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ABSTRACT

During the Winter term of 1969, the University of Michigan Drug Education Committee charged its Survey Sub-Committee to prepare and administer a survey of University of Michigan student attitudes toward potential drug education programs, (see TM 001 090). The purpose of this survey was to determine what kinds of information about drugs were needed and desired by students and through what types of formats students were most likely to accept such information. Additionally, the extent and level of drug use on the campus was assessed with view to more accurate and effective planning of drug education programs. This report details the findings of that survey. (Author)

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STUDENT ATTITUDES TOWARD DRUG EDUCATION
PROGRAMS AT THE UNIVERSITY OF MICHIGAN

Report of a Survey Conducted for the Drug
Education Survey Sub-Committee

by

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and

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Under the Auspices of the
University Committee on Drug Education

September, 1969

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I INTRODUCTION

During the Winter term of 1969, the University of Michigan Drug Education Committee charged its Survey Sub-Committee to prepare and administer a survey of University of Michigan student attitudes toward potential drug education programs. The purpose of this survey was to determine what kinds of information about drugs were needed and desired by students and through what types of formats students were most likely to accept such information. Additionally, the extent and level of drug use on the campus was assessed with a view to more accurate and effective planning of drug education programs. This report details the findings of that survey.

II Relevant Research

Drug use among college populations has been the subject of numerous studies reported in the literature (Suchman, 1967; Eastern Michigan University, 1969; Bogg, et.al., 1968; Gallup, 1969; Murphy, et.al., 1969; Pollock, 1969; Hinckley, et.al, 1968; Rand, et.al, 1968).

However, attempts to relate these studies to the purposes and findings of this survey were hindered by two factors: 1.) Most of the reported research focuses on the incidence and prevalence of drug use among college students, with a notable few exceptions seeking to explore student attitudes and motivations for drug use. To the authors' knowledge no research has dealt specifically with which types of drug education programs would be acceptable to a college student population. 2.) Most studies of college student drug use were weakened by the use of non-representative samples. With the exception of Suchman's study in California and perhaps a recent Gallup poll, most of the studies were based on only marginally representative samples within the University setting, thus, weakening their generalizability.

Most observers comment on the growing incidence and prevalence of drug use among junior high, high school, and college age students. Additionally, it would appear that recent surveys indicate more prevalent use of "harder" drugs such as LSD, the amphetamines, and narcotics. Whether this apparent increase is due to actual higher drug use, or is an artifact of sampling technique and/or the greater willingness of young people to admit to drug use, must remain an open question.

III Methodology

On April 2, 1969, 1000 questionnaires were sent to randomly selected students of the University of Michigan. The students were asked to report their own usage of a wide-range of non-medically prescribed drugs and to indicate their preferences for various types of drug education programs.

The instrument used to collect the data for this study was a two-section questionnaire which is included as Appendix A. Students were requested first to indicate the history and extent of their drug usage; and then to respond to further questions about their attitude toward the content, format, and sponsorship of drug education programs. At the end of the questionnaire students were asked for demographic information and were given the opportunity to make open-ended comments.

In a covering letter attached to the questionnaire, students were assured of the confidentiality of their responses. No record was kept of to whom the questionnaires were sent; all were requested not to sign their names; and no code numbers or other identifying symbols were placed on the questionnaire or return envelope.

A sample of 1000 students was chosen randomly by computer. This offered as adequate a means of obtaining a representative sample of the University student population as was available.

Within three weeks approximately 600 questionnaires were returned of which 580 were found usable for the study. In view of the fact that the mailing had occurred immediately prior to the final examination

period, the 58% response would indicate a widespread and generally high level of interest on the part of the students. It is not possible to assert that the final sample (the returned questionnaires) was random and representative. Therefore, any generalization of the findings must be tentative. However, to the extent that the respondents' demographic configuration approximates that of the total University student population, our findings would appear to provide fairly appropriate bases for decision-making in the planning of drug education programs (see below).

The drugs listed in the first part of the questionnaire were divided into seven major categories according to their pharmacological properties. These were:

- | | | | |
|-----------------------------|-------------------------|------------------------|-------------------------|
| 1. <u>NARCOTICS</u> | 2. <u>HALLUCINOGENS</u> | 3. <u>AMPHETAMINES</u> | 4. <u>TRANQUILIZERS</u> |
| codeine | LSD | dexedrine | chloral hydrate |
| heroin | mescaline | diet pills | doriden |
| morphine | peyote | methedrine | equanil |
| opium | psylocybin | | miltown |
| | tetrahydro- | | nembutal |
| | cannabinol | | phenobarbital |
| | | | seconal |
| 5. <u>MARIJUANA-HASHISH</u> | 6. <u>TOBACCO</u> | 7. <u>ALCOHOL</u> | |

Each individual was assigned a level of use for each of the seven different categories based on his highest level of use of any one drug within that category.

The list of drugs also included the names of two substances which do not exist; i.e. Phonodentriate (Phonies) and RNR. These names were included to control for respondents who might tend to overestimate the extent of their drug use as well as for those who were not responding

seriously. The fact that only two out of the 580 respondents indicated having used these bogus drugs add credence to the conclusion that most students attempted to answer honestly and to the best of their knowledge.

In the second part of the questionnaire, that dealing with student attitudes toward drug education programs, respondents were coded for their favorability or unfavorability of the proposed program content, and for their receptivity or non-receptivity to different program formats. Thus, "strong approval" and "approval"; "disapproval" and "strong disapproval" were combined as favorability and unfavorability toward drug program content. Similarly, "would definitely attend" and "probably would attend"; "probably would not attend" and "definitely would not attend" were combined as receptivity and non-receptivity to different program formats. No attempt was made at this time to code the many open-ended response of students to any of the items in the questionnaire. These were simply perused and conclusions drawn from a general look at them by the data processors.

IV Demographic Characteristics of the Respondents

Appendix B presents summary tables of the demographic characteristics of the sample. The 60.7% of the sample who were male, and the 39.3% who were female matches almost perfectly the 60% to 40% male-female breakdown of the total student population. Similarly, the 30.9% of the sample who were married and the 69.1% who were single approximates very closely the percentage of the total student population where 28% are married and 72% single. Certain residence groupings resemble those of the total University with 34.3% of the sample living in University Housing, and 57.5% living in Off-Campus Housing. Total University figures are 33% for University Housing and 54% for Off-Campus Housing. Weaknesses in the sample's configuration show themselves in the breakdown for year in school and for schools and colleges of the University. Undergraduates make up 49% of survey sample while comprising 60% of the total University. This preponderance of graduate students in the sample may well affect some of the findings and should be carefully considered in drawing conclusions. The representation of the various schools and colleges is limited by the fact that no responses were received from Law, Medicine, and Dentistry, and proportionately few from the School of Education. One discrepancy between the questionnaire and the University methods of reporting led to a large proportion of the sample listed as members of Rackham Graduate School. According to University reporting, students are not listed as members of Rackham, but rather are listed according to the academic unit which the Rackham

department adheres to. Consequently, the 40% of the sample listed as belonging to Rackham should actually be divided up among the various other schools and colleges. If this could be done it is quite possible that the configuration of students from LS&A and Engineering, in the sample, would closely approximate that of the total University.

In summary, it can be said that with regard to sex, marital status, and, certain residence groupings the sample matches the configuration of the University. There is, however, a larger proportion of graduate students in the sample than in the total student population. Parenthetically, one obvious limitation is the small number of seniors who responded to the questionnaire - only 2.2%, as opposed to 16.5% for the total University. For this reason, in some cases juniors and seniors are grouped for presentation of the findings.

V FINDINGS

Table I

Usage of Drugs (N-580)
By Total Sample

	Never	Only Once	Seldom	Often	Regularly
Narcotics	83.1%	6.3%	9.9%	0.5%	0.2%
Amphetamines	75.3%	8.5%	12.5%	2.8%	0.9%
Tranquilizers	87.8%	3.1%	7.8%	1.2%	0.0%
Hallucinogens	87.8%	4.7%	5.2%	1.6%	0.7%
Marijuana/ Hashish	55.9%	7.3%	21.4%	9.9%	5.4%
Tobacco	43.0%	3.1%	20.6%	8.9%	24.4%
Alcohol	10.1%	0.9%	44.6%	33.6%	10.8%

Table I, above, portrays the percentages of students using different drugs at different usage levels. This data clearly indicates that an overwhelming percentage of University of Michigan students have had no experience in using non-medically prescribed Narcotics (83.1%), Amphetamines (75.3%), Tranquilizers (87.8%), or Hallucinogens (87.8%). A majority (55.9%) have never tried Marijuana or Hashish, while considerably smaller percentages have never tried Tobacco (43.0%) or Alcohol (10.1%).

What use there is of non-medically prescribed drugs would appear to be predominantly of an experimental nature (used drug once or seldom): Narcotics, 16.2%; Tranquilizers, 10.9%; Hallucinogens, 9.9%; Amphetamines, 21%; Marijuana-Hashish, 28.7%; Tobacco, 23.4%; and Alcohol, 45.5%. With the exception of Marijuana-Hashish, Tobacco, and Alcohol,

the use of these drugs at levels of "often" or "regularly" is very small: Narcotics, 0.7%; Tranquilizers, 1.2%; Hallucinogens, 2.3%; and Amphetamines, 3.7%; Marijuana-Hashish is used often or regularly by 14.9% of the sample, while Tobacco is used by 33.3% and Alcohol by 44.4% of the sample at these levels.

Looking at this data in a different way (summing the last four columns of Table I) shows that 16.9% of the sample used Narcotics at least once. 24.7% have had such experience with Amphetamines, 12.2% with Tranquilizers, 12.2% with Hallucinogens, and 44.1% with Marijuana-Hashish, 57.0% have had some experience with the use of Tobacco, while 89.9% have had some experience with Alcohol.

A finding of particular interest is the large percentage of students who have used Marijuana-Hashish at least once. This figure is considerably higher than that reported in most recent surveys of college student drug use, thus indicating that the use of Marijuana has increased or is increasing rapidly, or, that students in this sample were more willing to report their usage of this substance. If the increased amount of Marijuana use is a result of more accurate reporting by the respondents, this might be explained by the assurance of complete confidentiality in this survey or by lessening social stigma attached to the use of Marijuana.

Tables II and III, below, present breakdowns of drug use by different residence groupings and by year in school.

Table II
Drug Use In
Different Residence Settings

	University Housing N= 197 % (n)	Off-Campus Housing N= 330 % (n)	Fraternity N= 19 % (n)	Sorority N= 15 % (n)	Co-Op N= 12 % (n)
Narcotics	14.7% (29)	17.6% (58)	31.6% (6)	13.3% (2)	16.7% (2)
Amphetamines	23.9% (47)	24.8% (85)	21.1% (4)	13.3% (2)	16.7% (2)
Tranquilizers	8.1% (16)	15.5% (51)	5.2% (1)	00.0% (0)	00.0% (0)
Hallucinogens	11.2% (22)	12.1% (40)	26.3% (5)	00.0% (0)	8.3% (1)
Marijuana/ Hashish	44.7% (88)	43.0% (142)	57.9% (11)	33.3% (5)	41.7% (5)
Tobacco	55.3% (109)	59.1% (195)	47.4% (9)	60.0% (9)	25.0% (3)
Alcohol	88.3% (174)	92.4% (305)	94.7% (18)	86.7% (13)	50.0% (6)

The figures in Table II demonstrate the fairly uniform use of various drugs throughout the residence groupings. Several interesting departures from this uniformity are indicated: Respondents from Fraternities reported almost twice as much use of Narcotics and Hallucinogens as any other group of respondents, as well as a significantly higher use of Marijuana/Hashish; respondents from Co-ops were noticeably lower in their reported use of Tobacco and Alcohol, while respondents from Sororities indicated no use of Tranquilizers or Hallucinogens. Any interpretation of these findings must be tempered in light of the fact that the samples for Fraternities, Sororities, and Co-ops were small, although fairly representative.

Table III
Drug Use By
Year in School

	Freshmen N= 98 % (n)	Sophomore N= 92 % (n)	Junior-Senior N= 86 % (n)	Graduate N= 296 % (n)
Narcotics	19.3% (19)	15.2% (15)	27.9% (24)	13.2% (39)
Amphetamines	24.5% (24)	27.1% (25)	34.6% (30)	21.2% (64)
Tranquilizers	7.1% (7)	9.8% (8)	9.3% (8)	15.5% (46)
Hallucinogens	13.3% (13)	16.3% (15)	22.0% (19)	7.4% (22)
Marijuana/ Hashish	46.9% (46)	52.2% (48)	58.1% (50)	36.8% (109)
Tobacco	53.1% (52)	50.0% (46)	61.6% (53)	58.8% (174)
Alcohol	86.7% (85)	92.4% (85)	90.6% (78)	90.9% (269)

Analysis of Table III, above, showing drug use by year in school, indicates a general tendency for usage figures to increase as students progress in school until at the graduate level there is a drop in usage of all substances with the exception of Tranquilizers, which increases, and Alcohol which remains stable. It is always dangerous to interpret cross-sectional data in a longitudinal fashion, and hence, any conclusions must be viewed very tentatively.

Perhaps the most striking, if not surprising, finding of this portion of the study is the high degree of Tobacco and Alcohol use reported by respondents in all categories and groupings. 33.3% of the sample use Tobacco at a level of often or regularly and 44.4% use Alcohol at these levels. With all the attention paid to the potential dangers of non-medically prescribed drug use, it is often forgotten that the potential for abuse (and consequential physical and psychological damage) is a very real factor in the use of Tobacco and Alcohol. Quite possibly it is time for studies such as these to look more carefully at the use of

tobacco and alcohol and to include reference to them in drug education programs. Certainly, the preliminary findings of this survey would indicate that there is a very real problem with regard to alcohol and tobacco usage on this campus.

Responses to the various attitudinal items of the questionnaire were analyzed in terms of the total sample responses by year in school, responses by residence groupings, and finally, by three sub-populations grouped on the basis of their choice of sponsorship of drug education programs. The findings presented here will reflect these different breakdowns and will attempt to answer six major questions.

1. Are the present campus and community resources adequate to meet the needs of individuals with questions or problems related to drugs?
2. Is there a need for drug programs?
3. Do students trust the University to provide these programs?
4. Who should organize and conduct such programs?
5. What content should such programs have?
6. What format should be used to present drug programs?

Section I - Are the present campus and community resources adequate?
In the opinion of most students the existing campus and community resources are not adequate to meet the needs of individuals with questions or problems relating to drugs. This is the view of 61% of the total sample and is reflected in all of the figures for each class year: freshmen 57.1%, sophomores 63%, juniors 69.9%, seniors 69.2%, and graduates 59.5%. From another point of view it appears that the

percentage of students who are willing to say that programs are adequate decreases from the freshman year, 31.6%, to the graduate level where only 15.2% so indicate. This trend might indicate that the longer students remain on campus, the more aware they become of deficiencies in campus and community resources.

Section II - Is there a need for campus drug programs?

A very definite conclusion of the total sample is that there is a campus need for drug education programs. 80.2% of all students answered yes to this question including 71.4% of the freshmen, 82.6% of the sophomores, 89% of the juniors, 53.8% of the seniors, and 81.4% of the graduate students.

Section III - Do students trust the University to provide these programs?

In general, the students do trust the University to present objective and unbiased information about drugs and its programs. 59.5% of the students answered this question affirmatively while 37.2% answered it in the negative. The general trend of trust in the University held true across all years with the exception of the junior year in which 45.2% said that they did not trust the University. Students in all residence groupings also tended to trust the University at levels above 50%. Those who reported that they did not trust made comments in virtually all cases as to why the University was not trusted. A brief perusal of these comments indicates a belief that the University position would be a self-serving one and would bow to the demands of

outside influences such as the Legislature and parents in developing programs.

Section IV - Who should sponsor and direct such programs?

The answer to this question was indicated by the frequency with which students chose different possible sources of organization and direction. Types of sponsorship were chosen in the following rank order:

Student-faculty-administration committee	242 choices
Students	214
University counseling agencies	163
Community agencies	98
Faculty	95
Administration	33

On the basis of these choices it was possible to look at the responses of three different sub-groups; those who chose student-faculty-administration committees, those who chose student direction, and those who chose direction by University counseling agencies. Information about the content and format of programs will be reported in the findings from some of these sub-groupings.

Section V - What content should such programs have?

From the standpoint of developing drug education programs the question of what purposes they should serve and what content they should have is among the most important. The results of this study indicate that three types of programs are approved or strongly approved by 90% or more of the total sample of students in all years and under all residence groupings. These approved programs are: 1) Programs which provide current and objective information about the physical and psycho-

logical consequences of drug use. 2) Programs which provide information on resources available to assist students with problems relating to the use of drugs. 3) Programs which provide accurate information on the legal aspects of drug use.

Students generally disapprove of programs which provide information designed primarily to discourage the use of non-medically prescribed drugs. 58.5% of the total group, over 60% of the freshmen, sophomores, and juniors, 46% of the seniors, and 55% of the graduate students disapproved or strongly disapproved such programs. Viewed by choice of sponsorship of programs, 74.4% of students who wished to have programs sponsored by students rejected programs aimed at discouraging drug use. The only substantial approval for such programs came from those respondents who wished programs sponsored by counseling agencies, 34.6%, and by those who wanted programs sponsored by student-faculty-administration committees, 33%.

To a lesser extent students approve programs which provide objective information on the social aspects of drug use (71%) and programs geared to the liberalization of present drug laws (57.8%). There is general indifference among all years and all residence groupings to programs of how to get high or to turn on without drugs. The overall percentage is in the area of 30% approval.

Section VI - What formats should be used?

Drug education program formats which have the best chance of being well received by students show results which are far less clear than

the previous question dealing with the content of such programs. Thus, in general the presentation of drug education programs should always be geared to the interest and receptivity of specific groups rather than to the student population as a whole.

However, a degree of agreement exists among all students that articles in the Michigan Daily would be well received (50.8%). In addition, lectures by well known experts (46%) and lectures followed by discussion with well known experts (44.1%) also showed a certain amount of attractiveness to the total sample. One exception to this finding is that there is less readiness by graduate students to attend lectures by experts (37.5% said they would attend) or lectures followed by discussions (32.1%). There is a general non-receptivity across all years and residence groupings and in the total sample to lectures by University of Michigan faculty members. Only 21.7% would attend such programs. Additionally, programs over WCBN where only 14% would receive them well and audio-visual programs (22.9%) are other indications of non-receptivity.

Other possible formats for drug programs did not receive overall acceptance or rejection by the total sample but rather seemed to be acceptable to some groups while not to others.

Discussions led entirely by and for students would be attended by 41.1% of juniors, by 39.4% of those students who chose student direction of programs, and by 44.5% of fraternity members. On the other hand, only 13.6% of the graduate students would attend; 22.2% of those students

who chose student-faculty-administration committee sponsorship, 17.6% of students in off-campus housing, and 20% of sorority members would attend such programs.

Small group discussion with trained leaders would be attended by 31.6% of the freshmen, 35.6% of the juniors, and between 35% and 40% of fraternities and sororities. However, only 23.9% of sophomores and 18% of graduate students would attend such programs, while 20.7% of students in off-campus housing showed a willingness to attend. Appropriate courses seemed attractive to 47.1% of those in fraternities and to 53.4% of those in sororities. Courses were also generally attractive to undergraduates; freshmen 41.9%, sophomores 39.2%, juniors 46.5%. However, only 25% of graduates indicated that courses would have any appeal. Non-credit seminars would be attended by 42.4% of the juniors but by a much smaller percentage of respondents in other categories. The teach-in was generally well received by freshmen (53.1%), sophomores (51.1%), juniors (50.7%), by students in University housing (46.6%), and in fraternities and sororities (over 60%). However, seniors (23%) and graduates (22.6%) showed that they would be less willing to attend.

VI RECOMMENDATIONS

On the basis of the findings in the attitudinal portion of the study, it was possible to put together a series of program content and format recommendations for specific sub-groups which would appear to have the greatest chance for success. Five such programs were conceived and are presented in Table IV on the following page.

Also included in this section is a set of Preliminary Program Recommendations designed for the use of the Program Sub-Committee.

Table IV
BASES FOR SPECIFIC DRUG PROGRAMS

Sponsor	Content	Format (ranked by preference)
Freshman	Physiological and psychological consequences of drug use Legal Aspects Problem Resources	<ol style="list-style-type: none"> 1) Lectures plus discussion with experts 2) Lectures by well-known experts 3) Campus-wide teach-in 4) Appropriate courses 5) Small group discussion with trained leaders
University Housing	Problem Resources Consequences of drug use Legal Aspects	<ol style="list-style-type: none"> 1) Daily articles 2) Lectures plus discussion 3) Lectures by experts 4) Teach-in
Fraternities	Problem Resources Consequences of drug use Legal Aspects	<ol style="list-style-type: none"> 1) Teach-in 2) Lectures plus discussion 3) Appropriate courses 4) Daily articles 5) Student-led discussions
Student Government Council	Consequences of drug use Legal Aspects Problem Resources Liberalizing Drug Laws	<ol style="list-style-type: none"> 1) Daily articles 2) Lectures plus discussion 3) Teach-in 4) Lectures by experts
University Drug Committee	Consequences of drug use Legal Aspects Problem Resources Social Aspects of drug use	<ol style="list-style-type: none"> 1) Lectures by experts 2) Lectures plus discussion 3) Daily articles 4) Teach-in

PRELIMINARY PROGRAM RECOMMENDATIONS

Based on an initial analysis of the data of the drug survey the following preliminary recommendations are suggested:

- A. Future drug education programs primarily should serve the following three purposes:
 1. Provide current and objective information about the physical and psychological consequences of drug use.
 2. Provide accurate information on the legal aspects of drug use.
 3. Provide information on resources available to assist students with problems or questions relating to the use of drugs.
- B. A variety of different program formats for different segments of the total population should be used with the possible exception of articles in the Daily and lectures by experts.
- C. The Drug Education Program Committee should initiate as soon as possible programs geared to making students aware of medical findings indicating the potential health hazards involved in the use of tobacco and alcohol.
- D. The data from this study can be used to answer many different questions about student drug use and the need and desirability for different types of programs. We recommend that the availability of this information be made known to all who have a potential interest in planning and organizing drug education.
- E. Earlier committee recommendations to study faculty and staff should be implemented as soon as possible.

APPENDIX A

THE QUESTIONNAIRE

Dear Student:

The University Committee on Drugs, a campus-wide group composed of students, faculty, and administrative staff, would appreciate your cooperation and assistance in completing the attached questionnaire. One of this committee's responsibilities is to make recommendations regarding the types of services and programs on drugs that students need and want. In order to obtain an accurate assessment of student desires and attitudes in this area we have created this questionnaire which is being sent to approximately 1000 students chosen at random by computer.

Inasmuch as we are asking you to give an indication of your own experience with non-medically prescribed drugs, we have taken every step to insure the confidentiality of your response: there will be no record kept of to whom the questionnaires are sent; we are requesting that you not sign your name or otherwise identify yourself, and we are using no code numbers anywhere on the questionnaire or return envelope.

We need your frank and open responses to this study in order to make recommendations for the provision of adequate programs in the drug area and will greatly appreciate your taking the 10 to 15 minutes necessary to complete the questionnaire. Please feel free to communicate any additional comments, suggestions, or concerns in the space provided on the back of the questionnaire. Thank you for your assistance.

Sincerely,

Edward S. Bordin

University Committee on Drugs
Edward S. Bordin, Chairman

ESEB/mhk

TM 001 090

1. In this question we are interested in learning about actual experience you have had in using a variety of drugs, outside of those taken under a medical prescription. Your answer should be in two parts: 1) On the left side of the dividing line, circle the number between 1 and 4 which best describes your history of use for each drug listed. 2) On the right side of the dividing line, circle the number between 5 and 8 which best describes the extent of your use of each drug.

	HISTORY OF USE			EXTENT OF USE			
	Never	Past Use Only	Past and Present Use	Only Once	Seldom	Often	Regularly
Alcohol		2	3	5	6	7	8
Benzedrine (Bennies)		2	3	5	6	7	8
Chloral Hydrate		2	3	5	6	7	8
Codeine		2	3	5	6	7	8
Dexedrine (Lexies)		2	3	5	6	7	8
Diet Pills		2	3	5	6	7	8
Doriden (Goofers)		2	3	5	6	7	8
Equanil		2	3	5	6	7	8
Hashish		2	3	5	6	7	8
Heroin (Horse, "H")		2	3	5	6	7	8
Lysergic Acid Diethylamide (LSD)		2	3	5	6	7	8
Marijuana (Pot, Grass)		2	3	5	6	7	8
Mescaline		2	3	5	6	7	8
Methedrine (Speed)		2	3	5	6	7	8
Miltown		2	3	5	6	7	8
Morphine		2	3	5	6	7	8
Nambutal (Yellow Jackets)		2	3	5	6	7	8
Opium (Op)		2	3	5	6	7	8
Peayote (Cactus)		2	3	5	6	7	8
Phenobarbital (Phennies)		2	3	5	6	7	8
Phenodentriate (Phonies)		2	3	5	6	7	8
Psilocybin		2	3	5	6	7	8
RNR		2	3	5	6	7	8
Seconal (Red Devils)		2	3	5	6	7	8
SLP		2	3	5	6	7	8
Tetrahydrocannabinol (THC)		2	3	5	6	7	8
Tobacco		2	3	5	6	7	8
Other Drug(s) (specify)		2	3	5	6	7	8

2. In your opinion are existing campus and community resources adequate to meet the needs of individuals with questions or problems relating to drugs? Yes__ No__
3. Do you think there is a campus need for drug education programs? Yes__ No__
4. If "Yes", who should organize and conduct such programs? Indicate by placing a check (✓) next to those who you feel should organize and conduct drug programs.

- Students
- Faculty
- Administration
- Student-Faculty-Administration Committees
- Community agencies
- University counseling agencies
- Other (please specify) _____

5. Would you trust the University to present objective and unbiased information about drugs in its programs? Yes__ No__

If "No", why not? _____

6. The statements below reflect possible purposes drug education programs might serve. Please rate each statement:

1. strongly approve
2. approve
3. no feelings one way or another
4. disapprove
5. strongly disapprove

- Provide current and objective information about the physical and psychological consequences of drug use
- Provide accurate information on the legal aspects of drug use
- Provide objective information on social aspects of drug use
- Provide information designed primarily to discourage the use of non-medically prescribed drugs
- Programs geared to the liberalization of present drug laws
- How to get "high" or "turn-on" without drugs
- Provide information on resources available to assist students with problems or questions relating to the use of drugs
- Other purpose (specify) _____

7. Below are several possible formats which might be used in presenting drug education programs. Please rate each item below on the basis of likelihood of your attending.

1. would definitely attend
2. probably would attend
3. undecided (might or might not attend)
4. probably would not attend
5. definitely would not attend

- Lectures by well-known "experts"
- Lectures by U-M faculty and staff
- Lectures followed by small group discussions led by experts
- Small group discussions run entirely by and for students
- Audio-visual programs followed by small group discussions
- Small group discussions with trained group leaders
- Coverage in appropriate courses
- Programs over WCBN
- Articles by the Daily
- Non-credit, short-term seminars or symposia
- Another campus-wide drug "teach-in" combining several of these formats
- Other format (specify) _____

8. Demographic Data:

1. Age _____ 2. Sex _____ 3. Are you: Single _____ Married _____
4. School or College _____
5. Year: Fresh. _____ Soph. _____ Jr. _____ Sr. _____ Grad. _____
6. Residence: University Owned Housing _____ Off-Campus Housing _____
Fraternity _____ Sorority _____ Co-op _____

9. Below and on the reverse side of this sheet feel free to make any additional comments and/or suggestions about drugs, drug use, drug education programs, etc., that you feel might be helpful to the Drug Committee in their planning. Thank you for completing the questionnaire.

Appendix B

DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

I. Sex

Male	60.7%
Female	39.3%

II. Marital Status

Married	30.9%
Single	69.1%

III. Age

17-19	28.6%	31-39	5.7%
20-22	23.0%	over 40	2.4%
23-25	19.3%	N.R.	1.0%
26-30	20.0%		

IV. Year in School

Freshman	16.9%	Senior	2.2%
Sophomore	15.9%	Graduate	51.0%
Junior	12.6%		

V. Residence

University Housing	34.3%	Sorority	2.6%
Off-Campus Housing	57.5%	Co-op	2.1%
Fraternity	3.3%		

VI. School or College

Rackham	38.4%	Natural Resources	1.9%
LS&A	31.8%	Education	1.7%
Engineering	9.7%	Business Administration	1.7%
Social Work	3.1%	Public Health	1.7%
Music	2.4%	Nursing	1.2%
A & D	1.9%	Pharmacy	.7%

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