of the crime committed
ATTITUDE QUESTIONS - CONTINUED

Please continue to place the letter of your answer to the left of the question.

58. People who use drugs:
   a. should be left alone to do what they want
   b. should be sent to prison
   c. are doing themselves great harm
   d. need drug education instead of prison terms
   e. are fad followers and use them only because their friends do

59. The drug abuse problem should be dealt with through preventive measures such as drug education in the schools rather than stiff prison sentences.
   a. agree   b. disagree

60. People who use drugs are primarily from minority groups and lower class members.
   a. agree   b. disagree

At long last this questionnaire has come to an end. Please feel free to make any further comments you may have concerning the subject of drugs at the bottom of this page. They will be welcome remarks. Thank you again for your time and cooperation.
APPENDIX II

ANSWERS TO QUESTIONNAIRE

In this survey questionnaire, some of the questions had no right or wrong answer. Part I, Questions 1-10, was merely background information and face sheet data on the respondents. Part II (11-18) was testing for sources of drug knowledge based on ratings of eight different items (see Table VII, p. 64, for results of sources of knowledge questions). Part V (51-60) was a measurement of attitude and also had no right or wrong answers. Parts III and IV (19-40) were True or False questions and Multiple Choice (41-50) and had correct answers, as follows:

Part III: True or False Questions

19. **False.** Marijuana is not a narcotic but rather one of the hallucinogens.

20. **False.** There has been no conclusive evidence that actually links LSD to genetic damage in man, but some research has raised the question.

21. **False.** Speed is the slang term for methedrine and not methamphetamine.
22. **False.** Amphetamine drugs are frequently prescribed by doctors to reduce appetite and activity.

23. **False.** Methadone is itself a narcotic, so it could not be considered as a "cure" for heroin addiction. It has only been effective in allowing some heroin addicts to function more normally while their dosage was being gradually reduced.

24. **False.** Only a very small minority of heavy marijuana users actually ever use heroin.

25. **True.** One of the main sources between young people for marijuana is on a social friendly basis, where they get together to share the drug.

26. **True.** Both come from the Cannabis Sativa plant with marijuana coming from the leaves and stems and hashish being made from a resin produced by the plant.

27. **True.** A great majority of groups and songs have popularized drug usage.

28. **False.** A drug does not have to be a narcotic to become habit forming. For example, some people have become dependent upon such things as alcohol, coffee, certain colas, and legally obtainable drugs available without prescription such as aspirin. This is merely in the overuse and overindulgence in these particular items.
29. True. There has been much study by many different research groups who indicate that there is definitely a personality change in users of this drug.

30. False. A habit costing from fifty to a hundred dollars a day adds up, no matter who you are, and the disappearance of such large sums of money is bound to be noticed.

31. True. Sniffing the fumes from such chemical agents has been used from time to time with often dangerous or fatal results.

32. False. There is no "safe" way or "right" way to overuse or misuse sedatives or tranquilizers either.

33. False. There are often dangerous and fatal results from using both at the same time.

34. False. Marijuana is not a narcotic, and does not decrease the heart beat, but has been known to increase it.

35. False. Marijuana does have definite effects on one's judgment and coordination.

36. False. The drug LSD was first isolated and named in the forties, although the hallucinogenic effects from some of its sources have been known for hundreds of years.

37. True. Marijuana is classified as a narcotic by Federal law, and as one of the hallucinogens by other agencies.
38. **True.** These babies also have withdrawal symptoms shortly after birth.

39. **True.** The good feeling from such drug use becomes habit forming and is therefore mental as the body itself does not become dependent upon it as in the use of heroin.

40. **True.** Their mental condition may not be able to cope with the hallucinogenic effects of the drug.

**Part IV: Multiple Choice Questions**

41. **a.** Alcohol is the most abused drug, although some may not recognize it or realize it as a drug, but there are far more alcoholics than drug addicts.

42. **d.** A marijuana cigarette.

43. **c.** Was cheated on a drug transaction. This question has some racial or ethnic overtones in that if some blacks were given this question, they would answer **e** - none of these. This is because to them it means that someone gave them venereal disease.

44. **d.** Marijuana but these may be regional terms as they came from various books and pamphlets on the subject of drugs.

45. **e.** All of the above.

46. **a.** Stimulants that increase alertness and reduce hunger.

47. **c.** A device used for holding the butt of a joint. Some respondents crossed out the word holder and replaced it with the word "clip."
48. c. The active ingredient in marijuana. A large number of respondents missed this question despite the obvious clue of "cannabi" in the formation of the word.

49. b. Punishable by law for possession rather than for selling or dealing.

50. c. Will have a special narcotics charge record, regardless of the amount of marijuana involved and the fact that marijuana is not a narcotic.
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