



**YOUTH SUBSTANCE ABUSE
IN
EASTERN FAIRFIELD COUNTY**

*Second Edition
January, 1988*

United Way
of Eastern
Fairfield County

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BRIDGEPORT, CT 06604

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**YOUTH SUBSTANCE ABUSE
IN
EASTERN FAIRFIELD COUNTY**

*A study conducted by the
United Way of Eastern Fairfield County*

*Research and Planning Division
Second Edition
January, 1988*

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United Way Regional Youth Substance Abuse Project

Introduction

BACKGROUND

Substance abuse among youth is generally recognized as a persistent and virulent human service problem. It appears to be nurtured by intense cultural and peer pressure, easy availability, the need to rebel, and even the glorification of wealthy pushers.

The individual substances may wax and wane in popularity and availability, but the consequences for the community are ominously steady: school drop-outs, street crime, ruined lives, and staggering costs to support the judicial, penal, and youth services systems.

The problem has been addressed by many helping systems, sometimes with partial success. But the response has often been implemented in piecemeal fashion, with one response system unaware of what is being done by another; each is weighed down by the perception that the community expects it alone to solve the problem. There had been no local professional research on the incidence and prevalence of substance abuse in the Greater Bridgeport area (Bridgeport and the suburban towns of Easton, Fairfield, Monroe, Stratford and Trumbull) until the effort that is being described in this Report. There had also been no locally produced and updated inventory of the resources currently dealing with the problem.

Nor had any organization in the community been positioned until now to marshal successfully all the helping systems and to provide a mechanism and an access to resources by which both the existing and new components of a major community effort against substance abuse could be effectively planned and implemented.

A COOPERATIVE RESPONSE

In the Spring of 1984, the Office of Human Resources Development of the City of Bridgeport approached the United Way with the seeds of a program to take on the task of dealing effectively with substance abuse among youth. The United Way raised the issue of a broadened program implemented cooperatively by the City and the United Way. The approach was soon enhanced to embrace all six towns of the Greater Bridgeport area, with an expanded professional research component and a better positioning for reaching out toward systematic cooperation from all potential helping systems.

PLANNING COUNCIL ACTION

The United Way Community Human Services Planning Council was established precisely to engage action-oriented professional research on specific human service issues and to marshal community interest and resources to plan and execute action on such issues.

After a discussion of Youth Substance Abuse at its meeting of March 7, 1984, the Planning Council made its recommendation to the Board of Directors, as follows:

That the Board create a Youth Substance Abuse Task Force to give direction to a Community Youth Substance Abuse Project with two components:

Research Component

- To document the level and extent of the problem regionally
- To document the present resources in the region
- To identify service gaps
- To determine measurable program objectives
- To identify and engage the participation of helping systems (education, police, health, agencies, etc.)

Program Development Component

- To identify program tasks (e.g.--prevention, training, rehabilitation, treatment, etc.)
- To engage helping systems to take on different short-term and long-term program roles in a coordinated manner.

ACTION BY THE BOARD OF DIRECTORS

On March 21, 1984, the Board of Directors of the United Way authorized the Planning Council to implement the Youth Substance Abuse Project and to report back to the Board with the Needs and Resources Report and an Action Plan for the Greater Bridgeport area. The Report and the Action Plan are presented in this document.

BRIEF OUTLINE OF REPORT

Part I of this Report is an overall summary describing the process of community mobilization around this effort, the major findings of our research, and the action response taken by the United Way as an invitation to further concrete action in the community.

Part II is an expansion of the findings of the Youth Survey, with a discussion of the research methodology, and a report on the incidence and prevalence of substance abuse among the youth of Greater Bridgeport, the stages of substance use, some treatment and prevention issues, and a comparison of our local data with national data, and data from a neighboring state.

The Appendices include a listing of the members of the Steering Committee and the Task Group who so ably guided the work of the staff, a copy of the questionnaire used in the Youth Survey, and technical notes on the methodology used in the Youth Survey.

ACKNOWLEDGEMENTS

The work of the Steering Committee and the Task Group, as well as the assistance of so many persons representing the helping systems, was invaluable.

There are a few persons, moreover, whom we wish to single out for special recognition.

The first is Dr. Ruth Gonchar, Director of the Office of Human Resources Development of the City of Bridgeport, who chaired the Steering Committee. Dr. Gonchar embodied the spirit of cooperation and openness to a coordinated and regional approach that is the keystone of our planning.

Another person who provided invaluable help and insights from his long experience in the field is Mr. Donald McConnell, Executive Director of the Connecticut Alcohol and Drug Abuse Commission.

We are particularly grateful to our Project Director, Ms. Judy Hostutler, whose research skills have provided a high level of credibility to our findings. We are also indebted to her for her success in reaching out effectively to marshall the expertise of our community leaders in the field of substance abuse.

She, in turn, has been ably assisted by a number of persons, notably Barbara C. Monde whose dedication and expertise in the field of substance abuse is known to many. Lynne Stogoski, Anne Ehnot, and Marie Bunkoczi should be acknowledged for the endless hours they spent on survey coding. Finally, we wish to thank the many others who spent their time and energies toward the timely completion of the survey coding.

We would like to express our deepest gratitude to the University of Bridgeport and especially to Dr. Leland Miles and Dr. Michael Grant for their leadership and to Steven Soricelli and Dr. Benjamin Judd for their many hours of technical assistance.

We are happy to acknowledge the community spirit of Citytrust for assistance in the printing of this report.

Finally, we acknowledge the support of the Board of Directors of the United Way of Eastern Fairfield County and the guidance and leadership of its Executive Director, Mr. Richard O. Dietrich.

Thomas L. Gray, Jr.
Chairman, United Way Community
Human Services Planning Council

Clifford J. Laube, JCD
Director, Research and Planning

Introduction to Second Edition

The publication in March, 1985, of the work described above marked the end of a major research effort. In another way, it also marked the beginning of a unique experiment in community organization. For within two months of that publication, a new process was begun--the United Way's Regional Youth Substance Abuse Project (RYSAP).

The second edition of this study adds a chapter to Part I, "The Regional Youth Substance Abuse Project--The First Two Years". This chapter briefly tells the story and describes the processes by which the community of Eastern Fairfield County responded to the alarming youth substance abuse problem documented in March, 1985.

Space does not allow here acknowledgment of the hundreds of volunteers who have shaped the course of two year's work. It must be said, however, that all the people of greater Bridgeport should be extremely proud of themselves, their leaders, their businesses and agencies, which have united across town lines to commit themselves to necessary long-term changes on behalf of their growth. This spirit of cooperation, embodied in and enabled by the United Way, has charted a new course for our community.

We are grateful for the generous support of WICC-Radio 60 which has supported the reprinting of this work.

Norwick R. Goodspeed
Chairman
Regional Youth
Substance Abuse Project

Elizabeth M. Pfriem
Co-Chair
Regional Youth
Substance Abuse Project

John C. Higgins-Biddle
Director
Regional Youth
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Part I

Report Summary

The Mobilization of the Community

- We worked together: the United Way, the City of Bridgeport, the suburban communities of Easton, Fairfield, Monroe, Stratford, and Trumbull and a host of helping systems and persons.

- We established a Steering Committee of ten community leaders, first selectmen, superintendents of schools, state officials, and local high-level professionals to guide our work.

- We surveyed 2,946 students in 34 schools in all six public school systems, the parochial schools, and Fairfield College Preparatory School.

- We met with key persons in each of those schools to explain the project and to listen to them.

- We established linkages with local task forces and community groups and encouraged their involvement.

- We brought together 15 community systems, involving over 125 persons (representatives from the public, parochial and private school systems in the six towns, police departments, state agencies, General Assembly, youth agencies, drug/alcohol agencies, hospitals, libraries, media, judicial system, corporations, etc.) to talk among themselves and with us about this problem, its dimensions, and pathways to solutions.

- We hosted a Community Workshop with 82 persons (professionals, parents, concerned citizens) to reflect on our findings and to work with us on solutions.

- We drafted a proposal for community action and shared it as a working document with these community leaders and incorporated their input.

- We researched and prepared for publication a directory of resources listing helpful information for parents and professionals, including information on 24 agencies within Greater Bridgeport, 15 providers located outside of Greater Bridgeport but willing to serve Greater Bridgeport youth, and four self-help groups providing services for youth with substance abuse problems.

- We researched and analyzed cooperative programming models in this field from around the country.

• We heard a consensus from the community on the following points:

1. There is a serious substance abuse problem among youth in the Greater Bridgeport area.
2. There are resources available in our area for youth with substance abuse problems, but these resources need to be coordinated and integrated. There are also gaps in the system of care which need to be addressed.
3. The problem cannot be effectively addressed without the participation of many community systems, including parents, schools, police, service providers, etc.
4. There is a need for a central, regional coordinating body to coordinate and integrate the substance abuse work of the various helping systems. This body should include persons with decision-making status and resources, and should have responsibility and authority as well as resources to address this problem.
5. This coordinating body should be positioned in the United Way structure because of its stature, neutrality, problem-solving record, and resources.
6. There may be obstacles to the successful operation of this coordinating body (turf, competition for resources, etc.), but these obstacles can be overcome.

SUMMARY: THE MOBILIZATION OF THE COMMUNITY

IN BRIEF, THE UNITED WAY OF EASTERN FAIRFIELD COUNTY MOBILIZED THE COMMUNITY TO ADDRESS THE QUESTION OF YOUTH SUBSTANCE ABUSE.

IN THIS PROCESS WE HAVE ENGAGED THE WIDEST SPECTRUM OF COMMUNITY AND STATE LEADERS TO EXAMINE:

- THE EXTENT AND DEPTH OF THIS PROBLEM;
 - THE STATUS OF COMMUNITY RESOURCES PRESENTLY ADDRESSING THE PROBLEM;
- AND
- COMMUNITY ACTION ALTERNATIVES.

IN THE FOLLOWING SECTIONS, WE WILL SUMMARIZE OUR FINDINGS IN THESE AREAS.

The Status of the Problem

BACKGROUND

The project has documented the level and extent of the problem through a Youth Survey involving 2,946 students from 34 schools of the public, parochial and private school systems. Due to invalid responses or because the respondent resides outside of our area, 217 surveys were deleted from the analysis, giving a total valid sample size of 2,729. The sample represents approximately twelve percent of the total youth population in the public, parochial, and private school systems of Greater Bridgeport (approximately 24,000 students).

Ten substances were examined: alcohol, cigarettes, marijuana/hashish, cocaine, inhalants, amphetamines, barbiturates, tranquilizers, LSD/psychedelics, and heroin. For the purposes of this summary, concentration is placed on the three most widely used substances other than cigarettes (alcohol, marijuana/hashish, and cocaine).

WHO USES DRUGS AND ALCOHOL?

The best predictor of substance use/abuse is age. Older adolescents are much more likely to use drugs and alcohol than younger adolescents. Concentration is, therefore, placed upon differences in substance use by grade level for the purposes of this summary. Differences in substance use by ethnicity, college plans, sex, family composition and academic achievement can be found in Part II of this Report.

- High school seniors report three to twelve times more current substance use than 7th graders. Current use refers to the use of a substance one or more times in the 30 days preceding the survey.

PERCENT USING EACH SUBSTANCE IN THE PAST 30 DAYS		
Substance	7th graders	12th graders
Alcohol	18.7	66.7
Marijuana/Hashish	7.1	36.4
Cocaine	1.3	13.9

- 20.5% of Greater Bridgeport seniors report using two or more substances (other than cigarettes) in the 30 days preceding the survey, compared to 5.8% of 7th graders. This is referred to as polydrug, or multiple substance, use.

HOW OFTEN ARE DRUGS AND ALCOHOL USED?

- It was considered important to make some distinction between the infrequent user and the youth who may be involved more seriously with drugs and/or alcohol. To this end, comparisons were done between the occasional user and the regular user. Occasional use is defined as the use of a substance between one and five times in the month preceding the survey. Regular use is defined as the use of a substance six or more times in the month preceding the survey; this averages using a substance more than one time per week. The reader should note that these are non-medical, non-diagnostic levels used solely for ease of interpretation.

The following table presents the percentage of students reporting occasional and regular levels of use by grade level for the three substances used most often other than cigarettes.

PERCENT REPORTING OCCASIONAL AND REGULAR USE OF THREE SUBSTANCES				
Substance	7th grade occasional use	12th grade occasional use	7th grade regular use	12th grade regular use
Alcohol	15.5	41.7	3.2	25.0
Marijuana/Hashish	5.0	19.2	2.1	17.2
Cocaine	1.0	11.0	.3	2.9

- The number of times that a student has used a substance in his or her lifetime gives an overall indication of the seriousness of that student's involvement with drugs and/or alcohol. To the extent that physical or psychological harm and other problems (truancy, family problems, etc.) are related to increased frequency of substance use, the percentages that follow give a rough estimation of the proportion of Greater Bridgeport youth who may represent the highest "at-risk" group regarding the potential harmful consequences of substance use.

The following table presents the percentage of students in each grade level reporting use of alcohol, marijuana/hashish, and cocaine over fifty times in their lifetime.

PERCENT REPORTING USE IN LIFETIME OF OVER 50 TIMES FOR THREE SUBSTANCES BY GRADE LEVEL							
Substance	7th	8th	9th	10th	11th	12th	Total 7 thru 12
Alcohol	1.6	6.6	4.7	19.9	27.4	31.8	14.5
Marijuana/ Hashish	1.6	2.9	5.6	10.9	19.9	19.1	9.5
Cocaine	0.0	0.2	0.7	1.0	1.1	2.9	1.0

WHAT ARE THE CONSEQUENCES OF SUBSTANCE USE?

Substance abuse refers to the interference in one's ability to function normally on a daily basis as a result of chemical use. The following percentages reflect the proportion of students who ADMIT to problems caused by their own use of drugs and/or alcohol and therefore may be "at-risk."

- 8% of all students feel that they use drugs/alcohol TOO MUCH.
- 11% admit to family problems due to their use of drugs/alcohol.
- 6.5% admit to health problems due to their use of drugs/alcohol.
- 6.3% admit to school absences due to their use of drugs/alcohol.
- 4.9% admit to school problems due to their use of drugs/alcohol.
- 4.3% admit to problems with the police due to their use of drugs/alcohol.

HOW DO WE COMPARE TO NATIONAL STATISTICS?

Comparisons were done between the Eastern Fairfield County survey and the national survey funded by the National Institute on Drug Abuse. Comparisons were limited to seniors since this is the only age group for which current representative national data exist. The following table reflects the differences in current use (use of a substance one or more times in the 30 days preceding the survey) between Greater Bridgeport seniors and national seniors for the most widely used substances.

PERCENT OF SENIORS USING EACH SUBSTANCE IN THE PAST 30 DAYS		
Substance	Greater Bridgeport Seniors (%)	National Seniors (%)
Alcohol	66.7	69.4
Cigarettes/Nicotine	40.2	30.3
Marijuana/Hashish	36.4	27.0
Cocaine	13.9	4.9
Amphetamines (Stimulants)	5.7	8.9

SUMMARY AND IMPLICATIONS: THE STATUS OF THE PROBLEM

THIS BRIEF PRESENTATION ON YOUTH SUBSTANCE ABUSE WILL BE EXPANDED IN PART TWO OF THIS REPORT. IT MAY BE SUMMARIZED AS FOLLOWS:

- 25% OF HIGH SCHOOL SENIORS IN OUR AREA ARE REGULAR USERS OF ALCOHOL; 17% ARE REGULAR USERS OF MARIJUANA/HASHISH.
- 13.9% OF HIGH SCHOOL SENIORS USED COCAINE IN THE 30 DAY PERIOD PRIOR TO THE DAY THE SURVEY WAS ADMINISTERED.
- THE PERCENTAGE OF HIGH SCHOOL SENIORS IN OUR AREA CURRENTLY USING MARIJUANA/HASHISH AND COCAINE EXCEEDS THE NATIONAL AVERAGE.
- ALCOHOL AND DRUG USE INCREASES BY GRADE LEVEL, WITH A SIGNIFICANT INCREASE BETWEEN THE 7TH AND 12TH GRADES.
- MANY STUDENTS PERCEIVE THAT THEIR USE OF DRUGS AND ALCOHOL IS NEGATIVELY AFFECTING THEIR LIVES AND RELATIONSHIPS.
- WE KNOW FROM OTHER DATA SOURCES THAT THE PROPORTION OF ADULTS USING ALCOHOL AND COCAINE IS ALSO SIGNIFICANT IN OUR REGION.

WE CONCLUDE FROM OUR DATA AND THE INPUT OF PROFESSIONALS AND PARENTS THAT ALCOHOL AND DRUG ABUSE IS A SERIOUS PROBLEM IN OUR COMMUNITY.

REGARDLESS OF COMPARISONS WITH OTHER AREAS AND OTHER AGE GROUPS, WE SHOULD NOT BE COMPLACENT AS WE OBSERVE THIS LEVEL OF SUBSTANCE ABUSE AMONG OUR YOUTH, AND THE HAVOC THAT IT BRINGS TO OUR FAMILIES AND COMMUNITY.

AS WE MOVE ON TO THE NEXT PART OF OUR RESEARCH, WE SHOULD ASK THE FOLLOWING QUESTIONS:

- DO EFFECTIVE SERVICES EXIST TO HELP THOSE AFFECTED AND TO REDUCE THE INCIDENCE AND PREVALENCE OF SUBSTANCE ABUSE?
- IS ENOUGH BEING DONE ABOUT THIS PROBLEM?
- HAS ANY ORGANIZATION TAKEN RESPONSIBILITY REGIONALLY FOR ADDRESSING THIS PROBLEM IN AN EFFECTIVE AND COMPREHENSIVE MANNER?

IN ORDER TO ANSWER THESE QUESTIONS, WE WILL NOW EXAMINE THE STATUS OF LOCAL RESOURCES IN THIS FIELD.

The Status of Community Resources

DEFINING A COMPREHENSIVE CONTINUUM OF CARE

Before the status of resources can be effectively analyzed, it is necessary to examine what would be included in an ideal continuum of care for youth with substance abuse problems. From our field visits to local agencies and national programs and from extensive discussions with the Connecticut Alcohol and Drug Abuse Commission, we have learned that substance abuse among youth cannot be effectively reduced without a comprehensive system of care comprised of the following components:

Community Awareness-----Prevention-----Intervention-----Treatment-----Aftercare

Community-wide education and awareness activities are designed to alert the community to the real nature of the substance abuse problem among its youth, deal with attitudes about substance use or mis-use, provide factual information about the problem, stimulate development of community resources, and get the community to deal with the conditions leading to substance use and abuse.

Prevention activities are aimed at increasing a young person's level of knowledge about the effects and ramifications of drug and alcohol mis-use, developing and reinforcing positive attitudes about oneself, and enhancing the individual's personal skills over time.

Intervention activities (including outreach, early intervention, and referral) are designed to identify the "at-risk" child, intervene in crises, provide help for youth experimenting with drugs and alcohol, provide services for users reluctant to use established treatment facilities, and provide referral services for youth in need.

Treatment programs are designed to eliminate physical and psychological dependency on chemical substances and prepare the youth for successful re-entry into the community (family, school, peer group, etc.).

Aftercare programs are aimed at maintaining the sobriety of the youth and assisting the recovering adolescent remain a stable part of the community.

Each of these components must be comprehensive and effective individually in order for this approach to be successful. For example, even the best school-based prevention program cannot be absolutely effective if a child sees his major role models (parents, older siblings, etc.) abusing a substance or if the community-at-large holds a positive image of substance use.

Moreover, each component of this continuum must be related to the other components. Community awareness and prevention activities are designed to inhibit/delay the onset of substance use. This is accomplished through dissemination of information, ultimately aimed at changing attitudes toward drugs and alcohol. If this approach is unsuccessful and a child does begin to mis-use a substance to the point of developing a chemical dependency, then a system should be in place to identify such a child and get him or her into treatment (this process of identification and confrontation is called intervention). Once a child has been identified as "at-risk," he or she needs a treatment system that is sensitive to his or her immediate needs. This would range from crisis counseling to residential treatment, depending upon the severity of the problem. Once a child has received adequate treatment and has obtained sobriety, he or she needs a support system to ensure that re-entry into the community will be successful, and that sobriety is maintained (this is aftercare). Aftercare is considered essential to long-term sobriety.

If any of these components is incomplete and does not operate effectively, then the chance of a child developing or furthering a chemical dependency is greatly increased.

RESOURCES AND GAPS WITHIN THE GREATER BRIDGEPORT DELIVERY SYSTEM

The project has documented the status of present resources in the region through the preparation of a Resource Directory (forthcoming). This Directory, in addition to documenting the status of present resources, is intended to provide a comprehensive listing of the substance abuse services available to youth in Greater Bridgeport with substance abuse problems and/or related behavioral disorders. In addition to these services, the Directory provides a listing of community awareness and prevention resources (films, literature, speakers, etc.) available to various community systems (schools, community groups, parents, etc.).

Since this is intended to be primarily a service directory, the agencies and organizations included in the Directory have provided on-going intervention, treatment, or aftercare services within the past year to youth and have a staff of trained professionals in the field of youth substance abuse.

Although not appropriate for inclusion in this Directory, there are many other agencies and organizations that are involved with community awareness and prevention activities (schools, parent and community groups, etc.). For further information on these groups, contact Info-line at 333-7555.

Twenty agencies and four self-help groups provide one or more of the following services: community awareness, prevention, crisis intervention, hotline, counseling, outreach, pre-treatment and referral, psychotherapy, parent support groups, school programs, alternatives for youth, acute care/evaluation, emergency medical services, peer counseling, and many others.

Of the resources available within Greater Bridgeport, many are restricted by town(s) served, age group served, or severity of the substance abuse problem. Of the 20 agencies offering substance abuse services in our area, four are restricted by town served and most have some restriction as to age group served and/or severity of the problem.

Despite the wealth of services within our area, there are still many gaps existent along the continuum of care. Some services are simply not available at all within the Greater Bridgeport region, including non-profit aftercare support groups for recovering adolescents, group homes and halfway houses for recovering youth, psychiatric beds specifically for drug/alcohol addicted youth, residential treatment facilities, a coordinated system of case management, and comprehensive planning along the continuum of care. Many components exist in part, but they are not as encompassing as is necessary to provide a sequential, integrated and systematic continuum of care. Again, each component must first be working individually and then must be integrated with the components. This involves all of the helping systems working together (schools, police, parents, hospitals, treatment facilities, drug/alcohol professionals, self-help groups, youth, etc.).

Chart I provides a listing of the major gaps along the continuum of care that have been identified by service providers and participants in a series of focus group meetings. These services are either non-existent within the Greater Bridgeport area or exist only in part on a regional level (some may exist in one town but not in the other five).

CHART 1

MAJOR GAPS IN SERVICES ALONG THE CONTINUUM OF CARE*

<u>Gaps in Community Awareness</u>	<u>Gaps in Prevention</u>	<u>Gaps in Intervention</u>	<u>Gaps in Treatment</u>	<u>Gaps in Aftercare</u>
Recognition of a problem by individuals and systems	Parent education	Training and involvement of schools, police, courts, physicians, parents, clergy, etc., on how to do successful interventions and confrontations	Residential treatment facilities (short and long-term) for youth with chemical dependencies	Aftercare counseling without a waiting list
Understanding of the problem by individuals and systems	School-based comprehensive drug and alcohol policies		Detoxification for drug and alcohol addicted youth	Aftercare support groups for recovering youth and their families
Media center(s) with drug and alcohol information	Sequential and integrated K-12 school curriculum	Emergency intervention with a trained professional capable of outreach and short-term counseling available 24 hours	Drug and alcohol specific psychiatric beds	Halfway houses
	Training (peers, parents, school personnel, etc.)		Counseling without a waiting list	Group homes
	Programs designed specifically for the minority population			
	Alternatives for youth (jobs, recreation, etc.)			
<div> <div>←</div> <div>System of case management</div> <div>→</div> </div>				
<div> <div>←</div> <div>Planning/coordination of an integrated comprehensive system of care</div> <div>→</div> </div>				

*These gaps have been identified by service providers within Greater Bridgeport and by participants in a series of focus group meetings. These services are either non-existent or exist only in part on the regional level.

SUMMARY AND IMPLICATIONS: THE STATUS OF COMMUNITY RESOURCES

WE HAVE DESCRIBED A COMPREHENSIVE CONTINUUM OF CARE THAT HAS TWO PURPOSES:

- TO REDUCE SUBSTANCE ABUSE AMONG YOUTH; AND
- TO ASSIST THOSE CURRENTLY IN NEED OF HELP.

TO BE EFFECTIVE, THIS CONTINUUM MUST INVOLVE A TOTAL COMMUNITY APPROACH, WITH PARTICIPATION BY ALL SEGMENTS OF THE COMMUNITY.

WE HAVE DOCUMENTED THE FACT THAT WHILE NUMEROUS USEFUL SERVICES IN OUR AREA PROVIDE ELEMENTS OF THIS CONTINUUM OF CARE, MANY ARE RESTRICTED IN ONE WAY OR ANOTHER.

MOREOVER, THERE ARE SOME SERVICES ESSENTIAL TO THE CONTINUUM OF CARE WHICH SIMPLY DO NOT EXIST IN OUR AREA.

THE MOST SALIENT OBSERVATION OF OUR RESEARCH, BASED UPON OUR NATIONAL FIELD VISITS AND THE INPUT OF LOCAL PROFESSIONALS, IS THAT THERE MUST BE A COORDINATED SYSTEM OF CASE MANAGEMENT IN THIS FIELD AND AN ORGANIZATION WITH RESPONSIBILITY FOR PLANNING AND ACHIEVING A FULL CONTINUUM OF CARE.

THERE IS NO SUCH COORDINATED SYSTEM OF CASE MANAGEMENT. THERE IS NO ORGANIZATION WITH RESPONSIBILITY FOR PLANNING AND ACHIEVING A FULL CONTINUUM OF CARE. THERE IS NO ORGANIZATION DEALING WITH THIS PROBLEM ON A REGIONAL BASIS--ONE THAT WOULD INCLUDE BRIDGEPORT, FAIRFIELD, STRATFORD, TRUMBULL, MONROE AND EASTON.

TO SUCH A SITUATION, THE UNITED WAY OF EASTERN FAIRFIELD COUNTY NOW RESPONDS WITH PLANS AND COMMITMENTS THAT ARE DESCRIBED IN THE FOLLOWING SECTION OF THIS REPORT.

The Response of the United Way

BOARD ACTION

Responding to a Report from the Planning Council which included essentially the same information as provided on the preceding pages, the Board of Directors of the United Way on January 16, 1985 authorized the publication and appropriate distribution of this Report, and also authorized:

THE ESTABLISHMENT OF A REGIONAL YOUTH ALCOHOL AND DRUG ABUSE RESOURCES SYSTEM PER ACTION PROPOSAL IN THE YOUTH SUBSTANCE ABUSE REPORT, WITH UNITED WAY FUNDING FOR THREE YEARS IN THE AMOUNT OF \$120,000 PER YEAR.

The Action Proposal alluded to in the Board motion, as well as goals, functions, structure, and resources, are presented below:

ACTION PROPOSAL

IN ORDER TO ADDRESS A NOW-DOCUMENTED SERIOUS YOUTH SUBSTANCE ABUSE PROBLEM, IT IS PROPOSED THAT THE UNITED WAY ESTABLISH A REGIONAL YOUTH ALCOHOL AND DRUG ABUSE RESOURCES SYSTEM TO RAISE COMMUNITY AWARENESS AND FACILITATE HELPING SYSTEMS TO COOPERATE THROUGH A REGIONAL COORDINATING COMMITTEE, WITH BASIC FUNDING FOR THREE YEARS.

GOALS

1. To impact measurably on the incidence and prevalence of youth substance abuse in Eastern Fairfield County through a coordinated program of community awareness, prevention, intervention, treatment and aftercare.

2. To demonstrate the capacity and effectiveness of regional multi-system planning, coordination and cooperation in focusing resources and talent to address a major local human service problem.

FUNCTIONS OF THE COORDINATING COMMITTEE

1. To manage the design, establishment, and implementation of a comprehensive continuum of care for this region (community awareness, prevention, intervention, treatment, and aftercare) in the field of youth substance abuse.
2. To identify, pursue, obtain matching funds and manage the resources committed from both the private and public sectors essential to the achievement of the continuum of care.
3. To determine specific measurable objectives and timelines for their achievement.
4. To identify specific programs that will achieve those objectives or act as program models that can be replicated within the six-town region.
5. To issue Requests for Proposals for such programs and to establish requirements for the funding, implementation, and evaluation of such proposals, e.g., matching requirements, inter-agency cooperation, parent group participation.
6. To propose contracts with organizations, public or private, for the implementation of such programs.
7. To conduct an effective progress management process either through a second administration of the Youth Survey after three years, or through some other method.
8. To provide information and data base capacity for professionals in the field.

STRUCTURE OF THE COORDINATING COMMITTEE

Coordinating Committee:

A committee of approximately 20 leaders with status and/or resources in the Greater Bridgeport area, working with an advisory body that includes professionals, parents and youth.

Staff:

A staff consisting of a professional and support person.

Positioning:

The Coordinating Committee will exist as a special committee of the United Way Community Human Services Planning Council for a period of three years.

The Committee, while operating within the Planning Council, will have the responsibility and authority to allocate dollars from the initial pool, and to search out additional resources through foundations and other private as well as public sources, local, state, and federal.

The Committee shall report to the United Way Board through the Planning Council.

RESOURCES

United Way:

An initial pool of \$120,000 per year for three years from the United Way. The United Way expects to secure matching funds at least equal to that amount from other private and public sources. Funds for programming will be available through a request for proposal process.

Potential Other Sources Of Funding:

- National Institutes of Drug Abuse and Alcohol Abuse and Alcoholism through their parent organization (Alcohol, Drug, and Mental Health Administration), under the United States Department of Health and Human Services

- State of Connecticut, Juvenile Justice Department

- Federal Drug Enforcement Administration

- Federal ACTION office

- Connecticut Alcohol and Drug Abuse Commission (especially for training and technical assistance)

- Federal Department of Education

- Save the Children (especially for technical resources)

- Municipal and State governments

- Foundations (local and national)

SUMMARY AND IMPLICATIONS: THE RESPONSE OF THE UNITED WAY

RESPONDING TO THE SERIOUSNESS OF THE PROBLEM OF YOUTH SUBSTANCE ABUSE AND THE ABSENCE OF A COMPREHENSIVE AND REGIONAL CARING SYSTEM, THE UNITED WAY BOARD APPROVED A COURSE OF ACTION TO ADDRESS THE ISSUE.

THE UNITED WAY WILL OFFER ITS RESOURCES AND ITS MANAGEMENT CAPACITY TO CREATE AND BE RESPONSIBLE FOR A REGIONAL CARING SYSTEM. WHERE DIRECT SERVICES ARE NECESSARY, THE UNITED WAY WILL SEEK LOCAL AGENCIES, ORGANIZATIONS AND INSTITUTIONS TO IMPLEMENT THOSE SERVICES.

THE UNITED WAY WILL COMMIT \$360,000 OVER THREE YEARS FOR PROGRAM AND MANAGEMENT COSTS, AND EXPECTS TO SECURE MATCHING FUNDS AT LEAST EQUAL TO THAT AMOUNT FROM OTHER PRIVATE AND PUBLIC SOURCES TO INITIATE AND MANAGE THIS CARING SYSTEM.

Regional Youth Substance Abuse Project: The First Two Years

FROM RESEARCH TO ACTION

The positive response of the United Way just described was not merely a response to the incidence and prevalence data. It was a response above all to the community consensus described briefly on pages 2 and 3.

United Way was convinced that a program could be developed that would encompass all the region and bring all the communities together to work cooperatively on the problem. With the initiation of the Regional Youth Substance Abuse Project (RYSAP) in 1985, that conviction started to become a reality. RYSAP plunged into work in the summer of 1985, mobilizing the six regional communities to action.

RYSAP MOBILIZES FOR ACTION

The key element and most unique feature of the Regional Youth Substance Abuse Project lies in the cooperative partnership that has been established under the leadership of the United Way.

The project is governed by a Coordinating Committee comprised of:

- Every chief municipal official in the six towns,
- Every superintendent of schools,
- Every chief of police,
- Key business and legislative leaders,
- Key drug and alcohol professionals, and
- The Executive Director of the Connecticut Alcohol and Drug Commission (Ex Officio).

This committee is responsible for overseeing the allocations of all funds and the implementation of programs spanning a broad range of services to youth and adults. The members of the Coordinating Committee attend meetings and work between meetings. It is an active, cooperative, public-private partnership.

THE ADVISORY COMMITTEES

Assisting the Coordinating Committee are three advisory committees:

Professional Subcommittee

Drug and alcohol professionals, medical professionals, education representatives, and treatment providers.

Community Subcommittee

Youth-serving agency executive directors, town task force leaders, community organization representatives.

Youth Subcommittee

Sophomore, junior and senior high school students representing every school in the region.

Overall, there are nearly 150 people meeting and working on a regular basis to contribute to this project, not including over 200 school personnel in the junior and senior high schools.

Never before has such a comprehensive partnership been established involving the top leadership of the municipalities, state legislators and agencies, business community and the non-profit human service sector to address a long-term social problem. Differences that often separate and divide such undertakings have been either put aside or overcome in the project's joint resolution to work together meeting the challenge.

THE PHILOSOPHY

Underlying the general goals described on page 15, RYSAP is guided by a single philosophy--to prevent young people from developing use patterns and chemical dependencies, and to provide caring assistance to those young people who are already suffering from such problems.

The project leaves to the law enforcement organizations the job of reducing the supply of drugs and alcohol available in the region--instead concentrating its efforts on reducing the demand for drugs and alcohol. This means changing the attitudes and behavior of both young people and adults, which is not an easy commitment.

Alcohol and other drugs have long played a significant role in our culture. Our children are not the first to use and abuse them--they have been taught by our adult society. RYSAP recognized that different lessons needed to be taught.

SOURCES OF FUNDING

In initiating the Regional Youth Substance Abuse Project, the United Way of Eastern Fairfield County committed \$360,000 over a period of three years to serve as the foundation of the program's efforts. Those funds represent the collected contributions of corporations and employee groups to the annual United Way campaign. In addition, the project received unsolicited contributions from local groups and individuals.

The six municipalities of Bridgeport, Easton, Fairfield, Monroe, Stratford and Trumbull are sharing an annual contribution of \$50,000 over a three year period.

Additional funding was received from the State Department of Education which awarded two grants totalling \$38,500 in support of the project's work with local school systems. Finally, the General Assembly of Connecticut, acting through the Connecticut Alcohol and Drug Abuse Commission (CADAC), committed \$150,000 to be used during a fiscal period during 1986-87. Additional funding will be applied for on a continuing basis.

Contributions to RYSAP from local, private foundations constituted the fourth sector of support. The Bridgeport Area Foundation, Carstensen Memorial Foundation, Fairfield County Cooperative Foundation, the Wahlstrom Foundation and the Near and Far Aid Association have pledged a total of \$84,000.

Thus, RYSAP has developed a full partnership of the private sector, local municipalities and the State of Connecticut.

WHAT HAS BEEN ACCOMPLISHED IN TWO YEARS

Community Awareness

A full-scale program of community awareness and prevention was implemented in the first year of the project, and continues to be a primary aspect of the overall RYSAP program.

In the first year, a mass media campaign targeted both to parents and young people focused on the findings of the report. Ongoing campaigns have run throughout the year, dealing with various aspects of drug and alcohol prevention. Press releases heightening public awareness of project activities are an important part of the RYSAP communications function.

An informative, extensive 125-page directory of services in the Eastern Fairfield County region has been published and distributed throughout the municipalities and to the corporations in the region. A 24-hour emergency hotline to supply drug prevention information was established through Info Line during the first year of the project.

Additionally, RYSAP developed and sponsored the first statewide conference on crack cocaine in December 1986, attended by the governor, community leaders, state legislators, and professionals from all across Connecticut. In the spring of 1987, RYSAP initiated and coordinated Youth Substance Abuse Prevention Month with a wide variety of media and community-sponsored events designed to heighten both youth and adult drug prevention awareness.

During 1986 and 1987, anti-drug posters in English and Spanish have been created and distributed to every elementary, junior and senior high school in the region. Two drug prevention brochures have been developed for parents--one for parents of young children, and the other for parents of teenagers--and are being distributed to the entire six-town region through educational, medical, religious and civic organizations.

Prevention

The project has not entered into the traditional forms of direct service, but is coordinating, training, and assisting the hundreds of people in the region who are already present to help prevent the problem of youth substance abuse.

Summer camp drug prevention activities have been promoted and camp counselor prevention training workshops have been conducted for the past two years. In addition, 14 community-based activities have been funded through the RYSAP Mini-Grant Program initiated during the first year of the project.

RYSAP has trained youth-serving agency personnel in the establishment of agency-based policy, prevention, and intervention activities. It has also trained regional police officers who are, in turn, currently training other officers in substance abuse issues.

Additionally, a team of school curriculum experts worked for six months to study drug abuse prevention curricula, selecting a model curriculum for grades K through 12. It will take two to four years to implement this curriculum, and RYSAP will be providing training to hundreds of teachers in how to use the new program effectively.

Intervention

A major undertaking was the coordination of a unified school drug policy for the region. RYSAP coordinated the development of the policy by the superintendents of schools and the police chiefs of all communities. This policy was then approved by five of the six public school districts, as well as the Roman Catholic school system.

The new school policy called for the creation of CORE teams in the junior and senior high schools. The CORE, or Student Assistance team, is a designated and specially trained team of school staff members, including an administrator, nurse, guidance counselor, social worker, and selected teachers.

Over 200 school staff have been trained by the RYSAP prevention staff since the adoption of the drug policy in September 1986. Trained in prevention and intervention, the CORE team's primary functions are to promote prevention, to identify drug-involved students, and to intervene with drug-involved students to assure that the student gets help from outside community agencies and within the school system, itself.

Based on the success of the drug policy, and at the request of the school systems, RYSAP is currently (Fall 1987) coordinating the development of a regional teen suicide policy which is expected to be approved by the schools, and enacted for the 1987/88 school year.

As a result of the interaction precipitated by the drug policy, the school superintendents and police leaders have set a pattern of meeting together. A recent result of this alliance has been the initiation of a police/school liaison program to share pertinent information about the problem of drugs in each town and across the region, including where students are buying drugs and alcohol. It is hoped that this program will improve communications between police and schools and will result in cutting off some of the avenues of availability, thus deterring some young people from experimentation.

Treatment/Aftercare

In the Fall of 1986 RYSAP contracted with a leading national research organization to conduct a program of Needs Assessment Research in the greater Bridgeport area. This research was designed to assess the various drug and alcohol services available to youth in the region, and to determine future needs for such services.

Before the final report was completed, the preliminary findings of the research indicated the need for new types, better quality, more cost-effective treatment services for the region. Acting upon this early input, and in a continuing effort to assure a complete continuum of services for drug-involved youths of the region, RYSAP formed a Treatment System Development Committee in August 1987.

Composed of leaders from insurance organizations, local corporations, and state agencies, as well as medical and drug and alcohol professionals, educators and legislators, the committee plans to study the findings of the research study in the months ahead.

They will be designing the development of a totally comprehensive integrated drug and alcohol treatment services system which, when implemented, will be the first of its kind in Connecticut, perhaps in the nation. The committee will be looking closely at two important aspects of treatment services--case management and a broad spectrum of services. Every facet of treatment services from counseling to residential programs will be reviewed, and recommendations will be made for improving existent services and developing whatever new services will be needed to treat drug-involved youths in the region.

WHAT'S NEXT FOR RYSAP?

There is a full agenda for the next few years.

In the area of community awareness, a 13-part television series aired in the Fall of 1989 and plans are underway to establish substance abuse resource centers in all school and town libraries in the six-town region.

Additionally, a community outreach effort is being planned to develop better lines of communication within the inner city neighborhoods, and to increase opportunities for drug prevention education both to children and parents. Parent education is also on the agenda for the coming years in the effort to prevent youth substance abuse at every level of our community.

In the prevention area, assistance to local communities will be a major focus of upcoming programs. For instance, plans are being formulated to train Community Prevention Councils that will develop and execute prevention projects in each of the six-towns of the region. To increase involvement on a neighborhood level, Youth Involvement Teams of adults and youths will be trained by RYSAP to implement specific substance abuse projects.

Lastly, we anticipate the Treatment System Development Committee's plan of a new comprehensive drug and alcohol treatment services system for the region to be completed by early 1988, and its recommendations for new services and improvements in existent services to be implemented on an ongoing basis throughout 1988 and beyond.

WHAT WE HAVE LEARNED

In summary, by bringing all of the concerned organizations, groups and individuals in the region to act together, RYSAP is starting to make a difference. The experience has demonstrated that a successful community organization model must involve:

MULTI-SYSTEM COORDINATION

All community groups related to youth working together. What one system cannot do alone, can be done by two or more systems working together.

REGIONAL COOPERATION

Building cooperation among municipalities--the courage, insight and strength to do together what no town could do alone.

PUBLIC/PRIVATE PARTNERSHIP

Funding provided by an agency--in RYSAP's case, United Way--plus participating municipalities, foundations and corporate and individual donors. The key to forging a strong partnership is the leadership of the business community.

COMPREHENSIVE CARE

Commitment to community awareness, prevention and intervention programs, treatment and aftercare systems.

SYSTEMIC CHANGE

Recognition of the need to change not only attitudes and behavior of an entire community for the long term, but also to adjust the systems, organizations and structures of the society to support and maintain the changes that individuals can make in their own lives.

Part II

Youth Survey Findings

Introduction

Prior to this study, existent data on substance use in Greater Bridgeport generally fell into one of the following categories: national data that may include one or more area schools in the sample, data on a single school, or data that reports on a single segment of the youth population (i.e., treatment data). Little systematic data exist on substance use among Greater Bridgeport youth, and no regional data exist for our area. The primary purpose of this report is to provide an information base for the Greater Bridgeport community on the use of chemical substances among its youth.

In order to assess the nature and extent of substance use and its effects among our youth and to determine the demand for services in this region, the United Way of Eastern Fairfield County, Inc., in cooperation with the City of Bridgeport's Office of Human Resources Development and the five suburban communities of Easton, Fairfield, Monroe, Stratford and Trumbull, conducted a Youth Alcohol and Drug Survey among 7th through 12th graders.

The results will provide the basis for more rational planning of drug and alcohol awareness, prevention, intervention, treatment, and aftercare programs and will permit a more accurate ordering of priorities and more optimal and targeted allocation of available resources.

This report presents the findings of the Eastern Fairfield County Youth Alcohol and Drug Survey conducted during September and October, 1984, among 7th through 12th graders in the public, private, and parochial schools of Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull. The sample does not include 7th graders from the Trumbull public school system.

The aim of this report is to provide information on the nature and extent of substance use among Greater Bridgeport youth. Specifically, use in lifetime and frequency of use of ten substances are examined. The ten substances included in the survey are: alcohol, marijuana/hashish, cigarettes, cocaine, amphetamines, barbiturates, inhalants, tranquilizers, LSD/psychedelics, and heroin. Additionally, information is provided on the characteristics of the youth who use drugs and alcohol, reasons for use/non-use, social context of use, awareness and perceived effectiveness of drug education programs, and problems associated with substance use.

This information will assist local policy-makers to determine the need, necessary components, and value of prevention programming. Further, this information will provide the community-at-large with a better understanding of how and why youth become involved, and stay involved, with drugs and alcohol.

Research Methodology

This section gives a brief summary of the procedures and methodology used in the Eastern Fairfield County Youth Alcohol and Drug Survey. A more detailed discussion can be found in Appendix D.

SAMPLING DESIGN

The sampling design was such that each student in the public, private, and parochial schools had an equal probability of being selected to take the survey. Further, the sample was proportionately representative of the population in the following regards: grade level, school system, and academic achievement level. (See Chart 2 for characteristics of the sample.)

The sample size allowed us an error tolerance of +/- two percentage points with a confidence interval of 95 percent. Otherwise stated, 95 out of 100 times, we would be within two percentage points of accurately predicting from our sample to the entire population of school children in grades 7 through 12 in the Greater Bridgeport region.

VALIDITY

Overall, there is impressive consistency across questions regarding the same behavior, thereby providing suggestive evidence as to the validity of the findings in this report.

If any systematic bias does exist in the Eastern Fairfield County data, it would be an underestimation of substance use. The reasons for this are two-fold. First, the data does not include the drop-out population. Several studies indicate that substance use is disproportionately higher among the drop-out population (Robins and Murphy, 1967; Helzer, et. al., 1975-76; and Farley, et. al., 1979). Secondly, since frequent substance users are more likely to have a higher absentee rate, students absent from school on the date of survey administration probably include a disproportionate amount of current substance users. The amount of bias due to absenteeism, however, is probably not substantial since less than five percent of the students in the classes sampled were absent on the date of survey administration.

CHART 2

CHARACTERISTICS

1984 EASTERN FAIRFIELD COUNTY YOUTH SURVEY SAMPLE

(VALID RESPONSES ONLY)*

	7TH**	8TH	9TH	10TH	11TH	12TH	TOTAL***
SAMPLE SIZE	n 384	555	564	397	369	460	2729
	% 14%	20%	21%	15%	14%	17%	100%
% MALE	48%	52%	47%	52%	48%	53%	50%
% FEMALE	52%	48%	53%	48%	52%	47%	50%
% BLACK	10%	10%	17%	11%	15%	16%	13%
% WHITE	73%	77%	64%	73%	73%	74%	72%
% HISPANIC	14%	9%	14%	12%	8%	6%	11%
% ORIENTAL	1%	2%	2%	2%	1%	1%	2%
% OTHER	2%	3%	3%	2%	2%	2%	2%
% HIGH ACADEMIC ACHIEVEMENT	13%	10%	32%	31%	16%	25%	21%
% AVERAGE ACADEMIC ACHIEVEMENT	79%	87%	59%	51%	70%	64%	68%
% LOW ACADEMIC ACHIEVEMENT	8%	2%	9%	18%	15%	11%	11%
% PUBLIC	71%	69%	80%	87%	83%	86%	79%
% PRIVATE	0%	0%	5%	3%	4%	3%	3%
% PAROCHIAL	29%	31%	15%	9%	13%	11%	18%

*Percentages are based upon valid responses to each item.

**7th grade data do not include Trumbull 7th graders.

***Percentages may not equal 100 percent due to rounding.

Summary of How the Study Was Conducted

- During the summer of 1984, permission was obtained from the appropriate school authorities in the public, parochial, and private school systems of Greater Bridgeport.
- In September and October, 1984, 7th through 12th graders in the Towns of Bridgeport, Easton, Fairfield, Monroe, Stratford and Trumbull completed a 14-page, 71-item questionnaire on drugs and alcohol.*
- 34 public, parochial, and private schools were included in the analysis via a random process.
- Proportionate stratified sampling was used to increase the efficiency of the design.
- The survey instrument covered a range of topics, including the following:

What substances are being used regionally;
How widely and how often these substances are
being used regionally;
The characteristics of the youth who use
substances (by age, sex, ethnicity,
academic achievement, outlook on life, etc.);
The different stages of use--what makes a young
person begin to use drugs, continue to use
them, and stop using them; and
The awareness that young people have of drug
education programs and their perceived
effects on drug and alcohol use or non-use.

- Lifetime prevalence (percent ever used) and recency of use (percent used in the past 30 days) items of ten drug categories were comparable to national survey items, making comparisons between the Eastern Fairfield County and the national survey possible.

*Sample does not include 7th graders from the Trumbull public school system.

GENERALIZABILITY: A WORD OF CAUTION

At this point, it seems appropriate to caution the reader about interpreting and generalizing the findings of this report. The population included in the sample is limited to those students present on the date of survey administration. This population does not include students absent from school on that date or school drop-outs. We cannot assume that these students have the same rate of use as those students sampled.

Additionally, the sample does not include Trumbull 7th graders from the public school system. To the extent that Trumbull 7th graders in the public school system may vary from the sampled 7th graders, caution should be exercised when generalizing our data to the 7th graders in the Trumbull public school system. (Since Trumbull 7th graders participated in a self-concept program entitled "Me-ology" during the academic year preceding this survey, there is reason to believe that they may differ from sampled 7th graders.)

Our data is reflective of the school age population enrolled in grades 7 through 12, with the above exceptions, and is quite representative of this population as a whole. We can generalize with great accuracy to the enrolled youth population in grades 7 through 12 (approximately 24,000 students); extreme caution should be exercised when generalizing our data to the entire youth population, including drop-outs.

A FINAL WORD

Although the substance use estimates are quite consistent across a variety of measures, the reader will note some minor discrepancies in the percentages of use in lifetime and current use (past 30 days). These discrepancies are largely a function of "missing values;" that is, some students may answer one question regarding their use and not answer a similar question elsewhere in the survey. This results in slightly different percentages of use for different measures. One should note, however, that the item which asked specifically if a student has "ever used a substance in their lifetime" (Item 41) and the item which asked if a student has "used a substance in the past 30 days" (Item 39) appear to be the best estimates of use in lifetime and current use. These items contain the smallest amount of missing values (less than one percent of the valid responses to these items are missing). The charts and tables that follow are based upon valid responses to each item. In cases where missing values exceed one percent of the total sample size, a special note has been made in the table or chart. Overall, the items measuring the same behavior are quite consistent.

The findings contained herein provided the basis for the Action Plan described in Part I of this Report.

The findings that follow are intended to provide the reader with an overview of the substance use/abuse problem among Greater Bridgeport youth, primarily through graphic and tabular presentations. The report does not offer any explanations or interpretations for any of the results contained herein. It is hoped that this report will provide information for future discussions among professionals in the substance abuse and education fields regarding the practical significance and implications of the survey findings.

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Incidence & Prevalence of Substance Abuse and Related Data

This section summarizes the nature and extent of substance use among Greater Bridgeport 7th through 12th graders. Specifically, data regarding the number of students using various substances (prevalence), the frequency with which they use these substances (incidence), and general information regarding patterns of substance use are examined. The specific substances examined are: alcohol, marijuana/hashish, cocaine, cigarettes, amphetamines, barbiturates, tranquilizers, LSD/psychedelics, inhalants, and heroin.

Operationally, prevalence measures indicate the proportion of students who report use of a substance in a specified time period (lifetime and past 30 days). Incidence measures, or frequency, refer to the number of times a substance has been used in the above time periods (lifetime and past 30 days).

A. PREVALENCE OF SUBSTANCE USE:

WHAT SUBSTANCES ARE BEING USED AND HOW WIDELY

1. Lifetime Prevalence

Lifetime prevalence refers to the proportion of students who have ever used a substance in their lifetime. This measure includes those students who have used a substance only one or two times. While this measure establishes the overall parameters of substance use, it does not distinguish between the experimental or occasional user and the more frequent or regular user. Some distinctions between various levels of use are dealt with in the following section, "Incidence of Substance Use."

Table 1, which presents the proportion of students by grade level who report use in lifetime prevalence of each substance, indicates that:

- Substance use increases with grade level: 79.9% of seniors report use in lifetime of alcohol, compared to 32% of 7th graders; 57.7% of seniors report use in lifetime of cigarettes, compared to 31.5% of 7th graders; 54.9% of seniors report use in lifetime of marijuana/hashish, compared to 9% of 7th graders, and 22.4% of seniors report lifetime use of cocaine, compared to only .1% of 7th graders.

- More than one out of every two students in grades 7 through 12 have used alcohol at some time in their life (58.6%).

NOTE: The use of cigarettes is significant since several studies have related the early use of cigarettes with later use of alcohol and marijuana.

Further, Table 1 illustrates the following:

- Marijuana/hashish is the most widely used illicit substance; 32.9% of all 7th through 12th graders have tried this substance at least once.
- Cocaine is the next most widely used illicit substance; 9.2% of all students surveyed have used cocaine on one or more occasions.
- Heroin is the most infrequently used substance, with only .9% of all students reporting use of heroin at some point in their lifetime.

2. Thirty Day Prevalence

Thirty day prevalence (or current use) measures the proportion of students who have used a substance in the 30 days preceding the administration of the survey. This measure gives a better indication of those youth that are most likely beyond the experimental stage and exhibit patterns of more frequent use.

Table 2 presents the proportion of students who report 30 day prevalence, or current use, of various substances by grade level. Some highlights are:

- 30 day prevalence generally increases with grade level.
- Alcohol is clearly the most widely used substance in the 30 days preceding the survey; 45.3% report using alcohol one or more times in the past month.
- 21.4% of all students surveyed report use of marijuana/hashish in the 30 days preceding the survey.
- Roughly one-third (34.1%) report current use of cigarettes.
- 5.9% report current use of cocaine.
- Less than five percent report use of other substances in the past month (amphetamines, inhalants, barbiturates, tranquilizers, LSD/psychedelics, and heroin).

B. INCIDENCE OF SUBSTANCE USE: HOW OFTEN DRUGS AND ALCOHOL ARE USED

1. Lifetime Incidence

Lifetime incidence refers to the number of times a substance has been used in a student's lifetime. This measure gives an overall indication of the proportion of students who are beyond the experimental stages of use and exhibit patterns of more frequent use. This measure includes those students who have used a substance frequently in the past, but have since discontinued use. The next section focuses on current incidence, or the number of times a substance has been used in the past month, which gives a better indication of the proportion of students who are currently exhibiting more intensive use of various substances. Item 41 asked students, "How often have you EVER USED each of the following substances for NON-MEDICAL PURPOSES?" The response options were:

- Never Used • 1-2 Times • 3-9 Times • 10-50 Times • Over 50 Times

TABLE 1

LIFETIME PREVALENCE OF TEN SUBSTANCES

(Proportion of students reporting use in their lifetime)

Substance	Grade Level						Total
	7th *	8th	9th	10th	11th	12th	
Alcohol	32.0	44.8	52.5	70.2	76.7	79.9	58.6
Cigarettes	31.5	43.4	47.5	58.4	58.3	57.7	49.2
Marijuana/ Hashish	9.0	18.5	26.9	41.7	51.4	54.9	32.9
Cocaine	2.1	3.5	5.4	8.4	15.5	22.4	9.2
Amphetamines	1.3	2.8	5.1	8.2	14.2	14.3	7.3
Inhalants	2.6	4.8	5.1	7.2	5.8	7.1	5.4
Barbiturates	1.5	1.9	2.0	3.6	8.1	6.2	3.4
Tranquilizers	1.0	1.7	1.2	3.3	5.8	6.2	3.0
LSD/Psychedelics	.5	1.4	1.2	2.3	5.0	5.5	2.3
Heroin	.3	1.1	.0	1.3	.8	2.0	.9

*Figures do not include Trumbull 7th graders from the public schools.

TABLE 2
THIRTY DAY PREVALENCE OF TEN SUBSTANCES
(Proportion of students reporting use in the past 30 days)

Substance	Grade Level						Total
	7th *	8th	9th	10th	11th	12th	
Alcohol	18.7	31.9	40.4	55.9	62.0	66.7	45.3
Cigarettes	18.1	30.8	35.3	42.3	37.4	40.2	34.1
Marijuana/ Hashish	7.1	11.9	17.8	26.3	33.2	36.7	21.4
Cocaine	1.3	2.0	4.5	5.1	9.5	13.9	5.9
Amphetamines	1.1	1.8	3.8	5.9	7.5	5.7	4.1
Inhalants	.8	2.7	1.8	1.8	2.8	1.5	2.0
Barbiturates	1.4	1.1	1.8	2.0	3.9	2.2	2.0
Tranquilizers	.6	1.8	.9	2.8	2.2	2.2	1.7
LSD/Psychedelics	.3	.9	1.1	1.8	3.4	2.6	1.6
Heroin	.3	.9	.0	1.0	.6	.9	.7

*Sample does not include Trumbull 7th graders from the public schools.

Table 3, which presents the proportion of students responding to the above levels of use by grade level, reveals the following:

- Frequency of substance use, or incidence, increases with grade level: 57.4% of seniors have used alcohol on ten or more occasions, compared to only 10.8% of 7th graders; 34.9% of seniors have used marijuana/hashish ten or more times, while only 4.3% of 7th graders have used marijuana/hashish ten or more times.

- The substance used with the greatest frequency is alcohol; 33.3% of all students in grades 7 through 12 have used alcohol ten or more times.

- Cigarettes are the second most frequently used substance; 29.3% of all students have smoked ten or more cigarettes, with 19.6% report smoking over 50 times.

- 17.8% of all students have used marijuana/hashish ten or more times in their lifetime.

- 3.5% of all students have used cocaine ten or more times; 8.7% of seniors and 5.5% of juniors have used cocaine ten or more times in their lifetime.

2. Thirty Day Incidence

Thirty day incidence refers to the number of times a substance has been used in the 30 days preceding the administration of the survey. This measure gives a better indication of the proportion of students who are currently involved with drugs and alcohol at various levels.

Table 4 presents the proportion of youth reporting current use at various levels of use (from one time to every day).

It was considered important to make some distinction between the infrequent user and the youth that may be involved more seriously with drugs and/or alcohol. To the extent that physical/psychological harm and other problems (family and school problems, truancy, etc.) are related to increased frequency of substance use, regular use levels give a rough estimation of the proportion of Greater Bridgeport youth who may represent the highest "at-risk" group regarding the potential harmful consequences of substance use. Regular use is herein defined as the use of a substance six or more times in the 30 days preceding the survey; which averages involvement with a substance at a rate of more than once a week. The reader should note that this is a non-medical, non-diagnostic level used solely for ease of interpretation.

Table 5 presents regular use levels by grade level for ten substances.

- 13.1% of all students report regular use of alcohol; 25% of seniors report regular use of alcohol.

TABLE 3
LIFETIME INCIDENCE OF THE FIVE MOST WIDELY USED SUBSTANCES
BY GRADE LEVEL
(Proportion of students reporting various levels of use in their lifetime)

SUBSTANCE/USE LEVEL	GRADE LEVEL						TOTAL
	7th	8th	9th	10th	11th	12th	
<u>ALCOHOL</u>							
Never Used	68.0	55.2	47.5	29.8	23.3	20.1	41.4
1-2 Times	12.9	13.3	13.1	12.8	8.3	9.9	11.9
3-9 Times	8.4	9.5	16.5	16.6	17.2	12.6	13.4
10-50 Times	9.2	15.5	18.1	20.9	23.8	25.6	18.8
Over 50 Times	1.6	6.6	4.7	17.9	27.4	31.8	14.5
<u>CIGARETTES</u>							
Never Used	68.5	56.6	52.5	41.6	41.7	42.3	50.8
1-2 Times	13.1	12.0	11.2	8.9	8.3	7.7	10.4
3-9 Times	7.9	9.8	8.7	9.7	11.3	9.7	9.5
10-50 Times	6.8	8.2	9.7	12.8	10.5	10.4	9.7
Over 50 Times	3.7	13.3	17.9	27.0	20.2	30.0	19.6
<u>MARIJUANA/HASHISH</u>							
Never Used	91.0	81.5	73.1	58.3	48.6	45.1	67.1
1-2 Times	1.6	6.2	8.7	11.5	12.4	8.9	8.2
3-9 Times	3.2	5.1	5.5	9.2	7.7	11.1	6.9
10-50 Times	2.7	4.2	7.1	10.2	11.3	15.8	8.3
Over 50 Times	1.6	2.9	5.6	10.9	19.9	19.1	9.5
<u>COCAINE</u>							
Never Used	97.9	96.5	94.6	91.6	84.5	77.6	90.8
1-2 Times	.8	1.7	1.8	3.8	5.5	6.9	3.3
3-9 Times	.8	1.1	1.1	1.3	4.4	6.9	2.5
10-50 Times	.5	.6	1.8	2.3	4.4	5.8	2.5
Over 50 Times	.0	.2	.7	1.0	1.1	2.9	1.0
<u>AMPHETAMINES</u>							
Never Used	98.7	97.2	94.9	91.8	85.8	85.7	92.7
1-2 Times	.5	1.3	1.4	1.5	5.0	4.2	2.2
3-9 Times	.3	1.3	2.4	2.8	4.5	3.5	2.4
10-50 Times	.5	.2	.9	2.8	2.8	5.1	1.9
Over 50 Times	.0	.0	.4	1.0	1.9	1.5	0.7

TABLE 4
THIRTY DAY INCIDENCE OF THE FIVE MOST WIDELY USED SUBSTANCES
BY GRADE LEVEL
(Proportion of students reporting various levels of use in the past 30 days)

SUBSTANCE/USE LEVEL	GRADE LEVEL						TOTAL
	7th	8th	9th	10th	11th	12th	
<u>ALCOHOL</u>							
None	81.3	68.1	59.6	44.1	38.0	33.3	54.7
Once	7.7	11.7	14.9	14.8	15.6	12.8	13.1
2-5 Times	7.9	12.5	16.5	27.3	24.3	28.9	19.1
6-10 Times	1.6	3.3	5.1	6.6	13.1	11.9	6.7
11-20 Times	1.3	3.7	3.1	5.4	7.5	10.2	5.1
Everyday	.3	.7	.9	1.8	1.4	2.9	1.3
<u>CIGARETTES</u>							
None	81.9	69.2	64.7	57.7	62.6	59.8	65.9
Once	4.8	6.8	7.1	5.1	5.3	5.1	5.8
2-5 Times	6.1	8.2	9.2	7.7	8.6	7.5	8.0
6-10 Times	2.1	4.8	4.0	5.6	3.3	2.9	3.9
11-20 Times	1.3	3.5	2.4	1.8	2.2	1.8	2.2
Everyday	3.7	7.5	12.7	22.1	18.0	23.0	14.1
<u>MARIJUANA/HASHISH</u>							
None	92.9	88.1	82.2	73.7	66.8	63.6	78.6
Once	2.6	3.7	5.3	7.4	6.7	7.8	5.5
2-5 Times	2.4	4.4	5.8	6.9	12.3	11.5	7.0
6-10 Times	.8	1.6	2.0	4.6	4.5	5.8	3.1
11-20 Times	.8	.9	1.8	4.1	6.4	4.7	2.9
Everyday	.5	1.3	2.9	3.3	3.4	6.7	3.0
<u>COCAINE</u>							
None	98.7	98.0	95.5	94.9	90.5	86.1	94.1
Once	1.1	.7	1.6	1.5	2.5	6.0	2.2
2-5 Times	.0	.4	1.6	2.6	5.0	5.1	2.3
6-10 Times	.3	.6	.7	.5	1.1	2.0	.9
11-20 Times	.0	.0	.2	.3	.8	.7	.3
Everyday	.0	.4	.4	.3	.0	.2	.2
<u>AMPHETAMINES</u>							
None	98.9	98.2	96.2	94.1	92.5	94.3	95.9
Once	.5	.9	1.8	2.0	3.6	1.1	1.6
2-5 Times	.3	.4	.9	1.3	1.4	2.4	1.1
6-10 Times	.3	.4	.7	1.8	.8	.9	.8
11-20 Times	.0	.0	.2	.3	1.4	.7	.4
Everyday	.0	.2	.2	.5	.3	.7	.3

TABLE 5

REGULAR USE OF TEN SUBSTANCES BY GRADE LEVEL

(Regular use is defined as the use of a substance six or more times in the thirty days preceding the survey)

SUBSTANCE	GRADE LEVEL						TOTAL
	7th	8th	9th	10th	11th	12th	
Cigarettes/Nicotine	7.1	15.8	19.1	29.5	23.5	27.7	20.2
Alcohol	3.2	7.7	9.1	13.8	22.0	25.0	13.1
Marijuana/Hashish	2.1	3.8	6.7	12.0	14.3	17.2	9.0
Amphetamines	.3	.6	1.1	2.6	2.5	2.3	1.5
Cocaine	.3	1.0	1.3	1.1	1.9	2.9	1.4
Tranquilizers	.0	.7	.6	1.1	.9	.6	.7
Inhalants	.0	.6	.6	1.1	.6	.4	.5
Barbiturates	.0	.4	.4	1.1	1.1	.4	.5
LSD/Psychedelics	.3	.8	.6	1.3	.3	.6	.4
Heroin	.0	.2	.4	.3	.6	.0	.2

Table 5 further indicates that:

- 9% of all students report regular use of marijuana/hashish; 17.2% of seniors report regular use of this substance.
- 1.4% of all students report regular use of cocaine; 2.9% of seniors report regular use of cocaine.

C. MULTIPLE SUBSTANCE USE

Of major concern to professionals in the field of substance abuse is the extent of multiple substance use, or polydrug use. Multiple substance use is defined as the use of two or more substances either concurrently or sequentially. Multiple substance use among youth is of special concern since it results in increased dysfunctional and behavioral problems. Further, multiple substance abusers are less likely to respond to treatment and maintain their sobriety than monodrug abusers.

Data for nine substances--alcohol, marijuana/hashish, cocaine, inhalants, heroin, amphetamines, barbiturates, tranquilizers, and LSD/psychedelics--were analyzed to determine the total number of substances ever used by each respondent. Cigarettes were excluded from this analysis.

1. Lifetime Multiple Substance Use

Lifetime multiple substance use is defined as the use of two or more substances in one's lifetime. This use may be either concurrent or sequential and does not include the use of cigarettes/nicotine.

Chart 3 graphically presents the overall extent of multiple substance use for students in grades 7 through 12 combined.

- 31.9% of all students in grades 7 through 12 have used two or more substances in their lifetime.

- 13.3% of all students in grades 7 through 12 have used three or more substances in their lifetime.

Table 6 presents a breakdown of multiple substance use by grade level. It is evident that multiple substance use is much more likely among older adolescents.

- 53.5% of seniors have used two or more substances in their lifetime, while only 7.9% of 7th graders have used two or more substances.

- 27% of seniors have used three or more substances in their lifetime, while only 2.9% of 7th graders have ever used three or more substances.

- The number of students who have only used one substance in their lifetime does not vary dramatically by grade level; actual values range from a low of 27% for 7th graders to a high of 33.9% for 9th graders.

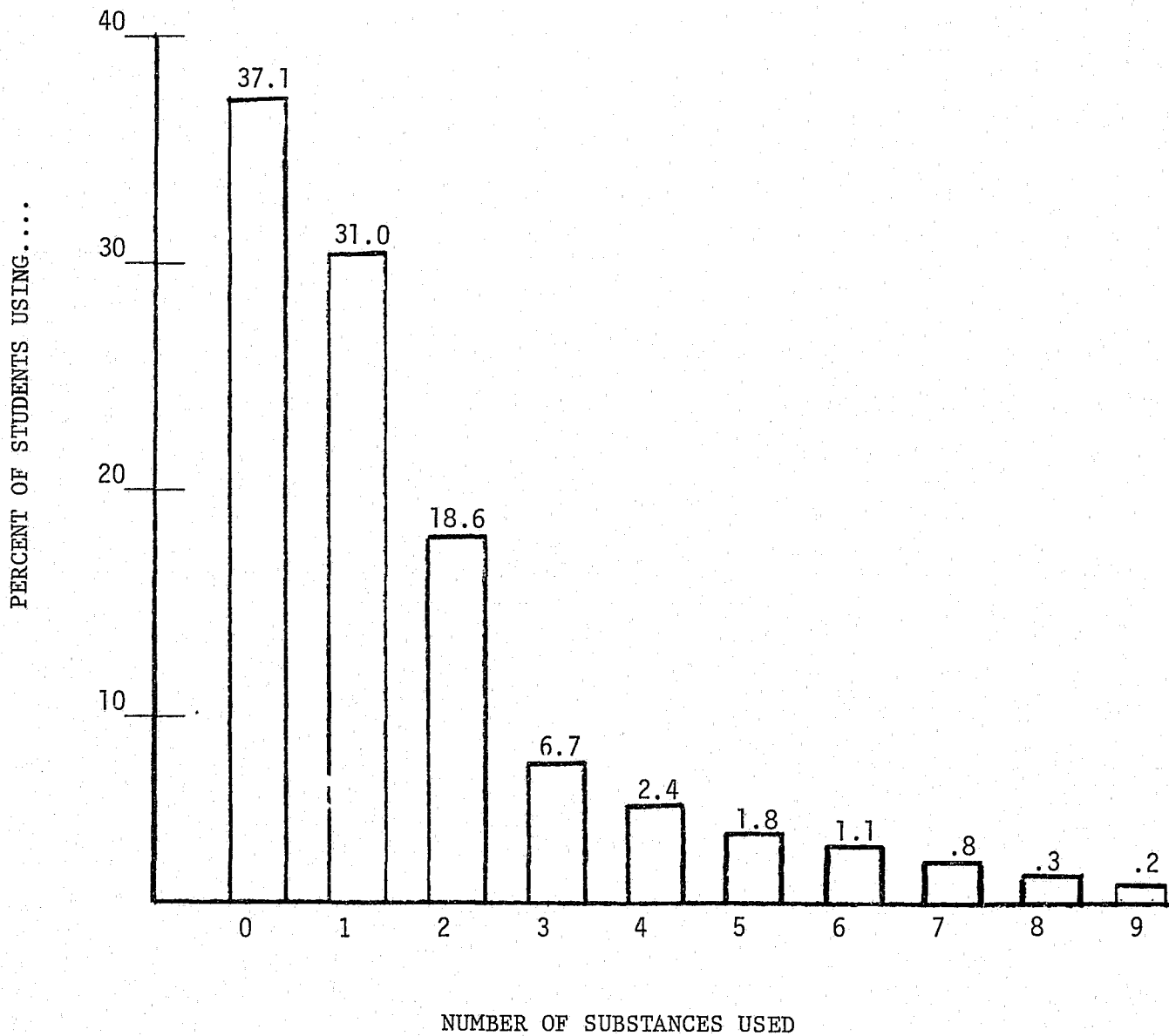
- Few students in any grade level have used more than six substances in their lifetime (2% or less per grade level).

CHART 3

NUMBER OF SUBSTANCES USED IN LIFETIME*

GRADES 7 THROUGH 12

(Percent)



*Does not include cigarettes

TABLE 6
NUMBER OF SUBSTANCES USED IN LIFETIME
BY GRADE LEVEL (Percent)

Grade Level	Number of Substances Used									
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
7	65.1	27.0	4.9	1.1	.8	.5	.5	.0	.0	.0
8	50.7	30.6	12.3	4.3	.6	.4	.2	.9	.0	.0
9	42.0	33.9	16.0	4.8	1.7	1.3	.2	.2	.0	.0
10	26.8	30.7	27.8	8.2	2.6	1.5	1.3	.0	.5	.5
11	18.7	31.2	26.3	11.0	3.7	4.0	2.8	1.4	.6	.3
12	16.1	30.6	26.3	11.8	5.8	4.0	2.2	2.0	.7	.4
Total (7-12)	37.1	31.0	18.6	6.7	2.4	1.8	1.1	.8	.3	.2

NOTE: Cigarettes were not included in this analysis. The substances examined were alcohol, marijuana/hashish, cocaine, inhalants, heroin, amphetamines, barbiturates, tranquilizers and LSD/psychedelics.

2. Current Multiple Substance Use

Lifetime multiple substance use measures include those students who have only experimented or infrequently used a substance or combination of substances. In order to get a better understanding of the patterns of use exhibited by those youth that are most likely beyond the experimental stages of use, Chart 4 examines the proportion of students in grades 7 through 12 who have used from zero to nine substances in the 30 days preceding the survey (current users). The substances used in this analysis are: alcohol, marijuana/hashish, cocaine, amphetamines, heroin, barbiturates, inhalants, tranquilizers, and LSD/psychedelics. Cigarettes are excluded from this particular analysis.

- 20.6% of all students in grades 7 through 12 have used two or more substances in the past month.

- 8.2% of all students in grades 7 through 12 have used three or more substances in the past month.

Table 7 illustrates the differences in the proportion of students in each grade level reporting multiple substance use patterns. Again, current multiple substance use refers to the use of two or more substances in the past month. Multiple substance use increases by grade level for current users.

- 34.4% of all seniors report using two or more substances in the 30 days preceding the survey, while 5.8% of 7th graders report multiple substance use.

- 16.6% of all seniors report using three or more substances in the past month, compared to only 2.5% of 7th graders.

- Few students in any grade level report use of five or more substances in the 30 days preceding the survey (less than two percent in any grade level).

3. Time/Type of Substance(s) Last Used

In order to determine which substance or combination of substances were used MOST recently, cross-tabulation was done between the time when the last substance was used and the type of substance last used. This will give a better indication of various patterns of use.

- 12.9% of all students in grades 7 through 12 last used drugs or alcohol the day of or the day before the survey was administered. 8.5% last used marijuana/hashish, 2.6% last used alcohol, .6% last used cocaine, and 1.2% report use of some other substance or combination of substances.

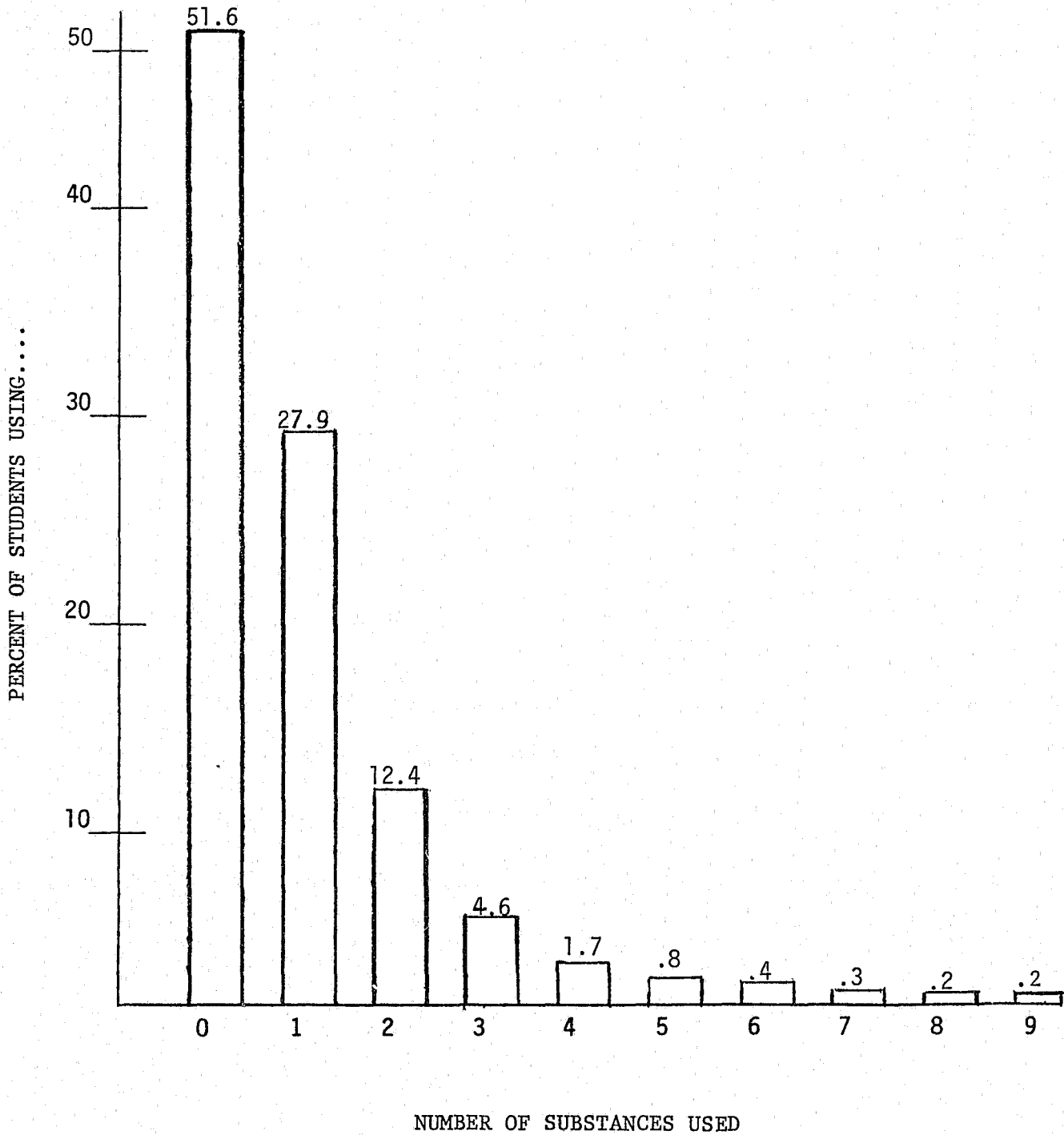
- 18.2% of all students in grades 7 through 12 last used drugs or alcohol a week or two before the survey was administered. 11.3% report that they last used alcohol, 5.8% report that they last used marijuana/hashish, 1.1% last used some other substance or combination of substances in the past week or two.

CHART 4

NUMBER OF SUBSTANCES USED IN PAST 30 DAYS*

GRADES 7 THROUGH 12

(Percent)



*Does not include cigarettes

TABLE 7
NUMBER OF SUBSTANCES USED IN PAST 30 DAYS
BY GRADE LEVEL (PERCENT)

Grade Level	Number of Substances Used									
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
7	78.3	15.9	3.3	1.1	.8	.3	.3	.0	.0	.0
8	65.9	21.5	8.8	2.0	.7	.2	.2	.4	.0	.2
9	56.0	28.4	9.7	2.9	1.3	.9	.4	.0	.2	.2
10	41.8	32.5	18.0	3.6	1.8	1.0	.5	.3	.3	.3
11	36.3	31.4	18.7	8.5	1.7	.8	.8	.6	.6	.6
12	28.7	36.9	17.8	10.4	3.8	1.6	.4	.4	.0	.0
Total (7-12)	51.6	27.9	12.4	4.6	1.7	.8	.4	.3	.2	.2

NOTE: Cigarettes were not included in this analysis. The substances examined were alcohol, marijuana/hashish, cocaine, heroin, inhalants, amphetamines, barbiturates, tranquilizers, and LSD/psychedelics.

- 7.9% of all students in grades 7 through 12 report that they last used drugs or alcohol over a month before the survey was administered. 5.8% last used alcohol, 1.8% last used marijuana/hashish, and .3% last used some other substance or combination of substances.

- 3.2% of all students in grades 7 through 12 last used a drug or drank over a year before the survey was administered. 2.1% last used alcohol and 1.1% last used marijuana/hashish.

These data would seem to indicate that marijuana/hashish is more likely to be used on a near-daily basis, while alcohol is most likely to be used on a more irregular basis (every week or two). The frequencies for each substance support this contention: 3% of all students in grades 7 through 12 use marijuana/hashish daily, while only 1.3% of all students report daily use of alcohol.

D. SOCIAL CONTEXT OF USE

Students reporting use of drugs or alcohol were asked a series of questions regarding the context in which they use drugs or drink. These include the following:

- Item 57---"Where do you usually drink?"
- Item 58---"With whom do you usually drink?"
- Item 62---"With whom do you usually use drugs?"
- Item 63---"Where do you usually use drugs?"
- Item 64---"What time of the week do you usually take drugs?"
- Item 65---"If you currently use drugs, where do you get the money to buy the drugs?"

The items for alcohol use were separate from the items relating to drug use to see if any differences exist between the social context of alcohol use and the social context of drug use.

The data that follow are based upon responses to the foregoing items by students who have used alcohol or drugs in the 30 days preceding the survey. This measure (current use) more accurately reflects the context of use of those students likely to exhibit more than just experimental use of one or more substances. Percentages are, therefore, based upon those students who report drug or alcohol use in the 30 days preceding the survey. The reader should note that these percentages are not based upon all respondents (users and non-users). Rather, the percentages that follow are based solely upon responses by those students who have used alcohol in the past 30 days and those students who have used drugs in the past 30 days.

1. With Whom Alcohol is Used

Table 8 illustrates the following:

- The vast majority of students who have used alcohol in the past 30 days have done so with friends (85.9%).

TABLE 8	
WITH WHOM ALCOHOL IS USED*	%
Friends	85.9
Siblings	12.9
Best Friend	11.5
Alone	8.4
Adults	5.3
*Percentages are based solely upon the number of students reporting use of alcohol in the 30 days preceding the survey (1236 students). Percentages do not equal 100 percent since more than one response category may have been checked.	

TABLE 9	
WHERE ALCOHOL IS USED*	%
Hanging out in the neighborhood	57.9
In my home/a friend's home	41.9
At parties	24.8
In a car	5.5
At school (not necessarily during school hours)	4.1
Around the school after it lets out	2.6
*Percentages are based solely upon the number of students reporting use of alcohol in the 30 days preceding the survey (1236 students). Percentages do not equal 100 percent since more than one response category may have been checked.	

- 8.4% of the current alcohol users report that they use alcohol while alone.

- 5.3% report that they use alcohol with adults.

2. Where Alcohol is Used

Table 9 illustrates that the majority of alcohol users report that they usually drink while hanging out in the neighborhood (57.9%).

- 41.9% report that they usually drink in their home or in a friend's home.

- 24.8% drink at parties.

3. With Whom Drugs are Used

Students reporting use of any drug other than alcohol (marijuana/hashish, cocaine, heroin, inhalants, amphetamines, barbiturates, tranquilizers, or LSD/psychedelics) were asked "With whom do you usually use drugs?" The percentages in Table 10 are based upon responses to this item by current users.

- Clearly, the majority of current drug users use drugs with their friends (85.8%).

- 12.5% report that they usually use drugs with adults.

- 8.2% use drugs while alone.

4. Where Drugs are Used

Table 11 presents the proportion of current drug users responding to the item, "Where do you USUALLY use drugs?"

- Nearly three-quarters of current drug users indicate that they use drugs while hanging out in the neighborhood.

- Almost 40% use drugs in a car.

- 16.1% use drugs around the school after it lets out and 13.4% use drugs at school (but not necessarily during the school day).

5. Time of the Week Drugs are Used

The percentages that follow are based upon responses by current drug users to the item, "What time of the week do you ususally take drugs?" Table 12 presents the findings to this item.

- Nine out of every ten students report that they use drugs on weekends (90.7%).

- 7.2% use drugs before school and 2.0% use drugs during school hours.

TABLE 10	
WITH WHOM DRUGS ARE USED*	%
Friends	85.8
Siblings	13.3
Adults	12.5
Best Friend	11.5
Alone	8.2
*Percentages are based upon the number of students reporting use of any illicit substance in the past 30 days (702 students). Percentages exceed 100 percent since more than one category may have been checked.	

TABLE 11	
WHERE DRUGS ARE USED*	%
Hanging out in the neighborhood	74.9
In a car	39.3
In my home/a friend's home	29.0
At parties	24.5
Around the school after it lets out	16.1
At school (not necessarily during school hours)	13.4
*Percentages are based upon the number of students reporting use of any illicit substance in the past 30 days (702 students). Percentages exceed 100 percent since more than one category may have been checked.	

TABLE 12	
TIME OF THE WEEK DRUGS ARE USED*	%
Weekends	90.7
After school on weekdays	37.9
Before school	7.2
During school	2.0
*Percentages are based upon responses by those students who have used one or more illicit substances in the 30 days preceding the survey (702 students). Percentages exceed 100 percent since more than one category may have been checked.	

TABLE 13	
SOURCE OF MONEY TO BUY DRUGS*	%
Drugs are given, not purchased	40.0
From a job	35.2
From an allowance	11.5
From dealing drugs	6.2
Stole the money	4.0
Borrowed the money	2.0
Won the money	1.0
*Percentages are based upon responses by those students who have used one or more illicit substances in the 30 days preceding the survey (702 students). Percentages equal 100 percent since only one category was checked per respondent.	

6. Source of Money to Buy Drugs

Table 13 presents the findings to the following item: "If you currently use drugs, where do you get the money to buy the drugs?"

- 40% of current users report that drugs are given to them; they do not purchase their own drugs.
- 6.2% of current users get the money from dealing drugs.
- 4.0% of current users steal the money.

E. SUBGROUP COMPARISONS

Cross-tabulations and T-tests were conducted between use in lifetime of ten substances to see if any differences exist in patterns of substance use by subgroups.* Differences were examined between use in lifetime and the following subgroups: sex, ethnicity, academic achievement, family composition, and college plans.

1. Sex

T-tests were conducted between use in lifetime of ten substances and the respondent's sex.

- There are statistically significant differences between girls and boys and use in lifetime of marijuana/hashish, alcohol, cigarettes, cocaine, and LSD/psychedelics. Specifically, more girls than boys use cigarettes, but boys generally use more marijuana/hashish, alcohol, cocaine, and LSD/psychedelics (the overall means resultant from the T-tests were greater for girls using cigarettes and the means were greater for boys using marijuana/hashish, alcohol, cocaine, and LSD/psychedelics). There are no statistically significant differences for the other substances.

2. Ethnicity

T-tests were conducted between use in lifetime of ten substances and the respondent's ethnic identification.

- There are statistically significant differences between whites and blacks and use in lifetime of marijuana/hashish, alcohol, cigarettes, amphetamines, and LSD/psychedelics. More specifically, blacks tend to use more marijuana/hashish while whites use more alcohol, LSD/psychedelics, amphetamines, and cigarettes. There are no statistically significant differences for the other substances.

*T-Tests are used to determine if any statistically significant differences exist between two groups. Statistically significant differences would not occur simply by chance.

- Statistically significant differences between blacks and Hispanics and use in lifetime exist for the following substances: marijuana/hashish, cocaine, and alcohol. Blacks use more of each of these substances than Hispanics. There are no statistically significant differences for the other substances.

- Statistically significant differences exist between whites and Hispanics and use in lifetime for the following substances: marijuana/hashish, alcohol, cigarettes, heroin, amphetamines, and barbiturates. Whites use more of each of these substances than Hispanics. There are no statistically significant differences for the other substances.

In summary, whites tend to use more alcohol, cigarettes, amphetamines, and LSD/psychedelics than either blacks or Hispanics, and blacks tend to use more marijuana/hashish than either whites or Hispanics. Blacks use more cocaine than Hispanics, but there are no statistically significant differences between use in lifetime of cocaine and whites and blacks. (This is based on the results of the T-tests. The overall mean for marijuana/hashish was greater for blacks than for whites or Hispanics, and the overall means for alcohol, cigarettes, amphetamines, and LSD/psychedelics were greater for whites than for either blacks or Hispanics.)

3. Academic Achievement

Cross-tabulations were conducted between academic achievement and use in lifetime of ten substances. There is a slight to moderate relationship between use in lifetime of marijuana/hashish, alcohol, and cigarettes and the respondent's self-reported letter grades. As grades get lower, use of these substances increases (actual values range from .22 to .30). There are no significant differences between academic achievement and the use of other substances.

4. Family Composition

Cross-tabulations were conducted between family composition and use in lifetime of ten substances. The relationship between family composition (one's guardians--both parents, mother only, father only, mother and stepfather, father and stepmother, foster parents, other) and substance use was examined to see if children from broken homes report more substance use than youth living with both parents. No statistically significant differences exist between these two items. Children from broken homes do not exhibit any more substance use than children living with both parents.

5. College Plans

Cross-tabulations were conducted between college plans and substance use. There were only very slight differences between the respondent's plans to attend college and his or her use of marijuana/hashish, alcohol and cigarettes; only slightly more students who do not plan to attend college use these substances (actual values range from -.20 to -.27).

Stages of Substance Abuse

Several questions were asked to determine students' reasons for first using, currently using, stopping, or never using alcohol and drugs. Those students who have used drugs and/or alcohol were asked to indicate the reasons they first began using these substances and the reasons they continue to use them (if applicable). Those students who have never used drugs and/or alcohol were asked to indicate their reasons for not using these substances.

The items regarding reasons for use/non-use were separate for drugs and alcohol and were placed in two different sections of the questionnaire to determine if any appreciable differences exist between the reasons for using/not using drugs and the reasons for using/not using alcohol.

REASONS FOR FIRST USING DRUGS AND ALCOHOL

Item 59 asked students, "What were your MAIN reasons for drinking the first time?" and Item 66 asked students, "If you have already tried drugs, what were your MAIN reasons for trying them the first time?" The response option checked most often by users of both alcohol and drugs (other than alcohol) was "I was curious and wanted to see for myself what it was like," followed by "For excitement and kicks."

Table 14 presents the proportion of students responding to each response option.

REASONS FOR CURRENTLY USING DRUGS AND ALCOHOL

Item 60 asked students, "If you PRESENTLY drink, for what purpose(s) do you drink NOW?" and Item 67 asked students, "If you PRESENTLY USE DRUGS, for what purpose(s) do you use them NOW?" The response categories and the percentage of students responding to each category can be found in Table 15. The category checked most often by both current alcohol and drug users was "For excitement and kicks."

REASONS FOR DISCONTINUING THE USE OF DRUGS AND ALCOHOL

Students were asked several questions regarding their reasons for discontinuing the use of marijuana/hashish, cocaine, pills, inhalants, cigarettes, and alcohol. The reason given most often by students who have stopped using alcohol was "My curiosity was satisfied." This was also the response given most often by students who have discontinued the use of pills, inhalants, marijuana/hashish, cocaine, and cigarettes.

TABLE 14

REASONS FOR FIRST USING DRUGS AND ALCOHOL *

RESPONSE CATEGORY	% RESPONDING TO REASONS FOR FIRST USING DRUGS	% RESPONDING TO REASONS FOR FIRST USING ALCOHOL
I have never used drugs or alcohol	65.8*	44.4*
I was curious and wanted to see for myself what it was like	30.9	42.2
For excitement and kicks	13.1	16.7
To relieve tensions and help me relax	7.7	9.7
My friends encouraged me to use drugs or drink	12.7	7.8
To prove I wasn't afraid	4.3	6.5
To get away and forget things	6.4	6.2
To help me solve some of my personal problems	3.2	6.2
To improve my performance and study habits	0	4.4
I was angry at someone or something	4.2	2.4

*The percentages exceed 100 percent since more than one category may have been checked. The percentages are based upon responses by 2,615 students (96% of the total sample). Four percent did not respond to this item.

TABLE 15		
REASONS FOR CURRENTLY USING DRUGS AND ALCOHOL *		
RESPONSE CATEGORY	% RESPONDING TO REASONS FOR CURRENTLY USING DRUGS	% RESPONDING TO REASONS FOR CURRENTLY USING ALCOHOL
I do not currently use drugs/drink	74.2	53.6
For excitement and kicks	19.5	26.8
To get away from things	9.8	17.4
To relieve tensions and help me relax	6.6	17.4
To help me solve some of my personal problems	6.6	16.1
My friends want me to use drugs or drink with them	4.0	6.8
To challenge the values of society	1.8	1.3
To get back at my parents	1.5	.6
*Percentages exceed 100 percent since more than one category may have been checked.		

TABLE 16

REASONS FOR DISCONTINUING THE USE OF ALCOHOL,
CIGARETTES, MARIJUANA/HASHISH, COCAINE, INHALANTS, AND PILLS*
(Percent)

RESPONSE CATEGORY	Alcohol	Cigarettes	Marijuana/ Hashish	Cocaine	Pills	Inhalants
Never used	40.3	49.3	67.3	89.1	89.0	94.0
Have not stopped	46.9	30.4	21.8	6.1	5.0	1.4
Curiosity was satisfied	5.2	7.0	3.5	.5	1.0	.7
Was afraid of what it might do to my health	2.0	6.4	2.2	.1	.6	.4
Was afraid of getting hooked	1.5	2.5	2.1	.7	.5	.3
Pressure from friends	.4	.7	.5	.1	.3	.1
Pressure from parents	.6	.9	.4	.1	.1	.0
No longer needed it	.7	.8	.4	.0	.3	.1
Didn't like the way I was thinking or acting	.8	.3	.4	.1	.2	.1
Didn't get much effect from it	.5	.5	.3	.0	.1	.2
Had a bad experience with it	.5	.3	.2	.1	.3	.1
Was afraid of being caught	.4	.4	.2	.0	.0	.1
Couldn't get it anymore	.1	.1	.2	.0	.1	.0
Got busted	.1	.0	.1	.0	.0	.0
Couldn't afford it	.0	.1	.1	.4	.0	.0

*The category "pills" includes amphetamines, barbiturates, and tranquilizers.

**Percentages do not equal 100 percent due to missing values.

Table 16 presents the various response options and the percentage of students responding to each category for the following substances: marijuana/hashish, cocaine, pills (tranquilizers, barbiturates, and amphetamines), inhalants, and cigarettes.

REASONS FOR NEVER USING DRUGS OR ALCOHOL

Item 61 asked students, "If you have NEVER used alcohol, what are the MOST important reasons?" and Item 68 asked students, "If you have NEVER used drugs, what are the MOST important reasons?" The response option given most often to both questions was "No desire to experience the effects."

Table 17 presents the various response options and the percentage of students responding to each option.

TABLE 17		
REASONS FOR NEVER USING DRUGS OR ALCOHOL *		
RESPONSE CATEGORY	% RESPONDING TO REASONS FOR NEVER USING DRUGS	% RESPONDING TO REASONS FOR NEVER USING ALCOHOL
Does not apply--I drink/ use drugs	37.7	58.2
No desire to experience the effects	54.5	35.9
May cause physical or psychological harm	46.9	28.7
My parents disapprove	37.3	24.8
It is illegal (I am underage)	32.9	20.2
May cause addiction	52.0	19.3
My friends disapprove	23.7	11.3
Difficulty in getting drugs/ alcohol	2.6	2.3
*Percentages exceed 100 percent since more than one category may have been checked.		

Treatment & Prevention Issues

KNOWLEDGE OF DRUGS AND ALCOHOL

Several questions were asked regarding a student's knowledge of selected substances, including heroin, alcohol, LSD/psychedelics, and amphetamines. Overall, one must conclude from the following data that knowledge about the specific effects of particular substances is not widespread.

- 18.6% of all students in grades 7 through 12 know that amphetamines are a stimulant and will wake a person up even though they may be tired.
- 23% of all students know that LSD is known to be physically addictive.
- Over one-half (54.9%) of all students know that babies born to narcotics addicts are likely to be addicted and undergo withdrawal.
- 36.1% of all students know that the most dangerous type of withdrawal is from heroin.
- Only 13.5% of all students know that three cans of beer is approximately equivalent to three ounces of hard liquor.

SCHOOL-BASED DRUG AND ALCOHOL EDUCATION

Students were asked what school-based drug education programs they have participated in and what effect those programs had on their use or non-use of drugs and alcohol.

- 45% have participated in classes on drugs and alcohol.
- 26% have participated in talks by recovering alcoholics or ex-addicts.
- 23% have seen drug and alcohol films.
- 16% have participated in small group discussions led by a teacher or guidance counselor.
- 8% have participated in student sponsored drug and alcohol committees (i.e., SADD).
- 3% have received pamphlets or books.
- 46% have participated in more than one of the above programs.

As a result of participation in the above programs:

- 41% of all students report that participation in school-based programs convinced them not to start using drugs (other than alcohol or cigarettes).

- 30% feel that school programs have not affected their use of drugs (other than alcohol or cigarettes).

- 20% cannot remember participating in school-based drug education programs.

- 7% report that school-based programs led to a decrease in their use of drugs.

- 1.5% report an increase in drug use due to school programs and .7% report that school programs led to their initial taking of drugs.

Overall, participation in school-based drug programs has had a positive impact on students non-use of drugs.

DESIRE FOR ADDITIONAL PROGRAMMING

Item 30 of the Youth Survey asked students, "Would you like to see more programs on drugs and alcohol in your school?"

- A majority of students (53.3%) indicated that they would like to see more programs in their school on drugs and alcohol.

SOURCES OF ADVICE AND GUIDANCE

Students were asked, "Which of the following do you consider to be your best source (most accurate and complete) of information about drugs and alcohol?"

- The category checked most often was "newspapers, books, TV, and movies;" 31% responded to this category.

- 16% report that their friends are the best source of information about drugs and alcohol, while 14% report that their family is the most accurate and complete source of information on drugs and alcohol.

- 14% report their best information comes from their own experience.

- 8% report that doctors provide the most accurate and complete information.

- 7% report teachers as their best information source.

- 6% report hotlines or crisis centers as the best source for drug information.

These data would indicate that youth do not overwhelmingly see the adults in their lives as the best source of information (most accurate and complete) about drugs and alcohol. However, when students were asked where they would go first if they had a question about drugs or alcohol, the category checked most often was "my family."

- 41% of all students would go to their family FIRST if they had a question about drugs or alcohol.

- 27% would go to their friends first if they had a question about drugs or alcohol.

- 9% would go to a hotline or crisis center.

- 8% would go to a doctor.

- 7% would turn to books, newspapers, TV or the movies.

- 4% would go to their teachers.

ATTITUDES TOWARD PARENTS

Students were asked a variety of questions about their relationship with their parents. For the most part, students report an overwhelmingly positive attitude toward their parents.

- 89% of all students report that they like their parents; only 3% dislike their parents and 8% have no feelings either way.

- 76% report that getting along with their parents is very important to them, while 21% report that getting along with their parents is somewhat important and 3% have no feelings either way.

- 96% of all students report that their parents really care about them.

- 52% report that their parents hug them a lot, while 30% would like to be hugged more by their parents.

These data would indicate that parents still represent a potent (if not the most potent) force in a child's life and children view their parents in a very positive manner. This may suggest that parents could take on a stronger preventive role regarding drug and alcohol education and the acceptability of substance use.

PROBLEMS ASSOCIATED WITH SUBSTANCE USE

The incidence section of this Report examined the frequency with which Greater Bridgeport youth use various chemical substances. This gives some indication of the proportion of youth who may be "at-risk" or lean toward "abuse". A better indication, however, of substance "abuse" is to analyze whether any students have experienced a range of problems as a result of using drugs or alcohol.

"Abuse" is defined as the interference in one's ability to function normally on a daily basis. The following percentages reflect the proportion of students who admit to problems resulting from their use of drugs or alcohol, and therefore may be "at-risk".

- 8% of all students feel that they use drugs or alcohol TOO MUCH.
- 11% of all students admit to family problems due to their use of drugs or alcohol.
- 6.5% of all students admit to health problems due to their use of drugs or alcohol.
- 6.3% of all students admit to missing school due to their use of drugs or alcohol.
- 4.9% of all students admit to school problems due to their use of drugs or alcohol.
- 4.3% of all students admit to problems with the police as a result of using drugs or alcohol.

National Comparisons

USE IN LIFETIME

Lifetime prevalence (percent ever used) and recency of use (percent used in the past 30 days) were similar on both the Eastern Fairfield County survey and the national survey entitled "Monitoring the Future," funded by the National Institute on Drug Abuse and conducted by the Institute for Social Research at the University of Michigan. The national data used in the following comparisons are based on the senior class of 1983, as reported in the following document:

- Lloyd Johnston, et. al., Highlights from Drugs and American High School Students, 1975-1983.
Rockville, Maryland: NIDA, 1983

Comparisons were limited to the 12th grade since this is the only grade level for which current representative national data exist. This information is useful in determining the extent to which Greater Bridgeport 12th graders' rates of substance use compare to national use rates. Comparisons were done for the following substances: marijuana/hashish, alcohol, cocaine, heroin, inhalants, amphetamines, barbiturates, LSD/psychodelics, tranquilizers, and cigarettes. The reader should note that Greater Bridgeport youth were told not to report their use of alcohol at family meals, holidays with their families, at weddings, or for religious purposes. National data, however, do reflect use in these contexts. This difference in wording may explain why Greater Bridgeport lifetime rates are lower for this substance.

The comparisons are as follows:

PERCENT USING EACH SUBSTANCE ONE OR MORE TIMES IN THEIR LIFETIME		
<u>Substance</u>	<u>Greater Bridgeport Seniors</u>	<u>National Seniors</u>
Alcohol	79.9	92.6
Cigarettes	57.7	70.6
Marijuana/Hashish	54.9	57.0
Cocaine	22.4	16.2
Amphetamines (Stimulants)	14.3	26.9
Inhalants	7.1	13.6
Barbiturates (Sedatives)	6.2	14.4
Tranquilizers	6.2	13.3
LSD/psychodelics	5.5	8.9
Heroin	2.0	1.2

• Greater Bridgeport seniors, when compared to national 12th graders, are more likely to have tried cocaine.

• Greater Bridgeport seniors, when compared to national 12th graders, are less likely to have tried alcohol, marijuana/hashish, inhalants, amphetamines, barbiturates, LSD/psychedelics, tranquilizers, and cigarettes in their lifetime.

USE IN PAST 30 DAYS

Use in lifetime patterns may be skewed by several factors: lapses in memory (especially at older ages), underreporting if one has not used a substance in several years, underreporting if one has only tried a sip or a puff of a substance, etc. Current use rates give a more accurate picture of what youth are doing now since it is easier to remember one's activities in the past 30 days. Further, if a student reports current use of a substance by the twelfth grade, it is most likely that he or she is beyond the experimental stage.

The following are comparisons between Greater Bridgeport and national seniors' current use patterns:

PERCENT USING EACH SUBSTANCE ONE OR MORE TIMES IN THE PAST 30 DAYS		
<u>Substance</u>	<u>Greater Bridgeport Seniors</u>	<u>National Seniors</u>
Alcohol	66.7	69.4
Cigarettes	40.2	30.3
Marijuana/Hashish	36.7	27.0
Cocaine	13.9	4.9
Amphetamines	5.7	8.9
LSD/psychedelics	2.6	1.9
Barbiturates	2.2	3.0
Tranquilizers	2.2	2.5
Inhalants	1.5	1.7
Heroin	.9	.2

When comparing Greater Bridgeport seniors to national seniors in their rates of current use, an interesting pattern emerges. Greater Bridgeport seniors report substantially higher levels of current use of marijuana/hashish, cocaine, and cigarettes than national seniors. This is particularly interesting since national seniors report more use in lifetime of marijuana/hashish and cigarettes. Only slightly more national seniors have used alcohol in the past 30 days. There is very little difference in the current use of LSD/psychedelics, heroin, inhalants, barbiturates, and tranquilizers. Slightly more national seniors report current use of amphetamines compared to Greater Bridgeport seniors.

New Jersey Comparisons

USE IN LIFETIME

Lifetime prevalence (percent ever used) and recency of use (percent used in the past 30 days) measures were similar on both the Eastern Fairfield County survey and the New Jersey survey entitled "New Jersey Public High School Survey: Drug and Alcohol Use, 1983," conducted with funding from the New Jersey Office of Highway Safety. The New Jersey data used in the following comparisons are based upon responses by students in the public high schools, grades 10 through 12, as reported in the following document:

- Wayne S. Fisher, Ph.D., Drug and Alcohol Use Among New Jersey High School Students, 1984. New Jersey Division of Criminal Justice, 1984.

Comparisons were done between Greater Bridgeport data and New Jersey data for the following reasons:

- New Jersey is similar demographically to Connecticut and is a neighboring state.
- The New Jersey data include 10th, 11th and 12th graders and therefore allows for broader comparisons than the national data.
- The New Jersey data are less than one year old, thereby allowing for more accurate comparisons.

Comparisons were done for the following substances since the measurement of these items was similar, if not identical, between the New Jersey and the Eastern Fairfield County surveys: marijuana/hashish, alcohol, cocaine, heroin, amphetamines, barbiturates, and tranquilizers.*

*The reader should note that Greater Bridgeport youth were told not to report their use of alcohol at family meals, holidays, weddings, or for religious purposes. New Jersey data, however, do reflect use in these contexts. This difference in wording may account for the differences in use.

The following table presents the comparisons between Greater Bridgeport 10-12th graders and New Jersey 10-12th graders.

PERCENT USING EACH SUBSTANCE ONCE OR MORE IN THEIR LIFETIME		
<u>Substance</u>	<u>Greater Bridgeport 10-12th Graders</u>	<u>New Jersey 10-12th Graders</u>
Alcohol	75.6	91.8
Marijuana/Hashish	49.3	56.6
Cocaine	15.4	17.8
Amphetamines	12.2	33.6
Barbiturates	6.0	12.4
Tranquilizers	5.1	10.9
Heroin	1.4	2.4

USE IN PAST 30 DAYS

As the foregoing table illustrates, New Jersey 10th through 12th graders report more use in lifetime of each substance compared to Greater Bridgeport 10th through 12th graders. Greater Bridgeport 10th through 12th graders, however, report higher current use levels of marijuana/hashish and cocaine. These data would seem to indicate that Greater Bridgeport youth have higher levels of continued use of marijuana/hashish and cocaine; that is, those Greater Bridgeport students who experiment with marijuana/hashish and cocaine tend to continue using these substances on a more regular basis.

Current use rates for Greater Bridgeport and New Jersey 10th through 12th graders are presented below:

PERCENT USING EACH SUBSTANCE ONCE OR MORE IN THE PAST 30 DAYS		
<u>Substance</u>	<u>Greater Bridgeport 10-12th Graders</u>	<u>New Jersey 10-12th Graders</u>
Alcohol	61.5	65.9
Marijuana/Hashish	32.1	28.9
Cocaine	9.5	7.5
Amphetamines	6.4	12.4
Barbiturates	2.7	4.4
Tranquilizers	2.4	3.0
Heroin	.8	1.1

Conclusions

The major purpose of this Report is to describe drug and alcohol use among 7th through 12th graders in the public, parochial, and private schools of Eastern Fairfield County. It is hoped that this information can be helpful to teachers, school administrators, parents, clergy, city officials, youth workers, coaches, religious educators, and youth themselves in stimulating discussions, raising community concern and awareness, and creating new ways to assist youth in making responsible choices about chemical use.

As stated earlier, this Report does not attempt to offer any explanations or interpretations for any of the results contained herein. It is hoped that the results will provide a forum for experts in the field of substance abuse to discuss the practical significance and implications of the survey findings.

Chemical use has become so commonplace (especially the use of alcohol) and is so multi-faceted that it would be impossible for any one system to intervene and impact effectively. Only strategies which are based upon cooperation and shared responsibility among many community systems (family, church, school, law enforcement, courts, youth organizations, etc.) are likely to have a significant impact.

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APPENDICES

APPENDIX A
YOUTH SUBSTANCE ABUSE PROJECT
STEERING COMMITTEE MEMBERS

Dr. Ruth Gonchar, Chair

Dr. Peter A. Barile, Jr.	- Superintendent of Schools Monroe Public Schools
Vincent Brescia	- Executive Director Regional Network of Programs
Dr. Charles Fowler	- Superintendent of Schools Fairfield Public Schools
Robert Francis	- Executive Director Stratford Community Services
Dr. Ruth Gonchar	- Director Office of Human Resources Development City of Bridgeport
Marcia Goodman	- Senior Vice President Corporate Development Division The Bank Mart
Donald McConnell	- Executive Director Connecticut Alcohol and Drug Abuse Commission
Lois Stueck	- First Selectperson Town of Easton
Paul Timpanelli	- First Selectman Town of Trumbull
Dr. Jessica Wolf	- Regional Director Department of Mental Health

APPENDIX B

YOUTH SUBSTANCE ABUSE PROJECT

ADVISORY TASK GROUP

Dr. Ruth Gonchar, Chair

Judy Babcock
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Patrick Bologna

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Rep. Vincent Chase
Selma Cohen

John Cottrell
Debra Doyle
Reverend Fred Erson
Gregory L. Fairbend
Diane Gorman
Carol Kreutz
Janice Martin
Diane Mayers
Rep. Alice V. Meyer
Judy Nichipor
Detective Nick Nikola
George Oleyer

Carole Porto
Sylvia Rennicke
Candy Rice
Edward Schneider
Dr. Charles Stokes

Dr. Victor Strasburger
Patricia Tarkin
Hector Vazquez

Barbara Viner
William Weaver

- Alcohol Drug Awareness of Monroe Committee
- Department of Mental Health
- Business and Industry Council
- Child Guidance Center of Greater Bridgeport, Inc.
- Boy Scouts of America
- Juvenile Division, State Courts
- Connecticut General Assembly
- Fairfield Board of Education
- Connecticut Association of Boards of Education
- Youth in Crisis Program, Janus House
- Fairfield Community Services Center
- Episcopal Social Services
- Boys' Clubs of Bridgeport, Inc.
- Trumbull Parents and Children Together
- Easton Substance Abuse Awareness Committee
- Business and Industry Council
- Easton Substance Abuse Awareness Committee
- Connecticut General Assembly
- Trumbull Parents and Children Together
- Bridgeport Police Department
- Public Defender, Juvenile Division, State Courts
- Department of Children and Youth Services
- Carpenter Technology Corporation
- Junior League of Greater Bridgeport
- Bridgeport Public Schools
- Dana Professor of Economics, University of Bridgeport
- Adolescent Program, Bridgeport Hospital
- Alcohol Drug Awareness of Monroe Committee
- Department of Youth Services, City of Bridgeport
- Junior League of Greater Bridgeport
- Rotary Club, Bridgeport

APPENDIX C
REGIONAL YOUTH SUBSTANCE ABUSE PROJECT COMMITTEES

COORDINATING COMMITTEE

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Elizabeth F. Pfriem, Co-Chair

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Vincent P. Brescia
Thomas W. Bucci
J. Vincent Chase
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Gary Crone
Larry Dougherty
Jacquelyn C. Durrell
Richard W. Emerick
John C. Fagan
Charles Fowler
Robert Francis
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Robert J. Wesche
Charles Williams
Duncan Yetman

- Monroe Public Schools
- Bar Pat Manufacturing, Inc.
- Regional Network of Programs
- City of Bridgeport
- Connecticut General Assembly
- Bridgeport Public Schools
- Youth Subcommittee
- Fairfield Public Schools
- Town of Fairfield
- Town of Monroe
- Stratford Public Schools
- Fairfield Public Schools
- Stratford Community Services
- People's Bank
- Trumbull Counseling Center
- Easton Police Department
- Diocese of Bridgeport
- Superior Court
- Warnaco, Inc. (Ret.)
- Monroe Public Schools
- The Park City Hospital
- CADAC
- Connecticut General Assembly
- Town of Easton
- Easton Public Schools
- Fairfield Police Department
- Connecticut General Assembly
- Stratford Police Department
- Pullman, Comley, Bradley & Reeves
- Laborers' Int'l Union Local 665
- Town of Stratford
- City of Bridgeport
- Stratford Police Department
- Post Publishing Company
- Trumbull Police Department
- St. Vincent's Medical Center
- Connecticut General Assembly
- Youth Subcommittee Coordinator
- Religious Organizations
- Town of Easton
- Town of Trumbull
- Bridgeport Police Department
- Linguist Supply Company
- Monroe Police Department
- CADAC
- Trumbull Superintendent of Schools, (Ret.)

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Robert Francis, Chair, 1985-86

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Janet Smith
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Harvey Stone
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- St. Vincent's Medical Center
- Bridgeport Health Department
- Post Publishing Company
- Bridgeport Training Academy
- Helen Keller Middle School
- Park City Hospital
- Lordship School
- Trumbull Police Department
- Juvenile Probation/Superior Court
- St. Vincent's Medical Center
- Monroe Builds Communication
- Family Services-Woodfield, Inc.
- Whittier School
- Department of Children & Youth Services
- Notre Dame Catholic High School
- Trumbull High School
- Mental Health Resources Group
- Community Health Care Plan
- Board of Education
- Masuk High School
- Catholic Charities
- Fairfield Community Services
- Department of Income Maintenance
- Carpenter Technology
- Bridgeport Hospital
- Bridgeport Police Department
- Fairfield Public Schools
- Department of Youth Services
- NEON
- Stratford Community Services
- Juvenile Division State Courts
- Episcopal Social Services
- Sacred Heart University
- Alcohol and Drug Dependency Council
- Fairfield VNA
- Children's Services Center
- Greater Bridgeport Community Mental Health Center
- CADAC

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Barbara Prestwidge
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Candy Rice
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Barbara Viner
William Weaver

- Bridgeport Business Council
- Fairfield PTA
- Easton PTSA
- Fairfield PTA Council
- Boys' & Girls' Clubs
- Joel Barlowe High School PTA
- Ministerial Alliance
- Fairfield PTA Council
- Stratford PTA Council
- Y.W.C.A.
- Central High School PTA
- Trumbull PTA
- Trumbull PACT
- Hall Neighborhood House
- ADAM
- ABCD
- Monroe Parents Council
- Junior League of Greater Bridgeport
- Department of Youth Services
- Greater Bridgeport Community Center
- Y.M.C.A.
- Trumbull Parents & Children Together
- Elks Club
- Hispanic Youth Action Center
- Junior League of Greater Bridgeport
- Linquist Supply Company

APPENDIX D

EASTERN FAIRFIELD COUNTY YOUTH ALCOHOL AND DRUG SURVEY

REFERENCE SHEET
SUBSTANCES USED IN THIS SURVEY

ALCOHOLIC BEVERAGES (beer, wine-exclude religious use,
and hard liquor such as rum, brandy, whiskey, gin, etc.)

CIGARETTES/NICOTINE (pipe, cigar, etc.)

COCAINE (coke, C, cholly, snow, toot, girl, etc.)

DONOVITES (phos, vinnies, atterine, harties, kiddes, etc.)

DOWNERS AND OTHER BARBITURATES (goofballs, blues, yellows, reds, seconal, barbs,
phenobarbital, yellow jackets, bluebirds, redbirds,
seccy, rainbows, tuinal, xmas trees, nembutal, etc.)

HEROIN (morphine, H, horse, opium, methadone, etc.)

INHALANTS (gasoline, glue, chloroform, amyl nitrate, snappers, carbon tetrachloride,
paint, cleaning fluids)

LSD AND OTHER PSYCHEDELICS (mescaline, acid, buttons, peyote, STP, DMT,
mushrooms, dots, MDA, etc.)

MARIJUANA/HASHISH (pot, joints, reefer, grass, tea, weed, blow, etc.)

TIRUATES (tirries, holderine, kleenies, conns, juiries, etc.)

TRANQUILIZERS (valium, miltown, librium, equanil, thorazine, vees, tranqs, etc.)

UPPERS AND OTHER AMPHETAMINES (pep pill, bennies, dexies, dexedrine, benzedrine,
hearts, crystal, stims, black beauties, speed,
methedrine, etc.)

EASTERN FAIRFIELD COUNTY
YOUTH ALCOHOL AND DRUG SURVEY

Study conducted by:

Community Human Services Planning Council of
United Way of Eastern Fairfield County

and

City of Bridgeport's
Office of Human Resources Development

with the participation of the
suburban communities of eastern Fairfield County.

Thank you for participating in this study. The answers you provide will help us to understand young people better and to design more meaningful programs about alcohol and other drugs.

We will need about 40 minutes of your time to complete the survey. Completion of this survey is completely voluntary. If there is any question that you find objectionable for any reason, just leave it blank.

Please answer each question as HONESTLY and FRANKLY as possible. DO NOT PUT YOUR NAME ON THIS QUESTIONNAIRE. This will guarantee that nobody will know how you have answered the questions.

DIRECTIONS

1. THIS IS NOT A TEST and you are not being timed on any questions. Please start with question 1 and answer the questions in order.
2. Please write your school number, which is on the blackboard, here:

3. Please ignore the numbers that are in parentheses. They are for computer purposes only.
4. Please read each question carefully and be sure to read the instructions in parentheses.
5. Please begin.

THE FOLLOWING ARE SOME GENERAL QUESTIONS ABOUT YOU.

1. How old are you now?

(01) _____ Under 11 years old

(06) _____ 15 years old

(02) _____ 11 years old

(07) _____ 16 years old

(03) _____ 12 years old

(08) _____ 17 years old

(04) _____ 13 years old

(09) _____ 18 or older

(05) _____ 14 years old

2. What grade are you in now?

(01) _____ 7th grade

(04) _____ 10th grade

(02) _____ 8th grade

(05) _____ 11th grade

(03) _____ 9th grade

(06) _____ 12th grade

3. Are you a...

(01) _____ Male

(02) _____ Female

4. Which of the following BEST describes you? (Check only one answer.)

(01) _____ Black

(02) _____ White

(03) _____ Hispanic

(04) _____ Oriental

(05) _____ Other (_____)

5. How much money do you have to spend each WEEK (from allowance, job, etc.)?

(01) _____ Less than \$1.00

(04) _____ \$10.01 to \$15.00

(02) _____ \$1.01 to \$5.00

(05) _____ \$15.01 to \$20.00

(03) _____ \$5.01 to \$10.00

(06) _____ More than \$20.00

6. Where do you live?

(01) _____ Bridgeport

(04) _____ Monroe

(07) _____ Redding

(02) _____ Easton

(05) _____ Stratford

(08) _____ Other

(03) _____ Fairfield

(06) _____ Trumbull

7. At this time in your life, would you say that you are....

(01) _____ Very happy

(03) _____ Not too happy

(02) _____ Fairly happy

(04) _____ Not at all happy

8. What grades do you MOSTLY get in school?

(01) _____ Mostly A's (90-100)

(04) _____ Mostly D's (65-69)

(02) _____ Mostly B's (80-89)

(05) _____ Mostly F's (64 and under)

(03) _____ Mostly C's (70-79)

9. Are you living with.....

(01) _____ Both parents

(02) _____ Mother only

(03) _____ Father only

(04) _____ Mother and Stepfather

(05) _____ Father and Stepmother

(06) _____ Foster parents

(07) _____ Other (_____)

10. How many times have you gone out on a date OR to a boy-girl party in the past year?

(01) _____ None

(02) _____ One or two times

(03) _____ 3 to 10 times

(04) _____ 11 to 20 times

(05) _____ 21 to 40 times

(06) _____ Over 40 times

11. Taking all things together, how often do you feel depressed?

(01) _____ Frequently

(02) _____ Occasionally

(03) _____ Hardly ever

12. How many days have you been absent from school this year?

(01) _____ None

(02) _____ 1 or 2 days

(03) _____ 3 to 5 days

(04) _____ 6 to 10 days

(05) _____ 11 to 15 days

(06) _____ 16 to 25 days

(07) _____ 26 to 50 days

(08) _____ Over 50 days

13. Using this scale, how do you feel about the following items?

1 = like it

2 = have no feelings either way

3 = dislike it

(01) _____ your parents

(02) _____ kids your age

(03) _____ students in your school

(04) _____ school teachers

(05) _____ school guidance counselors

(06) _____ your brothers and sisters
(leave blank if you have none)

14. At this time in your life, how important is each of the following to you?

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT
(01) Getting into college	_____	_____	_____
(02) Finding a purpose and meaning to my life	_____	_____	_____
(03) Being accepted and liked by my friends	_____	_____	_____
(04) Getting along with my parents	_____	_____	_____
(05) Trying out new things	_____	_____	_____
(06) Getting high or drunk	_____	_____	_____

15. If you are in high school, which of the following BEST describes the program/curriculum you are currently taking?

(01) ☐ Not in high school

(04) ☐ Business/Commercial

(02) ☐ General

(05) ☐ Vocational

(03) ☐ College Entrance

(06) ☐ Other ()

16. How likely will you do the following things after high school?

	DEFINITELY WON'T	PROBABLY WON'T	PROBABLY WILL	DEFINITELY WILL
(01) Attend a technical or vocational school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(02) Serve in the armed forces	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(03) Graduate from a two or four year college/ university	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(04) Be unemployed or on welfare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(05) Get a job right after high school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(06) <input type="checkbox"/> I just don't know				

17. Do you pass any billboards on your way to school (either walking or riding)?

(01) ☐ Yes

(02) ☐ No

(03) ☐ Don't know

18. If yes on the above question, what types of things are advertised?

(01) ☐ Cars

(02) ☐ Cigarettes

(03) ☐ Beer, wine or hard liquor (rum, gin, brandy, etc.)

(04) ☐ Other ()

(05) ☐ Don't know

19. Do you pass any package (liquor) stores on your way to school (either walking or riding)?

(01) ☐ Yes

(02) ☐ No

(03) ☐ Don't know

20. If yes on the above question, how many package stores do you pass?

(01) ☐ 1 or 2

(02) ☐ 3 or 4

(03) ☐ 5 or more

(04) ☐ Don't know

- PLEASE CONTINUE.....

THE QUESTIONS IN THIS SECTION ASK ABOUT YOUR EXPERIENCE WITH ALCOHOL, CIGARETTES, AND SOME OTHER DRUGS (cocaine, marijuana, LSD, etc., not aspirin or other drugs given to you by your doctor or dentist).

REMEMBER, YOUR ANSWERS WILL NOT BE KNOWN BY ANYONE....PLEASE ANSWER HONESTLY.

36. How old were you when you FIRST used each of the following substances? (Check one answer for each item.) Exclude alcoholic beverages used at family dinners, weddings, holidays, and for religious purposes.

	I FIRST USED THIS SUBSTANCE WHEN I WAS.... (how old....)	I HAVE NEVER USED THIS SUBSTANCE
(01) Marijuana/Hashish	_____ years old	_____
(02) Alcohol	_____ years old	_____
(03) Cocaine	_____ years old	_____
(04) Donovanites	_____ years old	_____
(05) Heroin	_____ years old	_____
(06) Inhalants	_____ years old	_____
(07) Uppers (Amphetamines)	_____ years old	_____
(08) Downers (Barbiturates)	_____ years old	_____
(09) LSD and other psychedelics	_____ years old	_____
(10) Tranquilizers	_____ years old	_____
(11) Cigarettes	_____ years old	_____
(12) Tiruates	_____ years old	_____
(13) Other (_____)	_____ years old	_____

37. What was the FIRST substance you tried/used? (Check only ONE answer)

- | | |
|--|--|
| (01) _____ Marijuana/Hashish | (14) _____ I do not use drugs or drink |
| (04) _____ Donovanites | |
| (02) _____ Alcohol (beer, wine or hard liquor) | |
| (09) _____ LSD or another psychedelic | |
| (05) _____ Heroin | |
| (03) _____ Cocaine | |
| (07) _____ Uppers or other amphetamines | |
| (08) _____ Downers or other barbiturates | |
| (10) _____ Tranquilizers | |
| (12) _____ Tiruates | |
| (06) _____ Inhalants | |
| (11) _____ Cigarettes/Nicotine | |
| (13) _____ Other (_____) | |

38. How many of your friends currently use the following substances?

	ALL	SOME	ONE OR TWO	NONE
(01) Marijuana/Hashish.....	_____	_____	_____	_____
(02) Alcohol (beer, wine or hard liquor)	_____	_____	_____	_____
(03) Cocaine	_____	_____	_____	_____
(04) Donovanites.....	_____	_____	_____	_____
(05) Heroin	_____	_____	_____	_____
(06) Inhalants.....	_____	_____	_____	_____
(07) Uppers (Amphetamines).....	_____	_____	_____	_____
(08) Downers (Barbiturates).....	_____	_____	_____	_____
(09) LSD and other psychedelics...	_____	_____	_____	_____
(10) Tranquilizers	_____	_____	_____	_____
(11) Cigarettes.....	_____	_____	_____	_____
(12) Tiruates.....	_____	_____	_____	_____
(13) Other (_____)	_____	_____	_____	_____

39. How often have you used the following substances, for non-medical reasons,
DURING THE PAST 30 DAYS ?

	NONE	ONCE	2-5 TIMES	6-10 TIMES	11-20 TIMES	EVERY DAY
(01) Marijuana/Hashish	_____	_____	_____	_____	_____	_____
(02) Alcohol	_____	_____	_____	_____	_____	_____
(03) Cocaine	_____	_____	_____	_____	_____	_____
(05) Heroin	_____	_____	_____	_____	_____	_____
(06) Inhalants	_____	_____	_____	_____	_____	_____
(08) Downers	_____	_____	_____	_____	_____	_____
(12) Tiruates	_____	_____	_____	_____	_____	_____
(09) LSD/psychedelics	_____	_____	_____	_____	_____	_____
(11) Cigarettes	_____	_____	_____	_____	_____	_____
(07) Uppers	_____	_____	_____	_____	_____	_____
(04) Donovanites	_____	_____	_____	_____	_____	_____
(10) Tranquilizers	_____	_____	_____	_____	_____	_____
(13) Other (_____)	_____	_____	_____	_____	_____	_____

WE KNOW YOU'RE TIRED.....PLEASE KEEP ON GOING....

40. How many classes in an average week do you cut because you are high or drunk?
- (01) _____ None (03) _____ About one or more a day
- (02) _____ One or two a week (04) _____ I don't use drugs or drink

41. How often have you EVER USED the following substances for NON-MEDICAL REASONS?

	NEVER USED	1 OR 2 TIMES	3 TO 9 TIMES	10 TO 50 TIMES	OVER 50 TIMES
(01) Marijuana/Hashish	_____	_____	_____	_____	_____
(04) Donovites	_____	_____	_____	_____	_____
(10) Tranquilizers	_____	_____	_____	_____	_____
(03) Cocaine	_____	_____	_____	_____	_____
(05) Heroin	_____	_____	_____	_____	_____
(12) Tiruates	_____	_____	_____	_____	_____
(02) Alcohol	_____	_____	_____	_____	_____
(09) LSD/psychedelics	_____	_____	_____	_____	_____
(07) Uppers or other amphetamines	_____	_____	_____	_____	_____
(06) Inhalants	_____	_____	_____	_____	_____
(11) Cigarettes	_____	_____	_____	_____	_____
(Count number of cigarettes smoked as the number of times)	_____	_____	_____	_____	_____
(08) Downers or other barbiturates	_____	_____	_____	_____	_____
(13) Other (_____)	_____	_____	_____	_____	_____

42. When was the LAST time you used a drug or drank an alcoholic beverage?

- (01) _____ Today or yesterday
- (02) _____ A week or two ago
- (03) _____ Over a month ago, but less than a year ago
- (04) _____ Over a year ago
- (05) _____ I do not use drugs
- (06) _____ I do not drink

43. IF YOU DO USE DRUGS, what was the last drug you used? _____

44. If you have STOPPED using this substance, what were the MAIN reasons you stopped?

(Check as many as apply)

	Marijuana	Alcohol (beer, wine, hard liquor)	Cigarettes	Pills (uppers, downers, tranquilizers, etc.)	Inhalants	Heroin	Cocaine	LSD or other psyches
Never used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have not stopped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure from friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was afraid of getting hooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was afraid of what it might do to my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity was satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No longer needed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't like the way I was thinking and acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't get much effect from it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a bad experience with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was afraid of being caught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got busted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couldn't get it anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couldn't afford it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. If you take amphetamines ("uppers"), you: (check only one answer)

(01) ☐ Become sleepy

(03) ☐ Become hungry

(02) ☐ Wake up, even though you're tired

(04) ☐ I don't know

46. Which of the following is known to be physically addictive? (Check only one answer)
- (01) ☐ LSD
 - (02) ☐ Barbiturates
 - (03) ☐ Inhalants(glue, cleaning fluid, etc.)
 - (04) ☐ I don't know
47. Babies born to mothers who are narcotic addicts are most likely to: (Check one)
- (01) ☐ Be addicted and undergo withdrawal
 - (02) ☐ Be normal babies
 - (03) ☐ Be twins
 - (04) ☐ I don't know
48. The most dangerous type of withdrawal is from: (Check only one)
- (01) ☐ Amphetamines
 - (02) ☐ Barbiturates
 - (03) ☐ Heroin
 - (04) ☐ I don't know
49. How many ounces of beer is equal to 3 ounces of hard liquor? (check one)
- (01) ☐ 3 ounces
 - (02) ☐ 12 ounces
 - (03) ☐ 16 ounces
 - (04) ☐ 24 ounces
 - (05) ☐ 36 ounces
 - (06) ☐ I don't know
50. In which of these drug education programs have you ever participated in school? (Check as many as apply)
- (01) ☐ Films
 - (02) ☐ Classes on drugs and alcohol
 - (03) ☐ Programs sponsored by student alcohol/drug committee(s) (I.E.--SADD)
 - (04) ☐ Small group discussions led by teacher or counselor
 - (05) ☐ Talks by recovering alcoholics or ex-addicts
 - (06) ☐ Books, pamphlets or drug information center
 - (07) ☐ Other drug/alcohol program(s) (which ones _____)
- 51.. Overall, my participation in school drug education programs as indicated above has: (Check one answer only)
- (01) ☐ Led to an increase in my drug usage
 - (02) ☐ Had no effect on my using or not using drugs
 - (03) ☐ Led to a decrease in my drug usage
 - (04) ☐ Convinced me not to start using drugs
 - (05) ☐ Led to my initial taking of drugs
 - (06) ☐ I have never participated in drug education programs in school.

52. Has the use of drugs/alcohol ever caused you any absences from school?
(01) ☐ Yes
(02) ☐ No
53. Has the use of drugs/alcohol ever caused you any problems with your health?
(01) ☐ Yes
(02) ☐ No
54. Has the use of drugs/alcohol ever caused you any problems at school?
(01) ☐ Yes
(02) ☐ No
55. Has the use of drugs/alcohol ever caused any problems with your family?
(01) ☐ Yes
(02) ☐ No
56. Has the use of drugs/alcohol ever caused you any problems with the law/police?
(01) ☐ Yes
(02) ☐ No

THIS SECTION REFERS TO YOUR EXPERIENCE WITH ALCOHOL (beer, wine or hard liquor) ONLY. DO NOT INCLUDE WINE USED FOR RELIGIOUS PURPOSES.
DO NOT INCLUDE ANY EXPERIENCES WITH DRUGS IN THIS SECTION.

57. Where do you usually drink (beer, wine or hard liquor)?
(01) ☐ At school
(02) ☐ Around the school after it lets out
(03) ☐ In my house
(04) ☐ In my friends' houses
(05) ☐ In a car
(06) ☐ Hanging out in the neighborhood
(07) ☐ Other (_____)
(08) ☐ I don't drink

DO YOU THINK YOU CAN MAKE IT TO THE END.....

DON'T GIVE UP.....

58. With whom do you usually drink? (check as many as apply)

- | | |
|--|--|
| (01) <input type="checkbox"/> Alone | (05) <input type="checkbox"/> Friends not from school |
| (02) <input type="checkbox"/> With by best girl friend | (06) <input type="checkbox"/> Brothers or sisters |
| (03) <input type="checkbox"/> With by best boy friend | (07) <input type="checkbox"/> With adults |
| (04) <input type="checkbox"/> Friends from school | (08) <input type="checkbox"/> Other (<input type="text"/>) |
| | (09) <input type="checkbox"/> I don't drink |

59. What were your MAIN reasons for drinking the FIRST TIME?
(check as many as apply)

I FIRST DRANK BECAUSE: (Exclude religious use and wine used with family meals)

- (01) ☐ I was curious and wanted to see for myself what it was like
- (02) ☐ To prove I wasn't afraid
- (03) ☐ My friends encouraged me to drink
- (04) ☐ To improve my performance and study habits
- (05) ☐ For excitement and kicks
- (06) ☐ To get away and forget things
- (07) ☐ To relieve tensions and help me relax
- (08) ☐ To help me solve some of my personal problems
- (09) ☐ I was angry at someone or something
- (10) ☐ I do not drink

60. If you PRESENTLY drink, for what purpose(s) do you drink NOW?
(Check as many as apply)

- (01) ☐ To challenge the values of society
- (02) ☐ For excitement and kicks
- (03) ☐ To get away from things
- (04) ☐ To relieve tensions and help me relax
- (05) ☐ To help me solve some of my personal problems
- (06) ☐ My friends want me to drink with them
- (07) ☐ To get back at my parents
- (08) ☐ I do not drink

61. If you have NEVER used alcohol, what are the MOST important reasons?

(Check as many as apply)

(01) ☐ Does not apply (I drink or have used alcohol)

(02) ☐ May cause physical or psychological harm

(03) ☐ May cause addiction

(04) ☐ It is illegal (I am underage)

(05) ☐ My parents disapprove

(06) ☐ My friends disapprove

(07) ☐ No desire to experience the effects

(08) ☐ Difficulty in getting alcohol

THIS SECTION REFERS TO YOUR EXPERIENCE WITH DRUGS (Marijuana, cocaine, uppers, downers, etc.). DO NOT INCLUDE ANY EXPERIENCE WITH ALCOHOL OR CIGARETTES.

62. With whom do you usually use drugs? (Check as many as apply)

(01) ☐ Never used drugs

(05) ☐ Friends from school

(02) ☐ Alone

(06) ☐ Friends not from school

(03) ☐ With my best girl friend

(07) ☐ Brothers or sisters

(04) ☐ With my best boy friend

(08) ☐ Adults

63. Where do you USUALLY use drugs? (check as many as apply)

(01) ☐ Never used drugs

(05) ☐ In my friends' houses

(02) ☐ At school

(06) ☐ In a car

(03) ☐ Around the school after it
lets out

(07) ☐ Hanging out in the neighborhood

(04) ☐ In my house

(08) ☐ Other ()

64. What time of the week do you USUALLY take drugs? (Check as many as apply)

(01) ☐ I do not take drugs

(04) ☐ After school on weekdays

(02) ☐ Before school

(05) ☐ Weekday evenings

(03) ☐ During the school day

(06) ☐ Weekends

65. If you currently use drugs, where do you get the money to buy the drugs?
(check as many as apply)

(01) ☐ Allowance

(05) ☐ Stole the money

(02) ☐ From a job

(06) ☐ Borrowed the money

(03) ☐ Dealing drugs

(07) ☐ Won the money

(04) ☐ Don't use drugs

(08) ☐ Drugs are given to me,
I don't buy my own

66. If you have already TRIED DRUGS, what were your MAIN reasons for trying them THE FIRST TIME? (check as many as apply)
- (01) ☐ I was curious and wanted to see for myself what it was like
 - (02) ☐ To prove I wasn't afraid
 - (03) ☐ My friends encouraged me to try drugs
 - (04) ☐ To improve my performance and study habits
 - (05) ☐ For excitement and kicks
 - (06) ☐ To get away and forget things
 - (07) ☐ To relieve tensions and help me relax
 - (08) ☐ To help me solve some of my personal problems
 - (09) ☐ I was angry at someone or something
 - (10) ☐ I have never used drugs
67. If you PRESENTLY USE DRUGS, for what purpose(s) do you use them NOW?
- (01) ☐ To challenge the values of society
 - (02) ☐ For excitement and kicks
 - (03) ☐ To get away from things
 - (04) ☐ To relieve tensions and help me relax
 - (05) ☐ To help me solve some of my personal problems
 - (06) ☐ My friends want me to use drugs with them
 - (07) ☐ To get back at my parents
 - (08) ☐ I do not use drugs
68. If you have NEVER used drugs, what are the MOST important reasons? (check as many as apply)
- (01) ☐ Does not apply (I do use drugs or have tried them)
 - (02) ☐ May cause physical or psychological harm
 - (03) ☐ May cause addiction
 - (04) ☐ It is illegal
 - (05) ☐ My parents disapprove
 - (06) ☐ My friends disapprove
 - (07) ☐ No desire to experience the effects
 - (08) ☐ Difficulty in getting drugs

69. Check the category that applies to you:

- (01) ☐ I have used drugs.....I am still using them
- (02) ☐ I have used drugs.....I might use them again
- (03) ☐ I have used drugs.....I am not using them again
- (04) ☐ I have NOT used drugs.....I might like to try them
- (05) ☐ I have NOT used drugs.....I am not going to use them

70. Have you been honest in answering these questions?

- (01) ☐ YES
- (02) ☐ NO

71. Please answer what you thought of the survey:

- (01) ☐ I enjoyed completing the survey
- (02) ☐ I thought it was stupid
- (03) ☐ It was too long
- (04) ☐ I thought my answers might help someone

PLEASE WRITE ANY COMMENTS ON THE BOTTOM OF THIS PAGE.

THANK YOU!!!

Now that you have completed the questionnaire, turn it face down.
At the end of the class period, your teacher will collect all
the surveys and put them in an envelope and seal it.

COMMENTS: _____

APPENDIX E

TECHNICAL NOTES

SAMPLING DESIGN

Since age has been strongly correlated to substance use patterns in previous studies, proportionate stratified sampling was used to assure a more representative sample by age and to increase the efficiency of the sampling design. The selection procedure involved several steps. First, the population of public, private and parochial school children in grades 7 through 12 was stratified by school district (or the Towns of Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull). Second, a list of all scheduled English classes was obtained from each middle and high school in the six towns listed above. An auxiliary list was prepared classifying all English classes by (1) grade level, and (2) general level of academic ability of each class (advanced, average, or slow). Next, a number of classes within each of these classifications were selected randomly using a table of random numbers. Approximately 2-5 classes per grade level (7 through 12) in each of the area schools were randomly chosen to participate in the study. The survey was then administered to all students present in these classes on the date of the survey.

The sampling design was such that each student in the public, private and parochial schools had an equal probability of being selected to take the survey. Further, the sample was proportionately representative of the population in the following regards: grade level, school system, and academic achievement level.

The sample size allowed us an error tolerance of +/- two percentage points with a confidence interval of 95 percent. Otherwise stated, 95 out of 100 times, we would be within two percentage points of accurately projecting from the sample to the entire population of school children in grades 7 through 12 in the Greater Bridgeport region.

QUESTIONNAIRE

A 14-page questionnaire was developed by United Way staff and approved by the Youth Substance Abuse Steering Committee. The questionnaire was in a self-administered format and took approximately one full class period (or 40 minutes) to complete.

The survey is quite comprehensive, covering demographic questions (age, sex, ethnicity, family composition, etc.), incidence and prevalence questions, causal and environmental factors, and awareness of and participation in school-based drug and alcohol programs. The questionnaire contains a total of 71 items, several of which are multi-fold. (See Appendix "C" for the survey instrument used.)

Since the survey was self-administered, several internal consistency measures were built into the instrument to provide for greater reliability and validity of the survey results. Several of the items were identical or similar to items used in other studies, thereby increasing the reliability of this instrument. (See discussion under "Validity.")

PROCEDURE

Permission was obtained from the appropriate officials (superintendents, boards of education, deans) in the public, private, and parochial school systems of Greater Bridgeport (Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull). The English or Language Arts coordinators within each school were chosen to assist in the distribution of questionnaires to the appropriate teachers who in turn did the actual proctoring. (A few schools elected to use classes other than English or Language Arts for administration of the survey. Where this did not pose a problem to sample design (i.e. parochial schools without a delineation of classes by academic achievement level), this was permitted).

The survey administration procedure was standardized. In all 34 schools participating, teachers gave identical instructions.

The survey was administered between September 24 and October 17, 1984.

The cover and instruction pages of the questionnaire assured students as to the anonymity and confidentiality of their responses. Students were instructed both orally and in writing not to write their names on the instrument. Participation was completely voluntary; students were instructed to leave any questions blank which they found objectionable, did not understand, or could not answer honestly.

After completing the questionnaires, students turned them face down on their desks. After all the students were finished, the questionnaires were passed to the front of the room and collected by the teachers, who then put all questionnaires into a brown envelope and sealed it in front of the class. All teachers were then asked to sign the envelope certifying that they had placed all questionnaires directly into the envelope and sealed it.

The questionnaires were then coded by trained volunteers onto standardized answer sheets that were then optically scanned by Cooperative Educational Services in Norwalk. The original survey instruments completed by the students were destroyed by United Way staff to assure confidentiality.

The resulting computer tape is the basis for the findings contained herein. Before actual analysis began, the responses were reviewed for indications of invalid responses (frivolous answers, inconsistency, or incompleteness). Two non-existent drug categories (donovites, tiruates) were built into the instrument to check for the invalidity of the responses. Any responses considered to be frivolous, inconsistent, or incomplete were discarded from the analysis and considered to be "non-responses."

Of the 2,946 students surveyed, 130 responses were deleted from the analysis because the respondent resides outside of the Greater Bridgeport region and 87 responses were deleted due to one or more of the following: use of unrealistically high levels of drugs/alcohol in many categories; substantial missing data; and/or inconsistent, incomplete, or frivolous answers (i.e., respondent reported using a particular drug in the past 30 days, but not in his/her lifetime; use of a non-existent drug, etc.).

VALIDITY

Often in self-administered surveys, the question arises, "Can you really believe the responses given to highly personal, often incriminating questions, like substance use?" It has been documented that honest responses are more likely when the respondents are assured of confidentiality and anonymity and when measures are taken to convince the respondents that the pledges of confidentiality and anonymity will be honored. Each of these measures was taken in the Eastern Fairfield County survey: students were told both orally and in writing not to write their names on the questionnaires and were assured of complete anonymity (surveys were placed directly into an envelope and sealed in front of the students).

Existing evidence suggests that self-reports of drug and alcohol use are valid. Lloyd Johnston, et. al., found that information obtained from self-reports of drug and alcohol use is consistent with other methods of inferring drug use patterns. Whitehead and Smart critically examined four studies and conducted a fifth study that examined the validity of self-reported drug use and concluded that "there is reason to have confidence in the validity and reliability of self-reports of drug use." ¹

If any systematic bias does exist in the Eastern Fairfield County data, it would be an underestimation of substance use. The reasons for this are two-fold. First, the data does not include the drop-out population. Several studies indicate that substance use is disproportionately higher among the drop-out population. Secondly, since frequent substance users are more likely to have a higher absentee rate, students absent from school on the date of survey administration probably include a disproportionate amount of current substance users. The amount of bias due to absenteeism, however, is probably not substantial since less than five percent of the students in the classes sampled were absent on the date of survey administration.

The amount of consistency across questions regarding the same behavior is quite high, thereby providing additional evidence as to the validity of the findings of this report.

¹ P.C. Whitehead and R.G. Smart, "Validity and Reliability" of Self-Reported Drug Use." Can. J. Criminol. and Corrections (14:1-7), 1972.

SAMPLING ACCURACY OF THE ESTIMATES

Confidence intervals are used to determine the accuracy with which we can generalize from the sampled population to the entire universe of students in grades 7 through 12 in Greater Bridgeport. Based upon the total sample size and the proportion of valid responses to the substance use items, the amount of sampling error for the estimates of substance use is quite small. This means that we can generalize with great accuracy from our sample to the entire population of students enrolled in grades 7 through 12 (excluding Trumbull 7th graders in the public schools) in Greater Bridgeport. The actual amount of error associated with the substance use estimates is less than one percent at the 95 percent confidence level.

REFERENCES

Johnston, Lloyd, et. al., Student Drug Use in America, 1975-1982. Rockville, Maryland: National Institute on Drug Abuse, 1981, p. 372.

Whitehead, P.C., and Smart, R.G., "Validity and Reliability of Self-Reported Drug Use." Can. J. Criminol. and Corrections, 1972, 14: 1-7.