

DRUG USE AND SELF-ESTEEM AMONG
CARRIAGE HOUSE YOUTH

A Thesis

Presented to

the Department of Counselor Education
Kansas State Teachers College of Emporia

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by

Steven S. Kesler

May 1972

Harry J. Water
Approved for Major Department

Jurmel. Byler
Approved for the Graduate Council

323299⁸

ACKNOWLEDGEMENTS

The researcher extends sincere appreciation to those who have been so much a part of this study, including Dr. David O. Hinkle, Dr. Alice Moriarity, and Dr. Lolafaye Coyne. Special thanks go to the members of the Thesis Committee: Dr. Harry Waters, Dr. Bill Scales, and especially Dr. Raymond Heath, without whose tolerance and guidance this study would never have been possible.

Appreciation is also expressed to my wife, Jenny, and friends for their consideration, thoughtful and constructive ideas, and patience.

TABLE OF CONTENTS

Chapter	Page
1. INTRODUCTION	1
PROBLEM OF THE STUDY	3
Statement of the Problem	3
Statement of the Hypothesis	4
Purpose of the Study	4
Significance of the Study	4
DEFINITIONS OF TERMS	4
LIMITATIONS OF THE STUDY	5
2. REVIEW OF RELATED LITERATURE	7
Characteristics of Drug Users	7
Self-Esteem and Psychological Correlates	10
Self-Esteem	13
SUMMARY	15
3. METHODS AND PROCEDURES	17
STATEMENT OF PROBLEM	17
INSTRUMENTS USED IN THIS STUDY	17
The Questionnaire	18
The Rosenberg Self-Esteem Scale	18
SELECTION OF THE SAMPLE	19
Selection Procedure	19
The Sample of the Population	19
FINDINGS CONCERNING DRUG USE	22

Chapter	Page
Alcohol and Tobacco	23
Marijuana and Hashish	25
"Speed"	25
LSD	26
Other Drugs	27
4. ANALYSIS OF THE DATA	28
INTRODUCTION	28
Restatement of the Hypothesis	29
RESPONSE ANALYSIS	29
STATISTICAL ANALYSIS	29
Arriving at a Self-Esteem Score	30
Arranging Subjects into Self-Esteem Groups	31
Arriving at a Drug Use Score	32
Discussion of the Correlation Matrix	34
Discussion of the Analysis of Variance	37
5. SUMMARY AND CONCLUSIONS	42
PURPOSE OF THIS STUDY	42
PROCEDURE	42
SUMMARY OF FINDINGS	43
CONCLUSION	43
RECOMMENDATIONS FOR FURTHER RESEARCH	43
BIBLIOGRAPHY	45
APPENDICES	48
APPENDIX A: ROSENBERG SELF-ESTEEM SCALE	49
APPENDIX B: QUESTIONNAIRE	52

LIST OF TABLES

Table	Page
1. Ages of Subjects	20
2. Religious Affiliation	21
3. Reasons for Court Appearances	22
4. Numbers of Drugs Tried and Now Being Used by Subjects . . .	23
5. Numbers of the Thirty-Five Subjects Who Have Tried and Numbers Who Are Now Using Various Drugs	24
6. Frequency of Marijuana Use	25
7. Frequency of LSD Use Among Twenty-Six Users	26
8. Points Earned According to Response on Positively and Negatively Worded Items on Rosenberg Self-Esteem Scale . .	31
9. Frequency Distribution of Self-Esteem Scores Showing the Three Self-Esteem Groups and the Number of Subjects in Each Group	31
10. Correlation Matrix: Low Self-Esteem	34
11. Correlation Matrix: Moderate Self-Esteem	35
12. Correlation Matrix: High Self-Esteem	36
13. Simple Analysis of Variance of Self-Esteem Scores of Three Groups of Carriage House Youth	38
14. Simple Analysis of Variance of LSD-Speed Drug Use Score of Three Groups of Carriage House Youth	38
15. Simple Analysis of Variance of Total Drug Score of Three Groups of Carriage House Youth	39
16. Simple Analysis of Variance of Alcohol Use Score of Three Groups of Carriage House Youth	39
17. Simple Analysis of Variance of Speed Use Score of Three Groups of Carriage House Youth	40

Table

Page

18. Simple Analysis of Variance of LSD Use Score of Three Groups of Carriage House Youth	40
19. Simple Analysis of Variance of Marijuana Use Score of Three Groups of Carriage House Youth	41

Chapter 1

INTRODUCTION

Drug use is a behavior with causes at many levels, ranging from historical-cultural socialization of usage to genetic predispositions. Past explanations of specific episodes of drug use have tended to concentrate on a few explanatory variables, usually at the same moderate level of causation. The upsurge in psychoactive drug usage in the United States has led to research which adhered to this pattern of explanation at first, but which now displays increasing sophistication. The first reaction to greatly increased usage among youth was to conduct surveys asking, in effect, "How many people are taking these illegal drugs?" These were followed by surveys asking, "Who is taking what?" Currently, research has expanded into more sophisticated analysis of causation. Personality studies have been a favorite with psychologists.

Empirical studies carried out by these psychologists relating personality scales to drug usage have become increasingly abundant. The similarity of findings in studies where comparisons can be made was impressive. Thus, several investigations utilizing the California Personality Inventory (Haagen, 1970¹; Hogan, Mankin, Conway, and Fox,

¹C. H. Haagen, Social and Psychological Characteristics Associated with the Use of Marijuana by College Men (Middletown, Connecticut: Office of Psychological Services, Wesleyan University, 1970).

1970²; Blum and Associates, 1969³) have virtually the same profile for youthful users of illicit drugs.

A second type of similarity of findings in drug use-personality studies has been discussed only recently (Brehm and Back, 1968⁴; Goldstein, 1970⁵): patterns of user-nonuser trait differences were very consistent for a wide variety of drugs and types of users. For example, teenage cigarette smokers, college student marijuana users, college student amphetamine users, college student drinkers, and Haight-Ashbury multiple drug users all scored lower than nonusers of these drugs on scales assessing satisfaction with self and higher on scales assessing flexibility. Brehm and Back obtained congruent data on the relationship of predilection to use a wide variety of drugs and a personality battery. They suggested that drug usage motivation may be conceptualized as what could be called an approach-avoidance process. Motivation toward drug use loaded heavily on a factor which they called "Insecurity," and this relationship held across energizers, hallucinogens, opiates, stimulants, tobacco, intoxicants, sedatives, analgesics, and tranquilizers. A factor labeled "Curiosity" related

²R. T. Hogan, et al., "Personality Correlates of Undergraduate Marijuana Use," Journal of Consulting and Clinical Psychology, XXXV (1970), 58-63.

³Richard H. Blum and Associates, Students and Drugs (San Francisco: Jossey-Bass Inc., 1969).

⁴M. L. Brehm and K. W. Back, "Self-Image and Attitudes Towards Drugs," Journal of Personality, XXXVI (1968), 299-314.

⁵J. W. Goldstein, et al., The Social Psychology and Epidemiology of Student Drug Usage: Report on Phase One, Department of Psychology Report No. 70-18, National Institute of Mental Health Project No. MH-15805 (Carnegie-Mellon University, June, 1970).

significantly only to willingness to use energizers, hallucinogens, and opiates, but not the other substances listed. Such factors were said to indicate "dissatisfaction or feelings of inadequacy," and these, coupled with the absence of restraints against self-administered drug use, predicted a willingness to use drugs in general.

PROBLEM OF THE STUDY

Most of the studies which have been interested in discovering relationships between drug use and personality factors wanted to find elements that were common to most people and applied to most drugs. Other studies have used complete personality scales, such as the California Personality Inventory, to get a broad picture of the whole person. Even studies that concentrated on self image have tended to divide how the self was seen (i.e., "How do others see you?", "How do you see your ideal self?"). Occasionally, too, these different ways of looking at people were correlated with the desire to use drugs instead of actual drug use. While this researcher viewed these studies as worthwhile, the purpose of the present inquiry was to measure only one particular facet of a personality--self-esteem--and to compare that to actual drug use. All this was done with a select group of subjects, not representing the total population.

Statement of the Problem

Do the youth (students, adolescents, and other young adults) who attend Carriage House and who have a significantly lower self-esteem use significantly more drugs than youth from the same population who have a higher self-esteem?

Statement of the Hypothesis

There are no significant differences in drug use between those people who attend Carriage House and have a low self-esteem and those who attend Carriage House and have a significantly higher self-esteem.

Purpose of the Study

It was the purpose of this study to show the relationship between self-esteem as measured by the Rosenberg Self-Esteem Scale⁶ and drug use among Carriage House youth.

Significance of the Study

Youth centers like Carriage House have become more and more prevalent throughout the United States, yet there have been relatively few studies designed to study the characteristics of the youth who attend these centers. Neither have there been many investigations which explored the relationship between how these youth felt about themselves and the drugs they actually used. This study has attempted to do both.

DEFINITIONS OF TERMS

The terms and their definitions are included to clarify the content of the study in order that the reader may comprehend more thoroughly the data and the conclusions presented.

Self-Esteem. High self-esteem has meant that the individual respected himself, considered himself worthy; he did not necessarily

⁶M. Rosenberg, Society and the Adolescent Self-Image (Princeton, New Jersey: Princeton University Press, 1965).

consider himself better than others, but he definitely did not consider himself worse; he did not feel that he was the ultimate in perfection but, on the contrary, recognized his limitations and expected to grow.

Low self-esteem, on the other hand, implied self-rejection, self-dissatisfaction, self-contempt. The individual lacked respect for the self he observed. The self-picture was disagreeable, and he wished it were otherwise.

Drug Use. Drug use has been determined by the score on the drug use survey, incorporated in the questionnaire distributed.

Carriage House Youth. Most of the young people who have come to the Carriage House project have been between the ages of thirteen and twenty. Occasionally there were some older and some younger. The project was set up to make mental health services available especially, but not exclusively, to the so-called "alienated youth" of the community. The vast majority of these youth have needed and have used the several avenues of help offered at the project: special interest groups, group therapy, individual therapy, and simply talking in informal groups, however small or large, on such topics as sex, school, politics, the draft, vocation, the law, religion, the police, drugs, music, or getting along with parents.

LIMITATIONS OF THE STUDY

This study has dealt with a rather select group of young people--the Carriage House youth--and the results were never intended to be generalized to the total population of young people.

Originally the questionnaire was designed for use in the

public school system and was run at Carriage House as a pilot study to determine if there were any confusing parts and to find out how long it took to complete the questionnaire. The preliminary testing worked out so well, however, that it was decided that a complete study of the data collected was justified. The researcher has simply not used the data that did not apply directly to this investigation.

An N of thirty-five was used. This was certainly a limitation, but one about which nothing could be done. The small N was due to low attendance at the Carriage House the week the data were gathered.

The "speed" use score was complicated by a mistake found in the questionnaire after the data had been collected. This limitation was discussed in detail in the section in Chapter 4, "Arriving at a Drug Use Score."

Chapter 2

REVIEW OF RELATED LITERATURE

A number of theoretical discussions and reports of empirical studies have asserted strong associations between various personality correlates and various interpretations of "using" drugs. This chapter has reviewed a portion of these studies as well as investigations which explored relationships between self-esteem and various psychological correlates.

Characteristics of Drug Users

Psychoactive drug use was not an isolated aspect of a user's life. It was a behavior pattern closely related to his sociological and psychological characteristics. The particular configuration differed somewhat from drug to drug, but it has been possible to discover variables which differentiate users from nonusers. In a study done by Goldstein, Korn, Abel, and Morgan⁷ some of those variables were described. When they compared users with nonusers of marijuana, this pattern emerged: users were more likely to be from urban or suburban communities, to have better educated parents, to have a higher family income, to have come from a Jewish background or one with little

⁷J. W. Goldstein, et al., The Social Psychology and Epidemiology of Student Drug Usage: Report on Phase One, Department of Psychology Report No. 70-18, National Institute of Mental Health Project No. MH-15805 (Carnegie-Mellon University, June, 1970).

or no emphasis on formal religion rather than from a Catholic background, to be more liberal politically, to prefer the humanities or fine arts to other academic fields, to believe that marijuana is not physiologically addictive and that it does not lead to use of LSD or heroin or criminal activity, to feel that marijuana laws are too harsh, and to estimate higher numbers of others who have used marijuana than nonusers. No clear-cut relationships were found between marijuana use and sex of the person, grades earned in school, or frequency of participation in extra-curricular activities either on or off campus.

Marijuana, amphetamine, and alcohol users were compared to their respective nonusers on the eighteen scales of the California Psychological Inventory and on the six scales of the Allport-Vernon-Lindzey Study of Values.⁸ Again, the results were very much in accord with those of other investigators. Users scored in the direction of greater poise but lesser sense of well being, were more non-conforming, more critical, more impulsive, more self-centered, less oriented toward achievement by conformity, more insecure, more pessimistic about their occupational futures, more disorganized under stress, more flexible in thinking, more rebellious toward rules and conventions, more inclined toward aesthetic and social values and less toward economic, political, and religious values on the Allport-Vernon-Lindzey, than were nonusers. There was no significant difference on the theoretical scale. It was interesting that the single difference between users and nonusers, which did not appear in the same direction for these three substances

⁸Richard H. Blum and Associates, Students and Drugs (San Francisco: Jossey-Bass Inc., 1969), p. 233-241.

when compared on the twenty-four scale, was a reversal on the political scale for alcohol users: they were more concerned with power issues, while marijuana and amphetamine users were less concerned than were nonusers of these drugs.

The causation of usage has included variables at many levels of analysis. Some with substantial empirical support include, in addition to those already mentioned, a history of greater medication as a child than abstainers--perhaps inducing a "pharmacological optimism," a history of greater parental (especially maternal) drug use than abstainers, and political disagreement with parents.⁹ The data on hand have suggested to the researcher the following as the briefest adequate representation of usage: One had a desire to change the way he felt. He believed that drugs could bring about such changes. He was relatively free from restraints against using drugs to do this. Finally, a usage opportunity occurred (or was sought). Remember that desiring to alter the way one felt was in no sense an inherently pathological desire. Most people have had such desires and have used psychoactive drugs as one means of accomplishing this--adults typically have used xanthines (coffee, tea, cola, cocoa), alcohol, tobacco, tranquilizers, barbiturates, or amphetamines.

It was possible to argue at great length whether this "desire to change" motivation was "positive" or "negative," whether it was primarily a desire to move "toward" or "away" from some new mood or state. It has been obvious that these motives varied from person to

⁹R. G. Smart and Diane Fejer, Recent Trends in Illicit Drug Use Among Adolescents (CMH Supplement, No. 68, May-August, 1971), p. 8-9.

person and from time to time within the same person. The personality data from drug-using young people have indicated that they have some characteristics which might be labeled "negative," such as dissatisfaction with self, insecurity, pessimism, cynicism, and alienation from societal standards.¹⁰ It was necessary, however, to ask whether it was the individual or the setting in which he found himself which most needed changing. In some cases the message has been clear--a person was saying literally, "I do not like the way I am and I want to change myself"; at other times a person was saying, "I do not like the situation in which I find myself and I want to change myself."

The desire to change may not have stemmed from any especially noxious state of oneself or one's situation. In fact, it may rarely have resulted from such strong motives, since the vast majority of drug users have been able to function quite well in society. It may simply have been stimulated by a desire to feel better than when in the non-drug state. We must be alert to prejudice against people feeling better by means of drugs. Note that the issue was confused, not clarified, when certain drugs were made illegal, while others were approved for this purpose without medical or pharmacological consistency.

Self-Esteem and Psychological Correlates

That major goals of any individual are the maintenance, restoration, or attainment of positive self-attitudes and the avoidance of negative self-feelings has been evidenced by much research.

¹⁰J. W. Goldstein, Motivations for Psychoactive Drug Use Among Students, Report No. 71-15 (Carnegie-Mellon University), p. 5-6.

A study completed by Jeanne Gilbert and Donald Lombardi¹¹ compared the personality characteristics, as measured by the MMPI, of forty-five male narcotic addicts and forty-five nonaddicted males. The two groups came from similarly below-average socio-economic levels; most were school dropouts who had less than a high school education. Although some maladjustment existed in both groups, results suggested deep-seated and widespread pathology among the addicts. Outstanding were the addicts' psychopathic traits, depression, tension, insecurity, and feelings of inadequacy.

Numerous reports and discussions have proposed that negative self-attitudes are predisposing factors in the adoption of a variety of deviant patterns, including alcoholism¹², paranoid schizophrenia¹³, suicide¹⁴, and delinquency¹⁵. Other investigations have contended that under certain conditions the commitment to deviant roles apparently has functioned to enhance self-attitudes as in the case of emotionally

¹¹Jeanne G. Gilbert and Donald N. Lombardi, "Personality Characteristics of Young Male Narcotic Addicts," Journal of Consulting Psychology, XXXI (1967), 536-538.

¹²V. Tahka, "The Alcoholic Personality--A Clinical Study," Finnish Foundation for Alcohol Studies, XIII (1966), 55-71.

¹³R. Eisenman, "Usefulness of the Concepts of Inferiority Feelings and Life Style with Schizophrenics," Journal of Individual Psychology, XXI (1965), 171-177.

¹⁴N. Tabachnick, et al., "Comparative Psychiatric Study of Accidental and Suicidal Death," Archives of General Psychiatry, XLV (1966), 60-68.

¹⁵M. Schwartz and S. S. Tangri, "A Note on Self Concept As an Insulator Against Delinquency," American Social Review, XXX (1965), 922-926.

disturbed children¹⁶, drug addicts¹⁷, and homosexuals¹⁸. Several studies have reported significant associations between self-derogatory attitudes and manifestations like anxiety¹⁹ or depression²⁰. A study by Kaplan²¹ reported findings relating to the association between self-derogation and "selected indices of psychosocial adjustment" for the noninstitutionalized adult population. Specifically, he hypothesized that an index of self-derogation would be positively associated with (1) psychophysiological indicators of anxiety, (2) depressive effect, and (3) utilization of psychiatric and other medical or nonmedical helping resources. In all instances the hypotheses were confirmed.

The experience of negative self-attitudes, then, has been found to accompany feelings of subjective distress (like anxiety, depression). Depending on the intensity, these feelings have impeded adequate performance of social roles, have led to maladjustment in that some individuals have attempted to enhance self-attitudes through use of

¹⁶M. Schwartz, G. Fearn, and S. Stryker, "A Note on Self Conception and the Emotionally Disturbed Role," Sociometry, XXXIX (1965), 300-305.

¹⁷M. Hoffman, "Drug Addiction and Hypersexuality--Related Modes of Mastery," Comparative Psychiatry, V (1964), 262-270.

¹⁸E. A. Kaplan, "Homosexuality--A Search for the Ego-Ideal," Archives of General Psychiatry, XVI (1967), 355-358.

¹⁹M. Rosenberg, Society and the Adolescent Self-Image (Princeton, New Jersey: Princeton University Press, 1965).

²⁰E. M. Berger, "Relationship Among Acceptance of Self, Acceptance of Others, and MMPI Scores," Journal of Consulting Psychology, II (1955), 279-284.

²¹Howard B. Kaplan and Alex D. Pokorny, "Self-Derogation and Psychosocial Adjustment," Journal of Nervous and Mental Disease, CXLIX (1969), 421-434.

reality-distorting mechanisms or the adoption of patterns of socially defined deviance. In short, negative self-attitudes have been shown to increase the probability of psychosocial maladjustment whether the latter was defined in terms of experiences of subjective distress, reduced capacity for adequate performance in normative roles, or the adoption of deviant career patterns.

Self-Esteem

In recent years the fields of psychiatry, psychology, and sociology have all experienced an upsurge of interest in the nature of self image. The fact that these three fields have come to share an interest in this aspect of personality has given one clue as to the power of this concept to intrude itself upon established ways of thought and procedure.

Social psychology has shown that attitudes vary in terms of certain characteristics. These characteristics, relevant to attitudes toward all objects, have appeared to be completely applicable to attitudes toward the self.

On the basis of thousands of attitude studies that have been conducted in recent decades, a number of dimensions by which attitudes toward any object in the world can be classified have evolved. Attitudes may differ in content, in direction, in intensity, in importance, in salience, in consistency, in stability, and in clarity.²²

It has been maintained that the structure of the self image is largely revealed by the classification of individuals in forms of these

²²David Krech and Richard S. Crutchfield, Theory and Problems of Social Psychology (New York: McGraw-Hill, 1948), Ch. 5.

universal dimensions. Thus, if it can be learned what the individual sees when he looks at himself (his social statuses, roles, physical characteristics, skills, traits, and other facets of content); whether he has a favorable or unfavorable opinion of himself (direction); how strongly he feels about his self-attitudes (intensity); how important the self is, relative to other objects (importance); whether he spends a great deal of time thinking of what he is like--whether he is constantly conscious of what he is saying or doing--or whether he is more involved in tasks or other objects (salience); whether the elements of his self-picture are consistent or contradictory (consistency); whether he has a self-attitude which varies or shifts from day to day or moment to moment, or whether on the contrary, he has a firm, stable, rock-like self-attitude (stability); whether he has a firm, definite picture of what he is like or a vague, hazy, blurred picture (clarity)--if the individual's self-picture has been characterized in terms of these dimensions, then a good, if still incomplete, description of the structure of the self image will have been found.

But the nature of self-attributes can also be clarified by pointing to certain properties of self-attitudes which have been different from most other attributes. One distinctive characteristic of self-attitudes was that everyone has been motivated to hold the same attitude toward the object, namely, a positive attitude. Murphy noted: "The main self-attitudes, those involving the fear of losing the self esteem, are horrified (at violating one's standards) and struggle to keep the self-picture good."²³ It can hardly be disputed

²³Gardner Murphy, Personality (New York: Harper, 1947), p. 356.

that, as a rule, people have preferred to have a favorable opinion of themselves, rather than an unfavorable opinion.

Another distinctive quality of self-attributes discussed by Mead, has been that the self is reflexive.²⁴ The person holding the attitude and the object toward whom the attitude was held have been encased within the same skin. Mead distinguished between the "I," i.e., the functioning, spontaneous part of the self, and the "me," i.e., the part of the self that has reflected upon, judged, and evaluated the person. It was thus characteristic of the human being that he was both subject and object. Statements such as, "I hit myself," "I hurt myself," "I hate myself," expressed this duality. Among all the attitudes which have been studied, then, self-attitudes have been unique in this way--the person holding the attitude and the object toward whom the attitude was held were the same.

In sum, while certain emotions have been common to both self-attitudes and public opinion attitudes, other emotions--shame, guilt, mortification, pride, self-complacency--were characteristic only of attitudes toward the self or toward ego-involved objects. This was one reason why the study of self-attitudes has had greater significance for mental health than has the study of most other attitudes.

SUMMARY

The results of the research in the self image and drug use area have shown much agreement from study to study. Characteristics of drug

²⁴George Herbert Mead, Mind, Self, and Society (Chicago: University of Chicago Press, 1934).

users in general have been described at length and a discussion of the "why" of drug use was incorporated in that section.

While an abundance of research was found designed to study the relationship between drug use and self-esteem among the normal population and conversely among institutionalized people, little research explored this same relationship among Carriage House-type youth. The research that had been done in this area obtained results similar to the other two populations.

Sections on self-esteem and self-esteem and psychological correlates again evidenced much agreement from one investigation to another. Both adults and young people with low self-attitudes had an increased probability of psychosocial maladjustment which included a greater tendency toward drug use. The importance of self-attitude to total mental health was also discussed.

Chapter 3

METHODS AND PROCEDURES

The increasing illicit drug use by youth in this country has led to increasingly sophisticated studies of this use. A review of the literature revealed consistent patterns of user-nonuser trait differences for a wide variety of drugs and types of users. Of special concern to this study, the review also indicated that Haight-Ashbury multiple drug users all scored lower than nonusers of drugs on scales assessing satisfaction with self.

STATEMENT OF PROBLEM

This study was designed to investigate the relationship, if any, between self-esteem and drug use among Carriage House youth. Self-esteem was measured by the Rosenberg scale and drug use was measured by a portion of the questionnaire, drug use survey, filled out by the individual subjects.

If low self-esteem is a common factor to drug users, then those invested in curbing the increasing illicit drug use might become more interested in psychiatric treatment rather than criminal punishment for drug offenders.

INSTRUMENTS USED IN THIS STUDY

In this section, the instruments used to collect the data, the

questionnaire and the Rosenberg Self-Esteem Scale have been described.

The Questionnaire

A carefully composed twelve-page instrument presented 106 multiple choice questions in six different groups of questions. The groups were broken down as follows: (1) thirty general questions such as age, economic status of parents, sex, religious affiliation, designed to define the population; (2) the Rosenberg Scale (ten questions); (3) seventeen drug knowledge-type questions (for use in a different study); (4) ten personality scale questions (for use in a different study); (5) twenty-one drug use questions, of which only six were pertinent to this study.

The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale represents a standardized and quantified procedure designed to measure attitudes toward the self along a favorable-to-unfavorable dimension. The ten items are of the Likert type, allowing one of four responses: strongly agree, agree, disagree, strongly disagree. A brief illustration of the type of items used is given below.

I feel that I have a number of good qualities.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

In Rosenberg's study positively and negatively worded items were presented alternately in order to reduce the danger of response set.

SELECTION OF THE SAMPLE

In this section the procedures utilized in the selection of a sample from the population and a description of that sample have been given.

Selection Procedure

This paper reports the findings of a questionnaire distributed to youth present during one week's activities at Carriage House. An assistant distributed them on the three nights, Monday, Wednesday, and Thursday, that are open for youth. Everyone present was asked to fill out the questionnaire, and all but a very few accepted. Instructions verbalized to the subjects were

- (1) Do not put your name anywhere on the questionnaire.
- (2) Do write somewhere on the questionnaire how long it takes you to complete.
- (3) Carefully read all directions on the questionnaire.

The reason for instruction number two was the original reason for giving the questionnaire at Carriage House--to find out how long it would take to complete on the average. This fact has been further discussed in "Limitations of the Study" in Chapter 2. Directions printed on the questionnaire can be examined on the copy in Appendix B.

The Sample of the Population

It should be kept in mind that the results of this survey do not reflect the general pattern of teenage drug use in the community, but that of a select population.

The average age of the thirty-five young people responding to

this questionnaire was 16.8 years. The distribution of ages has been shown in Table 1. Nineteen (54.3%) of the subjects were male, and sixteen (45.7%) were female. Twelve (75%) of the females were below the age of eighteen years, whereas eight (42.1%) of the males were eighteen years or older.

Table 1
AGES OF SUBJECTS

Age	Number of Cases	Percent
12 years	1	2.9
14 years	6	17.1
15 years	9	25.7
16 years	2	5.7
17 years	5	14.3
18 years	5	14.3
19 years	4	11.3
21 years	1	2.9
23 years	1	2.9
29 years	1	2.9
Totals	35	100.0

Thirty-two (91.4%) were Caucasian, one (2.9%) was Negro, and two (5.7%) were Spanish American. Eleven (31.4%) worked regularly, while fifteen (42.9%) worked occasionally. Nine (25.7%) never worked at all.

Thirty-one (88.5%) of the subjects were living with parents, and only one (2.9%) was living with friends. Two (5.7%) were living with their spouses, and one (2.9%) was living wherever a bed could be found.

Shifts in religious affiliation have been summarized in Table 2.

Thirty-one (88.6%) of the subjects indicated that they had been reared in some religion, and four (11.4%) had not. Nineteen (54.3%) indicated some religious affiliation at the present time, whereas sixteen (45.7%) stated that they had no current religious interest.

Table 2

RELIGIOUS AFFILIATION

Religion	Childhood		Current	
	Number	Percent	Number	Percent
Protestant	20	57.2	11	31.4
Roman Catholic	9	25.7	7	20.0
Jewish	0		0	
Buddhist	0		0	
Other	2	5.7	1	2.9
None	4	11.4	16	45.7
Totals	35	100.0	35	100.0

Twenty-five (75.7%) of the respondents stated that they had never been in contact with a mental health professional before coming to Carriage House. Ten (30.3%) had had some form of outpatient treatment, and three (9.1%) had been (or were currently) patients in a mental hospital.

Twenty-seven (77.2%) had never been called into court. Four (11.4%) had been there one or two times, while four others (11.4%) had been called into court more than two times. Five (14.3%) were currently in trouble with the court or had been within the last three months. The reasons for the respondents' court appearances are summarized in Table 3. Again, twenty-seven (77.2%) had never been to court. Two (5.7%) had been to court for truancy, four (11.4%) for

stealing, three (8.6%) for drunkenness, and one (2.9%) for assault. Six (17.1%) indicated that they had other reasons for being in court.

Table 3

REASONS FOR COURT APPEARANCES

Charge	Number	Percent
Never	27	77.2
Truancy	2	5.7
Stealing	4	11.4
Drunk	3	8.6
Assault	1	2.9
Other	6	17.1

The economic status of parents was described by four (11.4%) respondents as being poor, by nineteen (54.3%) as being average, and by twelve (34.3%) as being well off. Three (8.6%) subjects said neither parent had graduated from high school, sixteen (45.7%) indicated that at least one parent had graduated from high school, and sixteen (45.7%) stated that at least one parent had graduated from college.

FINDINGS CONCERNING DRUG USE

For the purpose of this survey, no distinction was made between "drug use" and "drug abuse." This does not imply, however, that the terms were necessarily considered synonymous, but reflects that this study was concerned with actual drug use and not the labeling of that use.

Table 4 has emphasized the fact that many individuals had tried

a number of different drugs at one time or another in the past, and that, while there was a definite trend toward multiple drug use, most individuals were currently using fewer drugs than they had experimented with. The mean number of drugs tried was 9.63, whereas the mean number of drugs currently being used was 4.57.

Table 4

NUMBERS OF DRUGS TRIED AND NOW BEING USED BY SUBJECTS

Number of Drugs	Tried		Now Used	
	Number	Percent	Number	Percent
0	0		2	5.7
1	0		2	5.7
2	0		4	11.4
3	1	2.9	5	14.3
4	1	2.9	3	8.6
5	1	2.9	7	20.0
6	2	5.7	4	11.4
7	3	8.6	3	8.6
8	6	17.1	4	11.4
9	3	8.6	0	
10	5	14.2	0	
11	2	5.7	1	2.9
12	5	14.2	0	
13	1	2.9	0	
14	4	11.4	0	
16	1	2.9	0	
Totals	35	100.0	35	100.0

Table 5 has indicated the drugs being used and the numbers of individuals who have tried them and who are currently using them.

Alcohol and Tobacco

Of the thirty-five persons responding, thirty-five (100%) had tried alcohol, but only twenty-two (62.9%) were currently drinking.

Table 5

NUMBERS OF THE 35 SUBJECTS WHO HAVE TRIED AND
NUMBERS WHO ARE NOW USING VARIOUS DRUGS

Drug	Tried		Now Using	
	Number	Percent	Number	Percent
Alcohol	35	100.0	22	62.9
Tobacco	34	97.1	19	54.3
Marijuana	35	100.0	31	88.6
Hashish	32	91.4	25	71.4
LSD	26	74.3	13	37.1
Speed (dropped)	27	77.4	9	25.7
Speed (needle)	4	11.4	0	
Mescaline	22	62.9	11	31.4
Cocaine	10	28.6	5	14.3
Barbiturates	23	65.7	8	22.9
Heroin	7	20.0	0	
Opium	12	34.3	5	14.3
Darvon	24	68.6	6	17.1
Marezine	8	22.9	2	5.7
Glue	10	28.6	0	
Tranquilizers	20	57.1	3	8.6
None	0		2	5.7
Others	7	20.0	1	2.9

Of the thirty-four (97.1%) who had tried tobacco, nineteen (54.3%) were currently smoking.

Marijuana and Hashish

Of the thirty-five persons responding, thirty-five (100%) had tried marijuana, while thirty-two (91.4%) had tried hashish. Thirty-one (88.6%) were still using marijuana, and twenty-five (71.4%) were still using hashish. Table 6 has recorded the frequency of use, with 65.8% of the sample smoking at least once a week. Only 11.4% of the subjects have stopped using marijuana once they had tried it.

Table 6

FREQUENCY OF MARIJUANA USE

Frequency	Number	Percent
Tried once or twice but gave it up	2	5.7
Used to smoke often but gave it up	2	5.7
Smoke twice a week or more	20	57.2
Smoke about once a week	3	8.6
Smoke about once a month	4	11.4
Smoke occasionally (less than once a month)	4	11.4
Totals	35	100.0

"Speed"

The term "speed" as used here refers to the group of amphetamine stimulants. Amphetamines may be taken orally, usually as dextro-amphetamine or metamphetamine, or by intravenous injection, usually as methamphetamine. Metamphetamine may also be inhaled, but this is less common. Metamphetamine is sometimes injected many times over a period of days with little or no sleep or intake of food (a "run"), followed

by a period of sleep and depression (the "crash"). This is obviously a very debilitating process.

Twenty-seven (77.1%) of the total sample indicated trying oral amphetamines, and nine (25.7%) were currently using them. Four (11.4%) of that group indicated that they had tried injecting "speed" intravenously, but none was currently using the drug in this manner.

LSD

LSD (Lysergic Acid Diethylamide, "acid") is a powerful hallucinogenic drug, highly valued by the drug using community. Twenty-six (74.3%) indicated that they had tried LSD, and thirteen (37.1%) were still using the drug. Table 7 has summarized the frequency of LSD use among twenty-six users responding to this question.

Table 7

FREQUENCY OF LSD USE AMONG 26 USERS

Frequency	Number	Percent
Tried once or twice but gave it up	5	19.2
Used to drop often but gave it up	4	15.4
Drop about once a month	3	11.5
Drop occasionally (less than once a month)	14	53.9
Totals	26	100.0

Twenty-two (62.9%) of the respondents stated they had used mescaline, and eleven (31.4%) were currently using it. Though this questionnaire asked subjects to indicate differences, it has been widely recognized that one can never be sure what he is purchasing under these names (LSD, mescaline, MDA, DMT, STP) "on the street," and

this must be kept in mind as a limitation for this particular part of the study.

Other Drugs

Cocaine had been tried by ten (28.6%), and five (14.3%) were currently using the drug. Barbiturates had been tried by twenty-three (65.7%), and eight (22.9%) were still using them. Heroin had been tried by seven individuals (20%), but none of the subjects was still using the drug. Opium had been tried by twelve (34.3%), and five (14.3%) were currently using it.

Darvon (Propoxyphone) is a commonly prescribed analgesic drug. Twenty-four (68.6%) stated they had tried it, and six (17.1%) were currently using it.

Marezine (Cycline Hydrochloride) is available without a prescription for the prevention of motion sickness. When used in excessive doses, it causes hallucinations, often accompanied by acute anxiety. Eight (22.9%) had tried the drug, and two (5.7%) stated they currently used it.

Model airplane glue contains toluol and inhalation results in euphoria, occasionally hallucinations, sometimes delusions and stupor. Ten (28.6%) had tried "glue sniffing," but none was still doing it.

Twenty (57.1%) had used tranquilizers, and three (8.6%) were currently using them. Seven (20%) stated they had used drugs other than those cited on the questionnaire, but only one (2.9%) was currently using such drugs. As indicated previously, all respondents had tried marijuana and alcohol, and only one had not tried tobacco. Currently only two (5.7%) were using no drugs of any kind.

Chapter 4

ANALYSIS OF THE DATA

In Chapter 4 the analysis, summaries, and interpretations of the data have been discussed. The results of the drug use survey, the analysis of variance, and the correlation matrix have also been summarized in this chapter.

INTRODUCTION

The purpose of this study was to show the relationship between self-esteem as measured by the Rosenberg Self-Esteem Scale and drug use as measured by the drug use survey among Carriage House youth. Both the scale and the survey were contained in a questionnaire distributed to the subjects.

A review of the literature revealed consistent patterns of user-nonuser trait differences for a wide variety of drugs and types of users. Of special concern to this study, the review also indicated that Haight-Ashbury multiple drug users all scored lower than nonusers of drugs on scales assessing satisfaction with self.

The analysis of the data was a multi-step process. It was first necessary to derive self-esteem scores and drug use scores for each individual, then to arrange the individuals into high, medium, and low self-esteem groups according to self-esteem score. An analysis of variance was used to determine if there were significant differences

between the three self-esteem group means and the use of drugs within each group. Finally a correlation matrix was developed and the various relationships explored.

Restatement of the Hypothesis

The following research hypotheses were tested, and an analysis of scores was made. There are no significant differences in drug use between those youth who attend Carriage House and have a low self-esteem and those who attend Carriage House and have a significantly higher self-esteem.

RESPONSE ANALYSIS

The data used to test the hypotheses in this study consisted of a self-esteem scale score and a drug use survey score, both of which were contained in a questionnaire administered to the subjects while they attended Carriage House. Thirty-five complete questionnaires were collected. The original sample was thirty-eight, but due to incomplete questionnaires, three were eliminated from the original population.

STATISTICAL ANALYSIS

This section of Chapter 4 was used to describe exactly how a self-esteem score was derived and how the subjects were then arranged into three groups of low, moderate, and high self-esteem. A step by step description of how the drug use scores have been arrived at was also included. The correlation matrix and analysis of variance have been described and the results discussed.

Arriving at a Self-Esteem Score

As indicated in the description in Chapter 3, the Rosenberg Self-Esteem Scale has ten items of the Likert type allowing one of four responses: strongly agree, agree, disagree, and strongly disagree. A brief illustration of the type of items has been given below.

I feel that I have a number of good qualities.

- | | | |
|---|-------|-------------------|
| 1 | _____ | Strongly agree |
| 2 | _____ | Agree |
| 3 | _____ | Disagree |
| 4 | _____ | Strongly disagree |

The above was an example of a positively worded item; below a negatively worded item has been shown:

At times I think I am no good at all.

A subject strongly agreeing with a positively worded item was awarded one point. Agreeing with a positively worded item, but not strongly agreeing, earned the subject two points. Disagreeing with a positively worded item gained the subject three points, and strongly disagreeing with a positively worded item gained four points for the respondent. Scoring on negatively worded items was exactly opposite, so that strongly agreeing with a negatively worded item resulted in an item score of four. All this was summarized in Table 8.

After points were assigned to each of the ten items, they were added together, and a total self-esteem score was derived for each individual. The scoring was such that a score of ten indicated perfect positive self-esteem, and a score of forty indicated perfect negative self-esteem. Within the range of ten to forty the higher the score, the lower the self-esteem.

Table 8

POINTS EARNED ACCORDING TO RESPONSE ON
POSITIVELY AND NEGATIVELY WORDED ITEMS
ON ROSENBERG SELF-ESTEEM SCALE

Responses	Points Gained Toward Self-Esteem Score	
	Positively Worded Items	Negatively Worded Items
Strongly agree	1	4
Agree	2	3
Disagree	3	2
Strongly disagree	4	1

Arranging Subjects into Self-Esteem Groups

After a self-esteem score was derived for each subject, the scores were arranged into the frequency distribution shown in Table 9.

Table 9

FREQUENCY DISTRIBUTION OF SELF-ESTEEM SCORES
SHOWING THE THREE SELF-ESTEEM GROUPS AND
THE NUMBER OF SUBJECTS IN EACH GROUP

	f	Score	
Low Self-Esteem	1	31	12 subjects
	2	28	
	1	27	
	3	26	
	2	25	
Moderate Self-Esteem	3	24	Arbitrary cutoff points 13 subjects
	1	23	
	9	22	
	3	21	
High Self-Esteem	4	20	10 subjects
	1	19	
	1	18	
	1	17	
	2	15	
	1	14	

Arbitrary cutoff points were made at scores of twenty-four and twenty-one, so that all scores of twenty-four and above were in the low self-esteem group (remember higher score equals lower self-esteem); scores twenty-three, twenty-two, and twenty-one were labeled the moderate self-esteem group; and scores twenty and below were labeled the high self-esteem group. The low group had twelve subjects, the moderate group thirteen subjects, and the high group had ten subjects.

Arriving at a Drug Use Score

Drug use scores were derived from the drug use survey within the questionnaire distributed to each subject. Only questions 1, 4, 12, 15, and 16 were used as the others did not apply to this study.

By using questions 1, 4, and 12, separate scores were derived for the use of marijuana, LSD, and alcohol. These three questions were almost identical. The marijuana question (number 1) was described below with the points marked beside each possible response as they were assigned if the subject answered with that response. The points were assigned in exactly the same way for questions 4 (regarding LSD) and 12 (regarding alcohol).

<u>Points</u>	1. Regarding <u>marijuana</u>
0	_____ I haven't tried it.
1	_____ I tried it once or twice, but gave it up.
2	_____ I used to smoke it often, but gave it up.
6	_____ I smoke it twice a week or more.
5	_____ I smoke it about once a week.
4	_____ I smoke it about once a month.
3	_____ I smoke it occasionally (less than once a month)

If the subject answered the above question with "I haven't tried it, he was assigned a marijuana use score of zero; if he answered, "I smoke it about once a week," he was assigned a score of five, and

so on. This was exactly the procedure followed for question number 4 regarding LSD and question number 12 regarding alcohol.

Determining a speed (methedrine, amphetamine) use score was complicated by one of the errors discovered after the questionnaire was given to the subjects. The question, number 9, regarding speed was worded like the marijuana, LSD, and alcohol questions and would have worked exactly the same way. The mistake was that it asked only about shooting (injecting) speed and failed to mention the more widely used method of using speed--dropping (orally). As a result, question 9 was disregarded, and a speed use score was derived from questions 15 and 16. Question number 15 asked what drugs have been tried by the subject, and question 16 asked what drugs the subject was presently using. Both questions distinguished between speed taken orally and speed injected into the body. The speed use score was derived from the two questions in the manner shown below.

Now shooting and dropping	= 6
Now shooting	= 5
Shot and dropped in past, still dropping	= 4
Now dropping	= 3
Shot in past, not now	= 2
Only dropped in past, not now	= 1
Never shot or dropped	= 0

If the subject indicated on question 16 that he was presently shooting and dropping speed, then he was given a score of six for his speed drug use. If he indicated he was presently shooting, his score was five. If he shot and dropped in the past and was presently dropping but not shooting, his score was four, and so on.

The difficulty that arose with this method of computing a speed score was that there was no way to measure how often a subject shot or dropped, which made its equivalency to the marijuana, LSD, and alcohol

scores questionable. The portions of the drug use scores which included the speed score (the speed score itself, the LSD plus speed score, and the total score) must also be open to question.

Discussion of the Correlation Matrix

Three correlation matrices were developed according to self-esteem score groups (high, moderate, and low). They described relationships between the various drug use scores and between self-esteem and the various drug use scores.

Table 10

CORRELATION MATRIX: LOW SELF-ESTEEM

	Self-Esteem	Marijuana	LSD	Speed	Alcohol	Total	LSD-Speed
Self-Esteem	1.000	-0.345	-0.022	-0.441	-0.397	-0.700	-0.345
Marijuana	-0.345	1.000	0.383	0.260	-0.163	0.641	0.415
LSD	-0.022	0.383	1.000	0.237	-0.466	0.470	
Speed	-0.441	0.260	0.237	1.000	-0.077	0.601	
Alcohol	-0.397	-0.163	-0.466	-0.077	1.000	0.340	-0.351
Total	-0.700	0.641	0.470	0.601	0.340	1.000	0.672
LSD-Speed	-0.345	0.415			-0.351	0.672	1.000

The highest positive correlation values obtained were the relationship between total drug score and marijuana ($r = 0.641$), total drug score and speed ($r = 0.601$), and total drug score and LSD-speed ($r = 0.672$). Moderately high positive relationships were described between LSD-speed and marijuana ($r = 0.415$), total drug score and LSD

($r = 0.470$), total drug score and alcohol ($r = 0.340$), and marijuana and LSD ($r = 0.383$). The highest inverse relationship was seen between total drug score and self-esteem ($r = -0.700$). Moderately high inverse relationships were seen between LSD-speed and alcohol ($r = -0.351$), LSD and alcohol ($r = -0.446$), LSD-speed and self-esteem ($r = -0.345$), alcohol and self-esteem ($r = -0.397$), speed and self-esteem ($r = -0.441$), and marijuana and self-esteem ($r = -0.345$). Small positive relationships were seen between speed and marijuana ($r = 0.260$), and speed and LSD ($r = 0.237$). Finally, small inverse relationships were seen between LSD and self-esteem ($r = -0.022$), marijuana and alcohol ($r = -0.163$), and between speed and alcohol ($r = -0.077$).

Table 11

CORRELATION MATRIX: MODERATE SELF-ESTEEM

	Self-Esteem	Marijuana	LSD	Speed	Alcohol	Total	LSD-Speed
Self-Esteem	1.000	0.171	0.253	0.332	-0.260	0.137	0.313
Marijuana	0.171	1.000	0.614	0.633	0.120	0.871	0.666
LSD	0.253	0.614	1.000	0.754	0.163	0.735	
Speed	0.332	0.633	0.754	1.000	-0.161	0.734	
Alcohol	-0.260	0.120	0.163	-0.161	1.000	0.402	-0.156
Total	0.137	0.871	0.735	0.734	0.402	1.000	0.784
LSD-Speed	0.313	0.666			-0.156	0.784	1.000

In the correlation matrix describing relationships between moderate self-esteem and the various drug scores, high positive

relationships were observed between marijuana and LSD ($r = 0.614$), marijuana and speed ($r = 0.633$), marijuana and total ($r = 0.871$), marijuana and LSD-speed ($r = 0.666$), LSD and speed ($r = 0.754$), LSD and total ($r = 0.735$), speed and total ($r = 0.734$), and total and LSD-speed ($r = 0.784$). Moderately positive relationships were observed between self-esteem and speed ($r = 0.332$), self-esteem and LSD-speed ($r = 0.313$), and alcohol and total ($r = 0.402$). No large or moderate inverse relationships were observed at all. Small positive relationships were noted between self-esteem and marijuana ($r = 0.171$), LSD and self-esteem ($r = 0.253$), self-esteem and total ($r = 0.137$), marijuana and alcohol ($r = 0.120$), and alcohol and LSD ($r = 0.163$). Small inverse relationships were observed between self-esteem and alcohol ($r = -0.259$), speed and alcohol ($r = -0.161$), and alcohol and LSD-speed ($r = -0.156$).

Table 12

CORRELATION MATRIX: HIGH SELF-ESTEEM

	Self-Esteem	Marijuana	LSD	Speed	Alcohol	Total	LSD-Speed
Self-Esteem	1.000	0.076	-0.119	0.031	0.049	-0.001	-0.060
Marijuana	0.076	1.000	0.716	0.056	0.278	0.765	0.482
LSD	-0.119	0.716	1.000	0.570	0.384	0.928	
Speed	0.031	0.056	0.570	1.000	-0.099	0.586	
Alcohol	0.049	0.278	0.384	-0.099	1.000	0.419	0.041
Total	-0.001	0.765	0.928	0.586	0.419	1.000	0.877
LSD-Speed	-0.060	0.482			0.041	0.877	1.000

The correlation matrix on page 36 has shown few inverse relationships, and those that did appear were small. These small inverse relationships occurred between self-esteem and LSD ($r = -0.119$), self-esteem and total ($r = -0.001$), self-esteem and LSD-speed ($r = -0.060$), and speed and alcohol ($r = -0.099$). Small positive relationships were shown between self-esteem and marijuana ($r = 0.076$), self-esteem and speed ($r = 0.031$), self-esteem and alcohol ($r = 0.049$), marijuana and speed ($r = 0.056$), marijuana and alcohol ($r = 0.278$), and alcohol and total ($r = 0.041$). Moderate positive relationships were observed between marijuana and LSD-speed ($r = 0.482$), LSD and alcohol ($r = 0.384$), and alcohol and total ($r = 0.419$). Large positive relationships were observed between marijuana and LSD ($r = 0.716$), marijuana and total ($r = 0.765$), LSD and speed ($r = 0.571$), LSD and total ($r = 0.928$), speed and total ($r = 0.586$), and between total and LSD-speed ($r = 0.877$).

Discussion of the Analysis of Variance

The analysis of variance has proved to be a convenient statistical method for evaluation, by a single test, the overall differences among the means for several experimental groups. Several group means have been analyzed in Table 13.

The sum of squares for Table 13 was 392.827 between groups, while the sum of squares within groups was 109.459, yielding a total sum of squares of 502.286. The mean square between groups was 196.413, and a value of 3.421 was found within groups.

Using two and thirty-two degrees of freedom an $F_{2,32} \geq 5.34$ value was needed to reject the null hypothesis at the .01 level of

significance. Therefore, the obtained F-ratio of 57.421 has indicated that the null hypothesis should have been rejected. It would be concluded that there was a significant difference between the three group means on their self-esteem scores.

Table 13

SIMPLE ANALYSIS OF VARIANCE OF SELF-ESTEEM SCORES
OF THREE GROUPS OF CARRIAGE HOUSE YOUTH

Source	d. f.	Sum of Squares	Mean Square	F-ratio
Between groups	2	392.827	196.413	57.421
Within groups	32	109.459	3.421	
Total	34	502.286		

The sum of squares between groups for Table 14 was 0.701, and 178.442 was the within group sum of squares. The total sum of squares was 179.143. The mean square between groups was 0.350 and within groups was 5.576.

Table 14

SIMPLE ANALYSIS OF VARIANCE OF LSD-SPEED DRUG USE SCORE
OF THREE GROUPS OF CARRIAGE HOUSE YOUTH

Source	d. f.	Sum of Squares	Mean Square	F-ratio
Between groups	2	0.701	0.350	0.147
Within groups	32	178.442	5.576	
Total	34	179.143		

For Table 15 the sum of squares between groups was 1.556, while the sum of squares within groups was 458.884, yielding a total sum of

squares of 460.400. The mean square between groups was 0.778, and a value of 14.339 was found for within groups.

Table 15

SIMPLE ANALYSIS OF VARIANCE OF TOTAL DRUG SCORE
OF THREE GROUPS OF CARRIAGE HOUSE YOUTH

Source	d.f.	Sum of Squares	Mean Square	F-ratio
Between groups	2	1.556	0.778	0.054
Within groups	32	458.884	14.339	
Total	34	460.400		

Table 16 has shown a sum of squares between groups of 1.785. The within group sum of squares was 94.958 for a sum of squares total of 96.743. The mean square between groups was 0.893 and within groups 2.967.

Table 16

SIMPLE ANALYSIS OF VARIANCE OF ALCOHOL USE SCORE
OF THREE GROUPS OF CARRIAGE HOUSE YOUTH

Source	d.f.	Sum of Squares	Mean Square	F-ratio
Between groups	2	1.785	0.893	0.301
Within groups	32	94.958	2.967	
Total	34	96.743		

The between groups sum of squares for Table 17 was 0.591, and 51.581 for the within groups sum of squares. The total sum of squares was 52.171. The mean square between groups was 0.295, and the within groups mean square was 1.612.

Table 17

SIMPLE ANALYSIS OF VARIANCE OF SPEED USE SCORE
OF THREE GROUPS OF CARRIAGE HOUSE YOUTH

Source	d. f.	Sum of Squares	Mean Square	F-ratio
Between groups	2	0.591	0.295	0.183
Within groups	32	51.581	1.612	
Total	34	52.171		

For Table 18 the sum of squares between groups was 2.066, while the sum of squares within groups was 64.677. The total sum of squares, then, was 66.743. The mean square values were 1.033 and 2.021 respectively for between groups and within groups.

Table 18

SIMPLE ANALYSIS OF VARIANCE OF LSD USE SCORE
OF THREE GROUPS OF CARRIAGE HOUSE YOUTH

Source	d. f.	Sum of Squares	Mean Square	F-ratio
Between groups	2	2.066	1.033	0.511
Within groups	32	64.677	2.021	
Total	34	66.743		

The sum of squares between groups for Table 19 was 5.136, and 83.836 for the within group sum of squares. The total sum of squares was 88.971. The mean square between groups was 2.568 and within groups was 2.620.

Because of the similar results for Tables 14-19, this part of the discussion on analysis of variance for each of those tables was

Table 19

SIMPLE ANALYSIS OF VARIANCE OF MARIJUANA USE SCORE
OF THREE GROUPS OF CARRIAGE HOUSE YOUTH

Source	d. f.	Sum of Squares	Mean Square	F-ratio
Between groups	2	5.136	2.568	0.980
Within groups	32	83.836	2.620	
Total	34	88.971		

saved until now. Using two, thirty-two degrees of freedom, an $F_{2,32} \geq 3.30$ value was needed to reject the null hypothesis at the .05 level of significance. Therefore, the obtained F-ratios of the LSD-speed score (0.063), total score (0.054), alcohol score (0.301), speed score (0.183), LSD score (0.511), and marijuana score (0.980) have all indicated that the null hypothesis should have been accepted. It has been concluded that there was no significant difference between the three group means on various drug scores.

Chapter 5

SUMMARY AND CONCLUSIONS

This chapter has presented the findings and conclusions derived from the analysis of the data collected in this study. The general purpose and the procedures employed for this investigation have also been reviewed in this chapter.

PURPOSE OF THIS STUDY

The general purpose of this study was to show the relationship between self-esteem, as measured by the Rosenberg Self-Esteem Scale, and drug use, as measured by the drug use survey, among Carriage House youth.

PROCEDURE

The method of investigation for this study was to correlate the score each subject received on the Rosenberg Self-Esteem Scale with various drug scores arrived at from the drug use survey. Both the scale and the drug survey were included in a questionnaire distributed to the subjects (Carriage House youth) while they attended the Carriage House Project in Topeka, Kansas, during one week in March, 1972. Analysis of the data was accomplished through a discussion of the correlation matrix, the analysis of variance, and the F-ratio.

SUMMARY OF FINDINGS

A summary of the findings of this study, along with a statement of the research hypothesis investigated, has been discussed in the following section.

There were no significant differences in drug use between those people who attend Carriage House and have a low self-esteem and those who attend Carriage House and have a significantly higher self-esteem. Self-esteem scores were first analyzed by an analysis of variance to determine if the three groups differed significantly in self-esteem. It was established that the groups had significant differences in self-esteem ($p < .01$).

Correlation matrices were developed and the various relationships between drug use scores and other drug use scores and between drug use scores and self-esteem were discussed. An analysis of variance was done for each of the various drug use scores. It was established that there was no significant difference ($p > .05$) between these various drug score means.

CONCLUSION

It was concluded that there was no significant difference in drug use between Carriage House youth with high self-esteem and Carriage House youth with low self-esteem.

RECOMMENDATIONS FOR FURTHER RESEARCH

This study was structured to determine whether or not differences in drug usage were related to self-esteem among Carriage House

youth. Obviously, the results of this study would have been more valid if the N had been larger. A more thorough measure of self-esteem was desired by the researcher, as well as a drug use measure that indicated when the use of drugs was begun by each subject. A comparison of Carriage House youth drug and self-esteem scores with corresponding scores from a sample of the total population might also yield interesting results.

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APPENDICES

APPENDIX A

ROSENBERG SELF-ESTEEM SCALE

ROSENBERG SELF-ESTEEM SCALE

I feel that I'm a person of worth, at least on an equal plane with others.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

I feel that I have a number of good qualities.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

All in all, I am inclined to feel that I am a failure.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

I am able to do things as well as most other people.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

I feel I do not have much to be proud of.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

I take a positive attitude toward myself.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

On the whole, I am satisfied with myself.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

I wish I could have more respect for myself.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

I certainly feel useless at times.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

At times I think I am no good at all.

- 1 _____ Strongly agree
- 2 _____ Agree
- 3 _____ Disagree
- 4 _____ Strongly disagree

APPENDIX B
QUESTIONNAIRE

My principle hobbies or interests are _____ sports
 _____ music or art
 _____ science
 _____ social activities
 _____ homemaking
 _____ reading
 _____ travel
 _____ others (specify)

I go to school _____ regularly
 _____ irregularly
 _____ am ready to drop out

I have been absent _____ never
 _____ occasionally
 _____ frequently

I am late _____ often
 _____ occasionally
 _____ never

My grades are _____ good
 _____ average
 _____ poor

My grades are _____ the best I can do
 _____ I could do a little better
 _____ I don't try very hard

I belong to clubs and special interest groups _____ several (specify)
 _____ one (specify)
 _____ none

I take an active part in school activities and/or have held office in clubs _____ never
 _____ sometimes
 _____ usually

I have volunteered to help with service groups or community projects
 _____ frequently
 _____ occasionally
 _____ never

I prefer to do most things (check whatever answers are appropriate)
 _____ alone
 _____ with one or two friends
 _____ with a group of friends
 _____ with people of my own sex
 _____ with people of the opposite sex
 _____ with mixed groups
 _____ with people my own age
 _____ with younger people
 _____ with older people

I date (check whatever answers are appropriate) _____ regularly
 _____ always with the
 _____ same person
 _____ with several
 _____ different people
 _____ frequently
 _____ rarely
 _____ never

My parents are _____ rather poor
 _____ about average
 _____ well off

Their income is approximately \$_____ per year.
 _____ I do not know their income.

My parents are _____ well educated (one or both graduated from college)
 _____ about average (one or both are high school
 _____ graduates)
 _____ did not finish high school

I get along with my mother _____ very well
 _____ moderately well
 _____ poorly

I get along with my father _____ poorly
 _____ moderately well
 _____ very well

I like _____ my mother better
 _____ my father better
 _____ both about equally

I've been called into court _____ never (or with the exception of an
 _____ occasional minor traffic ticket)
 _____ once or twice in my life
 _____ more than twice

_____ (yes or no) I am currently in trouble with the court or have been
 _____ within the last three months.

I have been in court for _____ never
 _____ truancy
 _____ stealing
 _____ being drunk or disorderly
 _____ assaulting someone
 _____ other (specify)

I have _____ been an outpatient
 _____ been in a mental hospital
 _____ sometimes thought I ought to see a psychiatrist
 _____ never felt the need for this kind of thing

In general, I think I get along _____ very well

- _____ in school
- _____ at home
- _____ with my friends
- _____ with my brothers and sisters
- _____ I don't have any brothers or sisters
- _____ other (specify)
- _____ O.K., but I have some problems
 - _____ in school
 - _____ at home
 - _____ with my friends
 - _____ with my brothers and sisters
 - _____ other (specify)
- _____ not so good; I have trouble
 - _____ in school
 - _____ at home
 - _____ with my friends
 - _____ with my brothers and sisters
 - _____ other (specify)

Check the answer after each statement that best describes you.

I feel that I'm a person of worth, at least on an equal plan with others.

_____ Strongly agree
 _____ Agree
 _____ Disagree
 _____ Strongly disagree

I feel that I have a number of good qualities.

_____ Strongly agree
 _____ Agree
 _____ Disagree
 _____ Strongly disagree

All in all, I am inclined to feel that I am a failure.

_____ Strongly agree
 _____ Agree
 _____ Disagree
 _____ Strongly disagree

I am able to do things as well as most other people.

_____ Strongly agree
 _____ Agree
 _____ Disagree
 _____ Strongly disagree

I feel I do not have much to be proud of.

- Strongly agree
 Agree
 Disagree
 Strongly disagree

I take a positive attitude toward myself.

- Strongly agree
 Agree
 Disagree
 Strongly disagree

On the whole, I am satisfied with myself.

- Strongly agree
 Agree
 Disagree
 Strongly disagree

I wish I could have more respect for myself.

- Strongly agree
 Agree
 Disagree
 Strongly disagree

I certainly feel useless at times.

- Strongly agree
 Agree
 Disagree
 Strongly disagree

At times I think I am no good at all.

- Strongly agree
 Agree
 Disagree
 Strongly disagree

Drug Knowledge Survey

1. Marijuana

- has been proven to be harmful to people.
 has been proven to be harmless to people.
 has not been proven to be definitely harmful or harmless.

2. Most heroin addicts used marijuana before trying heroin.

- true
 false
 don't know

3. Most marijuana users have been shown to "go on" to heroin.
 true
 false
 don't know
4. The effects of marijuana last about
 1 hour.
 2 to 4 hours.
 5 to 6 hours.
 7 to 8 hours.
5. Prolonged use of marijuana apparently causes
 physical dependence (your body has to have it, or you get sick).
 psychological dependence (you crave it) to some degree.
 both physical and psychological dependence (addiction).
 none of the above.
6. The common effects of LSD are
 visual images, heightened sensation, vivid memories, and strong emotions.
 drowsiness, difficulty standing up, unconsciousness.
 excitement, loss of appetite, lots of energy, bad temper, talking a lot.
7. LSD has been definitely proven to cause
 leukemia.
 damage to human chromosomes in ordinary doses.
 emotional problems in some persons.
 none of the above.
8. The effects of LSD usually last about
 2 hours.
 3 to 6 hours.
 8 to 10 hours.
 12 to 14 hours.
 18 to 24 hours.
9. The best treatment for "flashbacks" seems to be
 large doses of "downers."
 psychotherapy (raps with a hip shrink).
 shooting speed.
10. For each of the drugs listed on the next page, fill in the letter corresponding to the appropriate one of these categories of drugs:
 A. "downers" (depressant drugs)
 B. "uppers" (stimulant drugs)
 C. "psychedelic" drugs (hallucinogens)
 D. "narcotic" drugs

Example: D heroin
 barbiturates (reds, sleeping capsules, etc.)
 LSD
 speed (methedrine)
 cocaine
 mescaline
 tranquilizers
 hashish

11. Common effects of "speed" are
 visual images, heightened sensation, vivid memories, strong emotions.
 drowsiness, difficulty in standing up, unconsciousness.
 excitement, loss of appetite, lots of energy, bad temper, talking a lot.
12. Harmful effects of "speed" include
 bad physical condition from not eating enough food.
 feeling terrible when drug wears off.
 losing ability to concentrate on anything very long.
 liver infection (hepatitis) from dirty needles.
 all of the above.
13. Sniffing hair spray or deodorant spray (containing Freon) has been found to cause
 addiction.
 lung damage.
 flashbacks.
 none of the above.
14. It is especially dangerous to inject crushed tablets and the contents of capsules dissolved in water into your veins because
 this causes sudden death.
 they always contain viruses that cause disease.
 the powder lodges in tiny blood vessels of the lungs, brain, and eyes, causing progressive damage.
 none of the above.
15. Most teenagers who try drugs the first time are
 mentally ill.
 criminals.
 mentally retarded.
 curious.
 none of the above.
16. Common effects of marijuana include
 excitement, loss of appetite, lots of energy, bad temper, talking a lot.
 pleasant feeling, more vivid sounds and colors, hunger, stillness.
 violent destructiveness.
 unconsciousness.
 none of the above.

17. Harmful effects of heroin use include
- addiction after repeated use (can't stop using it).
 - sudden death from an accidental overdose.
 - liver infection (hepatitis) from dirty needles.
 - criminal behavior to get money to buy the drug.

Do you ever have trouble getting to sleep or staying asleep?

- Never
- Almost never
- Sometimes
- Often

Do your hands ever tremble enough to bother you?

- Never
- Almost never
- Sometimes
- Often

Are you bothered by nervousness?

- Never
- Almost never
- Sometimes
- Often

Are you ever bothered by your heart beating hard?

- Never
- Almost never
- Sometimes
- Often

Are you ever bothered by pressures or pains in the head?

- Never
- Almost never
- Sometimes
- Often

Do you ever bite your fingernails now?

- Never
- Almost never
- Sometimes
- Often

Are you ever bothered by shortness of breath when not exercising or not working hard?

- Never
- Almost never
- Sometimes
- Often

Are you ever troubled by your hands sweating so that they feel damp and clammy?

- Never
 Almost never
 Sometimes
 Often

Are you ever troubled with sick headaches?

- Never
 Almost never
 Sometimes
 Often

Are you ever bothered by nightmares?

- Never
 Almost never
 Sometimes
 Often

1. Regarding marijuana

- I haven't tried it.
 I tried it once or twice and gave it up.
 I used to smoke it often but gave it up.
 I smoke it twice a week or more.
 I smoke it about once a week.
 I smoke it about once a month.
 I smoke it occasionally (less than once a month).

2. When I first used marijuana, I was in the

- before 7th grade.
 7th grade.
 8th grade.
 9th grade.
 10th grade.
 11th grade.
 12th grade.
 haven't used it at all.

3. The use of marijuana was first suggested to me by

- myself.
 my parents.
 my brother or sister.
 a friend.
 a drug dealer.
 other.
 haven't used it at all.

4. Regarding LSD
- I haven't tried it.
 - I tried it once or twice and gave it up.
 - I used to use it often but gave it up.
 - I drop twice a week or more.
 - I drop about once a week.
 - I drop about once a month.
 - I drop occasionally (less than once a month).
5. When I first dropped LSD, I was in the
- before 7th grade.
 - 7th grade.
 - 8th grade.
 - 9th grade.
 - 10th grade.
 - 11th grade.
 - 12th grade.
 - I have never dropped LSD.
6. The use of LSD was first suggested to me by
- myself.
 - my parents.
 - my brother or sister.
 - a friend.
 - a drug dealer.
 - other.
 - I have never dropped LSD.
7. I have had one or more bad trips on LSD.
- yes
 - no
 - I haven't tried LSD.
8. I have had one or more LSD "flashbacks."
- yes
 - no
 - I haven't tried LSD.
9. Regarding speed (methedrine, amphetamines)
- I have never shot it.
 - I shot it once or twice and gave it up.
 - I used to shoot it often but gave it up.
 - I shoot twice a week or more.
 - I shoot about once a week.
 - I shoot about once a month.
 - I shoot occasionally (less than once a month).

10. When I first shot speed, I was in the
 _____ before 7th grade.
 _____ 7th grade.
 _____ 8th grade.
 _____ 9th grade.
 _____ 10th grade.
 _____ 11th grade.
 _____ 12th grade.
 _____ I haven't shot speed at all.
11. The use of speed was first suggested to me by
 _____ myself.
 _____ my parents.
 _____ my brother or sister.
 _____ a friend.
 _____ a drug dealer.
 _____ other.
 _____ I haven't shot speed at all.
12. Regarding alcohol
 _____ I have never drunk it.
 _____ I drank it once or twice and gave it up.
 _____ I used to drink it often but gave it up.
 _____ I drink twice a week or more.
 _____ I drink about once a week.
 _____ I drink about once a month.
 _____ I drink occasionally (less than once a month).
13. When I first drank alcohol, I was in the
 _____ before 7th grade.
 _____ 7th grade.
 _____ 8th grade.
 _____ 9th grade.
 _____ 10th grade.
 _____ 11th grade.
 _____ 12th grade.
 _____ I have never drunk alcohol.
14. The use of alcohol was first suggested to me by
 _____ myself.
 _____ my parents.
 _____ my brother or sister.
 _____ a friend.
 _____ a drug dealer.
 _____ other.
 _____ I have never drunk alcohol.

15. I have TRIED the drugs checked below AT LEAST ONCE:

<input type="checkbox"/> alcohol	<input type="checkbox"/> barbiturates (downers)
<input type="checkbox"/> tobacco	<input type="checkbox"/> heroin
<input type="checkbox"/> marijuana	<input type="checkbox"/> opium
<input type="checkbox"/> hashish ("hash")	<input type="checkbox"/> darvon
<input type="checkbox"/> LSD	<input type="checkbox"/> marezine
<input type="checkbox"/> speed (dropped)	<input type="checkbox"/> glue
<input type="checkbox"/> speed (needle)	<input type="checkbox"/> tranquilizers
<input type="checkbox"/> mescaline	<input type="checkbox"/> NONE of these
<input type="checkbox"/> cocaine	<input type="checkbox"/> others: _____

16. At the PRESENT TIME I am using the drugs checked below:

<input type="checkbox"/> alcohol	<input type="checkbox"/> barbiturates
<input type="checkbox"/> tobacco	<input type="checkbox"/> heroin
<input type="checkbox"/> marijuana	<input type="checkbox"/> opium
<input type="checkbox"/> hashish	<input type="checkbox"/> darvon
<input type="checkbox"/> LSD	<input type="checkbox"/> marezine
<input type="checkbox"/> speed (dropped)	<input type="checkbox"/> glue
<input type="checkbox"/> speed (needle)	<input type="checkbox"/> tranquilizers
<input type="checkbox"/> mescaline	<input type="checkbox"/> NONE of these
<input type="checkbox"/> cocaine	<input type="checkbox"/> others: _____

17. For each of the drugs listed below, fill in the letter corresponding to the effect you feel the drug has had on you:

- A. I feel it has helped me.
 B. I feel it has harmed me.
 C. I feel it has neither helped nor harmed me.
 D. I feel it has both helped and harmed me.
 E. I have never tried it.

<input type="checkbox"/> alcohol	<input type="checkbox"/> glue
<input type="checkbox"/> tobacco	<input type="checkbox"/> downers
<input type="checkbox"/> marijuana	<input type="checkbox"/> heroin
<input type="checkbox"/> LSD	<input type="checkbox"/> other: _____
<input type="checkbox"/> speed	<input type="checkbox"/> other: _____
<input type="checkbox"/> mescaline	

18. My mother is a regular user of the drugs checked below:

<input type="checkbox"/> alcohol	<input type="checkbox"/> sleeping medications
<input type="checkbox"/> tobacco	<input type="checkbox"/> other: _____
<input type="checkbox"/> coffee	<input type="checkbox"/> none
<input type="checkbox"/> tranquilizers	<input type="checkbox"/> Mother is not living.
<input type="checkbox"/> stimulants (amphetamines, diet pills, etc.)	

19. My father is a regular user of the drugs checked below:

<input type="checkbox"/> alcohol	<input type="checkbox"/> sleeping medications
<input type="checkbox"/> tobacco	<input type="checkbox"/> other: _____
<input type="checkbox"/> coffee	<input type="checkbox"/> none
<input type="checkbox"/> tranquilizers	<input type="checkbox"/> Father is not living.
<input type="checkbox"/> stimulants	

20. My older brother or sister is a regular user of the drugs checked below:

- | | |
|--|---|
| <input type="checkbox"/> alcohol | <input type="checkbox"/> sleeping medications |
| <input type="checkbox"/> tobacco | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> coffee | <input type="checkbox"/> none |
| <input type="checkbox"/> tranquilizers | <input type="checkbox"/> I have no older brother or sister. |
| <input type="checkbox"/> stimulants | |

21. My younger brother or sister is a regular user of the drugs checked below:

- | | |
|--|---|
| <input type="checkbox"/> alcohol | <input type="checkbox"/> sleeping medications |
| <input type="checkbox"/> tobacco | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> coffee | <input type="checkbox"/> none |
| <input type="checkbox"/> tranquilizers | <input type="checkbox"/> I have no younger brother or sister. |
| <input type="checkbox"/> stimulants | |

The following is a series of statements on which you have the opportunity to express your personal opinion or judgment. Please indicate the degree of your agreement or disagreement with each statement by checking the appropriate letter:

- A (Strongly agree)
- a (Agree)
- U (Uncertain)
- d (Disagree)
- D (Strongly disagree)

Most drug users in school are found among the more confused, insecure, and immature students.

- A a U d D

Marijuana should be legalized on the same basis as alcohol.

- A a U d D

The continued heavy use of drugs will impair school performance.

- A a U d D

Public schools are promoting drug education as well as they should.

- A a U d D

When a school official finds evidence of illicit drug use on school grounds, he should report it to the legal authorities.

- A a U d D

The number of junior high and high school students who are using drugs is increasing and will continue to increase.

- A a U d D

Apart from the legal issues involved, it is wrong for a student to profit from selling drugs to other students.

- A a U d D

Rather than punish, schools should do more to help students who use drugs.

_____ A _____ a _____ U _____ d _____ D

Please use the remainder of this page for any comments you wish to make and then turn in the completed questionnaire.