

# **DRUG EXPERIENCE, ATTITUDES AND RELATED BEHAVIOR AMONG ADOLESCENTS AND ADULTS**

by

**Herbert Abelson, Reuben Cohen, Diane Schrayner and Michael Rapoport\***

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\* Response Analysis Corporation, Princeton, New Jersey.

\*\* Materials for Part 3 assembled by Lionel V. Silvester, III.

# **DRUG EXPERIENCE, ATTITUDES AND RELATED BEHAVIOR AMONG ADOLESCENTS AND ADULTS**

## **Part 1 Main Findings**

## INTRODUCTION

### Objectives

This is a multi-drug study which ranges over commonly used and approved substances such as cigarettes and alcoholic beverages, to selected pharmaceuticals (proprietary and ethical sedatives, tranquilizers and stimulants)\*to more esoteric and illicit substances of current concern, such as heroin, cocaine, marihuana, and others.

Thus the research is intended to reflect the scope of the Commission's second year activities and interests in a wide range of drugs. The research was designed to assist the Commission on formulating its policy recommendations to Congress.

Some data contribute directly to a knowledge of how widespread is experience with and usage of these several substances.

Some findings address larger issue areas: Is there a "drug culture," for example, or what connection is evident between the beliefs and behavior of parents and the beliefs and behavior of their children.

Some of the text is more related to the kinds of information which the public might benefit from, and to the kind of understanding of the drug scene which may be presently lacking in the public mind.

And by no means last, public resistance to or readiness for changes in government policies and in legal controls over drugs is at least partly suggested in this report.

Because such a variety of information has been gathered at one point in time on a cross section of the public, age 12 and older, we believe that the research should have added value as a resource for answering questions which may not be addressed in this report or even anticipated at this time.

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\*Proprietary drugs -- can be purchased without a prescription.  
Ethical drugs -- require a prescription.

## Research procedure

### Development.

In planning for this study, we drew heavily on our recent marihuana study for the Commission.\* That experience was valuable for what we learned during the course of the research itself, but also for the increased familiarity and knowledge of some of the drug literature. This background was one of the chief inputs to developing questioning instruments.

Additional resources throughout the developmental period were opportunities for meeting with Commission staff, and for the advice of a group of consultants, themselves experienced in alcohol, marihuana and other drug research. Suggestions of staff and consultants had much to do with the procedures and instruments which we utilized.

Early in July two group interviews were conducted: one with eight middle class parents living in suburban New York City (Ridgewood, New Jersey); the other with a group of working class parents in Trenton, New Jersey. These interviews were tape recorded, and the tapes used to help understand the language by which people communicate about drugs, as well as to develop a few of the hypotheses incorporated into the study.

### Sampling and interviewing.

The data were gathered by means of a nationwide probability sample design to reach two parts of the population: adults age 18 and older, and young people age 12-17. Personal face-to-face interviews were conducted during September and October, 1972, and yielded a total of 2,411 adults and 880 young people for analysis.

Because of the importance of younger adults to the subject areas of the research, the design called for oversampling the 18-29 age group. The objective of the sampling procedure was to complete approximately equal numbers of interviews in each of two broad age groups: 18-29, and 30 or older. This was accomplished by first determining to which of three groups shown below the household belonged, then following the procedure specified.

<u>Household composition</u>	<u>Procedure for household group</u>
All adults in household in 18-29 age range.	One adult interviewed.
Some adults 18-29; some 30 or older.	Adult age 18-29 interviewed in 2/3 of households; adult age 30 or older interviewed in 1/3 of households.
All adults 30 or older.	One adult interviewed in 2/5 of households.

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\*Abelson, H.I., Cohen, R., and Schrayner, D., Public Attitudes Toward Marihuana. Published in Appendix Volume II of the 1972 Commission Report.

In any assigned household -- whether or not there is an eligible adult -- if there are one or more young people age 12-17 one of these young people was interviewed. This means that there are households in which two interviews were conducted, one with an adult and one with a young person age 12-17. There are also households in which only a young person was interviewed. No more than one young person (12-17) and one adult were interviewed in any household.

#### Instruments.\*

Five different data collection instruments were used:

- An interview form for personal interviews with adults.
- A different interview form for personal interviews with the teenage sample. This interview was a somewhat abbreviated form of the adult interview, so that much of the data are available for both samples, youth and adult.
- Three different self-administered questionnaires, which were completed at specified times during the interview experience:

A questionnaire on cigarette and alcoholic beverage consumption.

A questionnaire on experience, usage and usage patterns for marihuana.

An experience and usage questionnaire for heroin, LSD, cocaine, and inhalants.

These three questionnaires are identical for adults and for youth. All three questionnaires were administered to both samples.

Details of interviewer training, the strategy for encouraging respondent honesty, and all other aspects of procedure are described in Part 3 of this report, a separately bound volume.

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\*Copies of instruments are bound into this report.

### Report organization

This report is in four separate parts:

- Part 1 -- This document. A presentation of the main findings and conclusions, with a minimum of methodology.
- Part 2 -- Detailed tabulations. Computer printouts with explanatory text bound into three documents of this page size.
  - Part 2A. Adult interview data
  - Part 2B. Youth interview data
  - Part 2C. Experience data, adults and youth (Self-administered questionnaires)
- Part 3 -- Methods and procedures. All aspects of research design and interviewing experience, plus a set of the supporting documents (e.g., training manual for interviewers).
- Part 4 -- A magnetic data tape record for use in further analysis. Actually, there are two reels of tape, one for adult responses, one for youth.

### Acknowledgements

Ralph Susman, Associate Director of the Commission staff, participated in every phase of the work, and provided invaluable assistance, substantive and administrative. Lenore Kupperstein, Assistant Director of the Commission staff, provided guidance and review throughout the course of the study. Richard Bonnie, Associate Director of the Commission staff, and Professor Weldon Johnson were both helpful during the process of developing and pretesting the instruments.

We were fortunate to have the assistance of four consultants who met with us once in plenary session, and thereafter worked with us individually as our needs and their time permitted: Professor Jack Elinson and Professor Eric Josephson are at the Columbia University School of Public Health. Dr. Dean Manheimer is Director of the Institute for Research in Social Behavior in Berkeley, California. Dr. Ira Cisin is Director of the George Washington University Social Research Group.

Dr. Marvin Blumenthal, internist in private practice in Princeton, New Jersey, and Mr. E. E. Campbell, pharmacist and owner of Thorne's Drug Store in Princeton, New Jersey, assisted in preparations for photographing a variety of pharmaceuticals.

The selection and grouping of ethical psychotropic drugs for the picture cards was carried out by Commission staff with the assistance of some of the Commissioners.

Several members of the Response Analysis staff participated in the conduct of the study, in addition to the authors.

Sampling:	Audrey L. Proctor Dawn M. Cooper
Interviewing:	
Overall supervision	Charlotte E. Slider
Field project manager	Lionel V. Silvester III
Liaison	Florence T. Ishibashi Marilyn S. Jackson
Interviewer training*	Mina Cuker Audrey L. Proctor Lionel V. Silvester III Charlotte E. Slider Margaret B. Spadaro Melody D. Todd
Editing and coding:	
Supervision	John G. Odorisio
Coders	Martha V. Stryker Noreen M. Barnes Janet C. Denaci Mary E. Jablonski Wanda H. Still
Computer programming	Roald Buhler
Statistical review	Susan J. Connolly Donna J. Lewis
Report preparation	Susan A. Gunzelman Ann G. Peterman

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\*Two of the report authors, Herbert Abelson and Diane Schroyer, also trained interviewers.

## HIGHLIGHTS

The Attitude Climate for Drugs

Drugs positioned among other national and local concerns

1. A majority of the public (53%) mentions drugs among the most serious problems in the country, about the same proportion (55%) as are concerned about the economy. No other issues are of comparable concern.

The same questions about issues were asked in a 1971 study for the Commission. Three concerns have changed appreciably between that study and the current one, conducted a year later:

- Increase in concern about drugs, from 44% in 1971 to 53% in 1972.
  - During that time period, an increase in concern about problems of youth, from 22% to 32%.
  - The only marked decrease in concern is in the area of race relations, with the proportion of people mentioning the issue as a problem 28% in 1971 and 18% in 1972.
2. The "drug problem" is defined in terms of availability (too easy to get), in terms of mental and physical hazards to the user, and in terms of crime induced by having a drug habit.

Other drug-related attitudes and beliefs

3. Substantial proportions of the public indicate that they know little or nothing about many of the illicit drugs, or psychotropic drugs sold through pharmacies.
4. Large proportions (about 80% or more) of both adults and youth (age 12-17) classify heroin, cocaine, barbiturates, marihuana, and amphetamines as drugs. Less than 40% of either adults or youth classify alcoholic beverages or tobacco as drugs.

Methods of coping with moodiness, situational stress

5. Eighty-five percent of adults report having been nervous, out-of sorts, moody, or under stress at some time.

Most frequently cited ways of coping with these kinds of stress are Confrontation: doing something about it (79%); Denial: forget it (59%); and Indulgence: putting off some work (59%).

Eighteen percent cope by taking alcoholic beverages, and 15% cope by taking a pill "to calm you down or cheer you up."



### Beliefs About Heroin and Marihuana

6. Most of the adult population associates heroin and crime. Heroin users are perceived as both committing crimes to buy more heroin (91%) and also as committing crimes which they would not otherwise have committed (90%).

Heroin is also seen by adults as making people lose their desire to work (73%), and few adults accept either that heroin can be used with no bad effects (12% agree), or that heroin can be used without becoming addicted to it (9% agree).

Youth (age 12-17) tend to have the same perceptions of heroin as do adults.

7. Marihuana use is connected by adults with the suburbs, with young people, as leading to stronger things, and with crime.

Older adults are more negative about marihuana than are young adults, age 18-25. For example, 72% of the adults age 18-25 believe that you can try marihuana with no bad effects. By comparison, 27% of older adults agree with this idea.

The youngest group studied (age 12-13) is more conservative about marihuana than are other teenagers. This youngest age group is even more conservative than adults are. For example, the 12-13 age group is more likely than adults to believe that marihuana use leads to crime and leads to using stronger drugs like heroin.

8. A relatively small proportion of either adults or youth says that they would be inclined to punish one of their own teenage children who was found smoking marihuana. This question was asked in the 1971 study as well as in the current study. There is a tendency for adults to be somewhat less punitive about youth using marihuana in 1972 than they were in 1971.
9. Substantial proportions of the public regard users of marihuana and users of heroin as being quite different. Heroin users are perceived as having personality problems which set them apart from marihuana users. Many of those who regard the users to be different also comment that heroin is addictive and marihuana is not.
10. In terms of alternatives for treatment of heroin users, the public is pretty well divided.

When asked if they approve or not of providing heroin free to addicts, about equal proportions of adults fall on either side of the issue.

11. A third of the adult public is not familiar with the term "methadone."

Those unfamiliar with the term tend to come disproportionately from the older age group, the less well-educated, the South, and nonurban areas.

As an alternative to methadone maintenance programs, those people who have heard of methadone were asked to react to the idea of using heroin to treat addicts. A fourth of the adult public favors this idea.

### The Meanings of Drug Abuse

12. To the public, the term "drug abuse" suggests usage for a nonmedical purpose, a purpose not intended for the drug. To some people, the term also suggests overdose of a drug; the use of any addictive substance; any substance that is damaging to health; using a drug for pleasure.
13. Ten situations were presented to the public. Each situation includes a behavior which respondents were asked to judge as being or not being drug abuse.

There is a tendency to identify nearly any situation as drug abuse. However, the following are most often connected with drug abuse: use for pleasure, use to help cope with the day, taking more than prescribed or directed, occasional use of heroin.

Consuming alcohol, and taking a pill just to test its effect are least often regarded as drug abuse.

### Opinions and Beliefs About the Law

14. In an information question, nearly everyone knows that heroin use (possession) is a crime. Substantial proportions of the public (over 80% youth or adults) believe that using marihuana is a crime.

Fewer than half of adults think that using someone else's prescription drugs is a criminal act, although some people are not sure about the legal implications of that act.

15. Majorities of the public think that using heroin, using marihuana, or using someone else's prescription drugs should be crimes.

A majority of adults also thinks that it should be a crime for a person younger than 18 to drink alcoholic beverages.

16. With respect to personal experience with crime and with drug related crime: one-third of the adult public has experienced thievery at home or at place of work; also, a third of the public says either they or someone they know well has been attacked, mugged, or robbed; 7% of adults (about one-fourth of the group who knows a robbery victim) have reason to believe that the assailant was a drug user.
17. Law enforcement agencies do not get high ratings for the way that they implement the drug laws. Only 4% of the public feel that these agencies do an excellent job, as compared with 30% of the public who feel that these agencies do a poor job.

#### Experience with Psychotropic Drugs

18. Fifty-six percent of adults have used at least one legally available psychotropic drug at some time in their lives. A higher proportion of people in their twenties have had experience with these drugs than those of any other age. Twenty percent of youth (12-17) have had experience with psychotropic drugs.
19. Thirty-nine percent of adults have taken some psychotropic drug within the last year. Women, younger adults, those who have been to college and those living in the West are the most likely to have recent experience.
20. Adult consumers of alcohol have about the same pattern of pill usage as nonconsumers. Young people who have consumed alcohol recently are more likely to use psychotropic drugs than are other youth. Those with marihuana experience (both adults and young people) are more likely to have used each type of pill considered.
21. About one-fifth to one-fourth of users of various types of ethical pills have been involved in multiple drug use involving pills or pills plus alcohol.
22. About 10% of adults and 6% of youth have used at least one ethical drug for some nonmedical purpose. Usage for nonmedical purposes is heaviest among those aged 18-25.
23. The majority of users of each type of ethical drug first received the pill through a doctor. The next most common source for first time usage is having been given it by a friend, neighbor or someone at work.
24. About one adult in 20 says that he or she has given an ethical psychotropic drug to someone else. Twice that proportion of adults (10%) have used such pills that were prescribed for another. Percentages for youth are smaller for either giving or receiving prescription pills.
25. The main dangers seen for each drug type are possibilities involving addiction (about 50% for each ethical pill) and physical harm to user (one-third or more in each case).

26. A majority (57%) of adults sees buying a drug through a doctor's prescription as safer than proprietaries. Fifteen percent see the proprietaries as safer with the remainder seeing no difference or not having an opinion.

#### Consumption of Cigarettes and Alcoholic Beverages

27. About 40% of adults are current cigarette smokers: no change from the 1971 data. Youth data show 17% as current cigarette smokers.

Smokers are disproportionately adult males, predominantly adults under 50, and living in the South.

Cigarette smoking is related to consuming alcohol, marihuana, and pills for nonmedical purposes.

28. Over half of adults, and one-fourth of the young people (age 12-17) have consumed some kind of alcoholic beverage "within the past week." Beer is most frequently the beverage consumed (38% of adults, 17% of teenagers), wine least often reported as consumed by adults (18%), and liquor least often consumed by teenagers (6%).
29. There is a marked relationship between beer consumption and marihuana experience. Two-thirds of adults and about half of youth who have marihuana experience also are beer consumers.
30. People who are current alcohol consumers are disproportionately likely to have lived in a household where alcoholic beverages were used, and are also more likely than others to have experienced alcohol for themselves at a relatively young age.

#### Experience with Marihuana, LSD, Glue (Inhalants), Cocaine, Heroin

31. Overall reported experience with marihuana is about the same this year as in 1971: in 1972, 16% of adults and 14% of young people have had experience with marihuana. About half of the triers are current users.

With respect to usage, 4% of adults and 4% of youth use marihuana at least once a week.

Of all respondent characteristics, age is most markedly related to marihuana experience. Consumption peaks during the years 18-21 (55% of that group has had marihuana experience), and drops off rapidly after that time.

In addition to age, other characteristics associated with adult marihuana experience are sex (more men), education (higher proportion of college trained), and region (higher proportion in the West).

Half of adults who have tried marihuana used it coincidentally with alcohol, and 10% have used it together with a pill of some kind. Roughly the same figures obtain for youth.

32. LSD: 4.6% of adults and 4.8% of youth report trying LSD or another hallucinogenic substance.

GLUE, inhalants: 2.1% of adults and 6.4% of youth have tried this category of substances.

COCAINE: 3.2% of adults, 1.5% of youth report trial.

HEROIN: 1.3% of adults and .6% of youth report trial.

33. For all of these substances, large majorities of people in both age ranges are not curious about and do not think they would try the substance even if it were legal and available.

## MAIN FINDINGS

## Notes on reading tables:

- a. If there is a % sign at the top of a column of figures, then the column reads down and adds to 100%, unless otherwise noted and explained.
- b. If there is a % sign next to the first number in a row of figures, then the figures read across.
- c. A % sign next to each number in a table of figures means that the figures are not additive either across or down. This kind of format would be used for showing a number of partial tables in one place (e.g., just the extent of agreement with a number of agree-disagree statements).
- d. The computer tables from which we work sometimes add to 99% or 101% when they should add to exactly 100%. These discrepancies are due to rounding off of the percents. We have adjusted these figures, when necessary, to add to 100% by making a change in the "no opinion" or "no answer" category. In a few instances we have made the rounding change in the body of the table by examining the percents to the nearest tenth, and deciding on an adjustment that best preserves the relationships among the figures in the table.
- e. Most percents are rounded to the nearest whole number. However, some of the drug usage figures are so small that rounding the percents can contribute to substantial distortion of the data. In these instances we have shown the percents to the nearest tenth. We would caution the reader that when percents are shown to the nearest tenth, it does not imply any greater degree of accuracy than when rounded to the whole number.
- f. The bases shown in parentheses in the tables are the actual numbers of respondents in each category. These bases would be used when estimating the statistical significance of percentage differences.

Percentages are derived from the weighted frequencies, which are shown in the separately bound detailed tabulations. Any repercentaging which the reader may wish to do should utilize these weighted frequencies.

- g. Analysis variables are often defined on the page where they first appear. A fuller explanation of them is included in the Appendix bound into the back of this report.
- h. Tables are identified by number. The source for each table, i.e., the question(s) upon which it is based, is shown in the Appendix.

## CHAPTER 1

### The Attitude Climate for Drugs

- Issues of greatest concern to the public.
- General drug related issues: definition of the drug problem, claimed familiarity with drugs, substances which are regarded as drugs, substances which are regarded as addictive.
- Mechanisms reported as ways of coping with moodiness or situational stress.

1. THE ECONOMY AND DRUGS ARE THE TWO ISSUE AREAS OF MOST CONCERN TO THE PUBLIC.

The first part of the interview asked adults to name two or three problems, national or local in scope, that they feel are most serious and need attention.

Table 1, opposite, shows the outcome for main issue areas this year, and data from a study of comparable scope and design funded by the Commission in 1971.\*

This year the economy and drugs are named as issues of concern by majorities of the adult public. Issues compelling to a third or more of adults are problems of modern living (including transportation, crowded living conditions, and pollution as main ingredients), the situation in Vietnam, crime, and youth.

Comparisons with data collected a year ago indicate three areas of appreciable change:\*\*

More concern this year with drugs  
More concern this year with problems of youth  
Less concern this year with race related issues

The increasing saliency of drugs as an issue of concern can be trended back to the winter of 1970, when field work was carried out for another purpose, and included the same kind of open-ended issues question as reported here.

Shown in Table 2 are the areas for which there are data spanning roughly a three-year period. Vietnam was the key issue in 1970, and nothing else was even close. According to these data, drugs have become about 2½ times more prominent in the public mind during this period.

The next several pages show more about the components of these broad areas, including a discussion of what the public thinks of as the drug issue.

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\*Abelson, et al, op. cit., pages 12-15.

\*\*Because there are likely differences from study to study in the ways that verbatim comments are classified by the "coders" who do this work, differences of fewer than 7 or 8 points may be somewhat unreliable.



Table 1  
Principal Areas of Concern Among the Adult Public

Adult base	1971 (2405)	1972 (2411)	Points difference
Economy	59%	55%	
Drugs	44	53	+ 9
Problems of modern living	40	40	
Vietnam	43	38	
Crime	29	32	
Youth	22	32	+10
Climate of the country	27	26	
Race	28	18	-10
Education	15	17	

(Main mentions)

Table 2  
Public Concerns on Selected Issues, 1970-1972

Adult base	*1970 (2486)	1971 (2405)	1972 (2411)
Economy	32%	59%	55%
Drugs	20	44	53
Vietnam	54	43	38
Crime	20	29	32
Youth	23	22	32
Race	36	28	18

\*1970 data are in the Technical Report of the Commission on Obscenity and Pornography, Volume VI, page 51. Washington: Government Printing Office, 1971. From a Response Analysis study for the Commission.

This year, as last, the aspects of the economy which are most prominent to the public (Table 3) are the high cost of living, taxes, unemployment, and poverty.

What is true of the above observation on the economy (not much change in the individual concerns which contribute to it) seems to hold for most of the other main areas.

Pollution and transportation problems are about the same this year as last.

Fear of being mugged and robbed is about what it was in 1971.

Mistrust of government is roughly the same for each of the two measuring points.

What the "drug problem" means to people is suggested by the findings in Table 4, page 6. The main themes are related to distribution and to effects:

Distribution:

Drugs are too easy to get

We are not tough enough on the pushers

Effects:

Drugs induce crime, crime committed to support habit, crime committed while under the influence.

Drugs are dangerous to the health of the user.

Other themes are the restriction of the police, the fact that parents have lost control of their children and are not doing their duty, and the lack of education about drugs.

Table 3  
Extent of Concern with Specific Problems, 1971-1972

	Adult base	1971 (2405)	1972 (2411)
ECONOMY (55%)			
High cost of living		21%	20%
Taxes		14	15
Poverty and welfare abuses		10	16
Unemployment		18	14
INTERNATIONAL (40%) (including Vietnam)		46	40
DRUGS (53%) (shown in detail starting on next page)			
PROBLEMS OF MODERN LIVING (40%)			
Pollution and the environment		19	17
Transportation		12	14
Crowding, density of cities		11	9
CRIME AND LAW ENFORCEMENT (32%)			
Threats to personal safety		17	14
Police cannot do their job		5	5
Need more police		5	5
YOUTH (32%)			
Decline of traditional values, and criticism of youth behavior		9	12
Lack of recreational facilities		6	6
CLIMATE OF THE COUNTRY (26%)			
Mistrust of government		12	14
General decline in morals		9	8
Lack of understanding/empathy		6	4
RACE (18%)			
Busing		7	4
Too much discrimination		6	4
Minority groups favored too much		4	2
EDUCATION (17%)			
Schools, other aspects inadequate		12	17

Note: The "net" for each category is in parentheses next to the category title. Where the percentages for specifics shown do not at least equal the percent shown for the category in Table 1 (e.g., Youth), it is because Table 3 leaves out the general/nonspecific mention of the area (people who say just "Youth is a problem," for example), as well as the scattering of specifics which are mentioned by only a handful of people.

Anyone who mentioned drugs as a problem was then asked to elaborate and tell us what they have in mind. Table 4 shows the classification of these free-response explanations.

Table 4  
The Nature of the Drug Problem Among People Concerned About It

Mention drugs as a problem that needs attention - 100%

Related to the drug scene:

Drugs are too easy to get, too widely available	18%
We are not tough enough on pushers, big profits in selling	13
Too many people are becoming interested in drugs	11
Police are restricted in what they can do; police and courts are too easy on drug users	6

Personal and social correlates of the drug scene:

Drugs mean crime; commission of crime while under the influence; crimes committed to buy drugs	13
Drugs are dangerous, unhealthy, can kill, do damage to mind and body	13
It's escape; people don't want to face their problems, face reality, take drugs instead	6
It's parents' problem; parents have lost control, there is not enough parental discipline	5
Drugs make people go wild; act crazy; get violent	7
There is not enough education on drugs	4
Need for more drug rehabilitation centers	2

(Main mentions)

An additional classification was made, which is not shown above. We wanted some idea of the extent to which drugs and youth are connected in the public mind. A note was made of each comment on drugs which anchors the drug problem to young people. We find that half of the people (48%) who are concerned about drugs see it as a problem of the young. As you can see in Table 4, nowhere near this proportion includes parents as part of the problem.

To convey more of the way that people talk about drugs, here is a selection of the comments which are the basis for Table 4.

*Drug problem as I see it is being made easy for the users and pushers. The policeman can't make an arrest unless he saw the person administer the drug to himself or if he saw him sell the drug. (Man, age 25)*

*It goes back to the fact that the drugs are smuggled in and made available for anyone. I just hate to see the young bodies being destroyed by anything that is so easy for them to get their hands on. It could happen to anyone, but the young are the most susceptible, not the middle age or the old. As I see it, I'm not worried about them committing crimes under the influence, I'm concerned with it ruining their physical fitness. (Woman, age 49)*

*People not wanting to face the reality of their problems and turning to drugs as an escape. (Woman, age 24)*

*It involves every one of us, whether you get mugged by them or whether you have children. All kinds of people from super-rich to super-poor. (Woman, age 28)*

*It takes over their mind and their sensitivity. Well, I don't quite know much about drugs, but it does take over their mind and body. (Woman, age 45)*

*That kids are using it, but I don't think they even know it's harmful. They don't know the after-effects it could have on them. Like habit forming, kills people. (Man, age 19)*

*These cigarettes, pills and needles the hopheads use. It feels like the world is coming to an end like it says in the Bible. (Woman, age 82)*

*It's just too easy for them to get. I think they ought to hang the guys who are peddling it. They ought to give them the death penalty. Carry it out. (Man, age 37)*

*My house has been broken into five times. The problem is bad here in this neighborhood. (Woman, age 25)*

*I don't know that much about it, but I know it's not that good for the kids or the grownups. They don't know what they're doing if they take drugs. A lot of them lose their minds. (Woman, age 55)*

*Kids that get on drugs don't know what they are doing. (Man, age 22)*

*Too many teenagers are taking drugs. (Man, age 24)*

*The freedom that the people who push drugs seem to have. When they are arrested they seem to pay a fine and get off free. Especially when they are sold to teenagers. (Woman, age 49)*

*It is mostly kids that are wanting to get away from their problems caused by their parents or school. The kids can't cope with these problems. (Woman, age 18)*

*Drugs are such a problem because of the easy way teenagers can get them. (Man, age 35)*

*I've heard that some children at elementary school were approached and it's frightening as my child will be in school next year. Teenagers who are mixed up -- the communication gap. I don't believe in generation gap. I know some older people who are fooling around with it, too. (Woman, age 29)*

*The problem in the junior and senior high schools with the drugs. The excessive amount that is obtainable here in New Rochelle. (Man, age 37)*

*The problem is that it is too profitable. It is therefore being protected by people at high levels. (Woman, age 48)*

*The use of drugs has become fashionable with teenagers today. This has become the way in which teenagers are doing their -- teenagers of all kinds -- 15, 16, 17, 18 year olds are finding their independence from the parents. In this day drug usage is part of the way in which the "revolt" is taking place. This may just be a temporary thing. I don't know what should be done about it. (Woman, age 72)*

More overall perspective on public attitudes toward drugs is in the next section:

- How well informed people feel they are about drugs
- Which substances the public considers to be drugs
- Which substances the public believes to be addictive

2. RELATIVELY MODEST PROPORTIONS OF THE PUBLIC CLAIM TO BE KNOWLEDGEABLE ABOUT EACH OF SEVERAL DRUGS.

Table 5 is from a question which asks people to sort cards -- each with the name of a substance on it -- onto a sorting board with categories marked "never heard of," "know a little about it," and "know a lot about it."\*

Table 5

Claimed Familiarity With a Variety of Substances

	Adults (2411)			Youth (880)
	Never heard/ not sure	Know a little	Know a lot	Know a lot
Cigarettes	3%	33	65	65%
Alcohol	3%	46	52	46%
Aspirin	3%	47	50	36%
Marihuana	6%	72	22	34%
**Proprietary drugs, Card A	6%	76	18	15%
Glue	11%	74	15	25%
Barbiturates	17%	70	14	10%
Heroin	9%	77	14	17%
**Tranquilizers, Card C	52%	36	12	4%
LSD	12%	76	12	16%
Amphetamines	27%	62	11	8%
**Sedatives, Card B	44%	46	10	4%
Cocaine	17%	74	10	6%
**Stimulants, Card D	71%	22	7	3%

\*\*See Cards A, B, C, D bound into the back of this report.

A substantial majority of the public does not even claim knowledgeability ("know a lot about") for any but the most commonly available substances. A further reflection of public uncertainty about the subject is evident from comparing responses to the word "barbiturates" (17% never heard/not sure) with responses to color pictures and names of actual barbiturates (Card B, 44% never heard/not sure). The same kind of outcome is apparent from the word "amphetamines" with actual photos of amphetamines (Card D).

The pattern for young people (age 12-17) is roughly comparable to that of adults. However, young people are more likely to feel knowledgeable about most illicit drugs than adults do, but less knowledgeable about the drug-store pills than adults do.

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\*A familiarity with drugs question was included in the 1971 study, (Abelson, et al), but is not directly comparable with these data since the question was merely "Which of these have you ever heard of?" This year's more elaborate question was partly to achieve some finer discrimination of knowledgeability than was available in 1971.

Another clue to public attitudes and state-of-mind is in what people think of as being a "drug." Table 6 shows that heroin and drugs are synonymous to nearly everyone. Cocaine, barbiturates, and marihuana are also largely regarded as drugs.

Table 6  
Substances Regarded as Drugs (Selected from a list)

Base	Adults (2411)	Youth (880)
Heroin	95%	96%
Cocaine	88	86
Barbiturates	83	91
Marihuana	80	80
Amphetamines	79	86
Alcohol	39	34
Tobacco	27	16
No opinion	1	1

The pattern is remarkably similar for both adults and youth. One difference above is the smaller proportion of the 12-17 age group than of adults who think of tobacco as a drug.

There are some instructive differences within the population with regard to whether a substance is or is not perceived as a drug. There are marked relationships between educational level and age of adults and response to the question.

College trained adults are disproportionately more likely than others to identify as a drug all of the items in Table 6 except marihuana.

When it comes to marihuana, they are disproportionately less likely to identify it as a drug.



Table 7 shows age relationships for four of the substances. The emphasis on age-related data at this point is because we think that what people think of as drugs has something to do with their behavior *vis-a-vis* the substance, and also has something to do with how they receive education programs or mass communications about drugs. Someone who already thinks of a substance as a drug will probably be more receptive to a communication that reinforces his belief than would a person receiving the same message whose beliefs are at odds with the message.

The effects of mass communication may already be reflected in Table 7 as regards the relatively small proportion of young people who think of tobacco as a drug.

Table 7

Relationship Between Age and Regarding a Substance as a Drug

	<u>Heroin</u>	<u>Marihuana</u>	<u>Alcohol</u>	<u>Tobacco</u>
Age of respondent:				
12 - 13 (277)	96%	90%	38%	15%
14 - 15 (288)	98%	76%	29%	11%
16 - 17 (313)	96%	75%	34%	22%
18 - 25 (772)	99%	70%	38%	25%
26 - 34 (582)	96%	77%	38%	27%
35 - 49 (441)	94%	84%	39%	28%
50+ (590)	93%	85%	39%	28%

Notice that the very youngest age group (12-13) is a little more like older adults in their feelings about marihuana and alcohol than are the teenagers in the next oldest group. There are other indications in this report that the youngest group has not yet begun to identify with the teen culture, and is more home-bound in its attitudes than are older teenagers.

A last overall estimate of attitudes is from the public view of which drugs they consider to be addictive: "... that is, anybody who uses it regularly becomes physically and psychologically dependent on it and can't get along without it."

Table 8  
Addictiveness as a Characteristic of Substances

Base	Adults		Youth	
	1971 (2405)	1972 (2411)	1971 (781)	1972 (880)
Heroin	92%	89%	85%	88%
Alcohol	74	75	69	71
Cocaine	*	75	*	66
Barbiturates	*	68	*	72
Tobacco	70	67	58	58
Amphetamines	*	64	*	67
Marihuana	65	59	48	50

\*Not asked in 1971

(No opinion omitted)

The public continues to think of marihuana as addictive least often of the substances included in 1971 and in 1972. The rank order and even the approximate proportions are about the same this year as last. The range of response about addictiveness is fairly narrow. Half or more of both age groups think that each of the drugs is addictive.

### 3. REACTIONS TO STRESS AND CHANGES OF MOOD.

#### Introduction

Because this report is about substances which sometimes are used to alter moods and feelings, one part of the questionnaire was an attempt to classify respondents according to self-reports of how they react to situational stress or mood changes.\*

A first question set up the situation:

"There are times when nearly all of us feel out of sorts. Not really sick, but nervous, or depressed, or under stress. Have you ever had this kind of feeling?"

The 85% of respondents who answer "yes" were then asked a series of questions about how they handle such situations, and asked for each of these behaviors if it is something they do a lot, do sometimes, or never do when they feel this way. Here are the items:

Variants of indulgence:

- a. Be good to yourself by putting off some work you are supposed to do.
- b. Be good to yourself by buying something.
- c. Have something to eat, like ice cream, or whatever is a real treat.

Compensation with mood altering substances:

- d. Try to feel better by drinking cocktails or highballs or other alcoholic beverages.
- e. Take a pill to help calm you down or cheer you up.

One item related to denial:

- f. Just try to forget what is bothering you until it goes away.

One item related to confronting reality:

- g. Face up to what is wrong and do something about it.

Data based on these questions are on the following pages. Other parts of the report make use of the items as analysis variables to help understand other drug usage and attitudes.

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\*The idea for this series is from a questionnaire which we adapted to our needs prepared by Dean I. Manheimer, who is at the Institute for Research in Social Behavior, Berkeley, California.

The mechanisms reported most often for coping with situational stress of mood changes are facing reality, denial, and innocent forms of indulgence. The use of pills or alcohol is least often reported. However, about one person in six reports using pills or alcohol for this purpose at least "sometimes."

Table 9  
Reported Ways of Coping with Moodiness or Stress

Adult base (2411)	<u>Do a lot</u>	<u>Sometimes</u>	<u>Never</u>	<u>Not asked, no opinion</u>
Put off some work	14%	45	25	16
Buying something	5%	31	49	15
Have something to eat...a real treat	14%	32	38	16
Drinking alcoholic beverages	2%	16	65	17
Take a pill to...calm...cheer you up	3%	12	70	15
Just try to forget what bothers	20%	39	24	17
Face up to what is wrong...do something about it	40%	39	4	17

Among the several adult age groups, there are differences in how they cope with moods and stress.

- Denial (try to forget) seems to be utilized to about the same extent by all age groups.
- Indulgence (put off work, buy something, eat a treat) is much more characteristic of younger adults than of older ones. For example, here are the age data for one of the indulgence items, "Be good to yourself by buying something."

	<u>18-25</u>	<u>26-34</u>	<u>35-49</u>	<u>50+</u>
Do a lot + do sometimes	52%	39%	35%	25%

That is, 52% of the young adults, as compared with 25% of older people, use buying something as a reaction to mood changes.

- Taking pills is the only activity of those included which is more characteristic of older people than of younger. This finding is documented on the next page.

Since a particular interest of this research is in drugs as mood mediators, we have looked at the types of people within the population who say they are likely to use alcohol or pills. Users of alcohol and users of pills are by no means the same people, as you can see from Table 10.

Table 10

Characteristics of People Who Use Alcohol or Pills to Cope

	<u>"Do a lot" or "do sometimes"*</u>	
	<u>Alcohol</u>	<u>Pills</u>
Adults (2411)	18%	15%
Men (1023)	24%	10%
Women (1388)	13%	18%
AGE 18-25 (772)	25%	6%
26-34 (582)	22%	12%
35-49 (441)	22%	15%
50+ (590)	10%	20%
Less than H. S. graduate (700)	16%	22%
High school graduate (810)	17%	10%
At least some college (873)	24%	10%
COMMUNITY SIZE		
Large metro area (682)	24%	13%
Other metro area (906)	19%	13%
Nonmetro area (823)	11%	18%
MARIHUANA EXPERIENCE?		
Yes (477)	42%	11%
No (1934)	14%	15%

Example of how to read table: 24% of men and 13% of women use alcohol a lot or sometimes to cope with moodiness or stress.

People who use alcohol to cope are disproportionately men, under 50, college educated, and living in metropolitan areas. The pill users for coping are disproportionately women, relatively older, and living in non-metropolitan areas, and are less than high school graduates.

Marihuana experience and alcohol (in this case alcohol for handling stress) go very markedly together, in part, of course, because the profile of the marihuana user and the profile of the alcohol user match very well. This finding was evident in the 1971 marihuana study and continues to hold up.

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\*Total adults figures in this table were obtained by adding separate rounded percentages for "do a lot" and "do sometimes." Due to rounding differences, figures differ by one percentage point from data in detailed tabulations.

## CHAPTER SUMMARY

1. A majority of the public mentions drugs among the most serious problems in the country, about the same proportion as are concerned about the economy. No other problems are of comparable concern.
2. The "drug problem" is defined in terms of availability (too easy to get), in terms of mental and physical hazards to the user, and in terms of crime induced by having a drug habit.
3. Substantial proportions of the public claim an uncertain familiarity or say they have never heard of many of the illicit drugs or psychotropic types of drugs sold through pharmacies.
4. Alcohol and tobacco are regarded as drugs by less than a majority of adults or young people, although at least one-third of each group regards alcohol as a drug.
5. People (young and old) are less likely to believe marihuana addictive than a variety of illicit drugs, psychotropic drugs, alcohol or tobacco.
6. Six out of seven adults indicate that they are subject to moodiness, nervousness or situational stress. The most popular mechanisms for coping with such feelings include denial (try to forget), indulgence (have a real treat, put off some work) or genuine coping (face up to what is wrong).

About one person in six sometimes copes with stress by taking alcohol or a pill. Alcohol copers are more likely than others to be men, with college education, living in large cities and their suburbs, and having experience with marihuana. Pill copers tend to be women, age 50 or older, with relatively little formal education, and living in rural areas. Although there is overlap between people who cope with alcohol and people who cope with pills, they are different kinds of people.

## CHAPTER 2

### Beliefs About Heroin and Marihuana

- Perceived effects of trial and use of heroin and marihuana.
- Social distance: population segments and community areas where heroin and marihuana users can be found.
- Opinions about treatment alternatives, methadone and heroin maintenance.

## INTRODUCTION

Attitudes and beliefs about heroin and marihuana (and other substances) are found in several places in this report where they are appropriate to the discussion.

In this chapter we address some issues not elsewhere reported. The first of these issues has to do with beliefs about the effects of heroin and marihuana, and feelings about "social distance." That is, among which population segments are believed to be the users of these drugs.

The next page shows ten agree/disagree belief statements which were administered in the interview. For the reader's convenience, the statements have been grouped into areas. Findings and implications start on page 20.



## BELIEF STATEMENTS

Effects

## Positive or neutral

1. You can try marihuana (heroin) once or twice with no bad effects.
2. You can use marihuana (heroin occasionally) without becoming addicted to it.

## Negative

3. Marihuana makes people want to try stronger things like heroin. (Marihuana only)
4. Marihuana (heroin) makes people lose their desire to work.
5. Marihuana (heroin) users often commit crimes to get the money to buy more marihuana (heroin).
6. Marihuana (heroin) users often commit crimes that they would not otherwise commit.

Social Distance

7. Marihuana (heroin) is probably used a lot in this neighborhood.
8. Most marihuana (heroin) users in this country are from minority groups like Negroes and Puerto Ricans.
9. More and more marihuana (heroin) users live in nice neighborhoods and in the suburbs.
10. Marihuana (heroin) is mostly used by teenagers and college students.

1. THE ADULT PUBLIC MAKES A CLOSE CONNECTION BETWEEN HEROIN AND CRIMINAL ACTIVITY.

As you can see from Table 11, nine out of ten adults agree to the two belief statements which relate heroin use to crime.

The other statement agreed to by a substantial proportion of adults is also an effects statement: that heroin causes users to lose their desire to work (the amotivational syndrome).

The first two statements opposite (trial with no bad effects and occasional use without addiction) are by far the least likely to be agreed to. As the reader might expect, these are the two statements with large proportions of disagreement.

Try with no bad effects: 70% of adults disagree

Occasional use with no addiction: 74% of adults disagree

As noted in Chapter 1, heroin is believed to be addictive more than any other of the drugs tested in that question.

The social distance items reflect some discrimination on the part of the public.

- Heroin is close to home, part of the neighborhood scene for 10% of adults (59% disagree with that item).
- Heroin use is not made a race issue (19% agree with the Negro/Puerto Rican statement opposite, but 56% disagree with it). As between the races the same proportions of whites and nonwhites agree with the statement.
- Half of adults think that heroin is coming into "nice neighborhoods" (but 22% disagree, and 26% don't have an opinion).
- Adults are split on teenage and college student use of heroin (42% agree and 39% disagree with the item).

Notice that the largest age difference opposite (between youngest and oldest age groups) is in their perceptions of teenage/college student connection with heroin. The young adults (who are probably better informed, and less prone to react to stereotypes) are not as likely to associate heroin use with young people as are the oldest people.

Differences other than between age groups:

Agree that heroin is used mostly by teenagers and college students:

Residents of Northeast	41%	Less than H.S. grad.	54%
North Central	42%	High school graduate	42%
South	52%	At least some college	28%
West	24%		

Table 11

Extent of Agreement with Belief Statements on Heroin

<u>Effects</u>	Base	Adults (2411)	18-25 (772)	26-34 (582)	35-49 (441)	50+ (590)
<b>Positive or neutral</b>						
You can try heroin once or twice with no bad effects.		12%	18%	12%	13%	9%
You can use heroin occasionally without ever becoming addicted to it.		9%	15%	9%	10%	6%
<b>Negative</b>						
Heroin makes people lose their desire to work.		73%	72%	76%	73%	72%
Heroin users often commit crimes to get the money to buy more heroin.		91%	95%	94%	91%	87%
Heroin users often commit crimes that they would not otherwise commit.		90%	94%	93%	90%	86%
<b><u>Social distance</u></b>						
Heroin is probably used a lot in this neighborhood.		10%	10%	8%	9%	10%
Most heroin users in this country are from minority groups like Negroes and Puerto Ricans.		19%	25%	19%	18%	16%
More and more heroin users live in nice neighborhoods and in the suburbs.		50%	52%	53%	50%	47%
Heroin is mostly used by teenagers and college students.		42%	34%	37%	42%	48%

With the exception of perceptions of the age of a heroin user, adults and youth do not differ greatly in their views about people who use heroin.

Adults are less likely to regard heroin users as "teenagers and college students" than teenagers themselves are. Nevertheless, the group that most often agrees with this statement is the 12-13 year olds, whose views in other areas also seem to be still tied to their parents rather than being as independent as the older teenagers appear to be.

Young people appear to be just as wary as their elders of trying heroin or of becoming hooked.

You can try with no bad effects: 77% disagree

Occasional use with no addiction: 78% disagree

In fact, as noted above, there is a remarkable comparability between age groups on nearly all of these beliefs.

Examination of the data by region shows relatively high agreement among youth in the South with these statements:

	<u>Northeast</u>	<u>North Central</u>	<u>South</u>	<u>West</u>
Most heroin users are from minority groups	11%	10%	23%	17%
Heroin used mostly by teenagers and college students	61%	63%	70%	56%

Tables 13 and 14 present data from the same belief statements, but this time in the context of marihuana. The marihuana items include an additional one: that marihuana makes people want to try stronger things like heroin.

Two of the marihuana statements were part of the 1971 study for the Commission (Abelson, et al), so that we have data for these items for both studies:

	<u>Adults</u>		<u>Youth</u>	
	<u>1971</u>	<u>1972</u>	<u>1971</u>	<u>1972</u>
Marihuana makes people want to try stronger things	70%	65%	56%	65%
Marihuana makes people lose their desire to work	59%	51%	39%	48%

Both of these ideas seem to be less widely held by adults and more widely held by young people this year.

Table 12

Extent of Agreement with Belief Statements on Heroin

<u>Effects</u>	Base	Adults (2411)	Youth (880)	12-13 (277)	14-15 (288)	16-17 (313)
<b>Positive or neutral</b>						
You can try heroin once or twice with no bad effects.		12%	11%	11%	10%	13%
You can use heroin occasionally without ever becoming addicted to it.		9%	10%	9%	10%	11%
<b>Negative</b>						
Heroin makes people lose their desire to work.		73%	68%	66%	68%	69%
Heroin users often commit crimes to get the money to buy more heroin.		91%	92%	91%	92%	92%
Heroin users often commit crimes that they would not otherwise commit.		90%	90%	88%	92%	90%
<b><u>Social distance</u></b>						
Heroin is probably used a lot in this neighborhood.		10%	4%	5%	3%	4%
Most heroin users in this country are from minority groups like Negroes and Puerto Ricans.		19%	15%	14%	16%	16%
More and more heroin users live in nice neighborhoods and in the suburbs.		50%	38%	29%	41%	45%
Heroin is mostly used by teenagers and college students.		42%	64%	75%	60%	55%

## 2. ADULTS ASSOCIATE MARIHUANA USE WITH YOUTH, SUBURBIA, STRONGER DRUGS, CRIME.

About two-thirds of all adults agree that marihuana users:

- Are mostly teenagers and college students, and
- Live in nice neighborhoods and in the suburbs.

A majority of adults agrees that marihuana effects change the user's behavior:

- Desire to try stronger things like heroin
- Commission of crimes the users wouldn't have otherwise committed.
- Commission of crimes to buy marihuana
- Loss of desire to work

Negative beliefs about marihuana relate to age -- larger proportions of the oldest age group agree with the negative effects statements. In fact, in the age groups over 25 the negative effects statements are agreed to by at least four people in ten.

The younger population seems to have a more casual attitude toward marihuana than their elders:

- About seven in ten (72%) of the 18-25 year olds versus 27% of the 50 year olds and over feel that one can try marihuana once or twice without bad effect.
- Half (51%) of the youngest group, as compared with 13% of the oldest group, believe that marihuana use is possible without addiction.

Younger adults, themselves the prime marihuana user group in the population, are more likely than other people to believe that the substance is used in their neighborhoods, and in nice neighborhoods. Again we are interested to see that only modest proportions of the public in any age group tend to see marihuana as a race/ethnic matter.

Table 13

Extent of Agreement with Belief Statements on Marihuana

<u>Effects</u>	Base	Adults (2411)	18-25 (772)	26-34 (582)	35-49 (441)	50+ (590)
<b>Positive or neutral</b>						
You can try marihuana once or twice with no bad effects.		44%	72%	50%	43%	27%
You can use marihuana without ever becoming addicted to it.		26%	51%	30%	22%	13%
<b>Negative</b>						
Marihuana makes people want to try stronger things like heroin.		65%	42%	63%	72%	75%
Marihuana makes people lose their desire to work.		51%	38%	47%	53%	59%
Marihuana users often commit crimes to get the money to buy more marihuana.		52%	32%	42%	57%	67%
Marihuana users often commit crimes that they would not otherwise commit.		58%	37%	46%	64%	73%
<b><u>Social distance</u></b>						
Marihuana is probably used a lot in this neighborhood.		31%	55%	34%	25%	20%
Most marihuana users in this country are from minority groups like Negroes and Puerto Ricans.		10%	7%	5%	11%	15%
More and more marihuana users live in nice neighborhoods and in the suburbs.		65%	74%	75%	65%	54%
Marihuana is mostly used by teenagers and college students.		67%	70%	65%	70%	66%

When comparing the beliefs of the youth (12-17 year olds) with the adult population, it can be seen that many of the attitudes are shared to approximately the same degree in each group.

The youth do differ somewhat from adults in their views in the following three areas:

- More likely to agree that marihuana users commit crimes to buy marihuana.
- More likely to agree that marihuana is mostly used by teenagers and college students.
- Less likely to agree that marihuana users live in nice neighborhoods and suburbs.

Upon examining the younger population more closely, substantial differences often occur between each of the three age levels. While it has been noted in the discussion of attitudes toward heroin that the 12-13 year olds seem to still hold the views of their parents, sometimes this age group is even more conservative than adults in their views about marihuana. For instance:

- The 12-13 year olds are more likely than adults to agree with three of the negative statements: try stronger things like heroin; commit crimes not otherwise commit; commit crimes to buy more marihuana.
- The 12-13 year olds are less likely than adults to agree that marihuana is "used a lot in this neighborhood" and that marihuana is used more and more by those living in nice neighborhoods and the suburbs.



Table 14

Extent of Agreement with Belief Statements on Marihuana

<u>Effects</u>	Base	Adults (2411)	Youth (880)	12-13 (277)	14-15 (288)	16-17 (313)
<b>Positive or neutral</b>						
You can try marihuana once or twice with no bad effects.		44%	42%	31%	42%	55%
You can use marihuana without ever becoming addicted to it.		26%	31%	19%	30%	45%
<b>Negative</b>						
Marihuana makes people want to try stronger things like heroin.		65%	65%	74%	67%	53%
Marihuana makes people lose their desire to work.		51%	48%	54%	48%	42%
Marihuana users often commit crimes to get the money to buy more marihuana.		52%	67%	81%	68%	50%
Marihuana users often commit crimes that they would not otherwise commit.		58%	65%	77%	68%	50%
<b><u>Social distance</u></b>						
Marihuana is probably used a lot in this neighborhood.		31%	22%	13%	17%	38%
Most marihuana users in this country are from minority groups like Negroes and Puerto Ricans.		10%	11%	16%	9%	9%
More and more marihuana users live in nice neighborhoods and in the suburbs.		65%	50%	35%	55%	60%
Marihuana is mostly used by teenagers and college students.		67%	78%	80%	76%	79%

The sharpest between-group differences on the belief statements are in the comparisons of people with and without experience with marihuana. As shown in Table 15, both adults and young people who have tried or used marihuana are in majority agreement on these matters:

Trial without bad effects  
No addiction

Users live in nice neighborhoods  
Users live in this neighborhood  
Users are mostly young people

We may assume either that users are more knowledgeable, in which case their responses are more realistic than are the beliefs of nonusers, or that users are rationalizing beliefs to fit already existing behavior (e.g., they hope there are no bad effects, so they say so).

With respect to other possible unfavorable aspects of marihuana, the experienced people are far less likely than others to believe that:

Marihuana leads to stronger drugs  
Marihuana is associated with crime

Table 15

Extent of Agreement with Statements About Marihuana  
by People With and Without Experience with Marihuana

Effects	Base	Marihuana Experience					
		Adults			Youth		
		Yes (477)	No (1934)	Points differ- ence	Yes (125)	No (755)	Points differ- ence
Positive or neutral							
You can try marihuana once or twice with no bad effects.		91%	36%	-55	89%	35%	-54
You can use marihuana without ever becoming addicted to it.		76%	17%	-59	70%	24%	-46
Negative							
Marihuana makes people want to try stronger things like heroin.		18%	74%	+56	20%	72%	+52
Marihuana makes people lose their desire to work.		28%	55%	+27	31%	51%	+20
Marihuana users often commit crimes to get the money to buy more marihuana.		8%	60%	+52	20%	74%	+54
Marihuana users often commit crimes that they would not otherwise commit.		15%	66%	+51	24%	72%	+48
Social distance							
Marihuana is probably used a lot in this neighborhood.		60%	26%	-34	52%	17%	-35
Most marihuana users in this country are from minority groups like Negroes and Puerto Ricans.		5%	11%	+ 6	3%	13%	+10
More and more marihuana users live in nice neighborhoods and in the suburbs.		81%	62%	-19	69%	46%	-23
Marihuana is mostly used by teenagers and college students.		63%	68%	+ 5	82%	78%	- 4

3. THE PUBLIC REFLECTS MARKED DIFFERENCES IN ATTITUDES TOWARD MARIHUANA AS COMPARED WITH HEROIN.

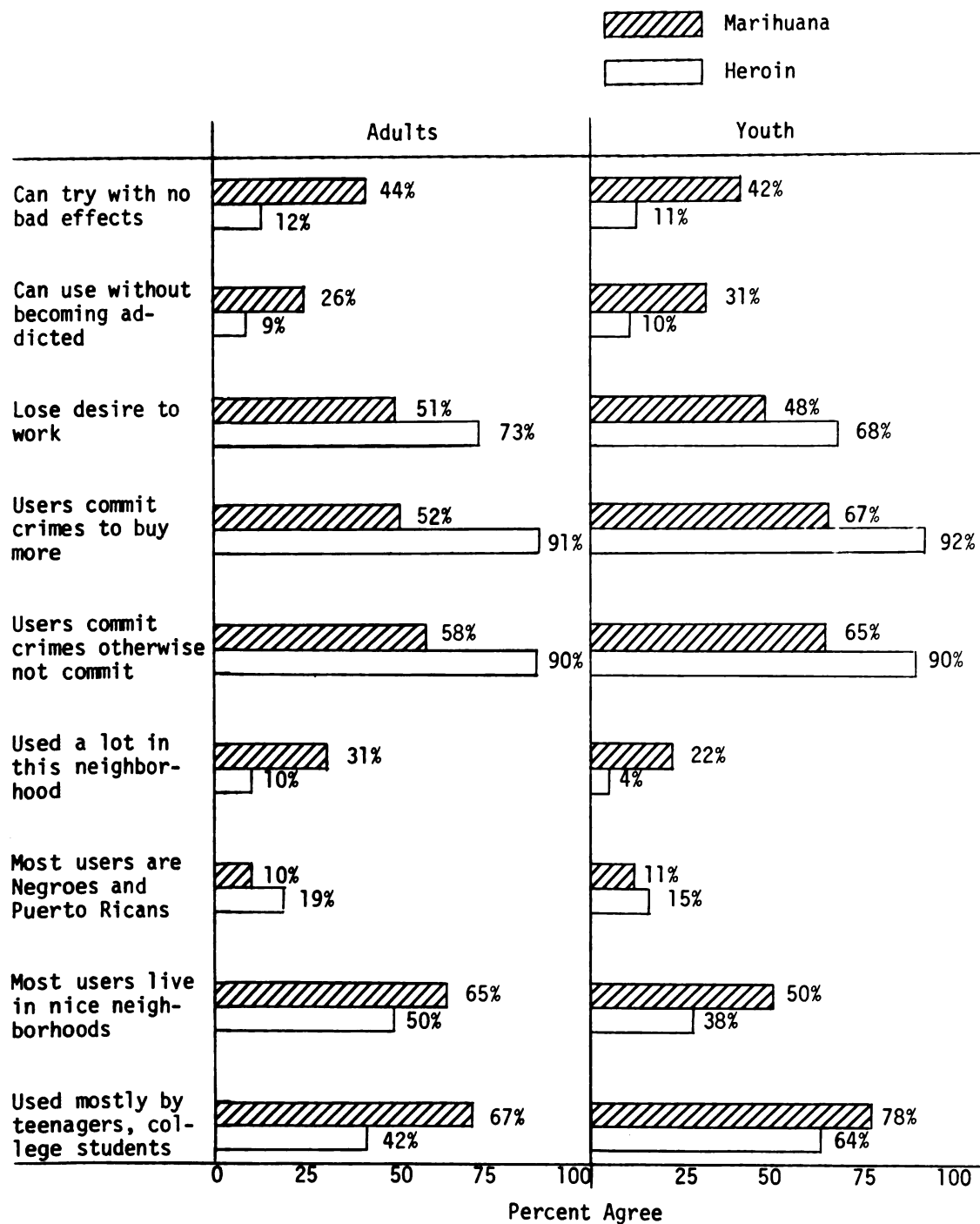
The differences are in both the effects area and the user image area, and are characteristic of both the adults and the young people (see Figure 1 opposite).

To about the same degree, both adults and young people regard experimenting with marihuana as potentially far less dangerous than experimenting with heroin.

On the three negative effects concepts both marihuana and heroin are regarded unfavorably, but heroin far more so.

And on the social distance items it appears that marihuana is more of a right-around-home thing than is heroin.

Figure 1

Comparison of Beliefs About Marihuana and Heroin

Adults and young people who have had experience with marihuana do have some different feelings about heroin than do the people without marihuana experience. However, these differences are evident in only some of the issues.

Notice from Table 16 that people with marihuana experience are more likely than others to have a more relaxed feeling about trying heroin. The first two items opposite document this point. By way of speculation, it may be that people who try or use marihuana are the kinds of people who are less concerned about being seduced by drugs. That is, they think they can stay in charge of the situation and not have drugs take charge of them.

With respect to the negative effects of heroin, marihuana triers and users are just about the same as the nontriers/nonusers. Everyone associates heroin with crime and with the amotivational syndrome.

On the matter of the user network and social distance, adults with marihuana experience are markedly more likely than others to see some ethnic segmentation of heroin users (Negroes and Puerto Ricans).

Marihuana triers and users -- of both age groups shown -- are far less likely than others to connect heroin usage with the teenage and college student part of the population.

Table 16

Extent of Agreement with Statements About Heroin  
by People With and Without Experience with Marihuana

<u>Effects</u>	Base	Marihuana Experience			
		Adults		Youth	
		Yes (477)	No (1934)	Yes (125)	No (755)
Positive or neutral					
You can try heroin once or twice with no bad effects.		31%	9%	19%	10%
You can use heroin without ever becoming addicted to it.		23%	7%	15%	9%
Negative					
Heroin makes people lose their desire to work.		74%	73%	66%	68%
Heroin users often commit crimes to get the money to buy more heroin.		96%	90%	93%	92%
Heroin users often commit crimes that they would not otherwise commit.		95%	89%	91%	90%
<u>Social distance</u>					
Heroin is probably used a lot in this neighborhood.		8%	10%	4%	4%
Most heroin users in this country are from minority groups like Negroes and Puerto Ricans.		30%	17%	15%	15%
More and more heroin users live in nice neighborhoods and in the suburbs.		55%	49%	42%	37%
Heroin is mostly used by teenagers and college students.		21%	46%	50%	66%

These two pages compare people with and without marihuana experience in terms of their feelings about heroin. This page and Table 17 opposite take the part of the population that has had experience with marihuana and compares their views of marihuana and heroin.

The discrimination between the two substances is very substantial. There are orders-of-magnitude differences between marihuana and heroin in the minds of people who have had marihuana experience.

At least a majority of both adults and youth who have used marihuana perceive heroin more negatively than they do marihuana.

The only item relating to effects for which at least a majority does not differ in their views of marihuana and heroin is "loss of desire to work." Even in this case, however, a substantially higher proportion of adults and youth feel heroin causes that effect than feel that way about marihuana.

The items where the most difference occurs in attitudes toward marihuana and attitudes toward heroin are in the area of crime. Those who have used marihuana are much more apt to associate crime with heroin use than with marihuana use.

- Both adults and youth are more likely to see marihuana rather than heroin as being used in their neighborhood.
- Marihuana use in the suburbs is agreed to more than heroin use by both adults and youth.
- Marihuana users rather than heroin users are perceived as being teenagers or college students.
- Minority group members are somewhat more often identified with heroin use rather than marihuana use.



Table 17

**Extent of Agreement with Statements About Marihuana and Heroin**  
**by People with Marihuana Experience**

<u>Effects</u>	<u>Marihuana Experience</u>					
	<u>Adults (477)</u>			<u>Youth (125)</u>		
	<u>Mari- huana</u>	<u>Heroin</u>	<u>Points differ- ence</u>	<u>Mari- huana</u>	<u>Heroin</u>	<u>Points differ- ence</u>
<b>Positive or neutral</b>						
You can try once or twice with no bad effects	91%	31%	-60	89%	19%	-70
You can use without ever becoming addicted	76%	23%	-53	70%	15%	-55
<b>Negative</b>						
Makes people lose their desire to work	28%	74%	+46	31%	66%	+35
Users often commit crimes to get the money to buy more	8%	96%	+88	20%	93%	+73
Users often commit crimes that they would not otherwise commit	15%	95%	+80	24%	91%	+67
<b><u>Social distance</u></b>						
Is probably used a lot in this neighborhood	60%	8%	-52	52%	4%	-48
Most users in this country are from minority groups like Negroes and Puerto Ricans	5%	30%	+25	3%	15%	+12
More and more users live in nice neighborhoods and in the suburbs	81%	55%	-26	69%	42%	-27
Is mostly used by teenagers and college students	63%	21%	-42	82%	50%	-32

4. GIVEN THE HYPOTHETICAL SITUATION OF FINDING ONE OF THEIR OWN 12-20 YEAR OLDS SMOKING MARIHUANA, ONLY ABOUT A FIFTH OF EITHER THE ADULTS OR YOUTH WOULD TAKE PUNITIVE ACTION.

As many as four in ten are either unsure as to what they would do, or say they would do nothing. The remainder would discuss the situation with their child either with the intent of discouraging use or simply being objective.

Table 18  
Reaction to Own Children Using Marihuana

Base	Adults		Youth	
	1971 (2405)	1972 (2411)	1971 (781)	1972 (880)
I would report him/her to the police	9%	11%	12%	10%
I would punish him/her	14	8	15	8
I would not forbid, but would try to discourage him/her from doing it again	32	24	24	22
I would not discourage, but would simply discuss the pros and cons	15	13	20	14
I would not do anything	1	1	2	4
I don't know what I would do; no answer	35	43	32	42

There is relatively little change in attitude between this year and last, as shown in Table 18. There is a tendency for adults to be less punitive or discouraging this year than in 1971. And among both adults and youth there is a small increase in degree of uncertainty, in not knowing what they would do.

5. MANY PEOPLE PERCEIVE HEROIN USERS TO BE DIFFERENT FROM MARIHUANA USERS.

Large proportions of both adults and youth say that heroin users differ in some way from marihuana users.\* Nevertheless, a substantial part of each group either regards marihuana and heroin users as the same kinds of people or have not formed an opinion on the subject.

Again, age is a variable which seems to affect opinions in this area:

- 66% of the 18-25 year olds feel users of the two substances are different versus 26% of the 50 year olds and over.
- 63% of the 16-17 year olds feel they are not the same, compared with 42% of the 12-13 year olds.

Table 19

Perceptions of Marihuana Users Versus Heroin Users

	<u>Same</u>	<u>Different</u>	<u>No opinion</u>
Adults (2411)	27%	44	29
18-25 (772)	21%	66	13
26-34 (582)	27%	53	20
35-49 (441)	27%	45	28
50+ (590)	31%	26	43
Youth (880)	28%	53	19
12-13 (277)	34%	42	24
14-15 (288)	26%	54	20
16-17 (313)	23%	63	14

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\*Here is the question:

"As far as you know, are people who use heroin the same kinds of people who use marihuana, or are heroin users different in some ways?"

Basically, both adults and youth see a heroin user's personality problems as making him different from a marihuana user.

Many adults also connect a heroin user with being dependent upon or addicted to that substance.

Table 20  
What Makes Heroin Users Different

Base	Adults (2411)	Youth (880)
Heroin users have personality problems	20%	25%
Heroin is addictive	16	13
Heroin users commit crimes	7	7
Heroin users from a different societal class	3	3
Other miscellaneous answers	3	4
Not sure, no answer	3	6
*Not asked this question	56%	47%

(Multiple answers)

\*The question was asked of people who think there is a difference between marihuana users and heroin users.

Here are verbatim comments which illustrate the ways that people express themselves on the differences between heroin and marihuana.

*They are more addicted to the drug and the drug runs their body and soul.*  
(Man, age 25)

*Users of heroin on the whole are addicted and marihuana users on the whole aren't addicted.* (Woman, age 28)

*Weak-minded people use heroin. Psychologically something wrong with them. They need a crutch.* (Woman, age 65+)

*I don't believe marihuana is addictive. I feel heroin is addictive and the person is weak and needs it.* (Man, age 25)

*They probably started on something like marihuana or pills and were probably potentially more emotionally disturbed. In other words, had more problems than someone on marihuana. They probably have progressed to the point where they need something stronger for their habit.*  
(Man, age 32)

*I suspect they have much deeper problems. I think lots of people who smoke marihuana do it more as a habit. Heroin users have problems they can't handle and don't know how to handle it or themselves.*  
(Woman, age 25)

*First of all I think of heroin as more of a dangerous and addictive drug and I think it's at least statistically more prevalent in disadvantaged groups. It becomes a need more frequently and he becomes, he meaning the user, he becomes I guess more of a slave to the drug.* (Man, age 22)

*More dangerous. I think they would be more addicted to it than marihuana users. They would be more willing to commit crime to get the stuff. Stealing and killing probably.* (Woman, age 19)

*Their behavior (heroin users) is different. I think the drug changes their character. They don't lead their own lives. Heroin leads their lives for them.* (Woman, age 26)

*I think it's more of an addiction and sickness. They commit more crimes than marihuana users. I think they'd even kill. I think there is brain damage after using it for some time.* (Woman, age 29)

*They resort to crime to support their habit while marihuana users do not.*  
(Woman, age 48)

*I don't know but I'd say they were different. People who use heroin use it all the time. People who use marihuana don't have to use it all the time.* (Man, age 27)

*I usually think of foreigners as using heroin. I think a lot of people would try marihuana that wouldn't try heroin.* (Woman, age 63)

*Kids that are doing it with marihuana stay off heroin. Heroin users have deeper problems.* (Woman, age 29)

*They can't do without it, it affects you a lot stronger. Marihuana is not like heroin.* (Woman, age 69)

*Psychologically they are less adjusted to life -- marihuana users are more people who like to try a new experience.* (Woman, age 38)

*Heroin users become addicted to heroin and they rob, steal and kill for the money to get heroin.* (Woman, age 23)

*Heroin users usually are addicted and it rules their life.* (Man, age 25)

*Well it's a harder drug, you're addicted to it.* (Woman, age 18)

6. SUBSTANTIAL PROPORTIONS OF ADULTS ARE ON BOTH SIDES OF A "FREE HEROIN FOR ADDICTS" ISSUE.

An attempt to assess public response to the concept of available heroin cast the issue in the context of reducing crime. Here is the question:

"As you probably know, one of the problems with heroin is that the people who use it often commit crimes to get the money to buy more heroin. What if the government made heroin available free to addicts at special treatment centers? If this would cut way down on heroin crime would you approve of the idea or not?"

About four adults in ten approve of the idea as presented, and a slightly larger proportion register disapproval.

Table 21

Reactions to Concept of Heroin Available Free to Addicts

Base	Adults (2411)	Youth (880)
Approve	40%	37%
Do not approve	47	56
Other answer	5	1
No opinion, no answer	8	6

As you can see from the next page, there is disproportionate approval for the notion of available heroin reflected by a particular age group (the period from 16-25 years of age), by adults with college backgrounds, and by adults and youth living in the larger cities and their suburbs.

Table 22

Approval of Free Heroin to Addicts by Population Subgroups

		Approve of free heroin?			
		Adults		Youth	
		Yes	No	Yes	No
Total		40%	47%	37%	56%
AGE:	12-13			28%	64%
	14-15			37%	54%
	16-17			46%	49%
	18-21	49%	46%		
	22-25	48%	46%		
	26-34	44%	46%		
	35-49	40%	48%		
	50+	34%	48%		
EDUCATION:					
	Less than H. S. graduate	35%	46%		
	High school graduate	40%	52%		
	At least some college	47%	43%		
REGION:					
	Northeast	45%	39%	37%	55%
	North Central	43%	46%	37%	57%
	South	32%	55%	35%	57%
	West	44%	46%	43%	53%
COMMUNITY SIZE:					
	Large metropolitan	47%	39%	41%	54%
	Other metropolitan	42%	46%	39%	52%
	Nonmetropolitan	30%	57%	32%	62%
MARIHUANA EXPERIENCE:					
	Yes	56%	37%	54%	42%
	No	37%	49%	34%	58%

Example of how to read table: 40% of all adults and 37% of all youth approve of the idea of free heroin.

Marihuana experience, which is a marked age-related phenomenon, shows up as a discriminator in the free heroin issue as well; actually more of a discriminator than any other personal characteristic, including age.

7. ONE-THIRD OF THE ADULT PUBLIC ARE STRANGERS TO THE TERM "METHADONE."

Thirty-four percent of adults say that they have never heard or read of methadone. To us this is a compelling finding considering the publicity on methadone maintenance and treatment centers during the past few years in the print and broadcast media. Perhaps the 4% who are not sure whether they have or have not heard of methadone should be added to the 34% who are expressly unfamiliar with it.

The third of the adult public for whom "methadone" is a new term is not found to the same degree in all population strata.

Lack of information is directly related to age, with 18% of the 18-21 age group all the way to 49% of the 50 and older age group finding the term unfamiliar.

Education and knowledge go together in this case, with 61% of the least well educated and 12% of the college trained being innocent of the term.

In ethnic terms, 46% of the nonwhites and 32% of whites are not familiar with methadone.

And in geographical terms, 53% of people in the South, and 58% of people living in rural and nonmetropolitan areas have never heard of methadone.

Although the portrait of the uninformed is almost a stereotype (older, less educated, nonwhite, South, living in less densely populated areas), even 12% of the college trained and 18% of the 18-21 age group have not come across the term.

Other findings on information suggest either a fairly widespread lack of attention to the media, or, more likely, selective nonexposure to aspects of the drug issue.

We do follow up by asking people who are familiar with methadone to respond to five belief statements about this drug. Table 23 has these data.



Table 23

Responses to True-False Statements About Methadone

Adult base (2411)		<u>True</u>	<u>False</u>	<u>No opinion</u>	<u>Not asked*</u>
a.	Methadone is used in the treatment of heroin addiction.	54%	1	7	38
b.	Methadone makes the user feel good, just like heroin does.	35%	8	19	38
c.	Methadone makes the heroin addict lose his desire for heroin.	31%	14	17	38
d.	The effects of methadone last longer than the effects of heroin.	7%	11	44	38
e.	People who take methadone can become methadone addicts and need to keep on taking it.	37%	6	19	38

\*People were asked these questions only if they said they had heard or read of methadone.

Just over half of the adult public knows that methadone is used for treating heroin addicts. We should have more modest expectations of how much the public knows about the other four items since they are less often reported in the media, and since they may not all be possible to answer categorically one way or the other. Of all of these items, perhaps the most important for the general public to be aware of is that methadone itself can become addictive, and a majority of the public does not know this.

In addition to asking people who are familiar with the term methadone about that substance, we also asked them about heroin maintenance as a treatment possibility. The actual question wording and the outcomes are shown next.

Here is the question:

"Aside from using methadone to treat heroin addicts, it has been proposed that heroin itself could be used to treat heroin addicts; that is, by giving heroin addicts smaller and smaller doses of heroin over a long period of time until they are ready to stop altogether. How do you react to that idea?"

Table 24

Reactions to Heroin Maintenance as a Treatment Alternative

Adult base (2411)	
Favor it	26%
Do not favor it	19
Do not know enough to react	16
Not asked*	38

\*Asked of people who said they had heard of methadone.

Thus about a fourth of all adults regard the use of heroin in treating heroin addiction as a good idea. The degree of approval for the idea is more likely to be found in some elements of the population than others.

Favor heroin maintenance:

43% of the 18-21 age group

40% of college educated

34% of people living in large cities

33% of residents of the Northeast, 32% of people in the West

Thus, less than half of adults have an opinion on the issue (those in favor plus those against).

## CHAPTER SUMMARY

1. Most of the adult population associates heroin and crime. Heroin users are seen as both committing crimes to buy more heroin, and simply committing crimes they would not otherwise have committed.

Heroin is also seen as making people lose their desire to work, and few adults accept either that heroin can be used with no bad effects or that it can be used without incurring addiction.

2. Youth (12-17) tend to have the same perceptions of heroin as do adults.
3. Marihuana use is connected by adults with the suburbs, with young people, as leading to stronger things and with crime.

The older adults are more negative toward marihuana than are the 18-25 year olds. The younger group may be more able to accept marihuana in a matter of fact way. They are more likely to agree that marihuana can be used with no ill effects and without the likelihood of addiction.

The youngest group studied (12-13) again is more conservative than other teenagers in their views. Concerning marihuana, however, they are even more conservative than adults are. For instance, they more often than adults agree that marihuana use leads to crime and to stronger things like heroin.

4. Many adults and youth view marihuana and heroin differently. In general, both groups are more negative toward heroin. Again, age plays a part in attitudes -- the young adults and older teenagers are disproportionately likely to reflect marked differences between the two substances.

Those among the population with some experience with marihuana perceive marihuana and heroin differently than do others, and in expected ways. Those with experience are more likely to distinguish between marihuana and heroin than do those without marihuana experience.

5. A relatively small proportion of either adults or youth say they would take punitive action if they discovered one of their own 12-20 year olds smoking marihuana. There is a tendency for adults to be somewhat less punitive about youth using marihuana than they were in 1971.

6. Substantial proportions of the public regard users of marihuana and users of heroin as being quite different. Heroin users are perceived as having personality problems which set them apart from marihuana users. Many of those who regard the users to be different also comment that heroin is addictive and marihuana is not.
7. In terms of alternatives for treatment of heroin users, the public is pretty well divided.

When asked if they approved or not of providing heroin free to addicts, about equal proportions of adults fall on either side of the issue.

8. A third of the adult public is not familiar with the term "methadone."

Those unfamiliar with the term tend to come disproportionately from the older age group, the less well educated, non-whites, the South and non-urban areas.

As an alternative to methadone maintenance programs, those people who have heard of methadone were asked to react to using heroin to treat addicts. A fourth of the adult public favors this idea.

Overall, however, a great deal of unfamiliarity with the whole area of treating heroin addicts was evident among adults.

### CHAPTER 3

#### Drug Abuse and Attitudes Toward the Law

- The concept of drug abuse defined
- Reactions to situations in terms of drug abuse
- Views on whether selected behaviors are crimes and should be so regarded
- Opinions about appropriate punishment for possession and sale of heroin
- Evaluation of success of law enforcement agencies

1. TO THE PUBLIC, ADULT AND TEENAGE, DRUG ABUSE IS PREDOMINANTLY CONSUMPTION FOR A NONMEDICAL PURPOSE.

Toward the end of the interview, after questions covering over-the-counter and ethical drugs, alcohol and tobacco, marihuana and a variety of other illicit substances, we asked for a free-response explanation of drug abuse. Table 25 shows what people think.

Table 25  
Beliefs About the Meaning of "Drug Abuse"

	Base	Adults (2411)	Youth (880)	Points difference
Any <u>nonmedical purpose</u> , or purpose not intended for the drug; purpose not prescribed; if prescription was not for you		30%	27%	
Taking an <u>overdose</u> ; overdoing; taking to excess; taking too much	27		16	+11
Anything that is <u>addictive</u> ; habitforming, where you become dependent on it	17		15	
Any use that <u>damages health</u> , is bad for you, does damage to the person	11		10	
Use for <u>pleasure</u> ; to feel good; to get high; for kicks; for fun; take a trip	10		13	
If it is a <u>distortion of reality</u> ; makes you unable to cope with everyday living, work, other people	7		4	
Taking or using marihuana, heroin, dope, acid, LSD, mescaline (or other drugs which are illegal to possess)	4		8	
Don't know what drug abuse is; no answer	13		20	- 7

(Multiple responses; main mentions)

For much of the public, drug abuse is at least partly a normative, moralistic concept: taking too much of something. Several definitions relate to the idea of effects: what it can do to you. Adults are more likely than youth to define drug abuse as overdose. Youth are more likely than adults to say they do not know what drug abuse is.

However, the comparability of young and old in most respects suggests that for most people the vocabulary of drugs is limited; people do not have many ways of expressing themselves on the subject. The comparability of young and old may also suggest that what is learned about drugs is learned from the same sources, possibly the mass media.

Of particular interest to us from Table 25 are the figures on respondents who say they do not know what drug abuse is, or who do not answer the question. These are a substantial number of people, and they are differentially distributed throughout the population:

Adults who do not know what  
drug abuse is/no answer:

Less than a high school graduate	25%
High school graduate	8%
At least some college	5%

Those adults who do not know what drug abuse is are more likely to be nonwhite (28%), to live in the South (19%), and in a nonmetropolitan area (18%).

Among youth, 25% of the 12 and 13 year olds also are in this category (do not know what drug abuse is/no answer).

We also examined the free responses of two kinds of drug users who are in sufficient number to analyze separately: alcohol consumers and current users of marihuana. Alcohol users have about the same ideas regarding drug abuse that all adults have. But marihuana users are different in some meaningful ways from other adults.

Table 26

Marihuana Users Compared With All Adults on Concept of Drug Abuse

Definition of "drug abuse:"	Base	All adults (2411)	Marihuana users (234)	Points difference
Any nonmedical purpose		30%	20%	-10
Taking an overdose		27	21	- 6
Anything addictive, habitforming		17	25	+ 8
Any use that damages health		11	17	+ 6
Anything that distorts reality, makes you unable to cope		7	19	+12

(Partial table)

Here is how people express themselves on drug abuse. First, adults and on the next page, the younger people.

*It is someone that takes drugs. I don't know how to explain drug abuse.* (Woman, age 25)

*I don't know how to explain it. I'd say just using them -- people taking too many -- overdoses -- or don't follow the prescription.* (Man, age 27)

*Someone that uses drugs just for fun, to get high. I only think you should take a drug only with a doctor's prescription.* (Woman, age 20)

*Experimenting with drugs without a doctor's supervision, I think.* (Woman, age 68)

*A friend of ours took pills to wake up with coffee. She was okay during the day. During the night to keep awake she would take pills and then another pill to go to sleep. This is drug abuse.* (Woman, age 29)

*Drug abuse is when people take a lot of drugs that are not for sale, and it's against the law and you shouldn't take it.* (Woman, age 33)

*Taking drugs for pleasure rather than as a cure for an ailment.* (Man, age 34)

*I don't know. I know it's wrong to take drugs. It's not good for them. It's harmful to their health, I know.* (Woman, age 55)

*It would be buying pills off of anyone on the street just to get a feeling off them. That would be drug abuse.* (Woman, age 38)

*People taking drugs that they don't have to have. It damages their health.* (Woman, age 49)

*Means continually taking overdose of the drugs. Some of these drugs people really need to keep them alive, where others take them for enjoyment.* (Man, age 47)

*Using them when they don't need it. Should be stopped. Make it a federal law to prohibit use of it and shipping it and selling it and buying it.* (Man, age 42)

*A person that is in need of help because he is using drugs -- heroin, cocaine, LSD, speed and all the dangerous ones. I don't know them by name. The people that use the drugs become both physically and mentally sick.* (Man, age 27)

*Someone taking drugs beyond normal body capacity.* (Man, age 25)

*Taking drugs for other than the intended purpose or a slight overdose.* (Man, age 19)

*Hurting oneself by taking drugs.* (Man, age 39)



*The use of prescribed drugs taken without prescriptions and taking them when you don't need them even if you do have a prescription. (Girl, age 16)*

*I guess taking drugs that aren't prescribed or that you don't need. If you don't need them you shouldn't take them. They're not good for you. For health reasons and mind reasons, I guess. Just not good for your mind. (Girl, age 15)*

*Using too much. Too much of a drug that could hurt, like heroin and junk like that. (Boy, age 13)*

*I heard of it, but I don't know what it means. (Boy, age 13)*

*When somebody who's been using drugs can't get off it. He needs it. Somebody who's really acting weird -- it seems like he's trying to keep something a secret, but he can't. (Boy, age 13)*

*Using drugs or taking drugs. Stealing to get drugs. I don't really know. (Girl, age 16)*

*When people take drugs, and taking them means abuse. So that would be drug abuse. Marihuana and heroin and LSD, and that one that starts with 'A.' (Girl, age 12)*

*To me drug abuse is using drugs in a wrong way that could be very harmful to your body and your mind. Abusing drugs could change your body's chemistry and then you could either get sick or die. Drugs could make you think and act a lot different. I've seen movies, and the people just act differently. (Boy, age 12)*

*Something people shouldn't do. It may hurt the person and/or his family. If they get caught they go to jail. They could get sick. (Boy, age 12)*

*Using drugs for the wrong reasons. Taking speed when not prescribed by a doctor, just to get high. Heroin -- taking it. That's all I can think of to say. (Girl, age 17)*

*Being hooked on drugs, I guess. There's a lot of it. Don't know anything else. (Girl, age 15)*

*Never heard of it. I don't know. (Boy, age 14)*

*When someone starts taking drugs and feels like they are big. To take them and get in the habit and go far enough to jump off buildings and kill themselves. (Girl, age 13)*

*I don't know. (Girl, age 13)*

*I would say it is just something bad to do. (Girl, age 16)*

*When somebody fools around with drugs and things like that, and sniffs glue and things like that. (Girl, age 14)*

*Dope -- alcohol. (Girl, age 13)*

The interview continued on the subject of drug abuse. The interviewer read ten situations aloud, and after each asked if the situation is or is not drug abuse to the respondent.

The first six of these situations are about pills, and the respondents were asked to think in terms of the pills which they had already been asked about (OTC remedies and ethical sedatives, tranquilizers, and stimulants).\*

Here are these six:

- a. If someone took any of these pills once or twice just to see what the effect would be.
- b. What if someone had some pills that a doctor prescribed but he took more pills than the doctor said to take.
- c. What if someone bought some pills that you can get without a prescription but took more than the label said to take.
- d. What if someone took some pills that were prescribed for a different person.
- e. What if someone took these pills every day because they found that they had to have them to help them cope with the day.
- f. What if someone took these pills just to enjoy the feeling they give.

The next item was about alcoholic beverages:

- g. What if someone had cocktails or highballs with lunch or dinner and in the evening.

The last three statements were on marihuana and heroin:

- h. What if someone smoked marihuana once or twice a week.
- i. What if someone used heroin once in a while.
- j. What if marihuana were made legal and using it was not against the law.

Findings from this section begin on the next page. For clarity of presentation, we show only the proportions of each public who regard the situation as drug abuse. It is worth noting, in the light of the substantial lack of information reflected in the free-response data just shown, that there is relatively little "no opinion" response to these situations. The "no opinion" is nearly always less than 5%.

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\*OTC (over-the-counter) -- drugs that require no prescription.

Table 27  
Whether Each of Ten Situations is Drug Abuse

		Yes, drug abuse		
	Base	Adults (2411)	Youth (880)	<u>Observations</u>
<u>Context: pills</u>				
What if someone took, just to enjoy the feeling they give?	89%	88%		Abuse defined as pleasure, (nonmedical use).
Took everyday...had to have them...to help cope with day.	84	82		Nothing casual about the use described, yet it's second highest.
Had pills prescribed by doctor, but took more than he directed.	83	76		Deviating from physician's instructions is abuse to over 4/5 of adults.
Bought nonprescription pills, took more than label directed.	82	77		This is the OTC version of above and comes out the same.
What if took pills that that were prescribed for someone else.	73	72		Less of an abuse than is a deliberate overdose. Fits free-response outcome noted earlier.
Took any of these pills once or twice to see effect.	46	50		It's frequency -- "once or twice" -- that drives the percent down. See marihuana and heroin below.
<u>Context: alcohol</u>				
Cocktails or highballs with lunch or dinner and in evening.	35	37		
<u>Marihuana, heroin</u>				
What if someone used heroin once in a while.	82	80		The infrequency phrase is what people must be responding to.
What if someone smoked marihuana once or twice a week.	54	63		Big discrimination between marihuana and other substances.
What if marihuana made legal and someone used under these conditions.	56	44		It's not legal status that seems to define marihuana "abuse."

Making sense of Table 27 is not easy. First, notice that nearly any of the statements has a majority of either age group identifying it as drug abuse. So perhaps a first conclusion is that drug abuse is nearly anything that someone wants it to be. Next, considering the two age groups represented in the two columns of data, there is remarkable comparability except in one domain, the two marihuana items.

If we then use Table 27 (limited, of course, to ten specified situations) to develop a definition of drug abuse that fits the public mentality, the definition of drug abuse would include these points:

- Using a substance for pleasure, just for kicks.
- Using a drug to help compensate for some personal deficit.
- Any use of OTC or ethical drug which departs from instructions.
- Frequent use of any substance.

It is a curious thing that we did not get a 100% drug abuse response for heroin. Some people must have been using the suggestion of infrequent use as more controlling than the substance itself.

Differences within the population:

The tendency to identify a situation as drug abuse differs in some parts of the population. For example, of the six pill-related items in Table 27:

- A higher proportion of women than men see five of the six as drug abuse.
- The adult population is divided as follows: the 18-21 age group is less likely to regard most of these situations as drug abuse than are adults who are 22 or older.

On one of the pill items there is a difference in direction of response, so that the age 50 and older people are less likely than others to think of the situation as drug abuse.

Taking pills to help cope with the day  
is identified as drug abuse:

Age 18-21	87%
22-25	89%
26-34	87%
35-49	86%
50+	80%

As with other data in this report, the marihuana item shows substantial differences within the population groups.

Table 28

Population Segments Who Believe that Smoking Marihuana  
Once or Twice a Week is Drug Abuse

*AGE:	12-13 (277)	75%
	14-15 (288)	63%
	16-17 (313)	51%
	18-21 (378)	34%
	22-25 (394)	45%
	26-34 (582)	52%
	35-49 (411)	56%
	50+ (590)	63%

## EDUCATION:

Less than H.S. graduate (700)	67%
H.S. graduate (810)	56%
At least some college (873)	40%

## REGION:

Northeast (532)	42%
North Central (692)	53%
South (802)	70%
West (385)	48%

## COMMUNITY TYPE:

Large metropolitan (682)	46%
Other metropolitan (906)	51%
Nonmetropolitan (823)	69%

\*Youth data shown only for age because youth relatively homogeneous in other respects.

Most compelling, although hardly news (see 1971 report, Abelson, et al), is the correspondence between the youngest age groups and older adults regarding attitudes toward marihuana.

A further examination of these drug abuse items is in terms of population segments who are identified as alcohol users, marihuana users, or people who report using pharmaceutical drugs for nonmedical purposes.

Whether a person regards a behavior as drug abuse depends in part on his own drug taking experience. Table 29 shows these data for adults with the behaviors being marihuana experience, alcohol consumption, or reported use of pills for nonmedical purposes.\*

For each of the three groups, Table 29 shows only differences of more than 10 points between the "yes" and the "no" segments (the "yes" meaning participate in that behavior, the "no" meaning do not participate in that behavior). Items not shown at all are relatively homogeneous for all three of the groups displayed.

Table 29

Own Drug Use Related to Drug Abuse Situations

	<u>Marihuana experience</u>		<u>Alcohol consumption</u>		<u>Nonmedical pill use</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Adult base	(477)	(1934)	(1273)	(1138)	(276)	(2135)
Identify as drug abuse:						
Took pills just to enjoy	76%	92%	-	-	75%	91%
Took more pills than doctor said to take	74	85	-	-	-	-
Took pills prescribed for someone else	62	75	-	-	62	74
Took pills just to find out what effect would be	31	48	38%	55%	30	47
Cocktails or highballs with lunch, dinner, evening	26	37	29	42	-	-
Smoke marihuana once or twice a week	18	61	44	67	35	57
Using marihuana after it was made legal	17	63	47	66	37	58

In every instance in Table 29 the direction of response is the same. People who have had marihuana experience, who consume alcohol, who use pills for nonmedical purposes are less likely than their counterparts to regard any of the situations as drug abuse. Of course, even within these behavior groups you can see substantial proportions who regard the situation as drug abuse. So that, for example, three-fourths of the people identified as nonmedical users of pills believe that taking pills for enjoyment is drug abuse.

Of the three types of drug taking behaviors, marihuana users are less likely to regard marihuana as abusive behavior than alcohol consumers are likely to feel about alcohol or pill users about enjoying pills.

\*The definition of each of these indices is in the Appendix bound into this report.

There is a suggestion that the three kinds of drug consumers in Table 29 are less likely than nonconsumers of these drugs to regard experimentation with pharmaceuticals as abusive behavior (took to see what effect would be).

This last point is amplified in two questions asked of adults and youth in another part of the interview:

5% of adults and 2% of youth (age 12-17) have given someone "pills like those on the cards that were prescribed for you" (reference is to Cards B, C, D in the Appendix).

10% of adults and 4% of youth have used "pills like these that were prescribed for someone else."

The youth data are not sufficient for further examination. Table 30 shows the adult data for three segments: marihuana experience, alcohol consumers, and nonmedical users of pills.

Table 30

Reports of Pill Distribution for Three Population Segments

	<u>Marihuana experience</u>		<u>Alcohol consumption</u>		<u>Nonmedical pill use</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Adult base	(477)	(1934)	(1273)	(1138)	(276)	(2135)
Have given someone else pills that were prescribed for respondent	13%	4%	7%	4%	24%	3%
Have used pills that were prescribed for someone else	29%	6%	13%	6%	42%	6%

Example of how to read table: 13% of adults with marihuana experience have given his or her pills to someone else.

The distribution net for sharing prescription sedatives, tranquilizers, and stimulants is particularly evident among the nonmedical pill users, as might be expected, and less evident but also characteristic of those with marihuana experience or consumers of alcohol. There is at least a basis for suggesting that there is a segment of the population which is a kind of "drug public" and that this drug public may be more receptive to trying any drug (for curiosity or pleasure or experimentation or coping) than other parts of the population.

The next section gets us into a different aspect of drug abuse, the legal correlates of drug abuse as the public sees them.

2. OF FOUR DIFFERENT DRUG RELATED BEHAVIORS, THE PUBLIC COMES CLOSEST TO A CONSENSUS ON HEROIN: ITS USE IS CRIMINAL, AND IT SHOULD CONTINUE THAT WAY.

The tables on this and the following page reflect adult and youth knowledge and opinion on four drug related behaviors. Knowledge responses are on this page (whether each behavior is criminal activity), and opinions about that activity on the next page.

The smallest proportion of agreement has to do with whether using someone else's prescription drugs is a crime. Young people, for whom the topic is less salient (less opportunity to do so), tend to believe that this is illegal behavior more than adults do.

Table 31

Adult Knowledge of Whether Each of Four Behaviors is a Crime

Adult base (2411)	<u>Is a crime</u>	<u>Not a crime</u>	<u>Not sure, no opinion</u>
To use prescription drugs that you get from a friend	40%	42	18
For a person under 18 to drink alcoholic beverages	67%	29	4
For a person to use marihuana	84%	11	5
For a person to use heroin	93%	3	4

Table 32

Youth (Age 12-17) Knowledge of Whether Each of Four Behaviors is a Crime

Youth base (880)	<u>Is a crime</u>	<u>Not a crime</u>	<u>Not sure, no opinion</u>
To use prescription drugs that you get from a friend	53%	33	14
For a person under 18 to drink alcoholic beverages	67%	28	5
For a person to use marihuana	91%	7	2
For a person to use heroin	96%	2	2



There is the same pattern for both age groups, with respect to whether a behavior is and whether it should be an illegal activity. On the matter of sharing prescription drugs with other than the designated recipient, a higher proportion of both adults and young people think that this should be considered criminal activity than believe that it is now criminal activity.

However, with respect to the other three behaviors, and especially with respect to alcoholic beverages and marihuana use, the public sense is in the other direction: higher proportions think that the activity is a crime than believe it should be.

We also should note, of course, that the most obvious finding in Table 33 is that half or more of both adults and youth think that all four of these behaviors should be regarded as criminal.

Table 33

Opinion of Whether Each of Four Behaviors Should be a Crime

	Adults (2411)		Youth (880)	
	Is a crime	Should be a crime	Is a crime	Should be a crime
To use prescription drugs that You get from a friend	40%	56%	53%	68%
For a person under 18 to drink alcoholic beverages	67%	53%	67%	50%
For a person to use marihuana	84%	67%	91%	73%
For a person to use heroin	93%	89%	96%	93%

Here is how experience affects opinions about whether a particular behavior should be a criminal activity.

- First, on the matter of sharing prescription drugs, 50% of adults who use drugs for nonmedical purposes, and 56% of those who do not report such behavior, think that shared prescription drugs should be a crime. The difference between the two groups is not particularly marked.
- Next, people who use alcoholic beverages are much less likely than nonusers to believe that young people should be legally enjoined from consuming alcohol. The figures are 41% of adult users and 67% of adult nonusers who believe that people under 18 should be prohibited from using alcohol.
- With respect to the legality of marihuana, the differences are truly large between adults with and without experience with marihuana. Of those with marihuana experience, 19% would have marihuana be a crime, compared with 76% of those without such experience who feel that way.

3. THE PUBLIC TENDS TO FAVOR LENIENCY FOR FIRST TIME CONVICTIONS FOR HEROIN POSSESSION, BUT WOULD BE TOUGHER ON REPEAT OFFENDERS AND TOUGH FROM THE START ON PUSHERS.

We tested the public's views on appropriate handling of heroin offenses, with the variables being conviction for first offense and second offense, and whether the conviction is for possession or sale.

Table 34 shows the proportion of adults who pick each of six alternatives for the four conditions of offense.

Table 34

Appropriate Handling of Four Different Kinds of Heroin Offense

Adult base (2411)	<u>First possession</u>	<u>Second possession</u>	<u>First selling</u>	<u>Second selling</u>
Nothing should be done	2%	*%	1%	*%
A fine	6	5	6	2
Put him on probation	17	10	4	1
Require him to go for treatment	(55)	31	3	2
Up to a year in jail	9	23	23	7
More than a year in jail	7	25	(58)	(82)
No opinion/no answer	4	6	5	6

\*Less than .5%

Treatment rather than jail is what majority sentiment favors for a first conviction for possession of heroin.\* The treatment mode continues to be acceptable to about one-third of adults even for a second offense for possession, although a larger proportion (48%) see some kind of jail term as the way to handle second offense for possession of heroin, including one-fourth of all adults who would make the jail term more than a year in duration.

There is little desire to do anything but incarcerate a heroin pusher, whether it be the first offense (81% think some kind of jail term is right), or subsequent offenses.

As we found in the 1971 study (Abelson, et al, op. cit.) the public does discriminate among drug offenders. It discriminates between first and subsequent convictions, and it especially discriminates between possession and sale. There certainly is a recognition reflected in Table 34 that treatment rather than punishment has a place among the alternatives available to society.

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\*In another question when adults are asked what they would do about a heroin addict, 53% would encourage medical help, 22% would require such help, 1% advocate punishment. The public seems to be treatment oriented toward heroin users.

In an attempt to achieve some perspective on attitudes toward handling drug offenders, we asked three questions whose purpose was to establish damage to respondents which they trace to drug-related crime.

First we find that about one-third of adults report that at some time they have had the experience of someone breaking into their home or place of work to steal some property:

- 15% say this has happened at work
- 19% report it as an event at home
- 67% have no recollection of such an incident
- 2% are not sure

Next, getting closer to our central interest, we asked if the experience of being personally attacked, mugged, or robbed has happened to the respondent, to another household member, or to someone else "you know well." The response:

- 31% say "yes," they or someone whom they know well has been attacked, mugged or robbed
- 67% say "no"
- 2% are not sure

So that we can observe that being assaulted is not a hearsay matter for about one-third of adults. They at least know someone who has been victimized, if not themselves.

The last point was to ask this 31% of adults if they have reason to believe that the attacker was a drug user or was under the influence of alcohol. Here is what we learned:

- 31% who say they or someone whom they know well has been attacked or robbed
- 7% have reason to believe the attacker or robber was a drug user
- 2% think the attacker was under the influence of alcohol
- 22% don't know

Or, in other words, just under a fourth of the adults who have been or who know the victim of a personal crime believe that the criminal may have been a drug user.

As a postscript, people who report being or knowing well a victim of a personal crime are disproportionately young, college educated, from a large metropolitan area and from the Northeast. Users of marihuana or alcohol (behavior which correlates with age and education just noted) are disproportionately likely to have been a victim or to have first-hand knowledge of one.

4. LAW ENFORCEMENT AGENCIES ARE NOT GIVEN HIGH MARKS FOR THE WAY THAT THEY IMPLEMENT THE DRUG LAWS.

When asked to evaluate the job that the law enforcement agencies are doing with drugs, few adults think that the job being done is an excellent one, and many adults feel that it is poor.

Table 35

Evaluation of Law Enforcement Agencies for Implementing Drug Laws

Adult base (2411)		
Excellent job	4%	} 24%
Good job	20	
Fair job	39	} 69%
Poor job	30	
No opinion	7	

The main subgroup differences within the population in their rating of law enforcement agencies are regional (less approval in Northeast and West). Here are the data for age and region.

	<u>Kind of job agencies are doing:</u>	
	<u>Excellent or good</u>	<u>Fair or poor</u>
18-25	19%	78%
26-34	23%	72%
35-49	26%	66%
50+	25%	65%
Northeast	18%	71%
North Central	27%	69%
South	27%	65%
West	21%	72%

As you can see, there is also a tendency for the youngest adults to be less approving than older ones. With age and region, as with other population variables, the dominant response is one of disapproval (fair job or poor job).

Table 36

Federal Agencies Believed to Have the Most to Do With Enforcing the Drug Laws

Base	All adults (2411)	College education (873)	Marihuana users (234)
Bureau of Narcotics and Dangerous Drugs	12%	16%	14%
Food and Drug Administration	10	17	16
F. B. I.	6	7	12
Treasury Department/Customs	4	9	3
*Miscellaneous names	6	10	12
Do not know which agency	62	41	43

\*For example: Federal Narcotics Agency, Tobacco and Alcohol Division, HEW.

Along with the findings for all adults, Table 36 also shows the findings for the two population subgroups who are most likely to think that they know which federal agency is in charge: college trained adults and marihuana users.

As you can see from the above, B.N.D.D. and F.D.A. are the two most frequently named agencies as enforcers of drug laws. Even so, relatively few people know that B.N.D.D. is the lead agency in drug law enforcement. Marihuana users seem a little more likely to name the F.B.I. than are other types of adults, while the college trained are more likely to think of Treasury Department/Customs as the responsible place. Perhaps the key finding is that most of the public cannot name any agency.

Toward the end of the interview the interviewer asked:

"What two or three things would you like to see the law enforcement agencies doing about drugs that they are not doing already?"

Many suggestions were made. These are summarized and illustrated on the following pages.

The law enforcement activity which is clearly most prominent to the public is to get to the pushers and other sources of sale, with one-third of adults suggesting that there be tougher treatment for pushers.

Variations on this viewpoint show up elsewhere in Table 37, including doing something about foreign sources, getting the big dealers, being harder on the pushers and at the same time easier on the user.

In fact, it is worth noting that the public discriminates as much as is evident between seller and user. Notice that specific mention of being tougher on the hard drug user occurs among only 3% of the public.

The two largest differences evident in these data are found in comparing people who have never tried marihuana with people who are current marihuana users.

Base	Never tried marihuana (1934)	Ever used (477)	Current users (234)
Stiffer penalties for hard drug users	1%	11%	17%
Ease the penalties on marihuana	2%	22%	32%

What is apparently reflected above is that marihuana users in their volunteered comments make the sharpest discriminations of any population group between what they consume and hard drugs.

Table 37

Suggestions for Law Enforcement Agencies  
Which "They Are Not Doing Already"

	Adult base (2411)
Punish the <u>pushers</u> , the dealers, get tough on sellers.	33%
Get to the <u>foreign sources</u> ; cut off aid to countries that supply drugs; take <u>action</u> against foreign countries who are responsible.	11
<u>Rehabilitation</u> ; treat drugs as sickness; special aid for <u>servicemen from Vietnam</u> ; treat the drug addicts.	11
The <u>courts</u> should be stricter and demand more convictions; get <u>judges</u> who cannot be bribed.	9
Make <u>arrests easier</u> ; no search warrants; give police more help.	9
Stop the drugs at their <u>source</u> ; find the source and get the big dealers.	7
There should be more <u>education</u> for young people; more work done by schools, churches, parents.	6
Make a distinction between <u>marihuana</u> and other drugs; ease the penalties on marihuana.	5
Make stiffer penalties for <u>heroin users</u> , for hard drug users; punish the users.	3
Make the <u>laws</u> better; close the loopholes.	3
Be harder on the pusher and at the same time more lenient on the user.	2
<u>No suggestion</u> to make; agencies already doing all that they can; no answer.	24

(Multiple responses)

Table 37 shows two items -- rehabilitation and education -- that are not within the domain of law enforcement agencies. We include them because they are mentioned, and because their presence in the list perhaps is another indication of the unclear role of law enforcement in the public mind.

The public mood, and to some degree its sense of frustration about the drug scene, is reflected in this sample of comments which is part of the material used in constructing Table 37.

*Laws cover all. Education of people on drug danger. Enforce all existing drug laws to the fullest extent. Try to curb further the importing of drugs from foreign countries. (Man, age 26)*

*Get to the source of these drugs, punish the one that is selling the drugs. Also cut off aid to the countries where these drugs are coming from. (Man, age 47)*

*They can search for drugs without warrant and have it hold up in court. Have more money allocated to jails so they can keep these people in jail without them getting killed -- the overcrowded conditions. (Woman, age 29)*

*Catch every drug salesman and put them away for life. Would just as well see a heroin salesman electrocuted as a murderer. Pay less attention to marihuana. (Woman, age 57)*

*I would like to see them try the system of treating heroin addicts with heroin -- I think it would take the profit out of heroin sales. (Woman, age 72)*

*Can't think of any. I think they are doing an excellent job. (Man, age 27)*

*Make stiffer laws on the man who pushes the drugs. Try and control the traffic of drugs from other countries. (Woman, age 25)*

*The courts are our problem. Law enforcement is doing the arresting; courts are letting them go. Courts are going to have to enforce law by cracking down. (Man, age 34)*

*I feel they should educate the young people more than they do now. In the school or church groups. (Woman, age 52)*

*Stiffer punishment for the pushers. (Man, age 48)*

*Change our laws so that the policeman has more authority to make arrests. Give our policemen special training on the drugs. (Man, age 25)*



*Make an example of a severe punishment of a pusher, like hanging or shooting him, then maybe this will cut down on the amount of pushers.*  
(Man, age 20)

*I know they make big hassels of drugs, but it still keeps coming in and I know some of the boys come home addicted to it and they need help! I think the government should help them.* (Woman, age 51)

*Legalize marihuana and lower the penalty for people caught with marihuana.*  
(Woman, age 23)

*The pushers of drugs should be given a stiffer penalty than a user. Place agents where they know that drugs are being pushed and change them every day so they don't know them there.* (Man, age 24)

*Crack down harder on hard drugs -- heroin.* (Man, age 25)

*Treat some of the addicts, not treat them like criminals. Give them medical treatment.* (Man, age 18)

*More clinics so kids who want to get unhooked can be helped. It is the government's responsibility. The government should operate the clinics.*  
(Woman, age 25)

*I think first of all would be cracking down on the pushers; the ones on the street selling drugs. The second area would be better control over the prescribed drugs. Where you can get prescriptions refilled and the pharmacist doesn't call the doctor to see if it can be refilled.* (Man, age 32)

*I don't know what they are doing. The sellers of drugs should be punished but not the users. If one is caught one time using it, he should not be punished.* (Woman, age 25)

*Actually, I don't see anything that they aren't doing.* (Man, age 44)

*To watch younger children and try to keep it out of their hands. Try to scare them by showing films of kids on bad trips.* (Woman, age 21)

*They are doing everything they can.* (Woman, age 20)

## CHAPTER SUMMARY

1. When asked to define "drug abuse," one predominant response is usage for a nonmedical purpose, a purpose not intended for the drug. Other thoughts about drug abuse include these: overdose of a drug, using any addictive substance, using a substance that is damaging to health, using a drug for pleasure.
2. When asked to identify each of ten situations as being or not being drug abuse, there is a tendency to respond to nearly any situation as being drug abuse. However, most frequently identified as drug abuse are these situations: use for pleasure, use to help cope with the day, taking more than prescribed or directed, occasional use of heroin. Consuming alcohol and taking a pill just to test its effect are least often regarded as drug abuse.
3. About one adult in 20 says that he or she has given an ethical psychotropic drug to someone else. Twice that proportion of adults (10%) have used such pills that were prescribed for another. Percentages for youth are smaller for either giving or receiving prescription pills.
4. In an information question, nearly everyone knows that heroin use is a crime, and substantial proportions (over 80% youth or adults) say that marihuana use is a crime. Fewer than half of adults believe that using someone else's prescription drugs is a crime, although there are some people who are not sure about this one.

With respect to what should be a crime, majorities of people regard all of the behaviors noted in point #4 above that way. In addition, a majority of the public believes that for persons under 18 years of age to drink alcoholic beverages should be regarded as a crime.

5. In the realm of personal experience with crime and with drug related crime: one-third of the adult public has experienced thievery at home or at place of work; also, a third of the public says either they or someone they know well has been attacked, mugged or robbed; 7% of adults (about one-fourth of the group who has been or knows a robbery victim) have reason to believe that the assailant was a drug user.
6. Law enforcement agencies do not get high ratings for the way that they implement the drug laws. Only 4% of the public feels that these agencies do an excellent job, as compared with 30% of the public who feel that these agencies do a poor job.

Most frequently made suggestion for law enforcement agencies is to get tough on the drug pushers.

## CHAPTER 4

### Selected Psychotropic Drugs; Proprietary and Ethical

Data in this chapter are from portions of the interview which made use of the four pill cards as aids to respondent recall. The items for the ethical pharmaceuticals (Cards B, C, D) were assembled by Commission staff in consultation with the Commissioners, and are intended to represent the most well-known and used substances in each category.

The only classes of proprietary and ethical drugs discussed in this chapter are psychotropic drugs. Occasional use of the term "drug" or "pill" in the context of proprietary or ethically dispensed substances always means sedative, tranquilizer, or stimulant.

We expect that to some extent the selection of drugs to be pictured had some effect on the response levels, since drugs not pictured may not have been recalled to the same degree as those which were shown to respondents. We think this bias may be relatively slight because the pills that are shown are the main ones in their categories, and because respondents were asked about other pills not included on the cards.\*

Our interests are in categories of substances, not in particular brands. Data for brands are not included in this chapter.

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\*With respect to using photographs of pills: In a self-contained community of 50,000 population, Parry and associates carried out a validity study of reported experience with psychotropic drugs, using drugstore prescriptions as the criterion measure. They found substantial underreporting in all three categories (sedatives, tranquilizers, and stimulants), although to different degrees. The use of picture cards -- a device which we have employed in the present research -- helped to approach a greater degree of accuracy.

H.J. Parry, M.B. Balter, and I.H. Cisin, "Primary Levels of Under-reporting Psychotropic Drug Use," Public Opinion Quarterly, Vol. 34, No. 4, pages 582-592.

## 1. OVERALL EXPERIENCE

This section presents data on the proportion of the population who have used psychotropic drugs, whether ethical or proprietary, at any point in their lives. In the next section, experience within the last year is considered.

Overall, 56% of American adults and 20% of youth (age 12-17) have used at least one such drug at some time. The usage of psychotropic drugs, including sedatives, tranquilizers, and stimulants, is shown in Table 38.

The results (Table 38, column 1) show a pattern of higher usage among women, whites, the more educated, residents of the West and residents of metropolitan areas. For all but region, the demographic differences in use are far more pronounced with regard to ethicals than with regard to proprietaries.

Table 38

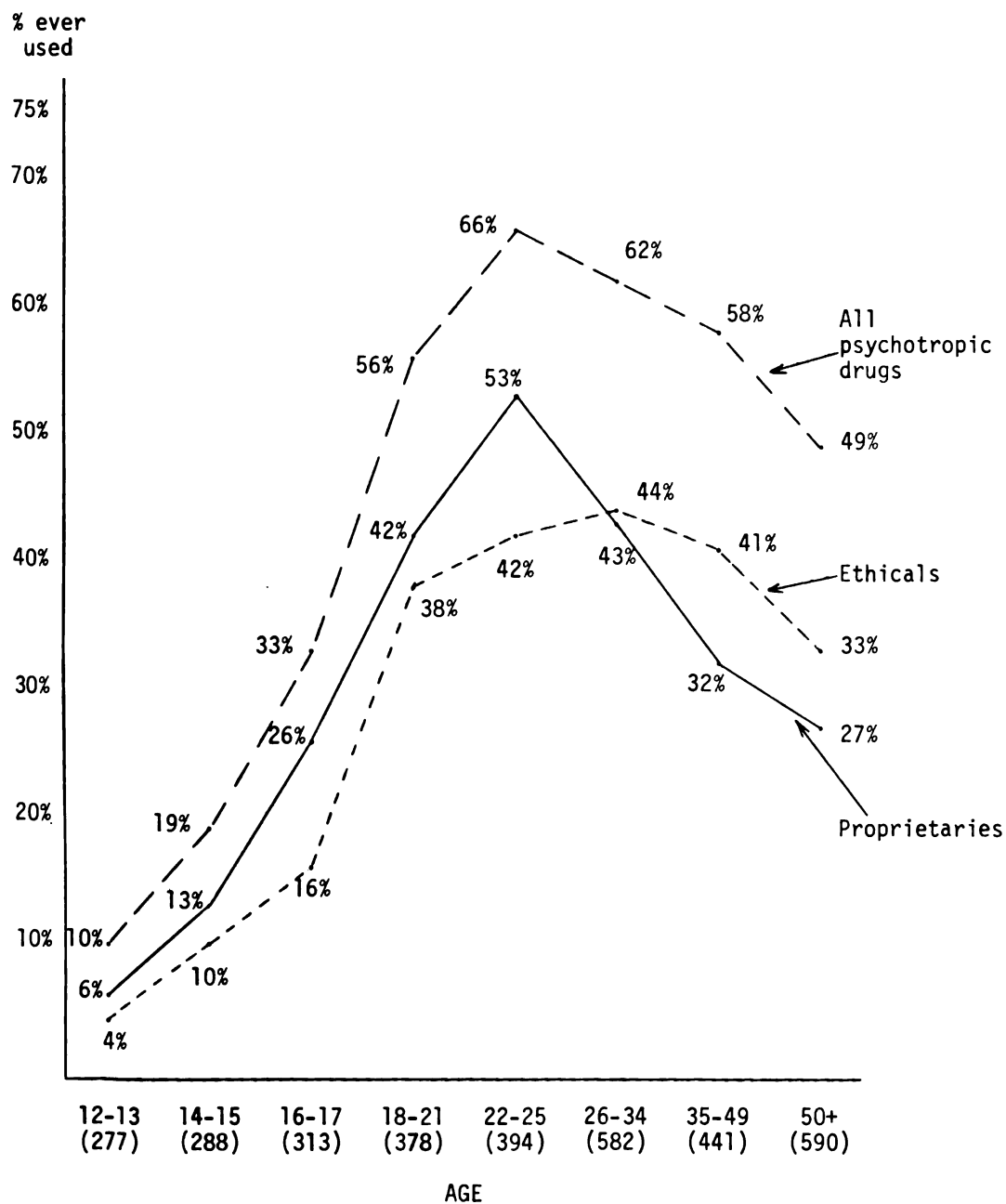
Adult Experience with Psychotropic Drugs

	<u>Any psycho- trop</u>	<u>Ethicals</u>	<u>Proprie- taries</u>
Adults (2411)	56%	38%	36%
SEX: Male (1023)	50%	31%	35%
Female (1388)	62%	46%	36%
EDUCATION:			
Less than H.S. grad. (700)	46%	27%	30%
H.S. graduate (810)	56%	39%	34%
At least some college (873)	68%	50%	44%
RACE: White (2224)	58%	40%	36%
Other (187)	48%	30%	35%
REGION:			
Northeast (532)	48%	36%	25%
North Central (692)	54%	34%	35%
South (802)	56%	37%	36%
West (385)	71%	51%	50%
COMMUNITY SIZE:			
Large metropolitan (682)	58%	43%	35%
Other metropolitan (906)	59%	41%	39%
Nonmetropolitan (823)	50%	31%	32%

Figure 2 shows the relationship between psychotropic drug use and age.

Figure 2

Age Distributions of Those Ever Having Used Psychotropic Drugs



As shown in Figure 2, experience rises sharply through the early twenties. For all drugs and for the subclass of proprietaries, the most experienced group is the 22-25 year olds, while for ethical drugs, experience is less variable across the age range.

Young people living in the West are significantly more likely to use these ethical drugs than residents of other regions. Differences in experience by age (Figure 2) and community size (Table 39) are not statistically meaningful.

Table 39

Youth Experience with Psychotropic Drugs

	<u>Any psycho- trop</u>	<u>Ethicals</u>	<u>Proprie- taries</u>
Youth (880)	20%	10%	15%
SEX: Male (433)	19%	8%	13%
Female (447)	22%	12%	16%
REGION:			
Northeast (194)	15%	8%	10%
North Central (262)	18%	9%	13%
South (321)	21%	7%	18%
West (103)	31%	19%	20%
COMMUNITY SIZE:			
Large metropolitan (261)	20%	9%	12%
Other metropolitan (295)	22%	12%	17%
Nonmetropolitan (324)	19%	8%	15%

Example of how to read table: 20% of all youth (age 12-17) have used at least one psychotropic drug, ethical or proprietary, at some time in the past.

Table 40 shows overall data for the three classes of ethical drugs considered. Data on use as a function of age are also shown in Table 40. There are substantial differences in the patterns of usage versus age for the three classes of drugs.

Sedative experience is pretty well independent of age, tranquilizers have been used most extensively by those in the 35-49 year old group, while stimulants have been used more heavily by younger adults.\*\*

Table 40

Experience with Ethical Psychotropic Drugs by Age

	<u>Any ethical</u>	<u>Seda- tives</u>	<u>Tran- quilizers</u>	<u>Stimu- lants</u>
Adults (2411)	38%	20%	24%	13%
Youth (880)	10%	4%	6%	6%
Age: 12-13 (277)	4%	*%	1%	3%
14-15 (288)	10%	6%	7%	6%
16-17 (313)	16%	7%	9%	8%
18-25 (772)	40%	22%	18%	22%
26-34 (582)	44%	17%	27%	20%
35-49 (441)	41%	19%	31%	10%
50+ (590)	33%	20%	20%	7%

\*Less than .5%

Example of how to read table: 38% of adults have ever used any ethical psychotropic drug.

There is substantial overlap among adult users of the various classes of ethical drugs. For instance, about half of sedative users have also used tranquilizers and one-third of sedative users have used stimulants. Among stimulant users, about 40% have used each of tranquilizers and sedatives. Tranquilizers have been taken by the greatest number of adults, but still 40% of tranquilizer users have also used sedatives, while about one-quarter have used stimulants. Four percent of the adult population have used all three types of ethical drugs.

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\*\*These data are for "ever used." In terms of recent use (next section), young adults, age 18-25, are somewhat heavier recent users of sedatives and stimulants than are adults age 26 and older.

## 2. RECENT USAGE OF PSYCHOTROPIC DRUGS.

Thirty-nine percent of all adults claim to have used some form of legally available stimulant, sedative or tranquilizer, either proprietary or ethical, in the past year or so. Table 41 compares the demographic characteristics of these people with nonusers of these drugs.

Age, education and sex play significant roles in recent usage. Half of all adults in the West have used at least one psychotropic drug in the past year.

Conversely, from Table 41 we can also obtain a picture of the nonuser. In general terms, he is more likely to have less than a college education, be older than 25, and live in the Northeast or North Central regions.

Table 41  
Adult Usage in Past 12 Months of Psychotropic Drugs\*

	<u>Users</u>	<u>Nonusers</u>
Adults (2411)	39%	61
SEX: Male (1023)	33%	67
Female (1388)	45%	55
AGE: 18-25 (772)	48%	52
26-34 (582)	38%	62
35-49 (441)	38%	62
50+ (590)	34%	66
EDUCATION:		
Less than high school graduate (700)	34%	66
High school graduate (810)	39%	61
At least some college (873)	45%	55
RACE:		
White (2224)	39%	61
Other (187)	39%	61
REGION:		
Northeast (532)	32%	68
North Central (692)	34%	66
South (802)	43%	57
West (385)	50%	50
COMMUNITY SIZE:		
Large metropolitan (682)	41%	59
Other metropolitan (906)	39%	61
Nonmetropolitan (823)	37%	63

---

\*Proprietary and ethical.



The distribution of users within the last year varies somewhat by type of ethical drug (see Table 42). Age is one variable that has a different pattern on different drugs. Younger adults are more likely to use stimulants and somewhat more likely to use sedatives, but it is the 35-49 year olds who are most likely to use tranquilizers.

Table 42

Adult Usage of Three Types of  
Ethical Drugs in Past 12 Months

	<u>Seda-</u> <u>tives</u>	<u>Tran-</u> <u>quilizers</u>	<u>Stimu-</u> <u>lants</u>
Adults (2411)	11%	17%	8%
SEX: Male (1023)	9%	12%	7%
Female (1388)	13%	22%	9%
AGE: 18-25 (772)	15%	14%	16%
26-34 (582)	9%	16%	10%
35-49 (441)	10%	23%	6%
50+ (590)	10%	15%	4%
EDUCATION:			
Less than H.S. graduate (700)	9%	15%	5%
High school graduate (810)	10%	17%	8%
At least some college (873)	14%	19%	12%
RACE:			
White (2224)	10%	17%	8%
Other (187)	14%	17%	5%
REGION:			
Northeast (532)	10%	15%	7%
North Central (692)	10%	12%	8%
South (802)	10%	20%	5%
West (385)	16%	22%	14%
COMMUNITY SIZE:			
Large metropolitan (682)	13%	19%	10%
Other metropolitan (906)	11%	16%	10%
Nonmetropolitan (833)	9%	16%	4%

Each figure represents percent of group using particular ethical. For example, 17% of all adults use tranquilizers.

The usage of proprietary drugs is a significant function of two of the demographic variables shown on Table 43 -- age and region.

Table 43  
Adult Usage of Proprietary Drugs  
in Past 12 Months

	<u>Usage of any pro- prietary</u>
Adults (2411)	21%
SEX: Male (1023)	19%
Female (1388)	22%
AGE: 18-21 (378)	33%
22-25 (394)	29%
26-34 (582)	20%
35-49 (441)	18%
50+ (590)	16%
EDUCATION:	
Less than H.S. grad. (700)	20%
High school graduate (810)	20%
At least some college (873)	22%
RACE:	
White (2224)	20%
Other (187)	23%
REGION:	
Northeast (532)	15%
North Central (692)	19%
South (802)	24%
West (385)	27%
COMMUNITY SIZE:	
Large metropolitan (682)	20%
Other metropolitan (906)	21%
Nonmetropolitan (823)	21%

As a summary of this section, Table 44 shows the net number of users of each type of psychotropic drug.

Table 44

Adult Usage of Psychotropic Drugs by Type in Past 12 Months

Drug type:	Base (2411)	<u>Ethical</u>	<u>Proprietary</u>	<u>Net*</u>
Any type of pill		26%	21%	39%
Sedatives		11%	10%	19%
Tranquilizers		17%	5%	20%
Stimulants		8%	7%	13%

\*Ethical or proprietary

### Regular Users

Regular users of any specific drug type are defined as those claiming to use a particular drug type "regularly" or "whenever I want to."

In general, the number of regular users is much smaller than the total number of recent users. Table 45 shows the proportion of regular users of each type of ethical drug. The absolute number of regular users is too small to permit meaningful analysis of subgroups.

Among regular users we also asked the frequency of usage and the regularity with which they took the drugs. The table also shows these frequency and regularity results.

Table 45

#### Adult Regular Usage of Ethical Psychotropic Drugs

	<u>Any ethical</u>	<u>Regular users</u>		
		<u>Same number each time period</u>	<u>Take in spurts</u>	<u>More than once a week</u>
Base (2411)				
Sedatives	3%	1.0%	1.5%	1.5%
Tranquilizers	6%	2.5%	2.5%	2.5%
Stimulants	2%	1.0%	0.5%	1.5%

Note: Figures are rounded to the nearest .5% to prevent distortion in meaning from normal rounding to full percent figures.

### 3. ALCOHOL AND PSYCHOTROPIC DRUGS

Among adults there is only a marginal relationship between consumption of alcoholic beverages and recent use of psychotropic drugs. Except for their somewhat higher use of stimulants, consumers of alcohol have about the same pattern of recent pill usage as nonconsumers.

Table 46

Adults with Recent Experience with Alcohol and Pills\*

	Ethicals				Proprie- taries
	<u>Any ethical</u>	<u>Seda- tives</u>	<u>Tran- quilizers</u>	<u>Stimu- lants</u>	
Alcohol in past seven days (1273)	27%	12%	16%	10%	21%
No alcohol in past seven days (1138)	25%	10%	18%	5%	20%

Example of how to read table: 27% of those using alcohol in past seven days have used an ethical drug in past year.

Among youth the data show a different relationship. Young people who are recent alcohol consumers are more likely than nonconsumers to report ever having had experience with all of these pills regardless of type.

Table 47

Youth with Psychotropic Drug Experience and Recent Alcohol Experience\*

	Ethicals				Proprie- taries
	<u>Any ethical</u>	<u>Seda- tives</u>	<u>Tran- quilizers</u>	<u>Stimu- lants</u>	
Alcohol in past seven days (224)	18%	10%	9%	13%	29%
No alcohol in past seven days (656)	7%	3%	5%	4%	10%

\*Adult data are from recent use of psychotropic drugs (past 12 months).  
Youth data are from ever used psychotropic drugs.

## 4. MARIHUANA AND PSYCHOTROPIC DRUGS.

In contrast to alcohol, experience with marihuana is significantly correlated with usage of both ethical and proprietary psychotropic drugs. Table 48 shows the proportion of adults with and without marihuana experience who have used each class of pill within the past year. For adults we can distinguish three levels: no experience with marihuana, experience but not current users, and current users.

Table 48

Adult Marihuana Experience and Recent Use of Psychotropic Drugs

	Ethicals				Proprie- taries
	<u>Any ethical</u>	<u>Seda- tives</u>	<u>Tran- quilizers</u>	<u>Stimu- lants</u>	
No marihuana experience (1934)	23%	9%	16%	5%	18%
Experience but not current use (243)	31%	16%	17%	17%	28%
Current use (234)	55%	32%	24%	33%	41%

Example of how to read table: 23% of adults with no marihuana experience have taken some ethical psychotropic drug within the past year.

Pill usage is positively associated with marihuana experience. Moreover, among adults current marihuana users are more likely to be recent pill users than are those who have had marihuana experience but are not current marihuana users.

Among those 12-17 years old also, pill experience and marihuana experience are positively correlated.

Table 49

Youth Marihuana Experience and Use of Psychotropic Drugs

	Ethicals				Proprie- taries
	<u>Any ethical</u>	<u>Seda- tives</u>	<u>Tran- quilizers</u>	<u>Stimu- lants</u>	
No marihuana experience (755)	5%	2%	4%	2%	11%
Marihuana experience (125)	36%	22%	16%	27%	37%

## 5. CONCURRENT DRUG USAGE.

A minority of recent adult users of ethical psychotropic drugs has had experience at some time with use of multiple pills or of pills plus alcohol. Table 50 shows concurrent multiple use among adults. The base for each line is recent users of the type of drug.

Table 50

Concurrent Usage of Pills or Pills Plus Alcohol  
Among Recent Adult Pill Users\*

Used within past year ...	Ever took ...		
	One pill alone	Multiple* pills	Pills plus alcohol
Ethical sedatives (302)	75%	9	11
Ethical tranquilizers (445)	74%	10	7
Ethical stimulants (251)	64%	6	20
Proprietarys (555)	82%	4	6

(Not sure, no answer omitted)

\*Multiple drug use is not intended to imply that usage is only nonmedical or only with pills illicitly obtained.

Only a limited amount of subgroup analysis is possible due to the small absolute numbers of concurrent users. Table 51 shows concurrent usage by age.

Table 51

Concurrent Usage of Multiple Drugs by Age

Recent multiple drug users only*	Base	Users of ethical ...		
		Sedatives (59)	Tranquilizers (72)	Stimulants (67)
Age:				
18-25		70%	28%	46%
26-34		6%	13%	18%
35-49		15%	35%	30%
50+		9%	24%	3%

\*Multiple pills or pills plus alcohol.

Example of how to read table: Of adults who have recently used an ethical sedative and also another pill or alcohol, 70% are aged 18-25.

Despite the small bases, the concentration of combined use of sedatives and another pill or alcohol among those 18-25 years old is statistically meaningful. Eighteen to twenty-five year olds are also substantially overrepresented among those who use stimulants together with another drug, although here care in interpretation must be taken because of the base size.

## 6. NONMEDICAL USAGE OF ETHICAL PSYCHOTROPIC DRUGS.

Recent users of each type of ethical drug were given a list of five statements describing various possible nonmedical uses. These were:

Ever taken pills ...

- a. To help get along with your family or other people.
- b. To help you get ready for some big event or to help you accomplish something.
- c. Just to see what it was like and how it would work.
- d. Before going out so that you could enjoy yourself more with other people.
- e. Just to enjoy the feeling they give you.

Table 52 shows each of the five types of nonmedical usages for each of the three classes of ethical drugs. The preponderant use of sedatives is for experimentation and enjoyment, tranquilizers are used more often in the two coping type situations, while the primary uses of stimulants are specifically to accomplish something or just to see how they would work.

Table 52

### Usage of Ethical Psychotropic Drugs for Nonmedical Purposes Among Recent Adult Users of Each Type

Base	<u>Sedatives</u> (302)	<u>Tranquilizers</u> (445)	<u>Stimulants</u> (251)
Help get along with people	7%	15%	6%
Accomplish something	9%	14%	43%
To see how they work	19%	6%	26%
Enjoy people	11%	8%	12%
Enjoy feeling	16%	6%	12%

In Table 53 we show a profile of all those people who answer "yes" to any one or more of the five nonmedical usage questions on any one or more of the ethical psychotropic drugs.

Nonmedical use rises through the teens and is highest for young adults. The rate then drops continually with increasing age. Increasing amounts of education is associated with increasing nonmedical usage. Race and sex play little, if any, role in the net amount of nonmedical usage. Usage is higher among those living in the West and in metropolitan areas, and relatively low elsewhere.

Detailed breakouts of youth other than by age are not feasible due to the small absolute number of nonmedical users among youth.



Table 53

Characteristics of Nonmedical Users of Ethical Psychotropic Drugs

	<u>Nonmedical users</u>	
	<u>Yes</u>	<u>No</u>
<u>Adults</u> (2411)	10%	90
SEX: Male (1023)	10%	90
Female (1388)	10%	90
AGE: 18-21 (378)	21%	79
22-25 (394)	18%	82
26-34 (582)	11%	89
35-49 (441)	8%	92
50+ (590)	6%	94
EDUCATION:		
Less than H.S. graduate (700)	6%	94
High school graduate (810)	10%	90
At least some college (873)	16%	84
RACE:		
White (2224)	10%	90
Other (187)	10%	90
REGION:		
Northeast (532)	8%	92
North Central (692)	11%	89
South (802)	8%	92
West (385)	16%	84
COMMUNITY SIZE:		
Large metropolitan (682)	12%	88
Other metropolitan (906)	13%	87
Nonmetropolitan (823)	6%	94
<u>Youth</u> (880)	6%	94
AGE: 12-13 (277)	2%	98
14-15 (288)	5%	95
16-17 (313)	11%	89

Table 54 shows nonmedical users by type of ethical drug. There are differences for each type of pill among various subgroups. For instance, nonmedical usage of stimulants among age groups runs from 1% of those over 50 to 14% of those 18-21 years of age. The corresponding variation for tranquilizer users is from 4% to 7%.

Table 54

Adult Users of Ethical Psychotropic Drugs for Nonmedical Purposes

	Ethicals		
	<u>Sedatives</u>	<u>Tranquilizers</u>	<u>Stimulants</u>
Adults (2411)	4%	6%	5%
SEX: Male (1023)	4%	4%	6%
Female (1388)	3%	7%	4%
AGE: 18-21 (378)	12%	7%	14%
22-25 (394)	9%	7%	9%
26-34 (582)	2%	6%	5%
35-49 (441)	2%	6%	3%
50+ (590)	2%	4%	1%
EDUCATION:			
Less than H.S. grad. (700)	2%	4%	2%
High school graduate (810)	2%	6%	4%
At least some college (873)	7%	7%	9%
REGION:			
Northeast (532)	2%	4%	3%
North Central (692)	4%	5%	5%
South (802)	2%	6%	2%
West (385)	6%	8%	10%
COMMUNITY SIZE:			
Large metropolitan (682)	4%	6%	6%
Other metropolitan (906)	5%	6%	6%
Nonmetropolitan (823)	2%	4%	1%

## 7. DISTRIBUTION

A question closely related to nonmedical usage is the method by which the user obtains the drug. Each respondent who had ever used each type of drug was asked how it was obtained the first time used. Totals for each type of drug are shown in Table 55.

Table 55

### Method of First Obtaining Psychotropic Drugs by Type

Adults ever used	Ethicals			Proprie- taries (926)
	Seda- tives (494)	Tran- quilizers (598)	Stimu- lants (382)	
Friend, neighbor, someone at work	13%	6%	29%	11%
Someone in family	3	6	4	9
Bought in store**	1	2	2	70
Doctor prescribed	66	76	60	5
Doctor gave me to try	10	6	4	*
Other, don't remember, no answer	7	4	1	5

(Main mentions)

\*Less than .5%

\*\*The people who say that they bought ethical drugs in a store may mean that they already had a prescription or that the pills were dispensed by a pharmacist without a prescription.

It is apparent that a physician was not the sole source of prescription pills. In fact, nearly a third of adults remember receiving their first ethical stimulants from a friend or someone at work.

The next table shows characteristics of adults who received their first ethical psychotropic drug directly from a physician, or by prescription.

Table 56 shows the proportion of adults who first obtained each drug through a doctor for various subgroups of the population. The reader should be cautioned that some bases are very small.

Table 56

Characteristics of Adults whose First Use of an  
Ethical Psychotropic Drug was Through a Doctor

		<u>Sedatives</u>		<u>Tranquilizers</u>		<u>Stimulants</u>	
		<u>Base</u>	<u>Through doctor</u>	<u>Base</u>	<u>Through doctor</u>	<u>Base</u>	<u>Through doctor</u>
Adults, ever used		(494)	76%	(598)	82%	(382)	64%
SEX:	Male	(173)	68%	(179)	70%	(140)	36%
	Female	(321)	82%	(419)	88%	(242)	85%
AGE:	18-25	(164)	36%	(150)	52%	(157)	37%
	26-34	(109)	81%	(168)	78%	(122)	66%
	35-49	( 87)	90%	(148)	87%	( 51)	78%
	50+	(128)	93%	(126)	93%	( 44)	93%
EDUCATION:							
	Less than H.S.	(102)	90%	(136)	87%	( 62)	83%
	H.S. graduate	(151)	78%	(199)	87%	(123)	73%
	Some college	(235)	68%	(257)	73%	(189)	50%
RACE:							
	White	(456)	77%	(561)	81%	(361)	64%
	Other	( 38)	66%	( 37)	86%	( 21)	59%
REGION:							
	Northeast	(104)	75%	(122)	80%	( 81)	85%
	North Central	(120)	76%	(135)	86%	( 99)	60%
	South	(155)	88%	(211)	82%	(103)	66%
	West	(115)	64%	(130)	79%	( 99)	49%
COMMUNITY SIZE:							
	Large metropolitan	(168)	76%	(192)	82%	(129)	73%
	Other metropolitan	(201)	69%	(233)	77%	(180)	52%
	Nonmetropolitan	(125)	90%	(173)	88%	( 73)	80%
Users for nonmedical purposes		(157)	51%	(180)	70%	(157)	44%

For each of the three types of pills considered, men, 18-25 year olds, those with some college, and residents of the West are often much less likely to have received a drug the first time from a doctor.

## 8. ADULT ATTITUDES TOWARD SAFETY, EFFECTIVENESS AND DEPENDENCE.

Majorities of recent adult users of each type of drug state that the drug usually does what they want it to very or fairly well. For ethicals these majorities of "very" plus "fairly well" are between 61% and 72%. A smaller majority of 57% feels that proprietaries usually do what they want them to.

Table 57

Perceived Effectiveness of Psychotropic Drugs

	<u>Pills Usually do What Wanted</u>			
	<u>Very well</u>	<u>Fairly well</u>	<u>Not very well</u>	<u>Poorly</u>
Proprietaries (555)	17%	40	12	18
Ethical sedatives (302)	34%	38	8	8
Ethical tranquilizers (445)	28%	33	8	7
Ethical stimulants (251)	39%	27	9	10
Nonmedical users				
Ethical sedatives (129)	35%	41	6	5
Ethical tranquilizers (172)	32%	32	10	9
Ethical stimulants (136)	50%	34	7	3
*Not nonmedical users				
Ethical sedatives (173)	34%	35	9	9
Ethical tranquilizers (273)	26%	34	7	5
Ethical stimulants (115)	24%	20	11	18

(Other answer, no opinion, no answer omitted)

\*These are adult users for medical purposes, presumably under a physician's direction.

All respondents were asked on an unaided basis about the dangers in each drug type. Table 58 shows the answers for each class of drug. The patterns of answers are fairly consistent over the three classes of ethical drugs. The variations among subgroups between drug types are too small to be meaningful.

Table 58  
Perceived Main Dangers in Various Types of Pills

	Ethicals			
	<u>Sedatives</u>	<u>Tranquilizers</u>	<u>Stimulants</u>	<u>Proprietarys</u>
Adults (2411)				
Overdose, make sick, kill	37%	32%	32%	40%
Habit-forming, addictive	52	53	49	35
Only take what doctor prescribes	8	9	8	8
No faith in pills	1	1	1	3
Don't work well	*	*	1	2
Other	13	13	16	20
No opinion	7	8	11	6

(Multiple responses)

\*Less than .5%

In a follow-up question, adults were asked if they had ever worried about becoming dependent on these kinds of pills, and get to need them too much. Among all adults, about half (48%) say that they have worried about becoming drug dependent, 44% have not worried, and 8% have no opinion.

Women (53%) are more likely than men (43%) to have worried about becoming dependent on psychotropic drugs. The other notable between-group difference is that users of pills for nonmedical purposes are more likely to have worried about dependence than people who have not used pills for nonmedical purposes: 58% of the nonmedical users compared with 47% of other adults.

All respondents were also asked whether proprietaries are as safe as a pill which a doctor prescribes for the same purpose. Overall, 15% think proprietaries safer, and 57% think a doctor's prescription safer. However, as Table 59 shows, there are substantial variations among sample subgroups. In particular, each progressively older age group is less likely to see proprietaries as safer than a doctor's prescription.

Table 59  
Relative Safety of Proprietaries and Ethicals

	<u>Proprietaries safer</u>	<u>About the same</u>	<u>Doctor's pres- cription safer</u>
Adults (2411)	15%	17	57
SEX: Male (1023)	17%	17	54
Female (1388)	13%	16	60
AGE: 18-25 (772)	25%	18	51
26-34 (582)	17%	15	53
35-49 (441)	13%	16	57
50+ (590)	9%	17	63
EDUCATION:			
Less than H.S. grad. (700)	10%	16	64
High school graduate (810)	15%	16	56
At least some college (873)	20%	19	49
RACE:			
White (2224)	15%	17	57
Other (187)	13%	14	58
REGION:			
Northeast (532)	11%	15	62
North Central (692)	16%	16	53
South (802)	13%	16	65
West (385)	22%	21	44
COMMUNITY SIZE:			
Large metropolitan (682)	17%	17	54
Other metropolitan (906)	17%	17	55
Nonmetropolitan (823)	10%	16	64
NONMEDICAL USERS:			
Yes (276)	23%	16	50
No (2135)	14%	17	58

(Other answer, no opinion, no answer omitted)

## CHAPTER SUMMARY

1. Fifty-six percent of adults have used at least one legally available psychotropic drug at some time in their lives. A higher proportion of people in their twenties have had experience with these drugs than those of any other age. Twenty percent of youth (12-17) have had experience with psychotropic drugs.
2. Thirty-nine percent of adults have taken some psychotropic drug within the last year. Women, younger adults, those who have been to college and those living in the West are the most likely to have recent experience.
3. More adults have used ethical tranquilizers recently than have used ethical sedatives or ethical stimulants. Sedatives are the most widely used proprietary.
4. Between 2% and 6% of adults "regularly" use each of the three major classes of ethical drugs.
5. Adult consumers of alcohol have about the same pattern of pill usage as nonconsumers. Young people who have consumed alcohol recently are more likely to use psychotropic drugs than are other youth. Those with marihuana experience (both adults and young people) are more likely to have used each type of pill considered.
6. About one-fifth to one-fourth of users of various types of ethical pills have been involved in multiple drug use involving pills or pills plus alcohol.
7. About 10% of adults and 6% of youth have used at least one ethical drug for some nonmedical purpose. Usage for nonmedical purposes is heaviest among those aged 18-25.
8. The majority of users of each type of ethical drug first received the pill through a doctor. The next most common source for first time usage is having been given it by a friend, neighbor or someone at work.
9. Majorities of users of each type of pill say the drug usually does what they want it to very or fairly well.
10. The main dangers seen for each drug type are possibilities involving addiction (about 50% for each ethical pill) and physical harm to user (one-third or more in each case).
11. A majority (57%) of adults sees buying a drug through a doctor's prescription as safer than proprietaries. Fifteen percent see the proprietaries as safer with the remainder seeing no difference or not having an opinion.



## CHAPTER 5

### Cigarettes and Alcoholic Beverages

- Cigarette consumption by adults and youth
- Relationship of cigarette smoking to consumption of other substances
- Alcoholic beverage consumption, separately for each class of beverage
- Characteristics of alcoholic beverage consumption
- Relationship of alcohol consumption to usage of other substances
- Chronology of awareness and experience with alcoholic beverages

1. ABOUT FOUR ADULTS IN TEN ARE CURRENT CIGARETTE SMOKERS, A DATUM THAT HAS NOT CHANGED OVER THE PAST YEAR.

The basis for this finding is Table 60. Table 60 shows the consumption data for the youth sample, age 12-17, and also suggests no change in smoking prevalence between 1971 and 1972.\*

In addition to smoking prevalence the tables also indicate usage levels. About 10% of all adults are "heavy smokers" or use more than one pack a day. Among the young people, we observe relatively few heavy smokers, with most of the teenage group reporting usage of a half a pack or fewer cigarettes daily.

Table 60  
Cigarette Consumption, Adults 1971 and 1972

	Adult base 1971** (2405)	1972 (2411)
Smoke now	39%	38%
Half pack or less/day	14	13
About a pack a day	17	15
More than a pack/day	8	10
Do not smoke now	55	59
No answer	6	3

\*\*Abelson, et al, op.cit., Part 2, Detailed Tabulations, Table A96.

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\*Differences of the magnitudes obtained between 1971 and 1972 have borderline statistical meaning for the adult samples and are not statistically meaningful for the youth samples at the .05 confidence level.

Table 61  
Cigarette Consumption, Youth, Age 12-17, 1971 and 1972

	Youth base	1971** (781)	1972 (880)
Smoke now		15%	17%
Half pack or less/day		10	12
About a pack a day		3	5
More than a pack/day		1	*
Do not smoke now		80	82
No answer		5	1

\*Less than .5%

\*\*Abelson, et al, op.cit., Part 2, Detailed Tabulations, Table 173.

Detail figures do not add to total "smoke now" due to rounding.

An analysis of smoker characteristics begins on the next page. For adults it reveals differences in current smoking incidence by sex and age characteristics, and differences by age for the youth sample.

However, for everyone, adults and youth, the most substantial differences with respect to smoking are not by demographic attributes, but by other kinds of consumption: reported use of alcoholic beverages, or marihuana, and of ethically dispensed psychotropic drugs.

Table 62  
Smoking Prevalence Related to Demographic Characteristics

	<u>Adults</u>	<u>Youth</u>
All current smokers	38%	17%
Male	42%	17%
Female	34%	17%
AGE		
12-13		4%
14-15		16%
16-17		32%
18-21	42%	
22-25	47%	
26-34	48%	
35-49	44%	
50+	25%	
RACE		
White	37%	
Other	46%	
REGION		
Northeast	38%	16%
North Central	35%	19%
South	42%	17%
West	35%	16%
COMMUNITY SIZE		
Large metro area	39%	16%
Other metro area	40%	19%
Nonmetro area	34%	16%

Example of how to read table: 42% of adult men are current cigarette smokers.

A few observations from the above data: cigarette smoking increases with age until it reaches a peak of nearly half the population in the 26-34 age bracket, and decreases after that time. Although there are no sex differences among young smokers, higher proportions of adult men than adult women are cigarette users. Also observable among adults but not young people is a tendency for greater reported smoking among people who live in the South.

Table 63

Smoking Prevalence Related to Experience with Other Substances\*

	<u>Adults</u>	<u>Youth</u>
All current smokers	38%	17%
NONMEDICAL PSYCHOTROPIC PILL USER		
Yes	53%	67%
No	36%	14%
ALCOHOL CONSUMER		
Yes	47%	34%
No	27%	12%
EXPERIENCE WITH MARIHUANA		
Yes	56%	52%
No	34%	11%

\*The data on drugs, alcohol, and marihuana are based on indices constructed for analysis purposes. These indices are explained in the Appendix to this report.

Example of how to read table: 53% of adults who have used pills for nonmedical purposes are current cigarette smokers.

There is a marked relationship between smoking cigarettes and experience with psychotropic drugs, alcohol, or marihuana. Notice, for example, that 67% of the young people who have used psychotropic drugs (ethically dispensed sedatives, tranquilizers and/or stimulants) for nonmedical purposes are cigarette smokers as compared with 14% of young people who have not used these drugs nonmedically being smokers.

The web of drug usage for other than self-reported medical usage is evident in much of the other data presented throughout this report as well as on this page.

2. ABOUT ONE-HALF OF ADULTS, AND ONE-FOURTH OF THE TEENAGERS, HAVE CONSUMED AN ALCOHOLIC BEVERAGE WITHIN THE "PAST WEEK."

As shown in Table 64, 53% of adults and 24% of the 12-17 age group are alcoholic beverage users by this definition.\* Especially notable is the build-up and leveling-off of consumption with age, the differences between sexes among adults, and the relevance of formal education to alcoholic beverage consumption.

Table 64

Alcoholic Beverage Consumption by Consumer Characteristics

	<u>Adults</u>	<u>Youth</u>
Consumers of alcoholic beverages	53%	24%
Sex		
Male	> 65%	27%
Female	> 42%	21%
Age		
12-13		16%
14-15		21%
16-17		35%
18-21	65%	
22-25	66%	
26-34	62%	
35-49	57%	
50+	> 39%	
Education		
Less than H.S. graduate	38%	
High school graduate	52%	
At least some college	> 71%	
Race		
White	52%	24%
Other	58%	19%
Region		
Northeast	65%	28%
North Central	55%	28%
South	> 37%	> 15%
West	62%	28%
Community type		
Large metro area	65%	24%
Other metro area	54%	28%
Nonmetro area	> 39%	20%

---

\*The "past seven days" as part of the definition is intended to help provide more reliable data on consumption of beer, wine and liquor than a longer reporting period, and also to leave out of the base people who drink only on rare ceremonial occasions.

Figure 3

Age Distributions of Current Smokers, Alcoholic Beverage Consumers, and People with Marihuana Experience

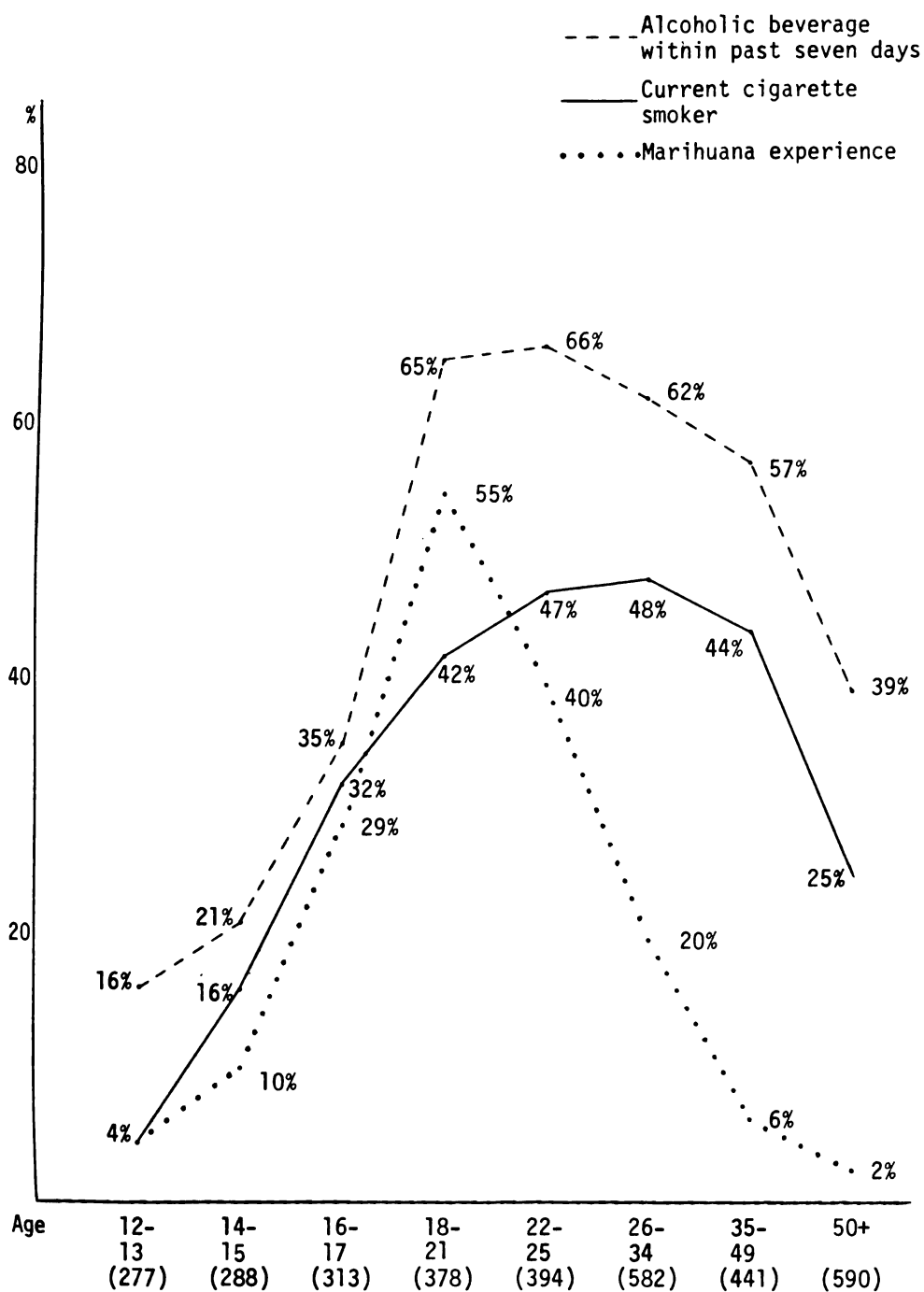


Figure 3, preceding page, compares cigarette consumption, alcoholic beverage consumption and -- anticipating data in the next chapter -- marihuana experience by age of consumer. Notice that all three substances build up rapidly in consumption through the teen years, and reach peak levels during the decade of the 20's. After that time, there is a marked drop-off in marihuana experience, the other two substances remain at fairly high consumption levels until about age 50.

Tables 65, 66, and 67 examine alcoholic beverage consumption more closely.

Table 65

Consumption of Alcohol by Type of Beverage

Base	Adults (2411)	Youth (880)
Within past seven days:		
Any alcoholic beverage	53%	24%
Beer	38%	17%
Wine	18%	9%
Liquor	26%	6%

Example of how to read table: 38% of adults report drinking beer within the past seven days.

Beer is the most frequently reported alcoholic beverage consumed by either age group. However, there is a different pattern for hard liquor. One-half of all adults who report drinking alcoholic beverages during the past week consumed liquor, but only one-fourth of the younger age group who drank, drank liquor.

Adults who use alcoholic beverages to help cope with moodiness or stress are much heavier consumers than are adults in general.

Have consumed each of these types within past 7 days:	<u>Use alcohol to cope</u>
Beer	70%
Wine	31%
Liquor	50%

Adults who use alcohol for coping are twice as likely as all adults to have consumed liquor within the past seven days.



Table 66 shows the number of glasses or drinks for each category of beverage among adults and youth. Most adults who drink report light to moderate consumption of any type of alcoholic beverage.

For the young people, the pattern for wine and liquor is the light drinker pattern, whereas for beer roughly equal proportions are distributed through the frequency range.

Table 66

Frequency of Consumption of Each Type of Alcoholic Beverage

	Base	Adults (2411)	Youth (880)
Have consumed <u>beer</u> in past seven days		<u>38%</u>	<u>17%</u>
1-2 glasses (6 oz. each)		11	5
3-5 glasses		8	3
6-10 glasses		7	2
11 or more glasses		7	3
Not reported		5	4
Have consumed <u>wine</u> in past seven days		<u>18%</u>	<u>9%</u>
1-2 glasses (3-4 oz. each)		8	5
3-5 glasses		4	1
6-10 glasses		3	*
11 or more glasses		1	1
Not reported		2	2
Have consumed <u>liquor</u> in past seven days		<u>26%</u>	<u>6%</u>
1-2 drinks		10	3
3-5 drinks		8	1
6-10 drinks		4	1
11 or more drinks		2	*
Not reported		2	1

\*Less than .5%

Table 67

Largest Quantity of Each Alcoholic Beverage Consumed on Any One Day

Base	Adults (2411)	Youth (880)
Have consumed <u>beer</u> in past seven days	<u>38%</u>	<u>17%</u>
Most consumed on any one day:		
1 glass (6 oz.)	8%	4%
2 glasses	9	3
3-5 glasses	8	2
6-9 glasses	5	2
10 or more glasses	4	2
Not reported	4	4
Have consumed <u>wine</u> in past seven days	<u>18%</u>	<u>9%</u>
Most consumed on any one day:		
1 glass (3-4 oz.)	6%	5%
2 glasses	5	1
3-5 glasses	4	1
6-9 glasses	1	*
10 or more glasses	1	1
Not reported	1	1
Have consumed <u>liquor</u> in past seven days	<u>26%</u>	<u>6%</u>
Most consumed on any one day:		
1 drink	8%	2%
2 drinks	7	1
3-5 drinks	7	1
6-9 drinks	1	1
10 or more drinks	1	0
Not reported	2	1

\*Less than .5%

Relatively heavy use of alcoholic beverages is reported by adults who use alcohol as a means of coping with moodiness or stress.

Most glasses consumed on any one day "last week:"	<u>Use for coping with stress:</u>	
	<u>Beer</u>	<u>Liquor</u>
1-2	20%	23%
3-5	20%	19%
6 or more	27%	5%

In terms of largest quantity of liquor or wine consumed on any one day, Table 67 suggests that "light" drinkers (one or two drinks on any one day) is the modal behavior for both adults and youth for each of the three classes of alcoholic beverages. There is a somewhat different pattern among adult beer consumers, where about one-fourth of the beer consumers (9%) report six or more glasses of beer on the day of maximum consumption.

The relationship of each type of beverage consumed during the past week to marihuana experience is shown in Table 68.

Table 68

Consumption of Each Type of Alcoholic Beverage by Marihuana Experience

		<u>Marihuana experience</u>		<u>Points difference</u>
		<u>Yes</u>	<u>No</u>	
	<u>Adult base</u>	(477)	(1934)	
Any alcoholic beverage in past seven days:				
	Beer	86%	47%	+39
	Wine	68%	33%	+35
	Liquor	38%	14%	+24
		42%	23%	+19
	<u>Youth base</u>	(125)	(755)	
Any alcoholic beverage in past seven days:				
	Beer	63%	17%	+46
	Wine	48%	12%	+36
	Liquor	22%	6%	+16
		15%	4%	+11

Example of how to read table: 86% of adults with marihuana experience report consuming an alcoholic beverage within the past seven days.

For both adults and youth, beer is most closely correlated with marihuana experience.

A report on a study of young men published earlier this year comments on its findings regarding the relationship among cigarette smoking, alcohol consumption, and experience with marihuana. The comment is applicable to our data for both adults and youth.

*The use of marihuana and other illegal drugs was not inversely related to consumption of legal drugs, as is often argued. Regular smokers and regular drinkers were considerably more likely to use the various illegal drugs than nonsmokers and nondrinkers. Conversely, users of illegal drugs were considerably more likely than nonusers to drink and smoke on a regular basis.\**

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\*From a first report of an Institute for Social Research (University of Michigan) study of "a representative sample of 1,600 young men from the high school class of 1969 one year after they had graduated from high school." Published in the ISR Newsletter, Vol. I, No. 14, spring 1972.

### 3. CHRONOLOGY OF ALCOHOL AWARENESS AND EXPERIENCE.

Four questions establish what we regard as pivotal aspects of a developing awareness of alcoholic beverages and experience with it.\*

Whether members of the household consumed alcoholic beverages during the individual's "growing up" period.

Age at which person remembers first tasting beer, wine, or liquor.

Age of discovery that alcohol can "change your mood or the way you feel."

Age which marks beginning of social drinking period.

There are substantial proportions of adults and of young people who remember alcohol being consumed in their households when they were young: 65% of adults and 76% of the 12-17 age group remember alcohol at home. We would expect that, for the most part, awareness of drinking at home is part of the legitimizing process. Where alcohol consumption was a problem to some family member, and perceived as such by the youngster, the impact, of course, could be profound and negative.

Table 69

#### Alcohol Consumption in Parent's Household Related to Present Drinking

	<u>Current alcohol consumers</u>	
	<u>Adults</u>	<u>Youth</u>
Base	(1273)	(224)
Alcohol was consumed at home	73%	91%
Alcohol was not consumed at home	26%	9%
(Don't remember, no answer omitted)		

Table 69 reflects the marked relationship between alcohol around the house during early years, and present drinking behavior. For example, looking at adults who are current alcohol consumers (within past seven days), 73% are from alcohol consuming households, compared with 26% who did not have alcohol in their early environment. The contrast is even more striking among the young people, probably because they are presently living at home and subject to the sanctions of the household.

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\*Because these questions depend on memory and may be somewhat unreliable for that reason, especially among adults, we think that approximate ages are all that we need to make the points in this section, and show years in class intervals to further decrease dependence upon remembering exact years.

For most adults, key events in the formation of attitudes and consumption patterns appear to have taken place largely before the individual realized official adult status. As you can see, the teen years appear to be the years of socialization and learning with respect to the events in Table 70.

Table 70

Age Related to Pivotal Circumstances in Alcohol Chronology for Adults

Adults (2411)	<u>First drink</u>	<u>First aware alcohol can change mood</u>	<u>First social drinking</u>
Age of event:			
5 or younger	8%	1%	*%
6-10	12	5	*
11-15	17	15	4
16-20	35	41	39
21 or older	16	19	28
Never	9	15	26
Don't remember, no answer	3	4	2

\*Less than .5%

Having personal experiences with alcohol are common events for many teenagers. Over one-third of adults remember tasting or having a drink of an alcoholic beverage by the time they were 15 years of age. Finding out that alcohol is a drug with unique properties appears to occur a little later during adolescence.

To explore further some of the correlates of alcohol chronology, we examined further the event most germane to this report: age at which alcohol was found to have mood-changing properties. First, Table 71 relates this age distribution to present alcohol consumption.

Table 71

Present Adult Consumption Related to Age of Learning  
that Alcohol can Change Mood

	Adult base	<u>Current alcohol consumer*</u>		<u>Stress reaction (455)</u>
		<u>Yes (1273)</u>	<u>No (1138)</u>	
Age at which learned that alcohol can change mood:				
10 or younger		6%	6%	6%
11-20		67	43	74
21 or older		18	19	17
Never		5	26	2
Don't remember, no answer		4	6	1

\*Within past seven days

As shown above, two-thirds of current consumers found out what alcohol can do sometime during their teen years, as compared with a much smaller proportion (43%) of current nonconsumers who made the discovery during that period. Notice also the differences in consumption for people who say they never learned about the mood-changing properties of alcohol.

The last column in Table 71 isolates those people who say that they turn to alcohol "a lot" or "sometimes" when they are feeling "nervous, depressed or under stress." These people are far more likely to have learned about the drug properties of alcohol during their teen years than either earlier or later in life.

The same chronology data for youth are trickier to interpret because of the overlap between the categories at which the event was first remembered and the present age of respondent. Nevertheless, these data are revealing of some likely generational differences when compared with adults just reported.

Table 72

Age Related to Pivotal Circumstances in Alcohol Chronology for Youth

Youth base (880)	First drink	First aware alcohol can change mood	First social drinking
Age of event:			
5 or younger	13%	1%	-
6-10	27	18	1%
11-13	21	25	6
14-17	11	15	16
Never	22	22	22
Don't remember/ no answer	6	19	55

Whereas 20% of adults remember a first drink of alcoholic beverage by the time they were 10 years old, the figure goes up to 40% in the recollections of the young people (age 12-17). Similarly, 6% of adults, but 19% of young people, remember finding out about the mood-changing aspect of alcohol by age 10.

The continuing period of discovery of the effects of alcohol is evident from Table 73, which shows the relationship for young people between current alcohol consumption and the age at which the mood-altering aspects of alcohol are remembered for the first time.

Table 73

Present Youth Consumption Related to Age of Learning  
that Alcohol can Change Mood

Youth base	Current alcohol consumer*	
	Yes (224)	No (656)
Age at which learned that alcohol can change mood:		
5 or younger	1%	1%
6-10	24	16
11-13	33	22
14-17	25	12
Never	1	28
Not reported	16	21

\*Within past seven days



#### 4. ATTITUDES AND BELIEFS REGARDING ALCOHOL.

These are findings brought together from other parts of the interview in which alcohol could have been mentioned or selected from a list by respondents.

1. With respect to the most serious problems facing the country, the main findings are discussed in Chapter 1. Not presented there are that 7% of adults mention alcoholism, drunken driving or other alcohol-related problems. In 1971 alcohol problems were volunteered by 4% of adults. The increase over last year may be statistically meaningful, but is not a large enough difference to mean very much in practical terms. What we can say for both of these years is that a small proportion of adults thinks of alcohol when asked about serious problems that need attention.
2. Over a third of adults and also of youth identify alcohol as a drug, far fewer than identify pharmaceuticals or illicit substances as drugs:
 

About the same proportion of adult alcohol users (39%) as nonusers (38%) think of it as a drug.

Adult marihuana users think of alcohol (48%) and marihuana (49%) as drugs to about the same extent.

Among young people (age 12-17) with marihuana experience there is less of a tendency to think of alcohol (41%) as a drug than to think of marihuana (55%) as a drug.
3. Chapter 3 includes a discussion of "drug abuse" as defined by the public. About one-third of adults and of youth think of the following as drug abuse: "What if someone had cocktails or highballs with lunch or dinner and in the evening."
4. Two-thirds (67%) of adults, and the same proportion of young people, presently believe that it is a crime for a person under 18 to drink alcoholic beverages (place or situation not further specified in the question). And about half of both age groups (53% of adults and 50% of youth) believe that alcohol consumed younger than age 18 should be a crime.

## CHAPTER SUMMARY

1. About 40% of adults are current cigarette smokers: no change from the 1971 data. Youth data show 17% as current cigarette smokers.

Smokers are disproportionately adult males, predominantly adults under 50, and living in the South.

Cigarette smoking is related to consuming alcohol, marihuana, and pills for nonmedical purposes.

2. Over half of adults, and one-fourth of the young people (age 12-17), have consumed some kind of alcoholic beverage "within the past week." Beer is most frequently the beverage consumed (38% of adults, 17% of teenagers), wine least often reported as consumed by adults (18%), and liquor least often consumed by teenagers (6%).
3. There is a marked relationship between beer consumption and marihuana experience. Two-thirds of adults and about half of youth who have marihuana experience also are beer consumers.
4. People who are current alcohol consumers are disproportionately likely to have lived in a household where alcoholic beverages were used, and are also more likely than others to have experienced alcohol for themselves at a relatively young age.
5. Among the young people, those who are current alcohol consumers are more likely than other teenagers to have learned about the mood-changing properties of alcohol just before or early into their teen years.

## CHAPTER 6

### **Experience and Related Findings for Selected Substances**

**Substances included in this chapter:**

**Marihuana**

**Heroin**

**LSD, other hallucinogens**

**Cocaine**

**Glue, other inhalants**

## INTRODUCTION

We believe that the techniques which were used to gather data for this chapter are as appropriate as any which could have been devised for the purpose. The approach benefited from our experience in eliciting data on marihuana experience in the 1971 study for the Commission, as well as our other background in researching sensitive subject areas (such as experience with erotic materials; studies of teenage sex behavior).

However, we ask the reader to accept these data with caution and to keep in mind the following points throughout the chapter:

- The sample design provides a representative cross section of individuals residing in households. It does not include other people, such as those in institutions and those of no fixed address at the moment.
- There may be systematic distortions in reporting experience with some substances, if the respondent does not consider the stratagems of privacy which we provide as acceptable, or is in some way suspicious of the interviewer's intent. An appraisal of respondent attitudes and reactions is in the methodological report, Part 3 of this study, separately bound.
- It is possible, although perhaps not too likely, that some respondents are giving what they think is an honest report, but in fact are not aware that they actually have used something other than what they think they have used.

A note on interviewing strategy:

The methodological report describes in detail the techniques used to elicit accurate drug use information. Respondent identification was never connected with his or her information, even to our central office staff. The information on drug use was elicited by means of self-administered questions, given to respondents to complete in the presence of the interviewer and to deposit in an envelope which the respondent later sealed and was asked to mail in the presence of the interviewer.

Three self-administered questionnaires were used during the interview. The first, which asked about tobacco and alcohol usage, was also a training device to accustom the respondent to the procedure. The second questionnaire was entirely about marihuana usage. The third questionnaire dealt with other substances reported in this chapter.

Each self-administered questionnaire was short enough so that the interviewer -- from the other side of the room -- had a pretty good idea of whether the respondent was hurrying and skipping through the questions, or was working through the questions in the right way. After a respondent had finished a questionnaire, but before he put it in the envelope which he was given at the start, the interviewer used a check list of questions (e.g., "Did you answer every question that applies to you?") to try to insure accuracy and completeness of response without ever seeing the filled out questionnaire. Personal training of interviewers included time for rehearsing and practicing these procedures.

As for the questions themselves, they always included a number of items leading up to the desired information on experience. And the experience figures themselves are typically based on responses to two or three items. For example:

- a. About how old were you when you first had the chance to try \_\_\_\_\_ if you wanted to?
- b. If you did have the chance to try \_\_\_\_\_ at that time, did you try it?
- c. If you did not try \_\_\_\_\_ at that time, when was the first time that you tried \_\_\_\_\_? About how old were you?
- d. On the average, about how often do you use \_\_\_\_\_ at the present time? (Or, alternatively) When was the most recent time that you tried \_\_\_\_\_?

Experience figures on the next page are from the above questions, combined as follows:

Respondents who give an age on "a" above, who also say "yes" to "b."

plus

Respondents who give an age on "c."

plus

Respondents not accounted for on "a," "b" or "c" whose answer to "d" reflects experience with the substance.

Using procedures described on the previous page, Table 74 shows experience data for adults and for young people on each of several substances.

Table 74

Reported Experience with Several Drugs, Adults and Youth

	Base	Adults (2411)	Youth (880)
Have tried or used one or more times:			
Marihuana		16%	14%
LSD (mescaline, psilocybin, MDA, STP)		4.6	4.8
Glue, other inhalants		2.1	6.4
Cocaine		3.2	1.5
Heroin		1.3	.6

For comparison, experience figures for other substances, from other parts of the interview or questionnaires:

\*Used for nonmedical purpose:

Any proprietary sedative, tranquilizer, stimulant	7	6
Ethical sedative	4	3
Ethical tranquilizer	6	3
Ethical stimulant	5	4
Alcoholic beverage within past seven days	53	24
Current cigarette smoker	38	17

\*Definition of nonmedical use is in the Appendix at the back of this report.

Additional data follow for marihuana, LSD, glue, cocaine and heroin. A sufficiently large proportion of the public has had experience with marihuana to present findings for this substance in more detail than is possible for the other drugs.

## 1. MARIHUANA

Table 75 compares marihuana experience and usage from the present data with the data from the 1971 study for the Commission (Abelson, et al, op. cit., Part 1, page 85).

Table 75

Marihuana Experience and Current Usage, 1971-1972

Base	1971		1972	
	Adults (2405)	Youth (781)	Adults (2411)	Youth (880)
Have ever used	15%	14%	16%	14%
Use now	5%	6%	8%	7%
No longer use	6	6	7	7
No answer	4	2	1	0

Overall experience figures reflect no attrition between 1971 and 1972. However, distributions of experience within each age category reported in Figure 4 suggest that, in fact, overall experience with marihuana has increased somewhat more than Table 75 would indicate.

Table 76

Intensity of Marihuana Usage, 1971-1972

Base	1971		1972	
	Adults (2405)	Youth (781)	Adults (2411)	Youth (880)
Once a month or less often	1.5%	2.2%	2.4%	1.9%
About two or three times/month	1.2	1.5	1.3	1.5
About once a week	.6	1.3	1.3	1.2
A few times a week	.8	.6	1.4	1.5
About once a day	.1	.1	.8	.7
More than once a day	.4	.5	.6	.6
Have used but no longer	6.3	6.4	6.9	6.5
Have not tried/not reported	89.1	87.4	85.3	86.1

Figure 4 calls for two kinds of discussion -- on the research procedure and on the substance of the findings.

Because we are asking about experience with marihuana (ever tried), the age data for older people should be cumulative. That is, if 9% of the 35-49 age group reported such experience in 1971, we would expect at least the same proportion to report experience in 1972.

It is in the two oldest age categories that we find procedural inconsistencies. We think that these may be accounted for in two ways.

First, some of the difference may be attributed to sampling variability between the two studies. That is, each study is based on an independently drawn sample of the population. Each sample is one estimate of the population. These estimates can and do vary from the "true" population within a range whose limits are known. Some, or even all, of the difference between 1971 and 1972 among people in every age group except 18-21 could be the result of sampling variability alone.

Second, the difference in interview context between 1971 and 1972 might also have had its effect, particularly in the older age groups. The 1971 study focused almost entirely on marihuana, and thus may have better desensitized older respondents so that they felt comfortable in reporting on their experience.

One suggestion for a "best" estimate of usage within these older age groups would be to pick a midpoint between the figures for 1971 and 1972.

Turning to substantive findings from Figure 4, there is appreciable change in marihuana experience in only one of the age categories: the youngest adult category of 18-21. Here there is a remarkable increase of 15% in 1972 over the preceding year. The finding is perhaps all the more notable because it stands out as the only difference which is substantial and clearly meaningful.

Some of this 15% increase is probably the result of an actual increase in marihuana usage among this age group. But some of this observed increase may be because marihuana usage has become more socially acceptable during the past year, and users may be more willing to report their usage this year than they were last year.

Other characteristics of adults and young people with marihuana experience are displayed on pages 116-118.



Figure 4

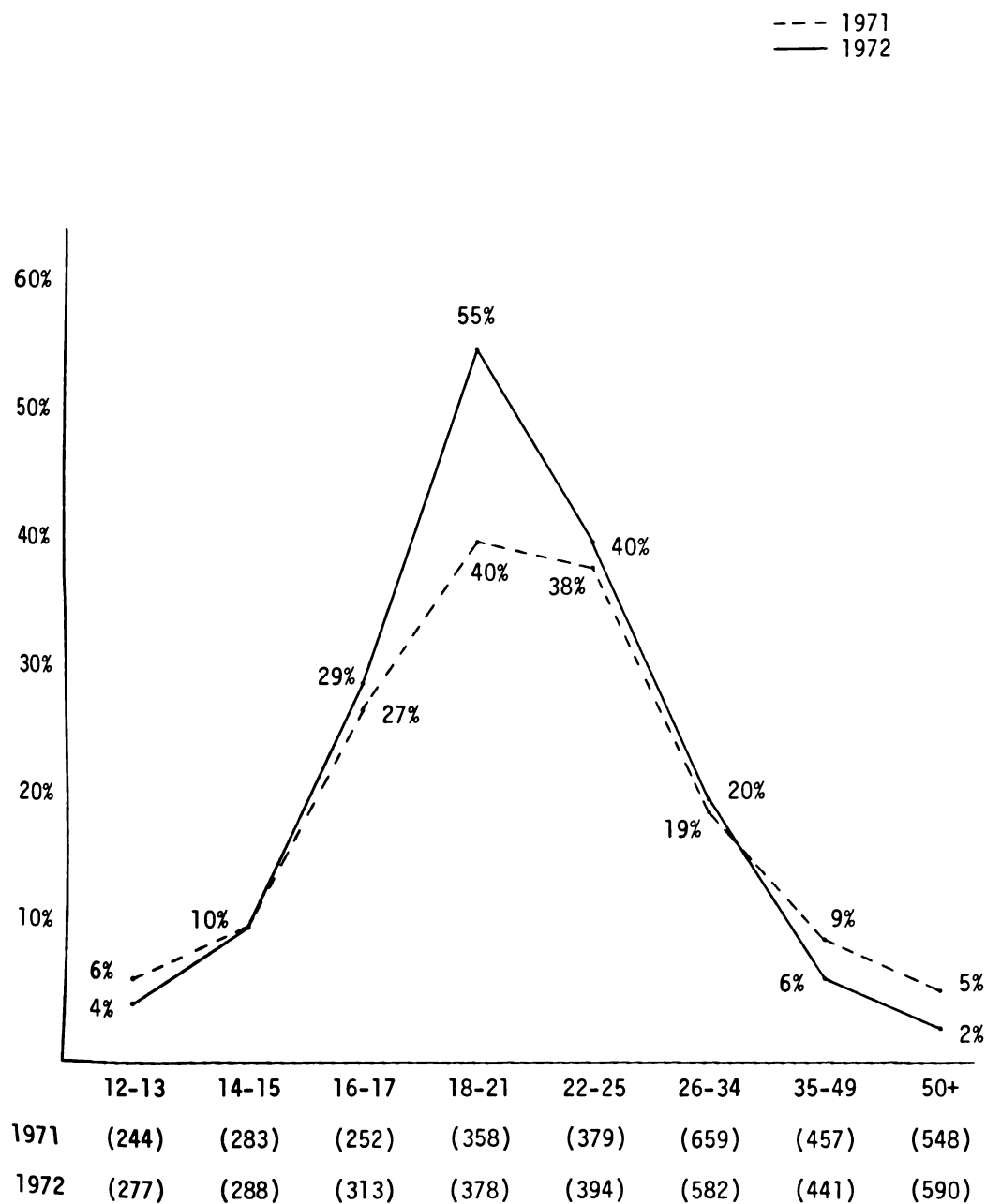
Experience with Marihuana Related to Age, 1971/1972

Table 77  
Characteristics of Adults with Marihuana Experience

	Marihuana		
	Ever used	Use now	No longer use
<u>PERSONAL</u>			
Sex: Male	22%	11%	11%
Female	10%	5%	5%
Education:			
Less than high school graduate	5%	2%	3%
High school graduate	13%	6%	7%
At least some college	32%	17%	15%
Marital status:			
Never married	51%	29%	22%
Now married	9%	3%	6%
Divorced/separated	23%	11%	12%
Widowed	1%	*%	*%
Race:			
White	15%	8%	7%
Other	21%	9%	12%
Occupation:			
Professional/technical	27%	14%	13%
Small businessman	12%	2%	10% ←
Salesman	20%	10%	10%
Clerk/typist/secretary	21%	10%	11%
Skilled crafts	15%	6%	9%
Unskilled or manual	14%	6%	8%
Farmer	20%	4%	16%
Student	58%	37%	21% ←
Armed Forces member	17%	4%	13% ←
Housewife	5%	1%	4%
Unemployed	32%	18%	14%
Income:			
\$4,999 or less	16%	7%	9%
\$5,000 - \$9,999	16%	8%	8%
\$10,000 - \$14,999	16%	7%	9%
\$15,000 and over	20%	11%	9%

\*Less than .5%

Table 77 (continued)

Characteristics of Adults with Marihuana Experience

	Marihuana		
	<u>Ever used</u>	<u>Use now</u>	<u>No longer use</u>
<u>GEOGRAPHY</u>			
Type of area:			
City or town	19%	10%	9%
Suburbs	17%	9%	8%
Rural	5%	2%	3%
Density:			
Large metropolitan area	21%	9%	12%
Other metropolitan area	20%	12%	8%
Nonmetropolitan area	6%	2%	4%
Region:			
Northeast	14%	6%	8%
North Central	15%	9%	6%
South	8%	3%	5%
West	33%	17%	16%

Example of how to read table: 22% of men have ever used marihuana.

Experience with marihuana is disproportionately found among men, people with more formal education, those living in Western states, residents of metropolitan rather than rural areas, and students more than other occupational groups.

The three arrows on page 116 call attention to these findings: of the 12% of small businessmen who have tried marihuana, almost none have continued to use it; there is also a marked drop-off between trial and continued use among armed forces members; among students, the tendency is different: of the 58% who have tried marihuana, nearly two-thirds continue to use it.

The characteristics of adults with marihuana experience are about the same in 1972 as they were reported to be in 1971 (Abelson, et. al., Main Report, pages 86-87).

Table 78

Characteristics of Youth with Marihuana Experience\*

	Base	<u>Ever used</u> (125)
<u>PERSONAL</u>		
Sex: Male		15%
Female		13%
Education:		
6th grade		3%
7th grade		6%
8th grade		9%
9th grade		16%
10th grade		29%
11th grade		28%
12th grade		32%
Race:		
White		16%
Other		5%
<u>GEOGRAPHY</u>		
Type of area:		
City or town		13%
Suburbs		19%
Rural		8%
Density:		
Large metropolitan area		19%
Other metropolitan area		18%
Nonmetropolitan area		7%
Region:		
Northeast		16%
North Central		14%
South		8%
West		24%

---

\*Note: "Use now" column omitted; not enough cases to show subgroups.

One very rough gauge of the potential for using marihuana is from a question which asks what the respondent would do if marihuana were "legal and available." Table 79 indicates that a small proportion of adults and a somewhat larger proportion of young people might try marihuana under these conditions. However, a substantial majority of both age groups feels that availability and acceptable legal status would have no effect on them. They would still not use it under those conditions.

Table 79

Speculation on Marihuana Usage if It were Legal and Available

Base	Adults		Youth	
	1971 (2405)	1972 (2411)	1971 (781)	1972 (880)
Would probably try it	4%	3%	12%	8%
Use it more than I do now	2	2	4	4
Use it less than I do now	0	*	0	*
Use it about as often as now	4	7	3	4
Not use it	72	71	59	63
Don't know/no answer	18	17	22	21

\*Less than .5%

As you can see, the prospect of "legalized" marihuana elicits no rehearsal of greatly increased consumption.

A last set of findings on marihuana usage shows that among people who have used marihuana, at least half of both adults and youth remember alcohol and marihuana being consumed at the same time period.

Table 80

Marihuana Used in Combination with Pills or Alcohol

Base	People with marihuana experience	
	Adults (477)	Youth (125)
Yes, have used with: pill	10%	7%
alcohol	50	44
	} 60% } 51%	
No, not used with either	33	47
No answer/not reported	7	2

The following pages include the principal data on usage behavior for LSD, glue and other inhalants, cocaine, and heroin, as reported in this study.

The data are necessarily limited in analysis possibilities because of the small base of respondents who are experienced with each substance.

The 1971 study included a question designed to elicit experience with these same substances. The procedure used in 1971 is not comparable with the line of questions used in the present study, and thus comparisons between years are not shown.\*

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\*In fact, the 1971 data were intended for analysis purposes (for example, to cross tabulate against marihuana usage) and not as rough population projections. For that reason the overall data were not shown in the main report for 1971.

## 2. LSD (Mescaline, Psilocybin, MDA, STP)

Just under one person in 20 -- adult and youth -- reports trying LSD or a similar substance. The data on triers are not large enough to suggest valid judgments about use patterns.

If the substances were "legal and available" a small proportion of young people think they would try it.

	Base	Adult (2411)	Youth (880)
a. Reported as ever tried		4.6%	4.8%
b. Age at which first tried:			
11-15		.6%	12-13 .8%
16-17		1.3	14-15 3.1
18-20		1.5	16-17 .5
21-25		1.0	
26+		*	
Age unknown		.2	.4
Not tried		95.4	95.2
*Less than .05%			
c. Most recent use:			
Over a year ago		2.0%	.8%
More than six months ago		.9	.5
Within past six months		.8	1.7
Within past month		.6	.9
Within past week		.1	.5
Unknown		.2	.4
Not tried		95.4	95.2
d. Used in combination with pill, alcohol, marihuana:			
Yes, pill		.4%	.3%
alcohol		1.1	1.1
marihuana		1.7	1.3
No		1.5	2.3
Not tried		95.7	95.7

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## LSD (continued)

	Base	Adults (2411)	Youth (880)
e. Potential			
Would like to try once to see what it is like			
Very much		.2%	.4%
Maybe, not sure		2.1	4.2
Probably not		3.3	10.3
Don't think so		74.9	73.6
No answer		19.6	11.5
If legal and available, what would you probably do?			
Try it		1.2%	2.5%
Use more than now		*	0
Use less than now		0	0
About as often as now		.1	.2
Not use it		79.3	79.3
Don't know		4.2	10.0
No answer		15.2	7.9
*Less than .05%			
f. Social aspects			
Do you know anyone who has used it?			
Yes		23.8%	29.2%
No		70.4	68.7
No answer		5.8	2.0



## 3. GLUE, OTHER INHALANTS

These substances are more within the experience of the younger people (age 12-17) than of adults. As you can see, there is not much interest among adults in trying them, and only slight interest in them among the teenage group.

	Base	Adults (2411)	Youth (880)
a. Reported as ever tried		2.1%	6.4%
b. Time of first use:			
Over one year ago		1.1%	4.0%
More than six months ago		.7	.7
Within past six months		.3	1.7
Not tried/no answer		97.9	93.5
c. Most recent use:			
Over a year ago		1.5%	3.6%
More than six months ago		.3	.7
Within past six months		.1	1.2
Within past month		.1	.7
Within past week		*	.3
Unknown		.1	0
Not tried/no answer		97.9	93.6
*Less than .05%			
d. Used in combination with pill, alcohol, marihuana:			
Yes, pill		.1%	.4%
alcohol		.2	1.0
marihuana		.1	.9
No		1.7	4.7
Not tried		98.0	93.6

## GLUE/INHALANTS (continued)

	Base	Adults (2411)	Youth (880)
e. Potential			
Would like to try once to see what it is like			
Very much		0%	.1%
Maybe, not sure		.2	2.5
Probably not		2.4	8.4
Don't think so		76.8	75.6
No answer		20.6	13.5
f. Social aspects			
Do you know anyone who has used it?			
Yes		20.0%	37.2%
No		74.3	61.0
No answer		5.7	1.7

## 4. COCAINE

Although less widely available than heroin, and more expensive, there is an indication of a somewhat higher proportion of both groups who report experience with cocaine than with heroin. As with all of these marginal differences (e.g., 2% or 3% for cocaine compared with 1% for heroin), the differences are not statistically meaningful at the 5% level of confidence.

	Base	Adults (2411)	Youth** (880)
a. Reported as ever tried		3.2%	1.5%
b. Age at which first tried:			
11-15		.2%	12-13 .2%
16-17		.6	14-15 .7
18-20		.9	16-17 .7
21-25		.7	
26+		.5	
Age unknown		.3	0
Not tried/no answer		96.8	98.5
*Less than .05%			
c. Most recent use:			
Over a year ago		1.2%	.2%
More than six months ago		.3	.4
Within past six months		.7	.5
Within past month		.4	.4
Within past week		.5	.2
Unknown		.1	0
Not tried		96.8	98.5
d. Used in combination with pill, alcohol, marihuana:			
Yes, pill		.1%	.1%
alcohol		.5	.4
marihuana		1.1	.4
No		1.4	2.0
Not tried		97.2	97.2

\*\*Detailed figures in "b" and "c" do not add to total in "a" because of rounding.

## COCAINE (continued)

	Base	Adults (2411)	Youth (880)
<b>e. Potential</b>			
Would like to try once to see what it is like			
Very much		.4%	.9%
Maybe, not sure		1.8	3.8
Probably not		3.9	11.5
Don't think so		68.2	68.5
No answer		25.7	15.3
If legal and available, what would you probably do?			
Try it		1.2%	2.5%
Use more than now		.1	0
Use less than now		0	0
About as often as now		.1	.4
Not use it		80.8	82.2
Don't know		3.2	9.5
No answer		14.7	5.4
<b>f. Social aspects</b>			
Do you know anyone who has used it?			
Yes		13.9%	17.5%
No		80.1	80.5
No answer		6.0	2.0

## 5. HEROIN

Heroin has the lowest reported experience rate among the drugs included in the study. It is also low on potential; that is, interest in trying.

	Base	Adults (2411)	Youth (880)
a. Reported as ever tried		1.3%	.6%
b. Age at which first tried:			
11-15		*%	12-13 .1%
16-17		.5	14-15 .1
18-20		.5	16-17 .1
21-25		.1	
26+		0	
Age unknown		.2	.3
Not tried		98.7	99.4
*Less than .05%			
c. Most recent use:			
Over a year ago		.8%	.1%
More than six months ago		.1	.1
Within past six months		.1	.1
Within past month		*	.1
Within past week		*	0
Unknown		.2	.2
Not tried		98.7	99.4
*Less than .05%			
d. Used in combination with pill, alcohol, marihuana:			
Yes, pill		.1%	0%
alcohol		.1	.1
marihuana		.1	.1
No		.9	.1
Not tried		98.9	99.8

## HEROIN (continued)

	Base	Adults (2411)	Youth (880)
e. Potential			
Would like to try once to see what it is like			
Very much		.2%	.5%
Maybe, not sure		1.3	3.4
Probably not		2.4	8.9
Don't think so		78.6	77.5
No answer		17.5	9.7
If legal and available, what would you probably do?			
Try it		.7%	1.2%
Use more than now		0	.1
Use less than now		0	0
About as often as now		.1	0
Not use it		83.7	84.1
Don't know		4.0	10.6
No answer		11.5	3.9
f. Social aspects			
Do you know anyone who has used it?			
Yes		20.0%	21.2%
No		73.3	75.7
No answer		6.8	3.1

A few observations.

A substance is assessed as constituting a problem as a result of a variety of factors, including:

- Its effects on the individual: physiology and/or personality
- Its impact on society, in terms of connection with antisocial behavior
- Its prevalence in the population

The data in this chapter relate only to the prevalence of a number of substances, without regard to other factors. By the prevalence test alone, heroin and cocaine would be less of a problem than marihuana or alcoholic beverages. We mention these quite obvious points so that the reader keeps these data in appropriate context.

Table 81 brings together in collapsed form the responses to the "would you like to try it" questions for LSD, glue, cocaine, and heroin.

Table 81  
Interest in Trying Several Illegal Drugs

	Adults			Youth		
	Very much	Maybe, probably not	Don't think so	Very much	Maybe, probably not	Don't think so
LSD	*%	5	75	*%	15	74
Glue, inhalants	0%	3	77	*%	11	76
Cocaine	*%	6	68	1%	15	69
Heroin	*%	4	79	1%	12	78

(No answer, no opinion omitted)

\*Less than .5%

Interest in any of these drugs is relatively small. To the extent that such interest exists, it is more likely to be found among young people than among adults.

### Findings from Regression Analysis

Crosstabulations, such as those used throughout this report, related two variables at a time (e.g., marihuana experience with age, and marihuana experience with education). To the extent that, say, age and education are themselves correlated, in observing one of them, the data would reflect some of the variation attributable to the other.

In the analysis reported on this page, we attempt to discover the individual contribution of each of several variables, when they are all operative at the same time.

We selected age, sex, education, race, and community size as the simultaneously operative variables, and utilized a multiple regression technique to determine the individual and combined predictive value of these variables against three criterion variables: marihuana experience, consumption of alcohol, and nonmedical use of psychotropic drugs.

Marihuana experience -- Of the variables tested, age is the single dominant predictor of experience, for both adults and youth. The  $r$  age/marihuana experience is .3. The  $R$  for all five variables in predictive marihuana experience is .45 for adults, .35 for youth.

Alcohol consumption -- For adults, sex, education, community size, and age all contribute about equally with no  $r$  higher than .19. The combined predictive value for the five variables:  $R=.37$ .

For youth, age is the dominant predictor of alcohol consumption, with an  $r$  of .18. The combined effect of the three variables that predict alcohol consumption (age, sex, community size) is a relatively low  $R=.21$ . The variables which we selected do not account for much of the variance in predicting alcohol consumption among 12-17 year olds.

Nonmedical use of pills -- These background characteristics are poor predictors of nonmedical pill use. Their combined effect is  $R=.17$  for adults, and  $R=.15$  for youth.

Regression tables for both adults and youth are at the back of Volume 2A of the Detailed Tabulations.



## CHAPTER SUMMARY

1. Overall reported experience with marihuana is about the same this year as in 1971: in 1972, 16% of adults and 14% of young people have had experience with marihuana. About half of the triers are current users.

With respect to usage, 4% of adults and 4% of youth use marihuana at least once a week.

Of all respondent characteristics, age is most markedly related to marihuana experience. Consumption peaks during the years 18-21 (55% of that group has had marihuana experience), and drops off rapidly after that time.

In addition to age, other characteristics associated with adult marihuana experience are sex (more men), education (higher proportion of college trained), and region (higher proportion in the West).

Half of adults who have tried marihuana used it coincidentally with alcohol, and 10% have used it together with a pill of some kind. Roughly the same figures obtain for youth.

2. LSD: 4.6% of adults and 4.8% of youth report trying LSD or another hallucinogenic substance.

GLUE, inhalants: 2.1% of adults and 6.4% of youth have tried this category of substances.

COCAINE: 3.2% of adults, 1.5% of youth report trial.

HEROIN: 1.3% of adults and .6% of youth report trial.

3. For all of these substances, large majorities of people in both age ranges are not curious about and do not think they would try the substance even if it were legal and available.

## APPENDIX

Sources for tables and figures

Sample characteristics compared  
with Census estimates

Notes on Part 2, Detailed Tabulations

Explanation of analysis variables

Copies of questionnaires

### Sources for Tables and Figures

Each table and figure in the report is identified below by number and by title. For each one, the question or questions are shown which are the source for the data in the table or figure.

Question numbers are identified as follows:

Ad I 6 (Adult interview, question 6)

Ad QA 2 (Adult self-administered questionnaire A, question 2)

The other questionnaires are identified as QB and QC.

Y I 6 (Youth interview, question 6)

Y QB 2 (Youth self-administered questionnaire B, question 2)

Table 1	Principal Areas of Concern Among the Adult Public	Ad I 1,2
Table 2	Public Concerns on Selected Issues, 1970-1972	Ad I 1,2
Table 3	Extent of Concern with Specific Problems, 1971-1972	Ad I 1,2
Table 4	The Nature of the Drug Problem Among People Concerned About It	Ad I 3
Table 5	Claimed Familiarity With a Variety of Substances	Ad I 6,7 Y I 1,2
Table 6	Substances Regarded as Drugs (Selected from a list)	Ad I 8 Y I 3
Table 7	Relationship Between Age and Regarding a Substance as a Drug	Ad I 8 Y I 3
Table 8	Addictiveness as a Characteristic of Substances	Ad I 9 Y I 4
Table 9	Reported Ways of Coping with Moodiness or Stress	Ad I 5
Table 10	Characteristics of People Who Use Alcohol or Pills to Cope	Ad I 5
Table 11	Extent of Agreement with Belief Statements on Heroin	Ad I 89
Table 12	Extent of Agreement with Belief Statements on Heroin	Ad I 89 Y I 43

Table 13	Extent of Agreement with Belief Statements on Marihuana	Ad I 86
Table 14	Extent of Agreement with Belief Statements on Marihuana	Ad I 86 Y I 40
Table 15	Extent of Agreement with Statements About Marihuana by People With and Without Experience with Marihuana	Ad I 86 Y I 40
Table 16	Extent of Agreement with Statements About Heroin by People With and Without Experience with Marihuana	Ad I 86 Y I 40
Table 17	Extent of Agreement with Statements About Marihuana and Heroin by People with Marihuana Experience	Ad I 89 Ad I 86 Y I 43 Y I 40
Table 18	Reaction to Own Children Using Marihuana	A QB 12 Y QB 12
Table 19	Perceptions of Marihuana Users Versus Heroin Users	Ad I 87 Y I 41
Table 20	What Makes Heroin Users Different	Ad I 88 Y I 42
Table 21	Reactions to Concept of Heroin Available Free to Addicts	Ad I 90 Y I 44
Table 22	Approval of Free Heroin to Addicts by Population Subgroups	Ad I 90 Y I 44
Table 23	Responses to True-False Statements About Methadone	Ad I 92
Table 24	Reactions to Heroin Maintenance as a Treatment Alternative	Ad I 93
Table 25	Beliefs About the Meaning of "Drug Abuse"	Ad I 102 Y I 52
Table 26	Marihuana Users Compared with All Adults on Concept of Drug Abuse	Ad I 102
Table 27	Whether Each of Ten Situations is Drug Abuse	Ad I 103 Y I 53
Table 28	Population Segments Who Believe that Smoking Marihuana Once or Twice a Week is Drug Abuse	Ad I 103 Y I 53
Table 29	Own Drug Use Related to Drug Abuse Situations	Ad I 103 Y I 53
Table 30	Reports of Pill Distribution for Three Population Segments	Ad I 81 Ad I 82

Table 31	Adult Knowledge of Whether Each of Four Behaviors is a Crime	Ad I 110
Table 32	Youth (Age 12-17) Knowledge of Whether Each of Four Behaviors is a Crime	Y I 54
Table 33	Opinion of Whether Each of Four Behaviors Should be a Crime	Ad I 111 Y I 55
Table 34	Appropriate Handling of Four Different Kinds of Heroin Offense	Ad I 109
Table 35	Evaluation of Law Enforcement Agencies for Implementing Drug Laws	Ad I 105
Table 36	Federal Agencies Believed to Have the Most to Do with Enforcing the Drug Laws	Ad I 104
Table 37	Suggestions for Law Enforcement Agencies Which "They Are Not Doing Already"	Ad I 106
Table 38	Adult Experience with Psychotropic Drugs	Ad I 14 Ad I 30 Ad I 47 Ad I 64
Table 39	Youth Experience with Psychotropic Drugs	Y I 9 Y I 16 Y I 23 Y I 30
Table 40	Experience with Ethical Psychotropic Drugs by Age	Ad I 30 Ad I 47 Ad I 64 Y I 16 Y I 23 Y I 30
Table 41	Adult Usage in Past 12 Months of Psychotropic Drugs	Ad I 16/17 Ad I 32/33 Ad I 49/50 Ad I 66/67
Table 42	Adult Usage of Three Types of Ethical Drugs in Past 12 Months	Ad I 32/33 Ad I 49/50 Ad I 66/67
Table 43	Adult Usage of Proprietary Drugs in Past 12 Months	Ad I 16/17
Table 44	Adult Usage of Psychotropic Drugs by Type in Past 12 Months	Ad I 16/17 Ad I 32/33 Ad I 49/50 Ad I 66/67

Table 45	Adult Regular Usage of Ethical Psychotropic Drugs	Ad I 37 Ad I 54 Ad I 71
Table 46	Adults with Recent Experience with Alcohol and Pills	Ad QA 4 Ad QA 7 Ad QA 10
Table 47	Youth with Psychotropic Drug Experience and Recent Alcohol Experience	Y QA 4 Y QA 7 Y QA 10
Table 48	Adult Marihuana Experience and Recent Use of Psychotropic Drugs	Ad QB 5 Ad QB 6 Ad QB 7
Table 49	Youth Marihuana Experience and Use of Psychotropic Drugs	Y QB 5 Y QB 6 Y QB 7
Table 50	Concurrent Usage of Pills or Pills Plus Alcohol Among Recent Adult Pill Users	Ad I 16/17 Ad I 32/33 Ad I 49/50 Ad I 66/67
Table 51	Concurrent Usage of Multiple Drugs by Age	Ad I 24 Ad I 40 Ad I 57 Ad I 74
Table 52	Usage of Ethical Psychotropic Drugs for Nonmedical Purposes Among Recent Adult Users of Each Type	Ad I 32/33 Ad I 49/50 Ad I 66/67
Table 53	Characteristics of Nonmedical Users of Ethical Psychotropic Drugs	
Table 54	Adult Users of Ethical Psychotropic Drugs for Non-medical Purposes	
Table 55	Method of First Obtaining Psychotropic Drugs by Type	Ad I 15 Ad I 31 Ad I 48 Ad I 65
Table 56	Characteristics of Adults whose First Use of an Ethical Psychotropic Drug was Through a Doctor	Ad I 31 Ad I 48 Ad I 65
Table 57	Perceived Effectiveness of Psychotropic Drugs	Ad I 27 Ad I 43 Ad I 60 Ad I 77

Table 58	Perceived Main Dangers in Various Types of Pills	Ad I 29 Ad I 46 Ad I 63 Ad I 80
Table 59	Relative Safety of Proprietarys and Ethicals	Ad I 28
Table 60	Cigarette Consumption, Adults 1971 and 1972	Ad QA 2
Table 61	Cigarette Consumption, Youth, Age 12-17, 1971 and 1972	Y QA 2
Table 62	Smoking Prevalence Related to Demographic Characteristics	Ad QA 2 Y QA 2
Table 63	Smoking Prevalence Related to Experience with Other Substances	Ad QA 2 Y QA 2
Table 64	Alcoholic Beverage Consumption by Consumer Characteristics	Ad QA 4 Ad QA 7 Ad QA 10  Y QA 4 Y QA 7 Y QA 10
Table 65	Consumption of Alcohol by Type of Beverage	Ad QA 4 Ad QA 7 Ad QA 10  Y QA 4 Y QA 7 Y QA 10
Table 66	Frequency of Consumption of Each Type of Alcoholic Beverage	Ad QA 5 Ad QA 8 Ad QA 11  Y QA 5 Y QA 8 Y QA 11
Table 67	Largest Quantity of Each Alcoholic Beverage Consumed on Any One Day	Ad QA 6 Ad QA 9 Ad QA 12  Y QA 6 Y QA 9 Y QA 12

Table 68	Consumption of Each Type of Alcoholic Beverage by Marihuana Experience	Ad QB 5
		Ad QB 6
		Ad QB 7
		Y QB 5
		Y QB 6
		Y QB 7
Table 69	Alcohol Consumption in Parent's Household Related to Present Drinking	Ad I 10
		Y I 5
Table 70	Age Related to Pivotal Circumstances in Alcohol Chronology for Adults	Ad I 11
		Ad I 12
		Ad I 13
Table 71	Present Adult Consumption Related to Age of Learning that Alcohol can Change Mood	Ad QA 4
		Ad QA 7
		Ad QA 10
Table 72	Age Related to Pivotal Circumstances in Alcohol Chronology for Youth	Y QA 4
		Y QA 7
		Y QA 10
Table 73	Present Youth Consumption Related to Age of Learning that Alcohol can Change Mood	Y QA 4
		Y QA 7
		Y QA 10
Table 74	Reported Experience with Several Drugs, Adults and Youth	Ad QB 5/6
		Ad QC 3/4
		Ad QC 16/17
		Ad QC 26/27
		Ad QC 35
		Ad QA 4
		Ad QA 7
		Ad QA 10
		Ad QA 2
		Y QB 5/6
		Y QC 3/4
		Y QC 16/17
		Y QC 26/27
		Y QC 35
		Y QA 4
		Y QA 7
		Y QA 10
		Y QA 2
Table 75	Marihuana Experience and Current Usage, 1971-1972	Ad QB 7
		Y QB 7
Table 76	Intensity of Marihuana Usage, 1971-1972	Ad QB 7
		Y QB 7



Ad QB 5	Table 77	Characteristics of Adults with Marihuana Experience	Ad QB 7
Ad QB 6	Table 78	Characteristics of Youth with Marihuana Experience	Y QB 7
Ad QB 7			
Y QB 5	Table 79	Speculation on Marihuana Usage if It were Legal and Available	Ad QB 11 Y QB 11
Y QB 6			
Y QB 7	Table 80	Marihuana Used in Combination with Pills or Alcohol	Ad QB 8/9 Y QB 8/9
Ad I 10			
I 5	Table 81	Interest in Trying Several Illegal Drugs	Ad QC 9 Ad QC 22 Ad QC 32 Ad QC 40  Y QC 9 Y QC 22 Y QC 32 Y QC 40
d I 11			
d I 12			
d I 13			
d QA 4			
d QA 7			
d QA 10			
QA 4	Figure 1	Comparison of Beliefs About Marihuana and Heroin	Ad I 86 Ad I 89
QA 7			
QA 10			
QA 4			Y I 40
QA 7			Y I 43
QA 10			
QB 5/6	Figure 2	Age Distributions of Those Ever Having Used Psychotropic Drugs	Ad I 14 Ad I 30 Ad I 47 Ad I 64
QC 3/4			
QC 16/17			
QC 26/27			
QC 35			Y I 9
QA 4			Y I 16
QA 7			Y I 23
QA 10			Y I 30
IA 2			
5/6	Figure 3	Age Distributions of Current Smokers, of Alcoholic Beverage Consumers, and People with Marihuana Experience	Ad QA 1 Ad QA 4 Ad QA 7 Ad QA 10 Ad QB 7
3/4			
16/17			
26/27			
35			
4			Y QA 1
7			Y QA 4
10			Y QA 7
2			Y QA 10
7			Y QB 7
7	Figure 4	Experience with Marihuana Related to Age, 1971/1972	Ad QB 7 Y QB 7
7			
7			

Sample Characteristics Compared With Census Estimates (adult sample)

	<u>Sample</u>	<u>Census*</u>
SEX		
Men	49%	47%
Women	51	53
AGE		
18-25	21%	20%
26-34	19	17
35-49	24	25
50 and older	35	38
Unclassifiable	1	
EDUCATION		
Less than high school graduate	35%	39%
High school graduate	33	37
At least some college	26	24
Current college students	5	
Unclassifiable	1	
RACE.		
White	86%	89%
Other	14	11
MARITAL STATUS		
Married	70	68%
Single	17	17
Widowed	7	8
Divorced/separated	5	7
Unclassifiable	1	
REGION		
Northeast	24%	25%
North Central	29	27
South	30	31
West	18	17

---

\*Source: Population Characteristics: current population reports.  
U. S. Bureau of the Census, 1972.

### Notes on Part 2, Detailed Tabulations

Part 2 consists of three separate volumes:

- 2A Data from adult interview
- 2B Data from youth interview
- 2C Data on experience with these substances for both adults and youth:
  - Cigarettes
  - Alcoholic beverages
  - Marihuana
  - LSD, other hallucinogens
  - Glue, other inhalants
  - Cocaine
  - Heroin

Data for experience with and usage of proprietary and ethical psychotropic drugs are in Part 2A for adults, and Part 2B for youth.

#### Part 2A, adult interview

1. Percentaged data for each question for all adults. Percentaged data for most questions are also shown by the following subgroups:

##### Sex

##### Age

18-21  
22-25  
26-29  
\* \*  
18-25  
26-34  
35-49  
50 and older

##### Education

Less than high school graduate  
High school graduate  
College or more

##### Race

White  
Other

##### \*Marihuana experience

Yes  
No

##### \*Marihuana users

---

\*Further explanation of these subgroups starts in the next section.

## Adults, continued

- \*Alcohol
  - Yes
  - No
- \*Stress reaction
  - Alcohol
  - Pills
- \*Nonmedical use
  - Yes
  - No
- \*Region
  - Northeast
  - North Central
  - South
  - West
- \*Community type
  - Large metropolitan
  - Other metropolitan
  - Nonmetropolitan

## 2. Frequency data

Detailed tabulations show unweighted frequencies for adults (actual numbers of cases) for each subgroup of adults. In the tables, these data are usually the last line of data for a question and are designated as "Unweighted base."

The frequency line at the top of the tables, designated as "All adults" identifies the weighted frequencies. Probability sample data are conventionally weighted (that is, some classes of respondents counted as more or less than their actual numbers in the sample) in order to adjust the sample so that it better reflects the population from which it is drawn. Percentages are tabulated from the weighted data. The frequency entries in each cell of the tables are weighted frequencies.

3. Part 2A, adult interview, also includes regression tables which show the simultaneous contribution of several characteristics as to predicting usage of alcoholic beverages, marihuana, and nonmedical use of pills.

---

\*Further explanation of these subgroups starts in the next section.

Part 2B, youth interview

1. Percentaged data for each question for all of the youth sample. Percentaged data for most questions (those with sufficiently large cell entries) shown by the following subgroups:

SexAge

12-13

14-15

16-17

\*Marihuana experience

Yes

No

\*Alcohol use

Yes

No

\*Nonmedical use

Yes

No

\*Region

Northeast

North Central

South

West

\*Community type

Large metropolitan

Other metropolitan

Nonmetropolitan

2. Frequency data

Unweighted and weighted frequencies for youth displayed the same way as for adults.

(6) Part 2C, experience data, adults and youth

The same table formats are used here as for the adult and youth interviews, respectively.

The substances included are the ones listed at the beginning of this section.

---

\*Further explanation of these subgroups starts in the next section.

### Explanation of Analysis Variables

These are variables which are not self-explanatory. They are the sources of some of the data in the main text, and in the Detailed Tabulations, the separately bound Part 2 of this report.

#### 1. Region of the country (adult sample and youth sample)

States grouped as Northeast (Census classifications of New England and Middle Atlantic)

Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania

States grouped as North Central (Census classifications of East North Central and West North Central)

Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas

States grouped as South (Census classifications of South Atlantic, East South Central, and West South Central)

Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, Texas

States grouped as West (Census classifications of Mountain and Pacific)

Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California

2. Community type (adult sample and youth sample)

Large metro area includes the top 25 Standard Metropolitan Statistical Areas (SMSA):

New York	Newark
Los Angeles	Minneapolis-St. Paul
Chicago	Dallas
Philadelphia	Anaheim-Garden Grove-
Detroit	Santa Ana
San Francisco	Seattle
Washington	Milwaukee
Boston	Cincinnati
Pittsburgh	Atlanta
St. Louis	Paterson-Clifton-
Baltimore	Passaic
Cleveland	Buffalo
Houston	San Diego
	Miami

3. Experience with marihuana (adult sample and youth sample)

"Yes" group includes persons who report having tried marihuana or who use marihuana on a regular basis.

Source for adults and youth:

Q. B5 self-administered: "If you did have the chance to try marihuana at that time, did you try it?"

or

Q. B6 self-administered: "If you did not try marihuana at that time, when was the first time that you tried marihuana? About how old were you?"

and/or

Q. B7 self-administered: "On the average, about how often do you use marihuana at the present time?"

4. Marihuana users (adult sample only; youth sample too small for reliable data)

Q. B7 self-administered: "On the average, about how often do you use marihuana at the present time?"

About once a month or less

About two or three times a month

About once a week

A few times a week

About once a day

More than once a day

5. Alcohol (adult sample and youth sample)

"Yes" group includes people who have consumed an alcoholic beverage in the past seven days.

Source for adults and youth:

Q. A4 self-administered: "During the past seven days, did you drink any beer?"

and/or

Q. A7 self-administered: "During the past seven days, did you drink any wine?"

and/or

Q. A10 self-administered: "During the past seven days, did you drink any hard liquor like cocktails or highballs, or on the rocks, or straight shots?"

6. Stress reaction (adult sample only)

"Alcohol" group includes people who report either doing "a lot" or doing "sometimes:"

Q. 5d adult interview: "Try to feel better by drinking cocktails or highballs or other alcoholic beverages."

"Pills" includes those who report either doing "a lot" or doing "sometimes:"

Q. 5e adult interview: "Take a pill to help calm you down or cheer you up."



## 7. Nonmedical use

"Yes" group includes those who say "yes" to one or more of the statements on Q. 39 or Q. 56 or Q. 73 (adults) and Q. 19 or Q. 26 or Q. 33 (youth) -- a total of 15 statements.

<u>Adults</u>	<u>Youth</u>	
Q. 39	Q. 19	-- refers to ethical sedatives
Q. 56	Q. 26	-- refers to ethical tranquilizers
Q. 73	Q. 33	-- refers to ethical stimulants

- a. "Have you ever taken these pills to help you get along with your family or other people?"
- b. "Have you ever taken any of these pills to help you get ready for some big event, or to help you accomplish something?"
- c. "Did you ever take one of these kinds of pills just to see what it was like and how it would work?"
- d. "Have you ever taken any of these pills before going out so that you could enjoy yourself more with other people?"
- e. "Did you ever take these kinds of pills just to enjoy the feeling they give you?"

### Copies of Questionnaires

1. Adult interview (white)
2. Youth interview (yellow)
3. One set of self-administered questionnaires which are the same for adults and for youth:
  - A. Cigarettes and alcoholic beverages
  - B. Marihuana
  - C. Heroin, Cocaine, LSD, Glue

Cards A, B, C, D used for both adults and youth.

Card A Listing of proprietary drugs

Card B Pictures and names of ethical sedatives

Card C Pictures and names of ethical tranquilizers

Card D Pictures and names of ethical stimulants

Card G for adults is included because it is not self-evident from the questionnaire text.

LOCATION #: \_\_\_\_\_

RAC 3620

HOUSING UNIT #: \_\_\_\_\_

C1  
5-11

TIME BEGAN: \_\_\_\_\_

SOCIAL ISSUES

Hello, I'm \_\_\_\_\_ and I'm working on a study for Response Analysis Corporation of Princeton, New Jersey. We are asking people for their opinions on a number of issues which are being talked about in the country these days. For example:

1. Thinking for a moment of the problems that face this country today, which two or three problems do you think are most serious and need attention? (IF "YOUTH" MENTIONED, PROBE: What is it about youth that you are thinking of?)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

12-13

2. How about the problems that need the most attention here, in and around the community where you live? What are two or three problems around here that need the most attention? (IF "YOUTH" MENTIONED, PROBE: What is it about youth that you are thinking of?)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

14-15

IF RESPONDENT HAS MENTIONED "DRUGS" ON Q. 1 OR Q. 2 ABOVE, ASK:

3. When you mentioned drugs as a problem just now, what did you have in mind? What is the drug problem, as you see it? (PROBE TO GET AT: KIND OF PERSON OR GROUP AND THE BEHAVIOR OR SITUATION THAT MAKES IT A PROBLEM.)

\_\_\_\_\_

16-17

These next few questions are about you rather than about the country or the community.

4. There are times when nearly all of us feel out of sorts. Not really sick, but nervous, or depressed, or under stress. Have you ever had this kind of feeling? C1  
18
- 1 YES, OR THINK SO  
 2 NO  
 3 NOT SURE; NO OPINION

IF "YES, OR THINK SO" ON Q. 4, ASK:

5. I'm going to read you some things that people do when they feel that way -- nervous, or depressed, or under stress. Please tell me if it is something that you do a lot, do sometimes, or never do when you feel that way. For example. (READ EACH ITEM AND RECORD.)

	DO A LOT	SOME- TIMES	NEVER	NO OPINION	
a. Be good to yourself by putting off some work you are supposed to do.	1	2	3	4	19
b. Be good to yourself by buying something.	1	2	3	4	
c. Have something to eat, like ice cream, or whatever is a real treat.	1	2	3	4	
d. Try to feel better by drinking cocktails or highballs or other alcoholic beverages.	1	2	3	4	
e. Take a pill to help calm you down or cheer you up.	1	2	3	4	
f. Just try to forget what is bothering you until it goes away.	1	2	3	4	
g. Face up to what is wrong and do something about it.	1	2	3	4	25

LAY OUT SORTING BOARD, SHUFFLE AND HAND RESPONDENT DECK OF CARDS.

6. Read each of the cards to see what is on it. Then place the card in one of the boxes on this board to show how much you feel you know about it. If you never heard of it, put it here (POINT). If you know a lot about it, put it here (POINT). Use the in-between box when it fits.

	<u>NEVER HEARD OF</u>	<u>KNOW A LITTLE</u>	<u>KNOW A LOT</u>	<u>NOT SURE</u>	<u>C1</u>
1. Alcohol	1	2	3	4	26
2. Aspirin	1	2	3	4	
3. Heroin	1	2	3	4	
4. LSD	1	2	3	4	
5. Barbiturates	1	2	3	4	30
6. Marihuana	1	2	3	4	
7. Cigarettes	1	2	3	4	
8. Glue	1	2	3	4	
9. Cocaine	1	2	3	4	
10. Amphetamines	1	2	3	4	35

RECORD EACH PILE ABOVE. AFTER YOU HAVE PICKED UP ALL THE SMALL CARDS, LEAVE THE SORTING BOARD IN FRONT OF RESPONDENT AND HAND RESPONDENT CARD A.

7. Look at the names on this card. Have you heard of at least one of them from experience or advertising or anything?

IF "NO," CIRCLE THE NUMBER BELOW FOR "NEVER HEARD OF."

IF "YES" ASK: Think of one -- the one you are most familiar with -- and tell me which box on the sorting board comes closest to how well you feel you know it.

TAKE BACK CARD A AND HAND RESPONDENT CARD B.

REPEAT THESE QUESTIONS FOR EACH OF THE FOUR DRUG CARDS IN TURN.

	<u>NEVER HEARD OF</u>	<u>KNOW A LITTLE</u>	<u>KNOW A LOT</u>	<u>NOT SURE</u>	
Card A	1	2	3	4	36
Card B	1	2	3	4	
Card C	1	2	3	4	
Card D	1	2	3	4	39

TAKE BACK ALL OF THE DRUG CARDS AND SORTING BOARD.

HAND RESPONDENT CARD E

8. You may think of some of these as drugs, and others as not being drugs. Read over the list, and tell me which ones you think of as drugs. Just tell me the numbers. (CIRCLE EACH ITEM WHICH RESPONDENT THINKS OF AS A DRUG.)

1 HEROIN	5 BARBITURATES
2 ALCOHOL	6 AMPHETAMINES
3 MARIHUANA	7 COCAINE
4 TOBACCO	8 NO OPINION

40

9. Now, use the card one more time. Tell me which things you think are addictive, that is, anybody who uses it regularly becomes physically and psychologically dependent on it and can't get along without it. (CIRCLE NUMBERS FOR AS MANY AS APPLY.)

1 HEROIN	5 BARBITURATES
2 ALCOHOL	6 AMPHETAMINES
3 MARIHUANA	7 COCAINE
4 TOBACCO	8 NO OPINION

41

TAKE BACK CARD E; HAND RESPONDENT QUESTIONNAIRE "A," LARGE RETURN ENVELOPE, AND PEN.

TELL RESPONDENT: Please answer the questions on both sides of this sheet, and then tell me when you are done. To answer the questions just draw a circle around the number next to the answer that fits best. It shows you how at the top of the questionnaire. I have my own copy of the questions in case you want to ask me about any of them.

INTERVIEWER:

RESPONDENT SHOULD FEEL THAT HE OR SHE HAS PRIVACY, THAT YOU ARE NOT WATCHING EVERY MOVE OF THE PEN TO FIGURE OUT HOW HE IS ANSWERING. BUT YOU CAN TELL FROM GLANCING AT RESPONDENT OCCASIONALLY IF HE SEEMS TO BE ANSWERING QUESTIONS ONE AT A TIME, AND IF HE TURNS THE PAGE OVER TO DO BOTH SIDES.

WHILE YOU ARE WAITING FOR RESPONDENT, DID YOU PUT LOCATION NUMBER AND HOUSING UNIT NUMBER ON THE FIRST PAGE? PLEASE DO IT NOW.

WHEN RESPONDENT IS FINISHED, SAY: I don't want to see your answers. They are private. But let me ask you about filling out the questionnaire.

First, did you answer the questions on both sides of the sheet? (IF NOT, WAIT WHILE RESPONDENT DOES IT.)

Second, did you answer every question that applies to you? (WAIT WHILE RESPONDENT CHECKS.)

Third, just to check, how did you show your answers? Did you circle the numbers, or what? (IF DID SOMETHING ELSE LIKE CHECK MARKS, WAIT WHILE RESPONDENT GOES BACK AND CIRCLES NUMBERS EVEN IF THERE IS A CHECK MARK THERE.)

ASK RESPONDENT: Is there anything about filling out the questionnaire that you want to ask me about?

WHEN YOU ARE SATISFIED THAT THE WORK WAS DONE RIGHT, SAY: Please put the questionnaire in the large envelope.

AFTER RESPONDENT HAS PUT QUESTIONNAIRE IN THE ENVELOPE, GO AHEAD WITH THE INTERVIEW.

C1

10. When you were growing up, did members of your household drink beer or wine or liquor? 1 YES 2 NO 3 DON'T REMEMBER 42

11. About how old were you when you had your first drink of beer, or wine, or liquor? 1 5 OR YOUNGER 5 21 OR OLDER 2 6 - 10 6 NEVER 3 11 - 15 7 DON'T REMEMBER 4 16 - 20 43

12. About how old were you when you first found out for yourself that alcohol can change your mood or the way you feel? 1 5 OR YOUNGER 5 21 OR OLDER 2 6 - 10 6 NEVER 3 11 - 15 7 DON'T REMEMBER 4 16 - 20 44

13. When did you first begin to drink socially, with friends? 1 5 OR YOUNGER 5 21 OR OLDER 2 6 - 10 6 NEVER 3 11 - 15 7 DON'T REMEMBER 4 16 - 20 45

#### HAND RESPONDENT CARD A

14. Please look over the pill names on this card. (PAUSE) About how long ago did you have any of these pills for the first time or other pills like these that you can buy without a prescription? About how many months or years ago? 1 FIVE OR MORE YEARS AGO 2 TWO, THREE, OR FOUR YEARS AGO 3 WITHIN THE LAST YEAR OR SO 4 DON'T REMEMBER 5 NEVER HAD → SKIP TO Q. 28 46

15. The first time you tried any of these pills, how did you happen to get it? From a friend or someone at work, or from someone else in the family, or at a social gathering, or in a drugstore, or what?

- 1 FRIEND, NEIGHBOR, SOMEONE AT WORK  
2 SOMEONE IN FAMILY  
3 SOCIAL GATHERING  
4 BOUGHT IN STORE  
5 DOCTOR PRESCRIBED OR TOLD TO BUY  
6 DOCTOR GAVE ME SOME TO TRY  
7 OTHER WAY  
8 DON'T REMEMBER 47

16. Please just give me the number of each of the things on the card that you have taken one or more times within the past year or so.

	<u>Q. 16</u>	<u>Q. 18</u>	<u>C1</u>
COMPOZ	1	1	
COPE	2	2	
NYTOL	3	3	48-
NERVINE	4	4	49
SOMINEX	5	5	
SLEEP-EZE	6	6	
NO DOZ	7	7	
VIVARIN	8	8	
NO NOD	9	9	
CAFFEINE TABLETS	0	0	
NOT SURE	X	X	
NONE OF THEM	Y		

IF MORE THAN ONE KIND OF PILL CIRCLED ON Q. 16, BE SURE TO ASK Q. 18.

IF "NONE OF THEM" ON Q. 16, ASK:

17. Have you tried or used any pills within the past year or so that are not on the card, but which are the same kind, and that you can buy without a prescription?

1 YES → GO TO Q. 19  
2 NO → SKIP TO Q. 28

IF MORE THAN ONE KIND OF PILL CIRCLED ON Q. 16, ASK:

18. Which one of these have you used the most of? (IF DOESN'T KNOW, ASK ABOUT THE ONE USED MOST RECENTLY.)

#### HAND RESPONDENT CARD F

19. Which thing on the card best describes how you take this kind of pill? (IF MORE THAN ONE KIND OF PILL, ASK ABOUT THE ONE USED MOST, OR MOST RECENTLY.)

- 1 I USE IT REGULARLY  
2 I USE IT WHENEVER I WANT TO } → GO ON TO Q. 20  
3 I USED IT FOR A WHILE, BUT NOT ANYMORE  
4 I HAVE TAKEN IT A FEW TIMES ALL TOGETHER } → SKIP TO Q. 23  
5 I HAVE TAKEN IT ONCE  
6 DON'T REMEMBER

#### TAKE BACK CARD F



IF RESPONDENT SAYS "USE WHENEVER I WANT TO" OR "USE REGULARLY" ON Q. 19, ASK:

20. Have you taken these pills within the last six months or so? C1
- |            |                 |
|------------|-----------------|
| 1 YES      | → SKIP TO Q. 23 |
| 2 NO       |                 |
| 3 NOT SURE |                 |
- 52
21. Do you take about the same number of pills each day or week or month, or do you take them in spurts? 53
- |   |
|---|
| 1 ABOUT SAME NUMBER EACH DAY OR WEEK OR MONTH |
| 2 SPURTS                                      |
| 3 BOTH OF THE ABOVE                           |
| 4 NOT SURE                                    |
22. About how often have you used these pills within the last six months or so? (IF "WHEN I NEED THEM," REPEAT QUESTION.) 54
- |  |
|--|
| 1 MORE THAN ONCE A WEEK                                    |
| 2 ABOUT ONCE A WEEK  |
| 3 ONE, TWO OR THREE TIMES A MONTH                          |
| 4 LESS THAN ONCE A MONTH, BUT MORE THAN ONCE IN SIX MONTHS |
| 5 HAS NOT USED IN PAST SIX MONTHS                          |
| 6 NOT SURE   |

- |  | <u>YES</u> | <u>NO</u> | <u>NOT SURE</u> |    |
|--|------------|-----------|-----------------|----|
| 23a. Have you ever taken these pills to help you get along with your family or other people?   | 1          | 2         | 3               | 55 |
| b. Have you ever taken any of these pills to help you get ready for some big event, or to help you accomplish something?                                       | 1          | 2         | 3               |    |
| c. Did you ever take one of these kinds of pills just to see what it was like and how it would work?   | 1          | 2         | 3               |    |
| d. Have you ever taken any of these pills before going out so that you could enjoy yourself more with other people?  | 1          | 2         | 3               |    |
| e. Did you ever take these kinds of pills just to enjoy the feeling they give you?   | 1          | 2         | 3               | 59 |
| 24. Did you ever take one of these kinds of pills and around the same time take something else like another pill, or alcohol -- such as beer, wine, or liquor? | 1 YES      | 2 NO      | 3 NOT SURE      | 60 |

IF "YES" ON Q. 24, ASK:

25. What kind of pill was it, or was it alcohol? (CIRCLE AS MANY AS APPLY.) 61-62
- |                                 |
|---------------------------------|
| 1 PILL: _____<br>(specify kind) |
| 2 ALCOHOL                       |
| 3 NOT SURE                      |
26. How often do you use these together -- nearly every time you take these kinds of pills, about half the time, or less than half the time? 63
- |                           |
|---------------------------|
| 1 NEARLY EVERY TIME       |
| 2 ABOUT HALF THE TIME     |
| 3 LESS THAN HALF THE TIME |
| 4 NOT SURE                |

27. Thinking of all the uses for taking these kinds of pills, about how well do they usually do what you want them to do: usually very well, or fairly well, or not too well, or poorly?
- |                |           |
|----------------|-----------|
| 1 VERY WELL    |           |
| 2 FAIRLY WELL  |           |
| 3 NOT TOO WELL | <u>C1</u> |
| 4 POORLY       |           |
| 5 OTHER ANSWER | 64        |
| 6 NO OPINION   |           |

ASK EVERYONE

28. In general, do you think that these kinds of pills that you can buy on your own are safer or not as safe to use as the ones which a doctor prescribes for the same purposes?
- |                  |    |
|------------------|----|
| 1 SAFER          |    |
| 2 NOT AS SAFE    |    |
| 3 ABOUT THE SAME | 65 |
| 4 OTHER ANSWER   |    |
| 5 NO OPINION     |    |

29. What do you think could be the main dangers in pills of this kind?  
(INTERVIEWER: DO NOT READ ANSWER CATEGORIES. USE THEM IF THE IDEA FITS, OR WRITE IN WHAT THE RESPONDENT SAYS.)

- |   |    |
|---|----|
| 1 OVERDOSE POSSIBLE, OR WRONG DOSE, COULD MAKE YOU SICK, KILL YOU |    |
| 2 HABIT FORMING, COULD BECOME ADDICT, MAKE YOU DEPENDENT ON THEM  |    |
| 3 SHOULD ONLY TAKE WHAT DOCTOR PRESCRIBES                         |    |
| 4 HAVE NO FAITH IN PILLS (OR IN PILLS LIKE THESE)                 | 66 |
| 5 THEY DO NOT WORK WELL; DO NOT DO ENOUGH                         |    |
| 6 OTHER: _____  |    |

7 NO OPINION

TAKE BACK CARD A; HAND RESPONDENT CARD B

30. Please look over the things on this card and read what it says about them at the top. (PAUSE) About how long ago did you have any of these pills for the first time or other pills like them? About how many months or years ago?
- |                                 |    |
|---------------------------------|----|
| 1 FIVE OR MORE YEARS AGO        |    |
| 2 TWO, THREE, OR FOUR YEARS AGO | 67 |
| 3 WITHIN THE LAST YEAR OR SO    |    |
| 4 DON'T REMEMBER                |    |
| 5 NEVER HAD → SKIP TO Q. 44a    |    |

31. The first time you tried any of these pills, how did you happen to get it? From a friend or someone at work, or from someone else in the family, or at a social gathering, or a drugstore, or what?

- |                                     |                                    |    |
|-------------------------------------|------------------------------------|----|
| 1 FRIEND, NEIGHBOR, SOMEONE AT WORK | 5 DOCTOR PRESCRIBED OR TOLD TO BUY |    |
| 2 SOMEONE IN FAMILY                 | 6 DOCTOR GAVE ME SOME TO TRY       |    |
| 3 SOCIAL GATHERING                  | 7 OTHER WAY                        | 68 |
| 4 BOUGHT IN STORE                   | 8 DON'T REMEMBER                   |    |

32. Please just give me the number of each of the things on the card that you have taken one or more times within the past year or so. When two kinds of pills have the same number, like number three on the card, the three stands for either kind.

C1

	Q. 32	Q. 34
NEMBUTAL	1	1
SECONAL	2	2
BUTISOL OR BUTICAPS }	3	3
DORIDEN	4	4
TUINAL	5	5
NOLUDAR	6	6
CARBRITAL	7	7
PHENOBARBITAL	8	8
NOT SURE	9	9
NONE OF THEM	0	

69-  
70

IF MORE THAN ONE  
KIND OF PILL CIR-  
CLED ON Q. 32, BE  
SURE TO ASK Q. 34.

IF "NONE OF THEM" ON Q. 32, ASK:

33. Have you tried or used any pills within the past year or so that are not on the card, but which are the same kind?

- 1 YES → GO TO Q. 35  
2 NO → SKIP TO Q. 45

71

IF MORE THAN ONE KIND OF PILL CIRCLED ON Q. 32, ASK:

34. Which one of these have you used the most of?  
(IF DOESN'T KNOW, ASK ABOUT THE ONE USED MOST RECENTLY.)

HAND RESPONDENT CARD F

35. Which thing on the card best describes how you take this kind of pill? (IF MORE THAN ONE KIND OF PILL, ASK ABOUT THE ONE USED MOST, OR MOST RECENTLY.)

- 1 I USE IT REGULARLY  
2 I USE IT WHENEVER I WANT TO } → GO ON TO Q. 36 72  
3 I USED IT FOR A WHILE, BUT NOT ANYMORE  
4 I HAVE TAKEN IT A FEW TIMES ALL TOGETHER } → SKIP TO Q. 39  
5 I HAVE TAKEN IT ONCE  
6 DON'T REMEMBER

TAKE BACK CARD F

IF RESPONDENT SAYS "USE WHENEVER I WANT TO" OR "USE REGULARLY" ON Q. 35, ASK:

36. Have you taken these pills within the last six months or so? 1 YES C2  
2 NO → SKIP TO Q. 39 5  
3 NOT SURE
37. Do you take about the same number of pills each day or week or month, or do you take them in spurts? 1 ABOUT SAME NUMBER EACH DAY OR WEEK OR MONTH 6  
2 SPURTS  
3 BOTH OF THE ABOVE  
4 NOT SURE
38. About how often have you used these pills within the last six months or so? (IF "WHEN I NEED THEM," REPEAT QUESTION.) 1 MORE THAN ONCE A WEEK 7  
2 ABOUT ONCE A WEEK  
3 ONE, TWO OR THREE TIMES A MONTH  
4 LESS THAN ONCE A MONTH, BUT MORE THAN ONCE IN SIX MONTHS  
5 HAS NOT USED IN PAST SIX MONTHS  
6 NOT SURE

- |  | <u>YES</u> | <u>NO</u> | <u>NOT SURE</u> |           |
|--|------------|-----------|-----------------|-----------|
| 39a. Have you ever taken these pills to help you get along with your family or other people?                             | 1          | 2         | 3               | <u>8</u>  |
| b. Have you ever taken any of these pills to help you get ready for some big event, or to help you accomplish something? | 1          | 2         | 3               |           |
| c. Did you ever take one of these kinds of pills just to see what it was like and how it would work?                     | 1          | 2         | 3               |           |
| d. Have you ever taken any of these pills before going out so that you could enjoy yourself more with other people?      | 1          | 2         | 3               |           |
| e. Did you ever take these kinds of pills just to enjoy the feeling they give you?                                       | 1          | 2         | 3               | <u>12</u> |

40. Did you ever take one of these kinds of pills and around the same time take something else like another pill, or alcohol -- such as beer, wine, or liquor? 1 YES 13  
2 NO  
3 NOT SURE

IF "YES" ON Q. 40, ASK:

41. What kind of pill was it, or was it alcohol? (CIRCLE AS MANY AS APPLY.) 1 PILL: \_\_\_\_\_ (specify kind) 14-  
2 ALCOHOL 15  
3 NOT SURE
42. How often do you use these together -- nearly every time you take these kinds of pills, about half the time, or less than half the time? 1 NEARLY EVERY TIME 16  
2 ABOUT HALF THE TIME  
3 LESS THAN HALF THE TIME  
4 NOT SURE

43. Thinking of all the uses for taking these kinds of pills, about how well do they usually do what you want them to do: usually very well, or fairly well, or not too well, or poorly?

- 1 VERY WELL
- 2 FAIRLY WELL
- 3 NOT TOO WELL
- 4 POORLY
- 5 OTHER ANSWER
- 6 NO OPINION

SKIP TO  
Q. 46

C2  
17

FOR NONUSERS ON Q. 30, ASK 44a. FOR NONUSERS ON Q. 33, ASK 45.

44a. Have you ever considered using these pills on the card but just not done it?

1 YES

18

2 NO → SKIP TO Q. 46

44b. Why didn't you try them at that time?

--	--

19-  
20

45. How is it that you have not used these pills lately, within the past year?

ASK EVERYONE

--	--

21-  
22

46. What do you think could be the main dangers in pills of this kind?  
(INTERVIEWER: DO NOT READ ANSWER CATEGORIES. USE THEM IF THE IDEA FITS, OR WRITE IN WHAT THE RESPONDENT SAYS.)

- 1 OVERDOSE POSSIBLE, OR WRONG DOSE, COULD MAKE YOU SICK, KILL YOU
- 2 HABIT FORMING, COULD BECOME ADDICT, MAKE YOU DEPENDENT ON THEM
- 3 SHOULD ONLY TAKE WHAT DOCTOR PRESCRIBES
- 4 HAVE NO FAITH IN PILLS (OR IN PILLS LIKE THESE)
- 5 THEY DO NOT WORK WELL; DO NOT DO ENOUGH
- 6 OTHER: \_\_\_\_\_

23

7 NO OPINION

TAKE BACK CARD B; HAND RESPONDENT CARD C

47. Please look over the things on this card and read what it says about them at the top.  
(PAUSE) About how long ago did you have any of these pills for the first time or other pills like them? About how many months or years ago?

- 1 FIVE OR MORE YEARS AGO
- 2 TWO, THREE, OR FOUR YEARS AGO
- 3 WITHIN THE LAST YEAR OR SO
- 4 DON'T REMEMBER
- 5 NEVER HAD → SKIP TO Q. 61a

24

48. The first time you tried any of these pills, how did you happen to get it?  
From a friend or someone at work, or from someone else in the family, or at a social gathering, or a drugstore, or what?

C2

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| 1 FRIEND, NEIGHBOR, SOMEONE AT WORK | 5 DOCTOR PRESCRIBED OR TOLD TO BUY |
| 2 SOMEONE IN FAMILY                 | 6 DOCTOR GAVE ME SOME TO TRY       |
| 3 SOCIAL GATHERING                  | 7 OTHER WAY                        |
| 4 BOUGHT IN STORE                   | 8 DON'T REMEMBER                   |

25

49. Please just give me the number of each of the things on the card that you have taken one or more times within the past year or so. When two or three kinds of pills have the same number, like on this card, the number stands for all the pills that are grouped together.

	<u>Q. 49</u>	<u>Q. 51</u>
MILTOWN, OR MEPRO- SPAN OR MEPROTABS }	1	1
LIBRIUM OR LIBRITABS	2	2
EQUANIL	3	3
VALIUM	4	4
SERAX	5	5
ATARAX	6	6
VISTARIL	7	7
NOT SURE	8	8
NONE OF THEM	9	

IF MORE THAN ONE KIND OF PILL CIRCLED ON Q. 49, BE SURE TO ASK Q. 51.

IF "NONE OF THEM" ON Q. 49, ASK:

50. Have you tried or used any pills within the past year or so that are not on the card, but which are the same kind?

1 YES → GO TO Q. 52

2 NO → SKIP TO Q. 62

IF MORE THAN ONE KIND OF PILL CIRCLED ON Q. 49, ASK:

51. Which one of these have you used the most of? (IF DOESN'T KNOW, ASK ABOUT THE ONE USED MOST RECENTLY.)

26-  
27

28

HAND RESPONDENT CARD F

52. Which thing on the card best describes how you take this kind of pill? (IF MORE THAN ONE KIND OF PILL, ASK ABOUT THE ONE USED MOST, OR MOST RECENTLY.) C2
- |  |  |   |                |
|--|--|---|----------------|
| 1 I USE IT REGULARLY                       |  |   |                |
| 2 I USE IT WHENEVER I WANT TO              |  | } | GO ON TO Q. 53 |
| 3 I USED IT FOR A WHILE, BUT NOT ANYMORE   |  |   |                |
| 4 I HAVE TAKEN IT A FEW TIMES ALL TOGETHER |  |   |                |
| 5 I HAVE TAKEN IT ONCE                     |  |   |                |
| 6 DON'T REMEMBER                           |  | } | SKIP TO Q. 56  |

TAKE BACK CARD F

IF RESPONDENT SAYS "USE WHENEVER I WANT TO" OR "USE REGULARLY" ON Q. 52, ASK:

- |  |            |   |               |
|--|------------|---|---------------|
| 53. Have you taken these pills within the last six months or so? | 1 YES      |   |               |
|  | 2 NO       | } | SKIP TO Q. 56 |
|  | 3 NOT SURE |   |               |
- 30
- 
- |  |   |  |    |
|--|---|--|----|
| 54. Do you take about the same number of pills each day or week or month, or do you take them in spurts? | 1 ABOUT SAME NUMBER EACH DAY OR WEEK OR MONTH |  |    |
|  | 2 SPURTS                                      |  | 31 |
|  | 3 BOTH OF THE ABOVE                           |  |    |
|  | 4 NOT SURE                                    |  |    |
- 
- |   |  |  |    |
|---|--|--|----|
| 55. About how often have you used these pills within the last six months or so? (IF "WHEN I NEED THEM," REPEAT QUESTION.) | 1 MORE THAN ONCE A WEEK                                    |  |    |
|   | 2 ABOUT ONCE A WEEK  |  | 32 |
|   | 3 ONE, TWO OR THREE TIMES A MONTH                          |  |    |
|   | 4 LESS THAN ONCE A MONTH, BUT MORE THAN ONCE IN SIX MONTHS |  |    |
|   | 5 HAS NOT USED IN PAST SIX MONTHS                          |  |    |
|   | 6 NOT SURE   |  |    |

- |  | YES | NO | NOT SURE |    |
|--|-----|----|----------|----|
| 56a. Have you ever taken these pills to help you get along with your family or other people?                             | 1   | 2  | 3        | 33 |
| b. Have you ever taken any of these pills to help you get ready for some big event, or to help you accomplish something? | 1   | 2  | 3        |    |
| c. Did you ever take one of these kinds of pills just to see what it was like and how it would work?                     | 1   | 2  | 3        |    |
| d. Have you ever taken any of these pills before going out so that you could enjoy yourself more with other people?      | 1   | 2  | 3        |    |
| e. Did you ever take these kinds of pills just to enjoy the feeling they give you?                                       | 1   | 2  | 3        | 37 |

57. Did you ever take one of these kinds of pills and around the same time take something else like another pill, or alcohol -- such as beer, wine, or liquor?

1 YES  
2 NO  
3 NOT SURE

38

IF "YES" ON Q. 57, ASK:

58. What kind of pill was it, or was it alcohol? (CIRCLE AS MANY AS APPLY.)

1 PILL: \_\_\_\_\_  
(specify kind)  
2 ALCOHOL  
3 NOT SURE

39-  
40

59. How often do you use these together -- nearly every time you take these kinds of pills, about half the time, or less than half the time?

1 NEARLY EVERY TIME  
2 ABOUT HALF THE TIME  
3 LESS THAN HALF THE TIME  
4 NOT SURE

41

60. Thinking of all the uses for taking these kinds of pills, about how well do they usually do what you want them to do: usually very well, or fairly well, or not too well, or poorly?

1 VERY WELL  
2 FAIRLY WELL  
3 NOT TOO WELL  
4 POORLY  
5 OTHER ANSWER  
6 NO OPINION

SKIP TO  
Q. 63

42

FOR NONUSERS ON Q. 47, ASK 61a. FOR NONUSERS ON Q. 50, ASK 62.

- 61a. Have you ever considered using these pills on the card but just not done it?

1 YES  
2 NO

SKIP TO Q. 63

43

- 61b. Why didn't you try them at that time?

--	--

44-  
45

62. How is it that you have not used these pills lately, within the past year?

--	--

46-  
47



ASK EVERYONE

63. What do you think could be the main dangers in pills of this kind? (INTERVIEWER: DO NOT READ ANSWER CATEGORIES. USE THEM IF THE IDEA FITS, OR WRITE IN WHAT THE RESPONDENT SAYS.)

C2

- 1 OVERDOSE POSSIBLE, OR WRONG DOSE, COULD MAKE YOU SICK, KILL YOU
- 2 HABIT FORMING, COULD BECOME ADDICT, MAKE YOU DEPENDENT ON THEM
- 3 SHOULD ONLY TAKE WHAT DOCTOR PRESCRIBES
- 4 HAVE NO FAITH IN PILLS (OR IN PILLS LIKE THESE)
- 5 THEY DO NOT WORK WELL; DO NOT DO ENOUGH
- 6 OTHER: \_\_\_\_\_
- 7 NO OPINION

48

TAKE BACK CARD C; HAND RESPONDENT CARD D

64. Please look over the things on this card and read what it says about them at the top. (PAUSE) About how long ago did you have any of these pills for the first time or other pills like them? About how many months or years ago?

- 1 FIVE OR MORE YEARS AGO
- 2 TWO, THREE, OR FOUR YEARS AGO
- 3 WITHIN THE LAST YEAR OR SO
- 4 DON'T REMEMBER
- 5 NEVER HAD—→ SKIP TO Q. 78a

49

65. The first time you tried any of these pills, how did you happen to get it? From a friend or someone at work, or from someone else in the family, or at a social gathering, or a drugstore, or what?

- 1 FRIEND, NEIGHBOR, SOMEONE AT WORK
- 2 SOMEONE IN FAMILY
- 3 SOCIAL GATHERING
- 4 BOUGHT IN STORE
- 5 DOCTOR PRESCRIBED OR TOLD TO BUY
- 6 DOCTOR GAVE ME SOME TO TRY
- 7 OTHER WAY
- 8 DON'T REMEMBER

50

66. Please just give me the number of each of the things on the card that you have taken one or more times within the past year or so. When two kinds of pills have the same number, like number two on the card, the two stands for either kind.

	<u>Q. 66</u>	<u>Q. 68</u>	<u>C2</u>
DEXAMYL	1	1	
TENUATE OR TENAPIL	2	2	
ESKATROL	3	3	
BAMADEx	4	4	
AMBAR	5	5	51-52
PRE-SATE	6	6	
RITALIN	7	7	
NOT SURE	8	8	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           NONE OF THEM 9         </div>			

IF MORE THAN ONE KIND OF PILL CIRCLED ON Q. 66, BE SURE TO ASK Q. 68.

IF "NONE OF THEM" ON Q. 66, ASK:

67. Have you tried or used any pills within the past year or so that are not on the card, but which are the same kind?

1 YES → GO TO Q. 69

2 NO → SKIP TO Q. 79

IF MORE THAN ONE KIND OF PILL CIRCLED ON Q. 66, ASK:

68. Which one of these have you used the most of? (IF DOESN'T KNOW, ASK ABOUT THE ONE USED MOST RECENTLY.)

#### HAND RESPONDENT CARD F

69. Which thing on the card best describes how you take this kind of pill? (IF MORE THAN ONE KIND OF PILL, ASK ABOUT THE ONE USED MOST, OR MOST RECENTLY.)

- 1 I USE IT REGULARLY
- 2 I USE IT WHENEVER I WANT TO
- 3 I USED IT FOR A WHILE, BUT NOT ANYMORE
- 4 I HAVE TAKEN IT A FEW TIMES ALL TOGETHER
- 5 I HAVE TAKEN IT ONCE
- 6 DON'T REMEMBER
- } → GO ON TO Q. 70
- } → SKIP TO Q. 73

#### TAKE BACK CARD F

IF RESPONDENT SAYS "USE WHENEVER I WANT TO" OR "USE REGULARLY" ON Q. 69, ASK:

70. Have you taken these pills within the last six months or so? C2
- |            |                 |
|------------|-----------------|
| 1 YES      | → SKIP TO Q. 73 |
| 2 NO       |                 |
| 3 NOT SURE |                 |
- 55
71. Do you take about the same number of pills each day or week or month, or do you take them in spurts? 56
- |   |    |
|---|----|
| 1 ABOUT SAME NUMBER EACH DAY OR WEEK OR MONTH | 56 |
| 2 SPURTS                                      |    |
| 3 BOTH OF THE ABOVE                           |    |
| 4 NOT SURE                                    |    |
72. About how often have you used these pills within the past six months? (IF "WHEN I NEED THEM," REPEAT QUESTION.) 57
- |  |    |
|--|----|
| 1 MORE THAN ONCE A WEEK                                    | 57 |
| 2 ABOUT ONCE A WEEK  |    |
| 3 ONE, TWO OR THREE TIMES A MONTH                          |    |
| 4 LESS THAN ONCE A MONTH, BUT MORE THAN ONCE IN SIX MONTHS |    |
| 5 HAS NOT USED IN PAST SIX MONTHS                          |    |
| 6 NOT SURE; NO ANSWER                                      |    |

- |  | <u>YES</u> | <u>NO</u> | <u>NOT SURE</u> |    |
|--|------------|-----------|-----------------|----|
| 73a. Have you ever taken these pills to help you get along with your family or other people?                             | 1          | 2         | 3               | 58 |
| b. Have you ever taken any of these pills to help you get ready for some big event, or to help you accomplish something? | 1          | 2         | 3               |    |
| c. Did you ever take one of these kinds of pills just to see what it was like and how it would work?                     | 1          | 2         | 3               |    |
| d. Have you ever taken any of these pills before going out so that you could enjoy yourself more with other people?      | 1          | 2         | 3               |    |
| e. Did you ever take these kinds of pills just to enjoy the feeling they give you?                                       | 1          | 2         | 3               | 62 |
74. Did you ever take one of these kinds of pills and around the same time take something else like another pill, or alcohol -- such as beer, wine, or liquor? 63
- |            |
|------------|
| 1 YES      |
| 2 NO       |
| 3 NOT SURE |

IF "YES" ON Q. 74, ASK:

75. What kind of pill was it, or was it alcohol? (CIRCLE AS MANY AS APPLY.) 64-65
- |                              |       |
|------------------------------|-------|
| 1 PILL: _____ (specify kind) | 64-65 |
| 2 ALCOHOL                    |       |
| 3 NOT SURE                   |       |
76. How often do you use these together -- nearly every time you take these kinds of pills, about half the time, or less than half the time? 66
- |                           |    |
|---------------------------|----|
| 1 NEARLY EVERY TIME       | 66 |
| 2 ABOUT HALF THE TIME     |    |
| 3 LESS THAN HALF THE TIME |    |
| 4 NOT SURE                |    |

77. Thinking of all the uses for taking these kinds of pills, about how well do they usually do what you want them to do: usually very well, or fairly well, or not too well, or poorly?

- 1 VERY WELL
- 2 FAIRLY WELL
- 3 NOT TOO WELL
- 4 POORLY
- 5 OTHER ANSWER
- 6 NO OPINION

SKIP TO  
Q. 80 C2  
67

FOR NONUSERS ON Q. 64, ASK 78a. FOR NONUSERS ON Q. 67, ASK 79.

78a. Have you ever considered using these pills on the card but just not done it?

1 YES

2 NO → SKIP TO Q. 80

68

78b. Why didn't you try them at that time?

--	--

69-  
70

79. How is it that you have not used these pills lately, within the past year?

ASK EVERYONE

--	--

71-  
72

80. What do you think could be the main dangers in pills of this kind?  
(INTERVIEWER: DO NOT READ ANSWER CATEGORIES. USE THEM IF THE IDEA FITS, OR WRITE IN WHAT THE RESPONDENT SAYS.)

- 1 OVERDOSE POSSIBLE, OR WRONG DOSE, COULD MAKE YOU SICK, KILL YOU
- 2 HABIT FORMING, COULD BECOME ADDICT, MAKE YOU DEPENDENT ON THEM
- 3 SHOULD ONLY TAKE WHAT DOCTOR PRESCRIBES
- 4 HAVE NO FAITH IN PILLS (OR IN PILLS LIKE THESE)
- 5 THEY DO NOT WORK WELL; DO NOT DO ENOUGH
- 6 OTHER: \_\_\_\_\_

73

7 NO OPINION

TAKE BACK CARD D

81. The next few questions are general questions about all the pills on the three picture cards you have just seen. Have you ever given someone else pills like those on the cards that were prescribed for you?

- 1 YES
- 2 NO
- 3 NOT SURE

74

- |   |   |                |
|---|---|----------------|
| 82. How about the other way around: have <u>you</u> ever used any pills like these, that were prescribed for someone else?  | 1 YES<br>2 NO<br>3 NOT SURE   | <u>C3</u><br>5 |
| 83. When it comes to deciding whether to take any of the pills on the different cards, which of these two ideas is closer to the way you feel: first, that only the doctor knows best about whether you should take them, or second, that you know yourself better than a doctor could? | 1 DOCTOR KNOWS BEST<br>2 I KNOW MYSELF BETTER<br>THAN A DOCTOR COULD<br>3 OTHER<br>4 NO OPINION | 6              |
| 84. Thinking of the kinds of pills that are on the cards, have you ever worried that if you took them, you could get to need them too much, and become dependent on them?   | 1 YES<br>2 NO<br>3 NO OPINION   | 7              |
| 85. Did you know that sometimes it can be dangerous to take different kinds of pills at the same time, or didn't you happen to know that?   | 1 YES, KNEW<br>2 NO, DID NOT KNOW<br>3 NOT SURE, MAYBE  | 8              |

The next set of questions is a switch from what we have been talking about up to now. These questions are to get your opinions about another substance that we hear a lot about: marihuana.

86. I am going to read you some statements that have been made about marihuana. Please give me your own opinion of each statement by telling whether you mostly agree with it or mostly disagree with it. (ASK AFTER EACH ONE AS NEEDED: Do you mostly agree or mostly disagree with that statement?)

	<u>MOSTLY AGREE</u>	<u>MOSTLY DISAGREE</u>	<u>OTHER ANSWER</u>	<u>NOT SURE</u>	<u>C3</u>
a. You can try marihuana once or twice with no bad effects.	1	2	3	4	9
b. You can use marihuana without ever becoming addicted to it.	1	2	3	4	
c. Marihuana makes people want to try stronger things like heroin.	1	2	3	4	
d. Marihuana makes people lose their desire to work.	1	2	3	4	
e. Marihuana is probably used a lot in this neighborhood.	1	2	3	4	
f. Most marihuana users in this country are from minority groups like Negroes and Puerto Ricans.	1	2	3	4	14
g. More and more marihuana users live in nice neighborhoods and in the suburbs.	1	2	3	4	
h. Marihuana is mostly used by teenagers and college students.	1	2	3	4	
i. Marihuana users often commit crimes to get the money to buy more marihuana.	1	2	3	4	
j. Marihuana users often commit crimes that they would not otherwise commit.	1	2	3	4	18

HAND RESPONDENT QUESTIONNAIRE "B," PEN, AND SAY: Please fill this out by yourself. Fill out both sides. When you finish, please tell me.

INTERVIEWER: WHEN RESPONDENT IS FINISHED, ASK:

Did you answer the questions on both sides of the sheet? (IF NOT, WAIT WHILE RESPONDENT DOES IT.)

Did you answer every question that applies to you? (WAIT WHILE RESPONDENT CHECKS.)

WHEN YOU ARE SATISFIED, ASK RESPONDENT TO PUT QUESTIONNAIRE IN ENVELOPE. CONTINUE WITH INTERVIEW.

C3

87. As far as you know, are people who use heroin the same kinds of people who use marihuana, or are heroin users different in some ways?

1	SAME KINDS
2	HEROIN USERS DIFFERENT IN SOME WAYS
3	NO OPINION

19

IF "HEROIN USERS DIFFERENT IN SOME WAYS" ON Q. 87, ASK:

88. In what ways do you think of heroin users as different?

--	--

20-  
21

89. To the best of your knowledge, tell me if you mostly agree or mostly disagree with each of these statements about heroin.

	<u>MOSTLY AGREE</u>	<u>MOSTLY DISAGREE</u>	<u>NO ANSWER</u>	<u>NOT SURE</u>	
a. You can try heroin once or twice with no bad effects.	1	2	3	4	22
b. You can use heroin occasionally without ever becoming addicted to it.	1	2	3	4	
c. Heroin makes people lose their desire to work.	1	2	3	4	
d. Heroin is probably used a lot in this neighborhood.	1	2	3	4	
e. Most heroin users in this country are from minority groups like Negroes and Puerto Ricans.	1	2	3	4	26
f. More and more heroin users live in nice neighborhoods and in the suburbs.	1	2	3	4	
g. Heroin is mostly used by teenagers and college students.	1	2	3	4	
h. Heroin users often commit crimes to get the money to buy more heroin.	1	2	3	4	
i. Heroin users often commit crimes that they would not otherwise commit.	1	2	3	4	30

90. As you probably know, one of the problems with heroin is that the people who use it often commit crimes to get the money to buy more heroin. What if the government made heroin available free to addicts at special treatment centers? If this would cut way down on heroin crime would you approve of the idea or not?

1 APPROVE  
2 NOT APPROVE  
3 OTHER: \_\_\_\_\_  
4 NO OPINION

31

91. Have you heard or read about methadone?

1 YES  
2 NO  
3 NOT SURE

32

GIVE RESPONDENT  
QUESTIONNAIRE "C."  
SEE NOTE AT BOT-  
TOM OF PAGE.

IF "YES" ON Q. 91, ASK:

92. To the best of your knowledge, are each of these statements mostly true, or mostly false?

MOSTLY MOSTLY NO  
TRUE FALSE OPINION

- |  |   |   |   |    |
|--|---|---|---|----|
| a. Methadone is used in the treatment of heroin addiction.                               | 1 | 2 | 3 | 33 |
| b. Methadone makes the user feel good, just like heroin does.                            | 1 | 2 | 3 |    |
| c. Methadone makes the heroin addict lose his desire for heroin.                         | 1 | 2 | 3 |    |
| d. The effects of methadone last longer than the effects of heroin.                      | 1 | 2 | 3 |    |
| e. People who take methadone can become methadone addicts and need to keep on taking it. | 1 | 2 | 3 | 37 |

93. Aside from using methadone to treat heroin addicts, it has been proposed that heroin itself could be used to treat heroin addicts; that is, by giving heroin addicts smaller and smaller doses of heroin over a long period of time until they are ready to stop altogether. How do you react to that idea?

1 FAVOR IT  
2 DO NOT FAVOR IT  
3 DO NOT KNOW ENOUGH TO REACT

38

HAND RESPONDENT QUESTIONNAIRE "C," PEN, AND SAY: Please fill this out by yourself. Answer every question. When you finish, please tell me.

INTERVIEWER: WHILE YOU ARE WAITING THERE ARE QUESTIONS FOR YOU TO ANSWER ON THE NEXT PAGE.



INTERVIEWER: RECORD FROM OBSERVATION WHILE RESPONDENT IS FILLING OUT QUESTIONNAIRE "C."

94. Sex: 1 MALE 2 FEMALE 39

95. Race: 1 WHITE  
2 NEGRO  
3 PUERTO RICAN OR OTHER LATIN AMERICAN GROUP 40  
4 OTHER: \_\_\_\_\_

96. What kind of area is this interview being conducted in? 1 IN A CITY OR TOWN  
2 SUBURBS OF A CITY OR TOWN  
3 RURAL OR OTHER SUB- 41  
URBAN AREA

97. Indicate the type of neighborhood by circling a number for one of the categories listed below. Consider the whole neighborhood, not just this household.

- 1 WEALTHY, SOCIETY NEIGHBORHOOD. HIGH INCOME AND PROBABLY SOME INHERITED WEALTH.
- 2 AN EXCELLENT WHITE COLLAR NEIGHBORHOOD. DOCTORS AND HIGH PAID EXECUTIVES.
- 3 A GOOD WHITE COLLAR NEIGHBORHOOD. NOT BIG EXECUTIVES, BUT NO BLUE COLLAR.
- 4 MOSTLY WHITE COLLAR, SOME SKILLED BLUE COLLAR CRAFTSMEN AS WELL. 42
- 5 MOSTLY GOOD BLUE COLLAR. SOME OFFICE WORKERS AS WELL.
- 6 STRICTLY WORKING CLASS. NO WHITE COLLAR.
- 7 SLUM AREA. PROBABLY MANY FAMILIES ON WELFARE.
- 8 HARD TO JUDGE.

98. Please estimate the respondent's understanding of the interview.

- 1 NO DIFFICULTY -- No language or reading problem
- 2 JUST A LITTLE DIFFICULTY -- Almost no language or reading problem
- 3 A FAIR AMOUNT OF DIFFICULTY -- Some language or reading problem 43
- 4 A LOT OF DIFFICULTY -- Considerable language or reading problem

99. Cooperation: How cooperative is the respondent -- very cooperative, fairly cooperative, not too cooperative, or openly hostile?

- 1 VERY COOPERATIVE
- 2 FAIRLY COOPERATIVE
- 3 NOT TOO COOPERATIVE 44
- 4 OPENLY HOSTILE

INTERVIEWER: KEEP GOING ON NEXT PAGE WHILE YOU WAIT.

100. Validity: How confident do you feel about the opinions and other information respondent is giving you?

- 1 COMPLETELY CONFIDENT
- 2 REASONABLY CONFIDENT
- 3 HAVE SOME DOUBTS
- 4 HAVE CONSIDERABLE DOUBTS

C3

45

INTERVIEWER: WHEN RESPONDENT IS FINISHED, ASK:

Did you answer the questions on every page of the questionnaire? (IF NOT, WAIT WHILE RESPONDENT DOES IT.)

Did you answer every question that applies to you? (WAIT WHILE RESPONDENT CHECKS.)

WHEN YOU ARE SATISFIED, ASK RESPONDENT TO PUT QUESTIONNAIRE IN ENVELOPE. CONTINUE WITH INTERVIEW.

101. How well informed do you feel you are about knowing how to handle a heroin problem if you found one in your family or among your friends? Very well informed, fairly well informed, or not well informed?

- 1 VERY WELL INFORMED
- 2 FAIRLY WELL INFORMED
- 3 NOT WELL INFORMED
- 4 NO OPINION

46

102. You have probably heard of the term "drug abuse." As you understand it, how would you explain what drug abuse is? (TRY TO GET FULL AND COMPLETE THOUGHTS OF RESPONDENT.)

--	--

47-  
48

103. Let's think of all the kinds of pills we have been talking about up to now. Not the drugs like heroin, but the pills you saw on the cards. If someone tried any of these pills once or twice, just to see what the effect would be, would you consider that to be drug abuse or not?  
(RECORD AND GO ON TO "b.")

	ABUSE	NOT ABUSE	DEPENDS	NO OPINION	C3
a. If someone took any of these pills once or twice just to see what the effect would be.	1	2	3	4	49
b. What if someone had some pills that a doctor prescribed but took more pills than the doctor said to take. Would that be drug abuse or not?	1	2	3	4	
c. What if someone bought some pills that you can get without a prescription but took more than the label said to take. Would that be drug abuse or not?	1	2	3	4	
d. What if someone took some pills that were prescribed for a different person. Would that be drug abuse or not?	1	2	3	4	
e. What if someone took these pills every day because they found that they had to have them to help them cope with the day. Would that be drug abuse or not?	1	2	3	4	53
f. What if someone took these pills just to enjoy the feeling they give. Would that be drug abuse or not?	1	2	3	4	
g. What if someone had cocktails or highballs with lunch or dinner and in the evening. Would that be drug abuse or not?	1	2	3	4	
h. What if someone smoked marihuana once or twice a week. Would that be drug abuse or not?	1	2	3	4	
i. What if someone used heroin once in a while. Would that be drug abuse or not?	1	2	3	4	
j. What if marihuana were made legal and using it was not against the law. If someone used marihuana under these conditions would that be drug abuse or not?	1	2	3	4	58

These last few questions on drugs are to get your opinion about law enforcement.

104. First, do you happen to know the name of the Federal Government agency that has the most to do with enforcing the drug laws? (DO NOT READ ANSWERS.)

1 NO, OR NOT SURE

2 FBI

3 BUREAU OF NARCOTICS AND DANGEROUS DRUGS (BNDD)

4 TREASURY DEPARTMENT

5 BUREAU OF CUSTOMS

6 FOOD AND DRUG ADMINISTRATION

7 STATE DEPARTMENT

8 OTHER: \_\_\_\_\_

59

105. When it comes to the drug laws, how good a job are the law enforcement agencies doing -- an excellent job, a good job, a fair job, or a poor job?
- 1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR  
5 NO OPINION
106. What two or three things would you like to see the law enforcement agencies doing about drugs that they are not doing already?

☐ ☐ 61-  
62

107. As far as you know, has anyone ever broken into your place of work or your home and stolen some property?
- 1 YES, AT WORK  
2 YES, AT HOME  
3 NO  
4 DON'T KNOW
108. Have you, or anyone in your household, or someone else you know well ever been personally attacked, mugged, or robbed?
- 1 YES  
2 NO  
3 NOT SURE

IF "YES" ON Q. 108, ASK:

108a. Do you have reason to believe that the person who did this was a drug user or was under the influence of alcohol?

- 1 DRUG (Which one? \_\_\_\_\_)  
2 ALCOHOL  
3 NO OR DON'T KNOW

HAND RESPONDENT CARD G

109. Please use this card to tell me what, if anything, you think should be done about someone who is convicted for the first time for possession or use of heroin. Just give me the number on the card that comes closest to your opinion. (RECORD BELOW, ASK ABOUT EACH.)

	1	2	3	4	5	6	NO OPINION	
a. First conviction, possessing or using heroin.	1	2	3	4	5	6	7	66
b. Next, what do you think should be done about someone who is convicted for the second time for possession or use of heroin?	1	2	3	4	5	6	7	
c. What do you think should be done about someone who is convicted for the first time for selling heroin?	1	2	3	4	5	6	7	
d. How about someone convicted for the second time for selling heroin?	1	2	3	4	5	6	7	69

TAKE BACK CARD G

110. Do you know if each of these is a crime? First, to use prescription drugs that you get from a friend instead of your own prescription. As far as you know, is that a crime or not? (READ EACH ONE AND RECORD.)

	Q. 110			Q. 111			C4
	CRIME	NOT CRIME	NO OPINION	SHOULD BE	SHOULD NOT BE	NO OPINION	
a. Prescription drugs	1	2	3	1	2	3	5,9
b. For a person under 18 to drink alcoholic beverages?	1	2	3	1	2	3	6,10
c. For a person to use marihuana?	1	2	3	1	2	3	7,11
d. For a person to use heroin?	1	2	3	1	2	3	8,12

111. I'll go over these four things again, and regardless of how you just answered, tell me if you think it should be a crime or not. First, using prescription drugs that you get from a friend. Should that be a crime or not? (READ EACH ONE. RECORD.)

The rest of the questions are for statistical purposes.

112. What is your age? WRITE IN X NO ANSWER 13-14

113. What is the last grade that you completed in school?
- 1 NO SCHOOLING
  - 2 ELEMENTARY SCHOOL -- 8TH GRADE OR LESS
  - 3 SOME HIGH SCHOOL
  - 4 HIGH SCHOOL GRADUATE -- 12TH GRADE
  - 5 SOME COLLEGE
  - 6 COLLEGE GRADUATE OR BEYOND 15
  - 7 NOW A COLLEGE STUDENT
  - 8 NOW A HIGH SCHOOL STUDENT
  - 9 VOCATIONAL OR TECHNICAL SCHOOL
  - 0 NO ANSWER

114. Are you married, widowed, separated, divorced, or never married?
- 1 NEVER MARRIED → SKIP TO Q. 118
  - 2 MARRIED
  - 3 WIDOWED
  - 4 DIVORCED OR SEPARATED
  - 5 NO ANSWER
- GO TO Q. 115 16

IF "NEVER MARRIED" SKIP TO Q. 118. IF ANYTHING BUT "NEVER MARRIED," ASK:

C4

115. Do you have any children living here with you?

- 1 YES (How many children live here with you? \_\_\_\_\_)  
2 NO → SKIP TO Q. 118

17-  
18

116. Please give me the age of each of your children who are living here with you, starting with the oldest and going to the youngest.

AGES OF CHILDREN:

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

19-  
30

117. Do you have any children who are living away from home at school or college? (Please give me the age of each one.)

- 1 NO  
2 YES: AGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31  
32-  
37

#### HAND RESPONDENT OCCUPATION CARD

118. Please tell me which of these comes closest to what you do. Just give me the number.

- 1 PROFESSIONAL, TECHNICAL  
2 SMALL BUSINESSMAN  
3 SALESMAN  
4 CLERK/TYPIST/SECRETARY  
5 SKILLED CRAFTS  
6 UNSKILLED OR MANUAL  
7 FARMER

- 9 STUDENT  
10 ARMED FORCES MEMBER  
11 HOUSEWIFE  
12 UNEMPLOYED  
13 RETIRED  
14 OTHER: \_\_\_\_\_  
\_\_\_\_\_

38-  
39

15 NO ANSWER

#### TAKE BACK OCCUPATION CARD

119. Are you the chief wage earner in this household? 1 YES 2 NO 40

#### HAND RESPONDENT INCOME CARD

120. For statistical purposes, we need to know which of these groups your total family income before taxes for 1971 was in. Include your own income and that of any members of your immediate family who are living with you. Just give me the number.

- 1 NO INCOME  
2 UNDER \$2,000 (\$1-\$38)  
3 \$2,000-\$2,999 (\$39-\$57)  
4 \$3,000-\$4,999 (\$58-\$96)  
5 \$5,000-\$6,999 (\$97-\$134)  
6 \$7,000-\$9,999 (\$135-\$192)  
7 \$10,000-\$14,999 (\$193-\$288)  
8 \$15,000-\$24,999 (\$289-\$480)  
9 \$25,000 OR MORE (\$481 AND OVER)  
0 DON'T KNOW; REFUSED

41

#### TAKE BACK INCOME CARD

THANK YOU VERY MUCH!

INTERVIEWER NAME: \_\_\_\_\_ I.D.#: \_\_\_\_\_

42-  
45

INTERVIEW TIME: \_\_\_\_\_ MINUTES <sup>46-</sup><sub>48</sub> DATE OF INTERVIEW: \_\_\_\_\_

LOCATION #: \_\_\_\_\_

RAC 3620

HOUSING UNIT #: \_\_\_\_\_

C6

TIME BEGAN: \_\_\_\_\_

SOCIAL ISSUES

5-11

Hello, I'm \_\_\_\_\_ and I'm working on a study for Response Analysis Corporation of Princeton, New Jersey. We are asking young people for their opinions about a number of things that are in the news.

LAY OUT SORTING BOARD, SHUFFLE AND HAND RESPONDENT DECK OF CARDS.

1. Read each of the cards to see what is on it. Then place the card in one of the boxes on this board to show how much you feel you know about it. If you never heard of it, put it here (POINT). If you know a lot about it, put it here (POINT). Use the in-between box when it fits.

	NEVER HEARD OF	KNOW A LITTLE	KNOW A LOT	NOT SURE	
1. Alcohol	1	2	3	4	12
2. Aspirin	1	2	3	4	
3. Heroin	1	2	3	4	
4. LSD	1	2	3	4	
5. Barbiturates	1	2	3	4	16
6. Marihuana	1	2	3	4	
7. Cigarettes	1	2	3	4	
8. Glue	1	2	3	4	
9. Cocaine	1	2	3	4	
10. Amphetamines	1	2	3	4	21

RECORD EACH PILE ABOVE. AFTER YOU HAVE PICKED UP ALL THE SMALL CARDS, LEAVE THE SORTING BOARD IN FRONT OF RESPONDENT AND HAND RESPONDENT CARD A.

2. Look at the names on this card. Have you heard of at least one of them from experience or advertising or anything?

IF "NO," CIRCLE THE NUMBER BELOW FOR "NEVER HEARD OF."

IF "YES" ASK: Think of one -- the one you are most familiar with -- and tell me which box on the sorting board comes closest to how well you feel you know it.

TAKE BACK CARD A AND HAND RESPONDENT CARD B.

REPEAT THESE QUESTIONS FOR EACH OF THE FOUR DRUG CARDS IN TURN.

	NEVER HEARD OF	KNOW A LITTLE	KNOW A LOT	NOT SURE	
Card A	1	2	3	4	22
Card B	1	2	3	4	
Card C	1	2	3	4	
Card D	1	2	3	4	25

TAKE BACK ALL OF THE DRUG CARDS AND SORTING BOARD.

HAND RESPONDENT CARD E

8. You may think of some of these as drugs, and others as not being drugs. Read over the list, and tell me which ones you think of as drugs. Just tell me the numbers. (CIRCLE EACH ITEM WHICH RESPONDENT THINKS OF AS A DRUG.)

1 HEROIN	5 BARBITURATES
2 ALCOHOL	6 AMPHETAMINES
3 MARIHUANA	7 COCAINE
4 TOBACCO	8 NO OPINION

26

9. Now, use the card one more time. Tell me which things you think are addictive, that is, anybody who uses it regularly becomes physically and psychologically dependent on it and can't get along without it. (CIRCLE NUMBERS FOR AS MANY AS APPLY.)

1 HEROIN	5 BARBITURATES
2 ALCOHOL	6 AMPHETAMINES
3 MARIHUANA	7 COCAINE
4 TOBACCO	8 NO OPINION

27

TAKE BACK CARD E; HAND RESPONDENT QUESTIONNAIRE "A," LARGE RETURN ENVELOPE, AND PEN.

TELL RESPONDENT: Please answer the questions on both sides of this sheet, and then tell me when you are done. To answer the questions just draw a circle around the number next to the answer that fits best. It shows you how at the top of the questionnaire. I have my own copy of the questions in case you want to ask me about any of them.

INTERVIEWER:

RESPONDENT SHOULD FEEL THAT HE OR SHE HAS PRIVACY, THAT YOU ARE NOT WATCHING EVERY MOVE OF THE PEN TO FIGURE OUT HOW HE IS ANSWERING. BUT YOU CAN TELL FROM GLANCING AT RESPONDENT OCCASIONALLY IF HE SEEMS TO BE ANSWERING QUESTIONS ONE AT A TIME, AND IF HE TURNS THE PAGE OVER TO DO BOTH SIDES.

WHILE YOU ARE WAITING FOR RESPONDENT, DID YOU PUT LOCATION NUMBER AND HOUSING UNIT NUMBER ON THE FIRST PAGE? PLEASE DO IT NOW.

WHEN RESPONDENT IS FINISHED, SAY: I don't want to see your answers. They are private. But let me ask you about filling out the questionnaire.

First, did you answer the questions on both sides of the sheet? (IF NOT, WAIT WHILE RESPONDENT DOES IT.)

Second, did you answer every question that applies to you? (WAIT WHILE RESPONDENT CHECKS.)

Third, just to check, how did you show your answers? Did you circle the numbers, or what? (IF DID SOMETHING ELSE LIKE CHECK MARKS, WAIT WHILE RESPONDENT GOES BACK AND CIRCLES NUMBERS EVEN IF THERE IS A CHECK MARK THERE.)

ASK RESPONDENT: Is there anything about filling out the questionnaire that you want to ask me about?

WHEN YOU ARE SATISFIED THAT THE WORK WAS DONE RIGHT, SAY: Please put the questionnaire in the large envelope.



AFTER RESPONDENT HAS PUT QUESTIONNAIRE IN THE ENVELOPE, GO AHEAD WITH THE INTERVIEW.

C6

5. When you were growing up, did members of your household drink beer or wine or liquor? 1 YES 2 NO 3 DON'T REMEMBER 28
6. About how old were you when you had your first drink of beer, or wine, or liquor? 1 5 OR YOUNGER 5 16 - 17 2 6 - 10 6 NEVER 3 11 - 13 7 DON'T REMEMBER 4 14 - 15 29
7. About how old were you when you first found out for yourself that alcohol can change your mood or the way you feel? 1 5 OR YOUNGER 5 16 - 17 2 6 - 10 6 NEVER 3 11 - 13 7 DON'T REMEMBER 4 14 - 15 30
8. When did you first begin to drink socially, with friends? 1 5 OR YOUNGER 5 16 - 17 2 6 - 10 6 NEVER 3 11 - 13 7 DON'T REMEMBER 4 14 - 15 31

# HAND RESPONDENT CARD A

9. Please look at the pill names on this card and read what it says about them. Have you ever taken any of these pills or pills like these that you can buy without a prescription? 1 YES, OR THINK SO 2 NO → SKIP TO Q. 16 32

IF "YES" ON Q. 9, ASK:

10. Did you try them once or twice, or have you taken them more than once or twice? 1 ONCE OR TWICE 2 MORE THAN ONCE OR TWICE 3 DON'T REMEMBER 33

11. Please just give me the numbers of the things on the card that you have taken one or more times.

1 COMPOZ  
2 COPE  
3 NYTOL  
4 NERVINE  
5 SOMINEX  
6 SLEEP-EZE

7 NO DOZ  
8 VIVARIN  
9 NO NOD  
0 CAFFEINE TABLETS  
X NOT SURE  
Y NONE OF THEM

34

EXCLUSION CONTINUED ON NEXT PAGE.

IF "YES" ON Q. 9, ASK:

	YES	NO	NOT SURE	C6
12a. Have you ever taken these pills to help you get along with your family or other people?	1	2	3	35
b. Have you ever taken any of these pills to help you get ready for some big event, or to help you accomplish something?	1	2	3	
c. Did you ever take one of these kinds of pills just to see what it was like and how it would work?	1	2	3	
d. Have you ever taken any of these pills before going out so that you could enjoy yourself more with other people?	1	2	3	
e. Did you ever take these kinds of pills just to enjoy the feeling they give you?	1	2	3	39
13. Did you ever take one of these kinds of pills and around the same time take something else like another pill, or alcohol -- such as beer, wine, or liquor?	1 YES	2 NO	3 NOT SURE	40

IF "YES" ON Q. 13, ASK:

14. What kind of pill was it, or was it alcohol? (CIRCLE AS MANY AS APPLY.)	1 PILL: _____ (specify kind)	
	2 ALCOHOL	41-
	3 NOT SURE	42
15. How often do you use these together -- nearly every time you take these kinds of pills, about half the time, or less than half the time?	1 NEARLY EVERY TIME	
	2 ABOUT HALF THE TIME	43
	3 LESS THAN HALF THE TIME	
	4 NOT SURE	

TAKE BACK CARD A; HAND RESPONDENT CARD B

16. Please look at the pill names on this card and read what it says about them. Have you ever taken any of these pills or pills like them?	1 YES, OR THINK SO	44
	2 NO → SKIP TO Q. 23	
IF "YES" ON Q. 16, ASK:		
17. Did you try them once or twice, or have you taken them more than once or twice?	1 ONCE OR TWICE	
	2 MORE THAN ONCE OR TWICE	
	3 DON'T REMEMBER	45

EXCLUSION CONTINUED ON NEXT PAGE.

## IF "YES" ON Q. 16, ASK:

18. Please just give me the numbers of the things on the card that you have taken one or more times. When two kinds of pills have the same number, like number three on the card, the three stands for either kind. C6

1 NEMBUTAL  
2 SECONAL  
3 { BUTISOL OR  
BUTICAPS

4 DORIDEN  
5 TUINAL  
6 NOLUDAR  
7 CARBRITAL

8 PHENOBARBITAL  
9 NOT SURE  
0 NONE OF THEM 46

- |  | YES   | NO   | NOT<br>SURE |    |
|--|-------|------|-------------|----|
| 19a. Have you ever taken these pills to help you get along with your family or other people?   | 1     | 2    | 3           | 47 |
| b. Have you ever taken any of these pills to help you get ready for some big event, or to help you accomplish something?                                       | 1     | 2    | 3           |    |
| c. Did you ever take one of these kinds of pills just to see what it was like and how it would work?   | 1     | 2    | 3           |    |
| d. Have you ever taken any of these pills before going out so that you could enjoy yourself more with other people?  | 1     | 2    | 3           |    |
| e. Did you ever take these kinds of pills just to enjoy the feeling they give you?   | 1     | 2    | 3           | 51 |
| 20. Did you ever take one of these kinds of pills and around the same time take something else like another pill, or alcohol -- such as beer, wine, or liquor? | 1 YES | 2 NO | 3 NOT SURE  | 52 |

## IF "YES" ON Q. 20, ASK:

21. What kind of pill was it, or was it alcohol? (CIRCLE AS MANY AS APPLY.)

1 PILL: \_\_\_\_\_  
(specify kind)  
2 ALCOHOL 53-  
3 NOT SURE 54

22. How often do you use these together -- nearly every time you take these kinds of pills, about half the time, or less than half the time?

1 NEARLY EVERY TIME 55  
2 ABOUT HALF THE TIME  
3 LESS THAN HALF THE TIME  
4 NOT SURE

TAKE BACK CARD B

HAND RESPONDENT CARD CC6

23. Please look at the pill names on this card and read what it says about them. Have you ever taken any of these pills or pills like them?

1 YES, OR THINK SO  
2 NO → SKIP TO Q. 30

56

IF "YES" ON Q. 23, ASK:

24. Did you try them once or twice, or have you taken them more than once or twice?

1 ONCE OR TWICE  
2 MORE THAN ONCE OR TWICE  
3 DON'T REMEMBER

57

25. Please just give me the numbers of the things on the card that you have taken one or more times. When two or three kinds of pills have the same number, like on this card, the number stands for all the pills that are grouped together.

1 { MILTOWN OR  
MEPROSPAN OR  
MEPROTABS  
2 { LIBRIUM OR  
LIBRITABS

3 EQUANIL  
4 VALIUM  
5 SERAX  
6 ATARAX  
7 VISTARIL

8 NOT SURE  
9 NONE OF THEM

58

- 26a. Have you ever taken these pills to help you get along with your family or other people?

YES NO NOT SURE

1 2 3

59

- b. Have you ever taken any of these pills to help you get ready for some big event, or to help you accomplish something?

1 2 3

- c. Did you ever take one of these kinds of pills just to see what it was like and how it would work?

1 2 3

- d. Have you ever taken any of these pills before going out so that you could enjoy yourself more with other people?

1 2 3

- e. Did you ever take these kinds of pills just to enjoy the feeling they give you?

1 2 3

63

EXCLUSION CONTINUED ON NEXT PAGE.

IF "YES" ON Q. 23, ASK:

27. Did you ever take one of these kinds of pills and around the same time take something else like another pill, or alcohol -- such as beer, wine, or liquor?
- |            |    |
|------------|----|
| 1 YES      |    |
| 2 NO       |    |
| 3 NOT SURE | 64 |

IF "YES" ON Q. 27, ASK:

28. What kind of pill was it, or was it alcohol? (CIRCLE AS MANY AS APPLY.)
- |                |     |
|----------------|-----|
| 1 PILL: _____  |     |
| (specify kind) |     |
| 2 ALCOHOL      | 65- |
| 3 NOT SURE     | 66  |
29. How often do you use these together -- nearly every time you take these kinds of pills, about half the time, or less than half the time?
- |                           |    |
|---------------------------|----|
| 1 NEARLY EVERY TIME       | 67 |
| 2 ABOUT HALF THE TIME     |    |
| 3 LESS THAN HALF THE TIME |    |
| 4 NOT SURE                |    |

TAKE BACK CARD C; HAND RESPONDENT CARD D

30. Please look at the pill names on this card and read what it says about them. Have you ever taken any of these pills or pills like them?
- |                      |    |
|----------------------|----|
| 1 YES, OR THINK SO   |    |
| 2 NO → SKIP TO Q. 37 | 68 |

IF "YES" ON Q. 30, ASK:

31. Did you try them once or twice, or have you taken them more than once or twice?
- |                           |    |
|---------------------------|----|
| 1 ONCE OR TWICE           | 69 |
| 2 MORE THAN ONCE OR TWICE |    |
| 3 DON'T REMEMBER          |    |
32. Please just give me the numbers of the things on the card that you have taken one or more times. When two kinds of pills have the same number, like number two on the card, the two stands for either kind.
- |                      |                |    |
|----------------------|----------------|----|
| 1 DEXAMYL            | 4 BAMADEX      |    |
| 2 TENUATE OR TENAPIL | 5 AMBAR        |    |
| 3 ESKATROL           | 6 PRE-SATE     | 70 |
|                      | 7 RITALIN      |    |
|                      | 8 NOT SURE     |    |
|                      | 9 NONE OF THEM |    |

EXCLUSION CONTINUED ON NEXT PAGE.

## IF "YES" ON Q. 30, ASK:

	YES	NO	NOT SURE	CZ
33a. Have you ever taken these pills to help you get along with your family or other people?	1	2	3	5
b. Have you ever taken any of these pills to help you get ready for some big event, or to help you accomplish something?	1	2	3	
c. Did you ever take one of these kinds of pills just to see what it was like and how it would work?	1	2	3	
d. Have you ever taken any of these pills before going out so that you could enjoy yourself more with other people?	1	2	3	
e. Did you ever take these kinds of pills just to enjoy the feeling they give you?	1	2	3	9
34. Did you ever take one of these kinds of pills and around the same time take something else like another pill, or alcohol -- such as beer, wine, or liquor?	1 YES	2 NO	3 NOT SURE	10
IF "YES" ON Q. 34, ASK:				
35. What kind of pill was it, or was it alcohol? (CIRCLE AS MANY AS APPLY.)	1 PILL: _____	(specify kind)		
	2 ALCOHOL			11-
	3 NOT SURE			12
36. How often do you use these together -- nearly every time you take these kinds of pills, about half the time, or less than half the time?	1 NEARLY EVERY TIME			13
	2 ABOUT HALF THE TIME			
	3 LESS THAN HALF THE TIME			
	4 NOT SURE			

TAKE BACK CARD D

## ASK EVERYONE

37. The next few questions are general questions about all the pills on the three picture cards you have just seen. Have you ever given someone else pills like those on the cards that were prescribed for you?	1 YES			
	2 NO			14
	3 NOT SURE			
38. How about the other way around: have you ever used any pills like these, that were prescribed for someone else?	1 YES			
	2 NO			15
	3 NOT SURE			

39. Did you know that sometimes it can be dangerous to take different kinds of pills at the same time, or didn't you happen to know that?
- |                    |    |
|--------------------|----|
| 1 YES, KNEW        |    |
| 2 NO, DID NOT KNOW | 16 |
| 3 NOT SURE, MAYBE  |    |

The next set of questions is a switch from what we have been talking about up to now. These questions are to get your opinions about another substance that we hear a lot about: marihuana.

40. I am going to read you some statements that have been made about marihuana. Please give me your own opinion of each statement by telling whether you mostly agree with it or mostly disagree with it. (ASK AFTER EACH ONE, IF NEEDED: Do you mostly agree or mostly disagree with that statement?)

	<u>MOSTLY AGREE</u>	<u>MOSTLY DISAGREE</u>	<u>OTHER ANSWER</u>	<u>NOT SURE</u>	
a. You can try marihuana once or twice with no bad effects.	1	2	3	4	17
b. You can use marihuana without ever becoming addicted to it.	1	2	3	4	
c. Marihuana makes people want to try stronger things like heroin.	1	2	3	4	
d. Marihuana makes people lose their desire to work.	1	2	3	4	
e. Marihuana is probably used a lot in this neighborhood.	1	2	3	4	21
f. Most marihuana users in this country are from minority groups like Negroes and Puerto Ricans.	1	2	3	4	
g. More and more marihuana users live in nice neighborhoods and in the suburbs.	1	2	3	4	
h. Marihuana is mostly used by teenagers and college students.	1	2	3	4	
i. Marihuana users often commit crimes to get the money to buy more marihuana.	1	2	3	4	
j. Marihuana users often commit crimes that they would not otherwise commit.	1	2	3	4	26

HAND RESPONDENT QUESTIONNAIRE "B," PEN, AND SAY: Please fill this out by yourself. Fill out both sides. When you finish, please tell me.

INTERVIEWER: WHEN RESPONDENT IS FINISHED, ASK:

Did you answer the questions on both sides of the sheet? (IF NOT, WAIT WHILE RESPONDENT DOES IT.)

Did you answer every question that applies to you? (WAIT WHILE RESPONDENT CHECKS.)

WHEN YOU ARE SATISFIED, ASK RESPONDENT TO PUT QUESTIONNAIRE IN ENVELOPE. CONTINUE WITH INTERVIEW.

C7

41. As far as you know, are people who use heroin the same kinds of people who use marihuana, or are heroin users different in some ways?

1 SAME KINDS  
2 HEROIN USERS DIFFERENT  
IN SOME WAYS  
3 NO OPINION

27

IF "HEROIN USERS DIFFERENT IN SOME WAYS" ON Q.41, ASK:

42. In what ways do you think of heroin users as different?

--	--

28-  
29

43. To the best of your knowledge, tell me if you mostly agree or mostly disagree with each of these statements about heroin.

	MOSTLY AGREE	MOSTLY DISAGREE	NO ANSWER	NOT SURE	
a. You can try heroin once or twice with no bad effects.	1	2	3	4	30
b. You can use heroin occasionally without ever becoming addicted to it.	1	2	3	4	
c. Heroin makes people lose their desire to work.	1	2	3	4	
d. Heroin is probably used a lot in this neighborhood.	1	2	3	4	
e. Most heroin users in this country are from minority groups like Negroes and Puerto Ricans.	1	2	3	4	34
f. More and more heroin users live in nice neighborhoods and in the suburbs.	1	2	3	4	
g. Heroin is mostly used by teenagers and college students.	1	2	3	4	
h. Heroin users often commit crimes to get the money to buy more heroin.	1	2	3	4	
i. Heroin users often commit crimes that they would not otherwise commit.	1	2	3	4	38



44. As you probably know, one of the problems with heroin is that the people who use it often commit crimes to get the money to buy more heroin. What if the government made heroin available free to addicts at special treatment centers? If this would cut way down on heroin crime would you approve of the idea or not?
- |                |    |
|----------------|----|
| 1 APPROVE      |    |
| 2 NOT APPROVE  | 39 |
| 3 OTHER: _____ |    |
| 4 NO OPINION   |    |

HAND RESPONDENT QUESTIONNAIRE "C," PEN, AND SAY: Please fill this out by yourself. Answer every question. When you finish, please tell me.

INTERVIEWER: RECORD FROM OBSERVATION WHILE RESPONDENT IS FILLING OUT QUESTIONNAIRE "C."

45. Sex: 1 MALE 2 FEMALE 40

46. Race: 1 WHITE  
2 NEGRO  
3 PUERTO RICAN OR OTHER LATIN AMERICAN GROUP  
4 OTHER: \_\_\_\_\_ 41

47. What kind of area is this interview being conducted in?
- |                                     |    |
|-------------------------------------|----|
| 1 IN A CITY OR TOWN                 |    |
| 2 SUBURBS OF A CITY OR TOWN         |    |
| 3 RURAL OR OTHER SUB-<br>URBAN AREA | 42 |

48. Indicate the type of neighborhood by circling a number for one of the categories listed below. Consider the whole neighborhood, not just this household.

- 1 WEALTHY, SOCIETY NEIGHBORHOOD. HIGH INCOME AND PROBABLY SOME INHERITED WEALTH.
- 2 AN EXCELLENT WHITE COLLAR NEIGHBORHOOD. DOCTORS AND HIGH PAID EXECUTIVES.
- 3 A GOOD WHITE COLLAR NEIGHBORHOOD. NOT BIG EXECUTIVES, BUT NO BLUE COLLAR.
- 4 MOSTLY WHITE COLLAR, SOME SKILLED BLUE COLLAR CRAFTSMEN AS WELL. 43
- 5 MOSTLY GOOD BLUE COLLAR. SOME OFFICE WORKERS AS WELL.
- 6 STRICTLY WORKING CLASS. NO WHITE COLLAR.
- 7 SLUM AREA. PROBABLY MANY FAMILIES ON WELFARE.
- 8 HARD TO JUDGE.

49. Please estimate the respondent's understanding of the interview.

- |   |    |
|---|----|
| 1 NO DIFFICULTY -- No language or reading problem                   |    |
| 2 JUST A LITTLE DIFFICULTY -- Almost no language or reading problem | 44 |
| 3 A FAIR AMOUNT OF DIFFICULTY -- Some language or reading problem   |    |
| 4 A LOT OF DIFFICULTY -- Considerable language or reading problem   |    |

INTERVIEWER: KEEP GOING ON NEXT PAGE WHILE YOU WAIT.

50. Cooperation: How cooperative is the respondent -- very cooperative, fairly cooperative, not too cooperative, or openly hostile?

- 1 VERY COOPERATIVE
- 2 FAIRLY COOPERATIVE
- 3 NOT TOO COOPERATIVE
- 4 OPENLY HOSTILE

45

51. Validity: How confident do you feel about the opinions and other information respondent is giving you?

- 1 COMPLETELY CONFIDENT
- 2 REASONABLY CONFIDENT
- 3 HAVE SOME DOUBTS
- 4 HAVE CONSIDERABLE DOUBTS

46

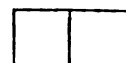
INTERVIEWER: WHEN RESPONDENT IS FINISHED, ASK:

Did you answer the questions on every page of the questionnaire? (IF NOT, WAIT WHILE RESPONDENT DOES IT.)

Did you answer every question that applies to you? (WAIT WHILE RESPONDENT CHECKS.)

WHEN YOU ARE SATISFIED, ASK RESPONDENT TO PUT QUESTIONNAIRE IN ENVELOPE. CONTINUE WITH INTERVIEW.

52. You have probably heard of the term "drug abuse." As you understand it, how would you explain what drug abuse is? (TRY TO GET FULL AND COMPLETE THOUGHTS OF RESPONDENT.)

47-  
48

53. Let's think of all the kinds of pills we have been talking about up to now. Not the drugs like heroin, but the pills you saw on the cards. If someone tried any of these pills once or twice, just to see what the effect would be, would you consider that to be drug abuse or not?  
(RECORD AND GO ON TO "b.")

	<u>ABUSE</u>	<u>NOT ABUSE</u>	<u>DEPENDS</u>	<u>NO OPINION</u>	<u>C?</u>
a. If someone took any of these pills once or twice just to see what the effect would be.	1	2	3	4	49
b. What if someone had some pills that a doctor prescribed but took more pills than the doctor said to take. Would that be drug abuse or not?	1	2	3	4	
c. What if someone bought some pills that you can get without a prescription but took more than the label said to take. Would that be drug abuse or not?	1	2	3	4	
d. What if someone took some pills that were prescribed for a different person. Would that be drug abuse or not?	1	2	3	4	
e. What if someone took these pills every day because they found that they had to have them to help them cope with the day. Would that be drug abuse or not?	1	2	3	4	53
f. What if someone took these pills just to enjoy the feeling they give. Would that be drug abuse or not?	1	2	3	4	
g. What if someone had cocktails or highballs with lunch and dinner and in the evening. Would that be drug abuse or not?	1	2	3	4	
h. What if someone smoked marihuana once or twice a week. Would that be drug abuse or not?	1	2	3	4	
i. What if someone used heroin once in a while. Would that be drug abuse or not?	1	2	3	4	
j. What if marihuana were made legal and using it was not against the law. If someone used marihuana under these conditions would that be drug abuse or not?	1	2	3	4	58

54. Do you know if each of these is a crime? First, to use prescription drugs that you get from a friend instead of your own prescription. As far as you know, is that a crime or not? (READ EACH ONE AND RECORD.)

	Q. 54			Q. 55			C7
	CRIME	NOT CRIME	NO OPINION	SHOULD BE	SHOULD NOT BE	NO OPINION	
a. Prescription drugs	1	2	3	1	2	3	59,63
b. For a person under 18 to drink alcoholic beverages?	1	2	3	1	2	3	60,64
c. For a person to use marihuana?	1	2	3	1	2	3	61,65
d. For a person to use heroin?	1	2	3	1	2	3	62,66

55. I'll go over these four things again, and regardless of how you just answered, tell me if you think it should be a crime or not. First, using prescription drugs that you get from a friend. Should that be a crime or not? (READ EACH ONE. RECORD.)

The rest of the questions are for statistical purposes.

56. How old are you? 11 12 13 14 15 16 17 67
57. How many brothers and sisters do you have? 0 1 2 3 4 5 6 or more 68
58. What is the last grade you have completed in school? Elementary school 6 7 8  
High school 9 10 11 12  
College 1 2 3 4 69
59. Are you going to school this year? 1 YES  
2 NO 70
60. Are your parents living? 1 BOTH LIVING  
2 ONLY MOTHER IS LIVING  
3 ONLY FATHER IS LIVING  
4 NEITHER OF THEM IS LIVING 71

THANK YOU VERY MUCH!

INTERVIEWER'S NAME: \_\_\_\_\_

INTERVIEWER'S I.D. #: \_\_\_\_\_

INTERVIEW TIME: \_\_\_\_\_ MINUTES 76-78 DATE: \_\_\_\_\_

72-  
75

# QUESTIONNAIRE A

FOR EACH QUESTION, PLEASE DRAW A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER THAT FITS BEST.

EXAMPLE: What is your favorite season of the year?

C5

① Spring      2 Summer      3 Fall      4 Winter

A1. Do you smoke cigarettes at the present time?      1 Yes      2 No      5

A2. On the average, about how many cigarettes do you smoke in a day?

(CIRCLE ONE NUMBER)

0	I do not smoke cigarettes	
1	Five or less cigarettes a day	6
2	About half a pack a day	
3	About one pack a day	
4	About a pack and a half a day	
5	Two or more packs a day	

A3. About how long ago did you begin using cigarettes regularly?

(CIRCLE ONE NUMBER)

0	I do not smoke cigarettes	
1	Less than a year ago	7
2	One to four years ago	
3	Five to nine years ago	
4	Ten or more years ago	
5	I don't use cigarettes regularly	

A4. During the past seven days, did you drink any beer? (CIRCLE ONE NUMBER)

1 Yes (answer questions A5 and A6)      2 No (go to question A7)      8

A5. About how many glasses of beer did you drink during the past seven days?  
(Count a 12 ounce can or bottle as two glasses.)

0	1	2	3	4	5	6	7	8	9	10	
11	12	13	14	15	16	17	18	19	20 or more		9-10

A6. Thinking of the day during the past week when you had the most beer to drink, how many glasses of beer did you have on that day?

1	2	3	4	5	6	7	8	9	10 or more	11
---	---	---	---	---	---	---	---	---	------------	----

PLEASE TURN THIS PAGE OVER AND DO THE OTHER SIDE.

A7. During the past seven days, did you drink any wine? (*CIRCLE ONE NUMBER*)

1	Yes (answer questions A8 and A9)	2	No (go to question A10)	12
---	----------------------------------	---	-------------------------	----

A8. About how many glasses of wine did you drink during the past seven days?  
(Count 3 or 4 ounces of wine as a glass.)

0	1	2	3	4	5	6	7	8	9	10	13-14
11	12	13	14	15	16	17	18	19	20 or more		

A9. Thinking of the day during the past week when you had the most wine to drink, how many glasses of wine did you have on that day?

1	2	3	4	5	6	7	8	9	10 or more	15
---	---	---	---	---	---	---	---	---	------------	----

A10. During the past seven days did you drink any hard liquor like cocktails or highballs, or on the rocks, or straight shots? (*CIRCLE ONE NUMBER*)

1	Yes (answer questions A11 and A12)	2	No (tell interviewer you are finished)	16
---	------------------------------------	---	--	----

A11. About how many drinks of liquor did you have during the past seven days?

0	1	2	3	4	5	6	7	8	9	10	17-18
11	12	13	14	15	16	17	18	19	20 or more		

A12. Thinking of the day during the past week when you had the most liquor to drink, how many drinks of liquor did you have on that day?

1	2	3	4	5	6	7	8	9	10 or more	19
---	---	---	---	---	---	---	---	---	------------	----

TELL THE INTERVIEWER WHEN YOU HAVE FINISHED.

QUESTIONNAIRE B

PLEASE ANSWER EACH QUESTION ON THIS PAGE BY WRITING IN AN AGE WHERE APPROPRIATE,  
OR CIRCLING A NUMBER.

- B1. About how old were you when you first read or heard about marihuana? C5  
20-21  
\_\_\_\_\_ (estimated age)
- B2. About how old were you when you first knew someone who had tried marihuana? 22-23  
\_\_\_\_\_ (estimated age)  
☒ Never knew anyone who had tried it
- B3. About how old were you when you first felt a bit curious about marihuana and  
thought that you might try it sometime? 24-25  
\_\_\_\_\_ (estimated age)  
☒ Never felt curious about it
- B4. About how old were you when you first had the chance to try marihuana if you  
wanted to? 26-27  
\_\_\_\_\_ (estimated age)  
☒ Never had the chance to try it
- B5. If you did have the chance to try marihuana at that time, did you try it? 28  
1 Yes  
2 No  
3 Not sure, don't remember
- B6. If you did not try marihuana at that time, when was the first time that you  
tried marihuana? About how old were you? 29-30  
\_\_\_\_\_ (estimated age)  
☒ I have not tried it

PLEASE TURN THIS PAGE OVER AND DO THE OTHER SIDE.

- B7. On the average, about how often do you use marihuana at the present time?
- (CIRCLE ONE NUMBER)
- 0 I have not tried it
  - 1 I have used marihuana but I don't use it now
  - 2 About once a month or less
  - 3 About two or three times a month 31
  - 4 About once a week
  - 5 A few times a week
  - 6 About once a day
  - 7 More than once a day
- B8. Did you ever use marihuana and around the same time take something else like a pill or alcohol (such as beer, wine or liquor)?
- (CIRCLE ONE NUMBER)
- 1 Yes (answer questions B9 and B10) 32
  - 2 No (go on to question B11)
  - 3 I have not tried marihuana (go on to question B11)
- B9. What kind of pill was it, or was it alcohol?
- 1 Pill (type: \_\_\_\_\_) 33
  - 2 Alcohol
- B10. How often do you use these together --
- (CIRCLE ONE NUMBER)
- 1 Nearly everytime I use marihuana 34
  - 2 About half the time
  - 3 Less than half the time
- B11. If marihuana were legal and available, would you probably:
- (CIRCLE ONE NUMBER)
- 1 Try it
  - 2 Use it more than I do now
  - 3 Use it less than I do now
  - 4 Use it about as often as I do now 35
  - 5 Not use it
  - 6 I don't know what I would do
- B12. If you found that one of your 12 to 20 year old children was smoking marihuana with friends, what would you probably do?
- 1 I would report him/her to the police 36
  - 2 I would punish him/her
  - 3 I would not forbid, but would try to discourage him/her from doing it again
  - 4 I would not discourage, but would simply discuss the pros and cons
  - 5 I would not do anything
  - 6 I don't know what I would do.

PLEASE TELL THE INTERVIEWER YOU ARE FINISHED.



## QUESTIONNAIRE C

THIS IS THE LAST QUESTIONNAIRE WE ASK YOU TO FILL OUT.

FOR MOST QUESTIONS, SHOW YOUR ANSWER BY DRAWING A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER CATEGORY THAT FITS BEST.

A FEW QUESTIONS ASK YOU TO WRITE SOMETHING IN.

PLEASE REMEMBER:

ALL INFORMATION IS CONFIDENTIAL. YOUR NAME IS NOT CONNECTED WITH THIS QUESTIONNAIRE OR ANY OTHER PART OF THE INTERVIEW.

PLEASE TURN THE PAGE AND BEGIN.

C1. Do you know anyone who has used heroin?

(CIRCLE ONE NUMBER)

- 1 Yes  
2 No

5

C2. About how old were you when you first had the chance to try heroin if you wanted to?

\_\_\_\_\_ (estimated age)

X Never had a chance to try it

6-

7

C3. If you did have the chance to try heroin at that time, did you try it?

(CIRCLE ONE NUMBER)

- 1 Yes  
2 No  
3 Not sure; don't remember

8

C4. If you did not try heroin at that time, when was the first time that you tried heroin? About how old were you?

\_\_\_\_\_ (estimated age)

X I have not tried it (skip to question C9)

9-

10

C5. When was the most recent time you tried heroin?

(CIRCLE ONE NUMBER)

- 1 Over a year ago  
2 More than six months ago  
3 Within the past six months  
4 Within the past month  
5 Within the last week

11

C6. Did you ever use heroin and around the same time take something else like a pill, or alcohol (such as beer, wine, or liquor), or marihuana?

(CIRCLE ONE NUMBER)

- 1 Yes (answer questions C7 and C8)  
2 No (skip to question C10)

12

C7. What kind of pill was it, or was it alcohol, or was it marihuana?

- 1 Pill (type: \_\_\_\_\_)  
2 Alcohol  
3 Marihuana

13

C8. How often do you use these together --

- (CIRCLE ONE NUMBER) 1 Nearly every time I use heroin  
2 About half the time  
3 Less than half the time

14

PLEASE GO ON TO THE NEXT PAGE.

C9. Would you like to try heroin once, to see what it is like?

- (CIRCLE ONE NUMBER)
- 1 Very much
  - 2 Maybe, not sure
  - 3 Probably not
  - 4 No, I don't think so
- 15

C10. If heroin were legal and available, what would you probably do?

- (CIRCLE ONE NUMBER)
- 1 Try it
  - 2 Use it more than I do now
  - 3 Use it less than I do now
  - 4 Use it about as often as I do now
  - 5 Not use it
  - 6 I don't know what I would do
- 16

C11. About how many of your friends have tried heroin at least once?

- (CIRCLE ONE NUMBER)
- 1 More than half
  - 2 About half
  - 3 Less than half
  - 4 Almost none
  - 5 None
  - 6 Don't know
- 17

C12. What would be the best thing to do about a person who is addicted to heroin?

- (CIRCLE ONE NUMBER)
- 1 Do nothing -- it's his own business
  - 2 Encourage him to get medical help
  - 3 Make him get medical help, even if he doesn't want to
  - 4 Punish him
  - 5 I don't know what would be best
- 18

C13. Which of the things listed below best fits your idea about what should be done about the heroin problem? You may pick more than one thing if you wish.

- 1 Crack down even more on the people who sell it
  - 2 Treat heroin usage like a medical problem, not like a crime
  - 3 Make heroin available to addicts in order to stop all of the crime that goes with it
  - 4 Construct a national treatment center and send all heroin users there until they are cured
  - 5 I don't know
- 19

PLEASE GO ON TO THE NEXT PAGE.

C14. Do you know anyone who has used LSD or something like it, such as mescaline, psilocybin, MDA, STP?

(CIRCLE ONE NUMBER)

- 1 Yes
- 2 No

20

C15. About how old were you when you first had the chance to try LSD or something like it if you wanted to?

\_\_\_\_\_ (estimated age)

X Never had a chance to try it

21-  
22

C16. If you did have the chance to try LSD or something like it at that time, did you try it?

(CIRCLE ONE NUMBER)

- 1 Yes
- 2 No
- 3 Not sure; don't remember

23

C17. If you did not try LSD or something like it at that time, when was the first time that you tried LSD or something like it? About how old were you?

\_\_\_\_\_ (estimated age)

X I have not tried it (skip to question C22)

24-  
25

C18. When was the most recent time you tried LSD or something like it?

(CIRCLE ONE NUMBER)

- 1 Over a year ago
- 2 More than six months ago
- 3 Within the past six months
- 4 Within the past month
- 5 Within the last week

26

C19. Did you ever use LSD or something like it and around the same time take something else like a pill, or alcohol (beer, wine, or liquor), or marihuana?

(CIRCLE ONE NUMBER)

- 1 Yes (answer questions C20 and C21)
- 2 No (go to question C23)

27

C20. What kind of pill was it, or was it alcohol, or was it marihuana?

(CIRCLE ONE  
NUMBER)

- 1 Pill (type: \_\_\_\_\_)
- 2 Alcohol
- 3 Marihuana

28

C21. How often do you use these together --

(CIRCLE ONE  
NUMBER)

- 1 Nearly every time I use LSD or something like it
- 2 About half the time
- 3 Less than half the time

29

PLEASE GO ON TO THE NEXT PAGE.

C22. Would you like to try LSD or something like it once, to see what it is like?

- (CIRCLE ONE NUMBER)
- 1 Very much
  - 2 Maybe, not sure
  - 3 Probably not
  - 4 No, I don't think so
- 30

C23. If LSD or something like it were legal and available, what would you probably do?

- (CIRCLE ONE NUMBER)
- 1 Try it
  - 2 Use it more than I do now
  - 3 Use it less than I do now
  - 4 Use it about as often as I do now
  - 5 Not use it
  - 6 I don't know what I would do
- 31

C24. Do you know anyone who has used cocaine?

- (CIRCLE ONE NUMBER)
- 1 Yes
  - 2 No
- 32

C25. About how old were you when you first had the chance to try cocaine if you wanted to?

\_\_\_\_\_ (estimated age) 33-  
 X Never had a chance to try it 34

C26. If you did have the chance to try cocaine at that time, did you try it?

- (CIRCLE ONE NUMBER)
- 1 Yes
  - 2 No
  - 3 Not sure; don't remember
- 35

C27. If you did not try cocaine at that time, when was the first time that you tried cocaine? About how old were you?

\_\_\_\_\_ (estimated age) 36-  
 X I have not tried it (skip to question C32) 37

C28. When was the most recent time you tried cocaine?

- (CIRCLE ONE NUMBER)
- 1 Over a year ago
  - 2 More than six months ago
  - 3 Within the past six months
  - 4 Within the past month
  - 5 Within the last week
- 38

PLEASE GO ON TO THE NEXT PAGE.

C29. Did you ever use cocaine and around the same time take something else like a pill, or alcohol (beer, wine, or liquor), or marihuana?

- (CIRCLE ONE NUMBER)
- |                                      |    |
|--------------------------------------|----|
| 1 Yes (answer questions C30 and C31) | 39 |
| 2 No (go to question C33)            |    |

C30. What kind of pill was it, or was it alcohol, or was it marihuana?

- |                      |    |
|----------------------|----|
| 1 Pill (type: _____) | 40 |
| 2 Alcohol            |    |
| 3 Marihuana          |    |

C31. How often do you use these together --

- (CIRCLE ONE NUMBER)
- |                                   |    |
|-----------------------------------|----|
| 1 Nearly every time I use cocaine | 41 |
| 2 About half the time             |    |
| 3 Less than half the time         |    |

C32. Would you like to try cocaine once, to see what it is like?

- (CIRCLE ONE NUMBER)
- |                        |    |
|------------------------|----|
| 1 Very much            | 42 |
| 2 Maybe, not sure      |    |
| 3 Probably not         |    |
| 4 No, I don't think so |    |

C33. If cocaine was legal and available, what would you probably do?

- (CIRCLE ONE NUMBER)
- |                                     |    |
|-------------------------------------|----|
| 1 Try it                            | 43 |
| 2 Use it more than I do now         |    |
| 3 Use it less than I do now         |    |
| 4 Use it about as often as I do now |    |
| 5 Not use it                        |    |
| 6 I don't know what I would do      |    |

C34. Do you know anyone who has sniffed glue or other things you breathe in?

- (CIRCLE ONE NUMBER)
- |       |    |
|-------|----|
| 1 Yes | 44 |
| 2 No  |    |

C35. Did you ever sniff glue or other things you breathe in for pleasure? If so, when was the first time?

- (CIRCLE ONE NUMBER)
- |  |    |
|--|----|
| 1 Over a year ago  | 45 |
| 2 More than six years ago  |    |
| 3 Within the past six months   |    |
| 4 Within the past month  |    |
| 5 I have not tried sniffing glue or other inhalants (skip to question C40) |    |

PLEASE GO ON TO THE NEXT PAGE.

C36. When was the most recent time you tried sniffing glue or other things you breathe in?

- (CIRCLE ONE NUMBER)
- 1 Over a year ago
  - 2 More than six months ago
  - 3 Within the past six months
  - 4 Within the past month
  - 5 Within the last week
- 46

C37. Did you ever sniff glue or other things you breathe in and around the same time take something else like a pill, or alcohol (beer, wine, or liquor) or marihuana?

- (CIRCLE ONE NUMBER)
- 1 Yes (answer questions C38, C39 and C40)
  - 2 No (tell interviewer you are finished)
- 47

C38. What kind of pill was it, or was it alcohol, or was it marihuana?

- 1 Pill (type: \_\_\_\_\_)
  - 2 Alcohol
  - 3 Marihuana
- 48

C39. How often do you use these two together --

- (CIRCLE ONE NUMBER)
- 1 Nearly every time I sniff glue or other inhalants
  - 2 About half the time
  - 3 Less than half the time
- 49

C40. Would you like to try sniffing glue to see what it is like?

- (CIRCLE ONE NUMBER)
- 1 Very much
  - 2 Maybe, not sure
  - 3 Probably not
  - 4 No, I don't think so
- 50

PLEASE TELL THE INTERVIEWER WHEN YOU ARE FINISHED.

CARD G

1. NOTHING SHOULD BE DONE
2. A FINE
3. PUT HIM ON PROBATION
4. REQUIRE HIM TO GO FOR  
TREATMENT
5. UP TO A YEAR IN JAIL
6. MORE THAN A YEAR IN JAIL