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ABSTRACT

This volume contains summaries of the latest research focusing on the issue of the extent of drug use and abuse among racial and ethnic minorities and the factors influencing it. Taken into consideration are age and sex differences among users, narcotics addiction, socioeconomic influences, cultural factors, racial factors, demographic factors, criminal activity, institutional use, and social impact. Each summary presents the purpose and scope of the research or study, the methods employed, the results obtained, and the author's conclusions. A guide to the summaries gives the racial/ethnic composition of each study's sample and indicates which of the following factors it deals with: (1) multidrug or opiate drug use; (2) epidemiology; (3) sociocultural factors; (4) psychosocial factors; (5) attitudes; (6) crime and laws; and/or (7) treatment. In addition, an index and a complete list of the studies included in this volume are provided. (EB)

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Research Issues 21

DRUGS AND MINORITIES

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DRUGS AND MINORITIES

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Foreword

The issues of psychosocial drug use and abuse have generated many volumes analyzing the "problem" and suggesting "solutions." Research has been conducted in many disciplines and from many different points of view. The need to bring together and make accessible the results of these research investigations is becoming increasingly important. The Research Issues Series is intended to aid investigators by collecting, summarizing, and disseminating this large and disparate body of literature. The focus of this series is on critical problems in the field. The topic of each volume is chosen because it represents a challenging issue of current interest to the research community. As additional issues are identified, relevant research will be published as part of the series.

Many of the volumes in the series are reference summaries of major empirical research and theoretical studies of the last fifteen years. These summaries are compiled to provide the reader with the purpose, methodology, findings, and conclusions of the studies in given topic areas. Other volumes are original resource handbooks designed to assist drug researchers. These resource works vary considerably in their topics and contents, but each addresses virtually unexplored areas which have received little attention from the research world.

The Research Issues Series is a group project of staff members of the National Institute on Drug Abuse, Division of Research, Psychosocial Branch. Eleanor Carroll was responsible for initiation of and impetus for this volume on minorities. Selection of articles for inclusion in this volume was greatly aided by the suggestions of a peer review group, researchers themselves, each of whom reviewed a topic of particular interest. It is my pleasure to acknowledge their contribution to the project.

Dan J. Lewin, Ph.D.
Project Officer
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Preface

Both currently and historically, a major factor in the American public's concern over unconventional drug use has been its identification with disadvantaged minority groups. This volume contains summaries of the latest research focusing on the issue of the extent of drug use and abuse among racial and ethnic minorities and the factors influencing it. While the literature on this subject--especially on the use of drugs by blacks--has increased rapidly, the dimension of the problem is still not fully understood. There is considerable disagreement in the interpretation of the available data, and there is a need for additional research. Specifically, what is the extent of minority involvement in drug abuse, particularly opiate addiction vis-a-vis the general population? What variability is there in the characteristics of minority drug users? What is the involvement of drug-using minorities in criminal activity? Are there significant differences in the arrest and handling of minority drug users by the criminal justice system? What have been the effects of social, economic, and political conditions of minority life in America on past and present drug use, and the perception of the problem of minority drug use itself?

This volume brings together the greater part of the research conducted in the last fifteen years on this topic, in order that the evidence from different studies may be compared and examined critically. We have concentrated on research reports that deal specifically with the topic of minority drug use, or that seek to examine different racial/ethnic patterns. Also included are reports of research examining drug abuse within a minority population without seeking to examine minority drug use per se. Finally, a sample of studies examining the extent and patterns of drug use within a general population has been included in order to provide a better understanding of the proportion of minorities among all drug users. Excluded from this volume were studies dealing with the ritual use of peyote among American Indians, and summaries of research which, though they report on racial/ethnic patterns, do so only to a peripheral extent. Much of the information from this excluded literature is annotated in Patti Iiyami, Setsuoko Matsunaga Nishi, and Bruce Johnson, Drug Use and Abuse Among U.S. Minorities: An Annotated Bibliography (New York: Praeger, 1976). Readers should also examine three other volumes of the Research Issues Series: Addict Lifestyles (vol. 7), Drugs and Crime (vol. 17), and Drug Users and the Criminal Justice System (vol. 18).

A complete list of studies included in this volume is provided, as well as a Guide to the Summaries which gives the ethnic/racial composition of each study's sample. The summaries themselves are intended to be faithful representations of the original documents, conveying the purpose and scope of the research or study, the methods employed, and the results obtained--as well as the author's conclusions derived from those results. Each author's word usage is followed as closely as possible. As a result, between different summaries there is often considerable variance in the terminology used to describe minority groups. Designations derived from racial, linguistic, and national groupings are capitalized (Mexican-American, Asian-American, Hispanics, Chicanos, Puerto Ricans, etc.); designations based on color or local usage are lower-cased (black, white).

An extensive and comprehensive literature search was carried out to identify materials for inclusion in this volume. Major clearinghouses, data bases, library collections, and special bibliographies were searched. The editors also corresponded with professional organizations, institutions, and research specialists in searching for relevant materials. Current issues of newsletters and journals were scanned throughout the project. The list of bibliographic sources searched included:

Addiction Research Foundation, Bibliographies
Dissertation Abstracts
Index Medicus

Index to Legal Periodicals
Index to Periodical Articles Related to the Law
National Clearinghouse For Drug Abuse Information
National Criminal Justice Reference Service
Psychological Abstracts
Public Affairs Information Service
Research In Education
Social Sciences Citation Index
Sociological Abstracts
SPEED: The Current Index to Drug Abuse Literature

The criteria for selection of documents were drawn up by a consultant group of drug researchers working with the contractor and representatives of the National Institute on Drug Abuse. For inclusion, a study had to meet the following general criteria:

- Empirical research studies with findings pertinent to the particular topic, or major theoretical approaches to the study of that topic.
- Published between January 1960 and December 1976, preferably in the professional literature, with the exception of certain older "classics" which merited inclusion, and unpublished dissertations.
- English language, with a focus on American drug issues.

After a first review of citations and annotations, to weed out obviously irrelevant materials, the body of collected literature was subjected to two reviews: one to ensure that materials met the selection criteria, and a second, accomplished by Dr. Bruce D. Johnson, to ensure that studies representative of the universe were included. Each completed abstract was subsequently reviewed to ensure that it reflected accurately and faithfully the contents of the study.

Introduction

It is clear that a great deal of empirical data is available about minority drug abuse. Unfortunately, no one has a clear picture of what these findings mean or how such "facts" may be relevant to social policy. Future research on racial patterns of drug abuse should test alternative interpretations or theories of drug use as a guide to future social policy towards minority addicts.

Probably a major difficulty with the literature on drugs and minorities is the absence of theory to interpret the results. Most studies present results of empirical research, frequently of very high quality; but interpretations and theoretical generalizations are not convincing. Johnson and Nishi (1976) provide a preliminary review of various theories of racial differences in addiction; they relate these theories and findings to sociohistorical patterns of racism in America.

Multi-Drug Use

The first section suggests that, since 1967, whites have been at least as likely as blacks and other minorities to be multiple drug users and to use all drugs, except heroin and cocaine (Callan and Patterson, 1973; O'Donnell et al., 1976; Peterson, 1974). While older blacks appear somewhat more likely than whites to try heroin and cocaine, among cohorts born in the early 1950's, racial differences in cocaine and heroin use seem to be diminishing (O'Donnell et al., 1976). Moreover, among persons ever trying heroin, cocaine, or opiates, only relatively small racial differences in regular drug use exist. It has been found (Robins, 1976) that among Vietnam veterans, blacks were more likely than whites to try heroin; but among heroin users, whites were more likely than blacks to become addicted.

Opiate Drug Use

The second section on opiate users (generally, institutionalized addicts) shows that addicts are disproportionately black and Hispanic when compared with the general population. The data on rural Southern blacks (Bates, 1966; Chambers, Hinesley, and Moldstad, 1970; Williams and Bates, 1970) and blacks who migrate to northern cities (Kleinman and Lukoff, 1976; Ball and Bates, 1966; Lukoff and Brook, 1974; Vaillant, 1966) are more problematic for interpretation, but tentatively suggest these groups may be somewhat underrepresented.

In various cities, the proportion of blacks among known addicts varies considerably (Abrams et al., 1968; Goldsmith, 1972; Robins and Murphy, 1967). While most studies, especially of Lexington and Fort Worth patients, generalize findings to the nation, an alternative interpretation holds that the racial distribution may reflect the institution's recruitment and selection patterns.

One surprising finding emerges in studies having sizable numbers of American Indians: this group is more likely to use drugs than whites or blacks (Cockerham et al., 1976; Porter et al., 1973; Johnson and Nishi, 1976). Also of interest is the fact that the Chinese were probably the ethnic group with the highest rate of opiate addiction at the turn of the 20th century; presently they have very low levels of opiate abuse (Ball and Lau, 1966; Gearing, 1974).

It has been contended that prior to the 1950's, narcotic use was essentially a problem of whites. During the 1950's, the trend reversed (as measured by drug arrest statistics) and narcotic use became a problem of the black community. Finally the 1960's and 1970's have seen the trend reverse again, and whites comprised the bulk of the drug arrests. The work of Johnson and Nishi (1976), DeFleur (1975) and Helmer and Viatorisz (1974) suggests that drug arrests may be more a reflection of political pressures and enforcement policies, than a true indication of the white and black narcotic using population.

Bruce D. Johnson

Guide To The Summaries

AUTHORS	Year	Page	Ethnicity	Drug	Epidemiology	Socio-Cultural	Psycho-Social	Attitudes	Crime & Laws	Treatment
Abrams et al.	1968	67	B,W,O	O			X		X	
Bailey & Koval	1972	3	B,W,PR,O	MD	X	X				
Ball	1967	69	PR	C,O			X		X	
Ball	1965	71	B,W,PR,A,M	O	X					
Ball & Bates	1966	73	B,W,A,I	O	X					
Ball & Lau	1966	76	A	O		X				
Ball & Snarr	1969	78	PR	O			X		X	
Bates	1966	80	W, B	O	X					
Bates	1968	82	B	O			X			
Blum	1972	5	B	MD	X	X				
Blum	1972	7	M	MD	X	X				
Blumer	1967	9	B,M	MD		X			X	
Brotman & Freedman	1968	84	PR,B,W	O			X		X	X
Callan & Patterson	1973	12	W,B,SS,I,O	MD	X					
Chambers	1974	87	B,W,SS,O	O	X					X
Chambers & Inciardi	1971	14	W,B,PR	MD	X					
Chambers et al.	1970	89	M	O	X				X	

KEY

Ethnicity: B=Black, W=White, SS=Spanish Surname
 PR=Puerto Rican, M=Mexican-American, A=Asian-American
 I=American Indian, O=Other

Ethnicity group with the largest sample size listed first, and the smallest, last.

Drug: O=Opiates, C=Cannabis
 MD=Multi-drug

AUTHORS	Year	Page	Ethnicity	Drug	Epidemiology	Socio-Cultural	Psycho-Social	Attitudes	Crime & Laws	Treatment
Chambers et al.	1970	91	W,B,PR	O,C	X					
Chambers et al.	1968	93	B	O			X		X	
Chein	1964	95		O,MD		X	X	X	X	
Cockerham et al.	1976	16	W,I	C,MD	X			X		
Craig & Brown	1975	99	B	O			X	X		
Crowther	1972	18	M,W	MD	X	X				
Curtis & Simpson	1976	20	B,W,PR,M	MD	X					
Cuskey et al.	1971	101	W,B	O	X		X			
DeFleur	1975	22	W,O	MD					X	
DeFleur et al.	1969	103	PR	O			X			
Duval et al.	1963	106	W,B,PR	O	X		X		X	
Edmundson et al.	1972	24	B,W	MD	X					
Eldred & Washington	1976	108	B,W	O			X			X
Feldman	1968	110	B,PR,W	O		X				
File et al.	1974	112	B,W	O					X	
Finestone	1957	114	B	O		X				
Force & Millar	1974	117	B,W	O			X			
Gearing & D'Amico	1974	119	SS,A	O						X
Glaser et al.	1969	121	B,PR,W	C,O	X					
Glaser et al.	1971	123	PR,B	O			X			
Glaser & Snow	1969	26	B,PR,W	MD				X		

AUTHORS	Year	Page	Ethnicity	Drug	Epidemiology	Socio-Cultural	Psycho-Social	Attitudes	Crime & Laws	Treatment
Globetti & Brigance	1974	28	W,B	MD	X	X				
Goldsmith et al.	1972	125	B,W	O			X		X	X
Gorsuch	1975	127	B,W,PR,M	O						X
Guinn	1975	30	M	MD	X	X		X		
Halikas et al.	1976	129	B	O	X		X		X	
Helmer & Viatorisz	1974	32	B,W,M,A	MD					X	
Johnson & Nishi	1976	34	B,W,M,A,PR	MD		X			X	
Johnson & Bogomolny	1973	36	B,W,SS	MD					X	
Kleinman & Lukoff	1975	38	B,W,PR	MD	X	X				
LaCalle	1973	132	M	O						X
Lander & Lander	1967	134	PR,B,W	O		X	X			
Lawson et al.	1973	136	B	O		X				X
Levi & Seborg	1972	138	W,M,B	O			X			
Lipscomb	1971	40	B,M	MD	X					
Lukoff & Brook	1974	140	B,PR,W	O		X				
Maddux	1973	142	B,W,M,PR	O			X			
Maddux et al.	1971	144	M	O		X				
Maddux & Desmond	1974	146	SS,W,B	O	X		X			
Miller et al.	1973	148	B,W	O				X		
Monforte & Spitz	1975	150	B,W	O	X					

AUTHORS	Year	Page	Ethnicity	Drug	Epidemi- ology	Socio Cultural	Psycho- Social	Atti- tudes	Crime & Laws	Treat- ment
Najl et al.	1974	42	W,B	MD	X		X			
Nurco et al.	1975	152	B,W	O	X					
Nurco & Lerner	1972	44	B,W,O	MD	X		X		X	
O'Donnell et al.	1976	46	W,B,O	MD	X					
Patch et al.	1973	154	B,W,PR,O	O					X	
Petersen	1974	49	B,W	MD	X					
Petersen et al.	1975	51	B,W	MD					X	
Plair & Jackson	1970	156	B	O,MD					X	
Platt et al.	1976	158	B,W	O	X					
Porter et al.	1973	53	W,I,B,A,O	MD	X					
Preble	1966	160	B,W,PR	O		X				
Preble & Casey	1969	162	W,B,PR	O		X			X	
Quatrone	1972	164	B,PR	O				X		
Rangel	1974	166	B,W,SS,A,I	O					X	
Richman et al.	1972	168	B,W,SS	O						X
Robins	1976	170	B,W	O	X					
Robins & Murphy	1967	55	B	MD	X		X		X	
Roebuck	1962	172	B	O					X	
Rosenthal et al.	1973	57	B,W	MD,O					X	
Schasre	1966	174	M	O			X			

AUTHORS	Year	Page	Ethnicity	Drug	Epidemiology	Socio-Cultural	Psycho-Social	Attitudes	Crime & Laws	Treatment
Scott et al.	1973	176	M	O	X	X				X
Simpson et al.	1975	178	B,W,PR,M,O	O,MD	X					
Snarr & Ball	1974	180	PR	O		X				
Stenmark et al.	1974	59	W,B	MD			X		X	
Stephens & Slatin	1974	182	B,W,SS	O,MD		X				
Strimbu et al.	1973	61	W,B,A,I,O	MD	X					
Vaillant	1966	184	W,B,PR	O	X					
Vaillant	1966	186	B,W	O			X			
Voss	1973	63	B,W,SS	MD					X	
Waldorf	1973	189	W,B,PR	O	X	X	X			
Watterson et al.	1975	191	B,W,PR,M,O	O	X					
Weissman et al.	1974	193	B,SS,W,I	O					X	
Williams & Bates	1970	196	W,B	O	X					
Zahn & Ball	1972	198	PR	O			X			X
Zahn & Ball	1974	200	PR	O,MD			X		X	

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Bailey, Walter C., and Koval, Mary. Differential patterns of drug abuse among white activists and nonwhite militant college students. International Journal of the Addictions, 7(2):191-199, Summer 1972.

DRUG	Multi-Drug
SAMPLE SIZE	154
SAMPLE TYPE	College Students
AGE	Not Specified
SEX	Both Sexes
ETHNICITY	49% Black; 37% White; 13% Puerto Rican; 1% Other
GEOGRAPHICAL AREA	Not Specified
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	1968 - 1969
NO. OF REFERENCES	18

PURPOSE

Little is known regarding drug use among nonwhite college students, and no systematic efforts have been made to compare the nature and extent of illicit drug use between white activists and nonwhite militants. The following hypothesis was tested: If groups of college student white activists are compared with college student nonwhite militants in terms of the extent of illicit drug involvement, there will be a marked difference in the direction of greater drug involvement among white activists than among nonwhite militants.

METHODOLOGY

The attributes of activism and militancy were determined by reported membership in student organizations known to be activist or militant, reported participation in one or more "confrontations," or both. "Drug user" was defined as any student reporting the illicit use of any of the "dangerous" or "addicting" drugs one or more times. A basic four-cell design compared white student activists with nonwhite student militants on the basis of drug use versus nondrug use.

The study was conducted during the 1968-1969 school year, on the campus of one of the country's larger universities, using a sample of 154 students which was fairly representative of white activists and nonwhite militants on the college campus. Males were represented in a much larger proportion among the white students (75%), whereas males and females were almost equally represented in the nonwhite sample. Comparison of the family incomes of white and nonwhite students revealed a pattern of affluence in families of whites over nonwhites. Approximately 90% of the sample was obtained by direct contact with students, and the remaining 10% indirectly. Questionnaires were left in the offices of known white, black, and Puerto Rican activist organizations, with the request that they be completed and returned to the investigators.

RESULTS

The majority of both white and nonwhite students were classified as drug users, with a higher proportion of drug use found among the white students. Of the 20 white activists in the study population, 75% had illicitly used one of the specified dangerous or addicting drugs one or more times, compared with 58% of the 66 nonwhite militants. There was a steady progression in the proportion of drug-involved students along an ethnic-activist continuum from 43% (10 out of 23) for black nonmilitants, 54% (20 out of 37) for white nonactivists, 54% (7 out of 13) for Puerto Rican militants, 58% (31 out of 53) for black activists to 75% (15 out of 20) for white activists. Eighty-six percent of the nonwhite militants never used an opiate at all, while 40% of the white activists had. Forty percent of the white activists reported current opiate use, as opposed to 12% nonwhite militants, but the frequency of use among the latter was greater. More than twice as many nonwhite militants as white activists never used an opiate. Sixty percent of the white activists reported at least some experience with LSD or related drugs, compared with only 9% of the nonwhite militants. Of these, one-third of the white activists but no nonwhite militants reported frequent use. Sixty percent of the white activists also reported current use of marijuana (including hashish), compared with 47% of the nonwhite militants with white activists more inclined to be heavy users. Of the 20 white activists, 65% reported amphetamine use, compared to only 14% of the 66 nonwhite militants. All of the amphetamine users (both white and nonwhite) reported the use of other dangerous, exotic, or addicting drugs as well.

CONCLUSIONS

The data appear to lend some credence to the notion that white activist college students are markedly more drug-involved than are nonwhite militant college students. The fact of increased use of heroin seems fairly clear; however, there is little evidence that the occasional use (reported particularly among white college students) is resulting in a substantial amount of primary drug addiction. Whereas the white activists are apparently in the process of rebelling against the values of their culture of orientation, as well as seeking substitute identities, the nonwhite militants are in the process of incorporating both new value systems and new identities based upon an ego-enhancing ideology which provides little stimulus for escape into a life of heavy drug use.

Blum, Richard. Blue collar black families. In: Blum, Richard, and Associates. Horatio Alger's Children: The Role of the Family in the Origin and Prevention of Drug Risk. San Francisco: Jossey-Bass, 1972. pp. 140-154.

DRUG	Multi-Drug
SAMPLE SIZE	20 Families
SAMPLE TYPE	General Population
AGE	Cross-Age
SEX	Both Sexes
ETHNICITY	Black
GEOGRAPHICAL AREA	Not Specified
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations; Questionnaires
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	1

PURPOSE

A broad study was done concerning the extent to which families influence illicit drug use by their children, and the possibility of predicting such drug use. The research assumed that characteristics of families and special features of the individual members of families were associated with the degree to which children use illicit drugs. To test this general expectation, a specific sample of ten high-risk and ten low-risk families among black, blue-collar workers were identified and compared.

METHODOLOGY

Interviews, individual self ratings, observations in natural settings and in psychiatric treatment, and videotaped experimental situations were used as methodological tools. Families were classified as low-, middle-, or high-risk, based on a measure of the children's drug use. This measure was derived from the lifetime experience of each child, as reported in direct private interviews and supplemented or modified by reports of siblings and parents. Interviews took place in the home, and included individual sessions with one parent (usually the mother), a family-together session, a "dinner together" session, and individual interviews with each resident sibling. Families were usually seen over a period of four weeks, involving at least three home visits. There were 2,071 inquiry and rating areas, including questions, ratings, descriptive choices, and forced choice rankings. Analysis of variance was used to yield outcomes. Families were not classified until all interviews were completed. The conception of risk included medical, social, and legal outcomes which had in common only the fact that a young person had used a psychoactive drug without medical approval. The definition included estimates for future as well as past events. For the pretest classification, a family was considered high risk if any child in that family showed (1) compulsive use of alcohol or tobacco, or

both; (2) any use of LSD, opiates, cocaine, or special substances; (3) regular illicit use of barbiturates, amphetamines, tranquilizers, or marihuana; or (4) any bad effects from the use of any of these. The middle-risk families were those with occasional illicit use of any of these drugs, and the low-risk families were those showing no use, by any of the children, of any substances (other than alcohol or tobacco) without medical prescription. Case finding was done through known institutions and agencies, local residents, newspaper advertisements, and mass mailings.

Since the number of black, blue-collar families studied was small, and because extremes were not compared, significant differences were not as numerous as were those in other parts of the broad study sample. "Trends" were used when results did not achieve a $p < .05$ level of statistical significance. The requirement for an intact family was that a mother and a father be present. Interviews were conducted with black families, and with 20 low-risk youngsters and 30 high-risk youngsters, aged 13 or over. Since false reporting of drug use was suspected among the black children, the arrest record of each child was checked. Two black men were hired to "nose around" to identify the kind of crowd each child belonged to, and whether or not there was talk of illicit drug use; and the parents were asked to report their children's histories of arrest, hospitalization, or accidents.

RESULTS

The high-risk group was found to be moderate in its drug use reporting. Generally, illicit drug use was infrequent, although the following data were reported. High-risk mothers frequently reported serious current alcohol problems, and sedative use. There was a trend for high-risk mothers to use tranquilizers, and opiate experience was also reported. High-risk mothers reported abstinence after using psychoactive drugs more often than did low-risk mothers, and a trend occurred for high-risk mothers to report bad outcomes from psychoactives. Illicit drug experience was rare among fathers in either group, and no hard narcotics use (licit or illicit) was described. There was a trend for high-risk fathers to take more medication than low-risk fathers. High-risk mothers were uncertain whether their children had tried glue or gasoline sniffing more often than were low-risk mothers. Most mothers thought their offspring had not tried marihuana or hallucinogens. Troubles with the police occurred most often among high-risk offspring. Only five children from the total sample of 75 were said to have high interest in illicit drugs; all five were reported by high-risk mothers.

For parents' views on drug use, more low-risk children than high-risk children said their parents disapproved. Only high-risk children reported that illicit drug use or tobacco use was left up to the child. Illicit amphetamine use, intravenous use, and bad trips occurred among high-risk offspring, but not among low-risk offspring. High-risk children also demonstrated illicit use of barbiturates, tranquilizers, marihuana, hallucinogens, and glue sniffing; while opiate and cocaine use were denied. Only one-third of the high-risk black children reported any cannabis use, and only one-half of these said they were regular users.

A bad outcome from amphetamine use was reported by one of the six users. Among five youngsters admitting sedative use, two reported bad outcomes; among the two reporting illicit tranquilizer use, one reported a bad outcome; and among the eight marihuana users, six reported bad outcomes. One youngster admitted using hallucinogens (morning glory seeds). Among seven children who sniffed volatile intoxicants, two reported bad outcomes. More low-risk boys as well as girls said there was never any free choice with regard to marihuana and LSD use. Preteen low-risk children noted their own parents' disapproval of alcohol use more often than did high-risk children. In this preteen group, illicit drug use was nil. Only high-risk preteen children said that their siblings used illicit substances. Permissiveness in regard to drugs and in association with loss of control and the free-spirit ethic was found in the moderate-risk group.

CONCLUSIONS

The differences obtained tell nothing about the families of very high risk who live nearby, but who could not be persuaded to cooperate. The only advantage accruing from the comparison of the low- and high-risk families is that certain differences in parental habits, views, and child rearing styles are illuminated which are clearly not due to socioeconomic factors. Idiosyncratic variables also contribute to individual drug risk. It is likely that a combination of heredity and special forces in the environment do make a difference.

Blum, Richard. Mexican-American families. In: Blum, Richard, and Associates. Horatio Alger's Children: The Role of the Family in the Origin and Prevention of Drug Risk. San Francisco: Jossey-Bass, 1972. pp. 155-170.

DRUG	Multi-Drug
SAMPLE SIZE	20 Families
SAMPLE TYPE	General Population
AGE	Cross-Age
SEX	Both Sexes
ETHNICITY	Mexican-American
GEOGRAPHICAL AREA	California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations; Questionnaires
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	0

PURPOSE

A broad study was done concerning the extent to which families influenced the illicit drug use of their children, and the possibility of predicting such drug use. The research assumed that characteristics of families and special features of the individual members of families were associated with the degree to which children used illicit drugs. To test this general expectation, a specific sample of ten high-risk and ten low-risk families, all of whom were Spanish-speaking and were of Mexican-Indian or Spanish-Indian background, were compared.

METHODOLOGY

Interviews, individual self-ratings, observations in natural settings and in psychiatric treatment, and videotaped experimental situations were used as methodological tools. Families were classified as low-, middle-, or high-risk, based on a measure of the children's drug use. This measure was derived from the lifetime experience of each child, as reported in direct private interviews and supplemented or modified by reports of siblings and parents. Interviews took place in the home, and included individual sessions with one parent (usually the mother), a family-together session, a dinner-together session, and individual interviews with each resident sibling. Families were usually seen over a period of four weeks involving at least three home visits. There were 2,071 inquiry and rating areas, including questions, ratings, descriptive choices, and forced-choice rankings. Families were not classified until all interviews were completed.

The conception of risk included medical, social, and legal outcomes which had in common only the fact that a young person used a psychoactive drug without medical approval. The definition included estimates for the future as well as events of the past. For the pretest classification,

a family was considered high-risk if any child in that family showed: (1) compulsive use of alcohol or tobacco, or both; (2) any use of LSD, opiates, cocaine, or special substances; (3) regular illicit use of barbiturates, amphetamines, tranquilizers, and marihuana; or (4) any bad effects from the use of any of these. The middle-risk families were those with occasional illicit use of any of these drugs; the low-risk families were those showing no use, by any of the children, of any substances (other than alcohol or tobacco) without medical prescription. Case finding was done through known institutions and agencies, local residents, newspaper advertisements, and mass mailings.

The Mexican-American families all had an average estimated income of about \$6,000 a year; the husbands (with one exception) worked at unskilled, often agrarian, labor. The mothers were usually at home, and all families were large. The families resembled one another more than they differed.

RESULTS

Drug histories showed that all mothers tended to avoid use of the common social or medical drugs. A trend was for high-risk mothers to have tried cigarettes most often, whereas low-risk mothers tried alcohol most often. Barbiturate and tranquilizer use were also found among the high-risk mothers. The trend was for high-risk fathers to engage in tobacco, sedative, and tranquilizer use. Illicit experience with cannabis and the opiates occurred only in the high-risk group; illicit amphetamine use occurred among both samples, and none of the fathers admitted to having tried hallucinogens.

During the month prior to the interview, low-risk mothers gave more over-the-counter medicine to their offspring than did high-risk mothers; however, only high-risk mothers had ever given their offspring tranquilizers. High-risk mothers reported glue or gasoline sniffing in their offspring, and half of these mothers said they responded to this practice with indifference; the others were extremely upset. High-risk mothers said more often than did low-risk mothers that their offspring had tried marihuana, but no mother was upset. High-risk mothers also reported most hallucinogen use in their children. Low-risk parents waited until boys were grown before allowing them to smoke, but high-risk parents set marihuana choice at a later age than did low-risk parents. Low-risk parents required girls to be mature before allowing them cigarettes.

Thirty-four youngsters in their teens or early twenties in each set of families were interviewed. More low-risk children than high-risk children were in their midteens, whereas most high-risk offspring were over 22. Low-risk children tended to hold the adamant antidrug stance of their parents, but those who were already using drugs reported the disapproval of their parents. Drug histories showed that regular alcohol use, as well as worries about use, were most prevalent among the high-risk youngsters. As regards illicit drugs, high-risk children had the greatest experience with amphetamines, intravenous use, sedatives, tranquilizers, cannabis, hallucinogens, opiates, cocaine, and special substances. Such use also occurred among low-risk youngsters, but the high-risk offspring were highest on frequency, tolerance and bad trips. The highest prevalence of any bad outcome occurred with amphetamines, hallucinogens and cocaine, alcohol, and opiates. Youngsters' reports about the drug use of their siblings were consistent with direct interview data. High-risk youngsters reported more sibling use of tobacco, alcohol, marihuana, hallucinogens, amphetamines, opiates, and special substances than did low-risk youngsters. Low-risk boys reported a late age for choice or no choice at all for LSD use.

CONCLUSIONS

The distinguishing features in this sample were not socioeconomic since all families were poor. The facts that two-thirds of the high-risk children 13 years of age and over use amphetamines, that over one-third have had real troubles from drinking, that almost one-quarter fear their own overuse of hallucinogens, and that two-fifths have played with heroin, come as no surprise. Such behavior may be an expression of the family plight which is individualized and reverberates within the family, creating more problems that cannot be handled by nervous, fatalistic mothers or by passive, bickering, inept, or tyrannical fathers. Nevertheless, California delinquency career data suggest that many of these troubled Mexican-American youths may not only survive but also settle down.

Blumer, Herbert. The World of Youthful Drug Use. Berkeley, California: University of California, School of Criminology, 1967. 85 pp.

DRUG	Multi-Drug
SAMPLE SIZE	200
SAMPLE TYPE	Peers; Students
AGE	Adolescents; Adults (12-25)
SEX	Both Sexes
ETHNICITY	Chiefly Black and Mexican-American
GEOGRAPHICAL AREA	Oakland, California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations
DATE CONDUCTED	1965 - 1966
NO. OF REFERENCES	3

PURPOSE

To develop a realistic picture of drug use in Oakland, California, central figures among the youthful drug population were interviewed. Evidence was compiled on the characteristics of different types of drug users and the conditions for entrance into the drug world. Included were the criminal involvement and potential of the sample. The findings also shed light on the future career orientation of the sample.

METHODOLOGY

Procedural steps included selecting knowledgeable key informants, chiefly from the black and Mexican population, and gaining their trust and acceptance of the staff. The information thus supplied was validated through the collective scrutiny of other youths by means of taped panel discussion sessions. Extensive personal interviews with key informants also provided information; there was some use of thematic apperception tests and psychodrama. All the staff engaged in considerable participant observation through their friendship with key informants.

RESULTS

Youthful drug use in Oakland was found to be extensive and deeply rooted, primarily among the lower strata but moving into the middle and upper classes. It was a collective practice with peer sanction, justifying beliefs, and a body of practical knowledge including protection against discovery. For the user it was a natural way of life, not a pathological phenomenon. It is therefore highly resistant to conventional prevention methods. Drug use was shown to be varied and in flux. Two broad operating styles--the rowdy and the cool--existed, and four major social types were recognized by youthful users: the "rowdy," the "pot head," the "mellow

dude," and the "player." Each had different patterns of drug use, ways of viewing drugs, criminal involvement, and status. Drugs used included marihuana (the most frequently used), amphetamines, barbiturates, glue, and crystals. Heroin was disdained.

The "rowdy dude" constituted only a minority segment. He appeared in the lower classes, in preadolescence frequently, from a violent social milieu. He used glue and toxic substances of all kinds, and alcohol, which remains a major intoxicant during adolescence. He tried to evoke fear and impress others by displays of violence, delinquency, public drunkenness and drug use, and was likely to be arrested and institutionalized. He moved in a segregated group which often oriented him toward a career of criminal violence.

In contrast, the "cool" style consisted of a deliberate and self-conscious attempt to control oneself in all aspects of daily life. It was a model of behavior that attracted and coerced many youngsters in all segments of adolescent society giving rise to groups. "Cool sets" were contrasted to the "rowdy sets" and distinguished from the majority of adolescents who followed conventional lives.

Of the three major social types recognized as belonging to the cool style, the "pot head" was ultra cool. He used marihuana exclusively. He was respected as sensible, calm, and knowledgeable by his peers. He dressed sharply, liked to take things easy, and participated in school functions, athletics, and conventional work. He kept in close touch with what was going on in the adolescent world. He was directly involved in the drug market, "scoring" his own drugs and sometimes dealing on a small-time basis.

The "mellow dude" was by far the most common type of drug user. He was interested primarily in parties, social gatherings, sexual conquests, and pleasurable sensations. He used mainly marihuana, but some LSD or pills. He did not deal for profit, but rather would exchange drugs or pass them to a friend. He did not seem high on drugs and they took up only a small portion of his time. He was essentially a sociable person who acted according to the standards of propriety in his circle.

The "player" engaged in drug traffic for the purpose of monetary gain. He was an entrepreneur viewing himself as a "slick operator." He dealt at lower levels of the drug market and in other rackets. As an incipient hustler, he stood on the fringe of professional operations. He used drugs not only for pleasure but also to fortify himself for playing operations. He did not respect heroin addicts but, because of his associations, he was the most likely of any adolescent user to become one.

Drug-using circles excluded rowdies and the more conventional youths. They accepted only the "cool," the trustworthy, those who did not panic before police, and the sociable. The basic interest of the adolescent was sociability. Drug use was a part of a larger way of life of a given cool set, to which adolescents sought admjsion.

The organization, codes, and practices of the drug world determined how youngsters were initiated into drug use. Those who were "cool" and could be trusted not to disrupt the social circle were eagerly initiated; "rowdies" or those with a reputation for violence were rejected. The most typical way of being introduced to marihuana was by emulating an older group.

An exception was seen in the case of family members in ghetto areas. Older marihuana users frequently "turned on" their younger siblings to prevent them from sniffing glue, drinking wine, or risking the chance of being arrested.

CONCLUSIONS

The study throws doubt on current notions that drugs are an escape from reality, an inability to live a normal life, or an expression of personal pathology. The findings stress the importance of recognizing the impact of the cool style on the conditions and extent of adolescent drug use. There is already an existing system of built-in controls which acts to prevent the youngsters from becoming addicts or criminals. This affirmative theme could be developed advantageously in future programs.

The differentiation of adolescent drug users also signifies different career lines along which users are likely to move. The largest proportion, the mellow users, are conventionally oriented and likely to become ordinary conforming citizens. This is true also of the pothead, although his dealing activities expose him to the risk of arrest. The player is inclined more to the

possibility of a career of crime, while the rowdy is the most likely to become a criminal. This differential picture is opposed to the conventional idea that youthful users move along a single line from marijuana use to heroin addiction. It suggests the feasibility of a program designed to help adolescents move in a conventional direction and away from a criminal direction. The vulnerable focal points in a career line, at which a user may be turned in one or another direction, invite further study.

Callan, John P., and Patterson, Carroll D. Patterns of drug abuse among military inductees. American Journal of Psychiatry, 130(3):260-264, March 1973.

DRUG	Multi-Drug
SAMPLE SIZE	19,948
SAMPLE TYPE	Military
AGE	Not Specified
SEX	Male
ETHNICITY	84.10% White; 7.12% Black; 3.88% Hispanic; 0.78% American Indian; 2.62% Other
GEOGRAPHICAL AREA	Cross-Sectional
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	January 15, 1971 - June 30, 1971
NO. OF REFERENCES	14

PURPOSE

Like its civilian counterparts, the military has investigated the drug abuse patterns of its members. Drug abuse seemed to accelerate in the mid-1960's, and then level off in 1969. As of January 1971, there was no known publication of the results of large-scale drug abuse surveys conducted after 1969. Since the military has often been maligned as causing or increasing drug abuse in young men, a study was done to assess the magnitude of the drug abuse problem "inherited" by the military from the civilian population. As part of the study, data were collected on racial differences in drug usage.

METHODOLOGY

A total of 19,948 men were surveyed. As a first step, drug abuse data were gathered from individuals using an anonymous questionnaire given to every new male inductee at a large Army training center in the midwestern United States from January 15, 1971, through June 30, 1971. Since these men had been in the Army for less than two days, their responses essentially pertained to their experiences with drug abuse prior to their entrance into the military. Most of those surveyed came from the Midwestern United States (98% from induction centers in St. Louis, Omaha, Minneapolis, and Houston, as well as in the States of Ohio, Oklahoma, Tennessee, and Wisconsin; 2% came from centers in Los Angeles, Chicago, San Antonio, and Little Rock). The questionnaire consisted of 20 separate questions. The first ten dealt with demographic data, including age, race, education, religious practices, marital status, military component, family stability and income, and size of home community. Five questions dealt with drug use history, including data on age at onset of use, number of times used, method of taking drug, and amount of time since last use of each drug. In addition, the inductees were asked to state why they used drugs and if they had had any adverse reactions from using drugs.

RESULTS

Slightly less than 32% of all men entering the Army from the Midwest in this time period had used drugs (6,203 men). The most frequently used drugs were marihuana (4,876 users) and hashish (3,206 users), representing 24% and 16% of the sample, respectively. Amphetamines were next (2,369 users), followed by LSD (1,839 users), mescaline (1,817 users), and barbiturates (1,743 users). "Harder" drugs occupied the lower end of the scale, with lower prevalence rates for opium (822 users), cocaine (751 users), heroin (533 users), and morphine (314 users). Most subjects had used drugs 15 times or less; 47% of the cocaine users, and 46% of the heroin, and opium users had taken a drug five times or less. "Softer" drugs were used more frequently: 42% of the hashish users had used that compound 15 or more times, compared to 19% of the cocaine users, 22% of the heroin users, and 15% of the opium users. Marihuana was the only drug that had been used 15 or more times by more than half (53%) of its users.

There was little racial difference between whites (84.10% of the total population) and blacks (7.12% of the total population) in overall drug use, with whites having a 32% usage rate, and blacks, 31%. The small sample of Indians (0.78%) had a 35% usage rate. However, differences in racial prevalences were noted for each drug used. Prevalence of marihuana usage totaled 25% for white users, versus 21% for nonwhite users. Hashish usage was 16% for whites and 12% for nonwhites. LSD prevalence for whites was 9% and for nonwhites, 7%. Opium had rates for whites of 4% and for nonwhites, 2%. Barbiturate usage for whites was 10%, and for nonwhites, 18%. Amphetamine rates for whites were 12% and for nonwhites, 28%. Heroin rates for whites were 2% and for nonwhites, 4%.

Protestants had the lowest prevalence rate (27%), and Jews the highest (40%). Marital and family stability appeared to influence drug use, with unstable marital and family situations associated with a higher prevalence of drug use. Higher rates of drug use occurred in urban areas (36%) as compared to rural (17%), and rising family income was associated with increasing drug use. Only a 2% difference in rates of drug use was noted between volunteers and draftees. There was an age range of 11 to 25 years for the onset of drug use, but most users started when they were 17 or 18. Glue sniffing was the earliest form of drug abuse, and the average age for onset was 14 years. Finally, 99% of the users were first introduced to drugs by friends, and 7% had first used drugs because their friends did.

CONCLUSIONS

These figures reinforce the concept of the importance of peer relationships in drug abuse, as opposed to what adults and other authority figures may say. This indicates that drug abuse education programs with small group discussions may be more effective than lectures by an "expert" adult.

Chambers, Carl D., and Inciardi, James A. An Assessment of Drug Use in the General Population. Special Report No. 2. New York: Narcotic Addiction Control Commission, June 1971.

DRUG	Multi-Drug
SAMPLE SIZE	7,378
SAMPLE TYPE	General Population
AGE-	Adolescents; Adults
SEX	Both Sexes
ETHNICITY	White; Black; Puerto Rican
GEOGRAPHICAL AREA	New York
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1970
NO. OF REFERENCES	0

PURPOSE

To assess the prevalence, incidence, frequency, and situational content of all types of drug use within the general population of New York, a statewide epidemiological assessment of drug use was conducted in 1970. The study also included three secondary assessments: (1) the accuracy of beliefs about the adverse effects of certain forms of drug misuse and abuse; (2) the visibility of persons who misuse or abuse drugs as reflected in the awareness of other persons of this misuse; and (3) the general population's attitudes toward various types of drug abuse and abusers. Only the ethnic distribution of drug users is reported here.

METHODOLOGY

Data were obtained by face-to-face interviews with a sample of 7,378 persons aged 14 years and over. Specific information was collected for 17 different drug groups (e.g., barbiturates, tranquilizers, pep pills, diet pills, LSD, methedrine, heroin, cocaine, and inhalants). Users of all types were identified according to sex, employment, age, ethnicity, socioeconomic status, education, place of use, and--where applicable--use of other drugs. Interviews were conducted between August 1 and September 5, 1970. Ninety-eight percent of 7,500 assigned interviews were completed, with all interviews conducted in person in the respondents' homes. Projections of drug use among the general New York population were based on the interview data.

RESULTS

In general, blacks and Puerto Ricans were either underrepresented or proportionate to their distribution in the general population among users of all types of drugs, except heroin, of which blacks constituted the largest proportion of users. The regular use of barbiturates was

found to be concentrated within the white population. Of the projected 361,000 regular barbiturate users, 85.6% were white, 7.5% Puerto Rican, and 6.4% black. This incidence distribution was not significantly disproportionate to the general population. As with the barbiturates, the regular use of the nonbarbiturate sedative-hypnotics were concentrated within the white population, with whites contributing 81.8% of the projected 187,000 regular users, and blacks and Puerto Ricans 12.3% and 4.8%, respectively. This incidence distribution was also not significantly disproportionate to the general population. Of 525,000 regular users of the relaxants/minor tranquilizers, 85.3% were concentrated within the white population, while only 8.8% were Puerto Rican and 5.5% were black. Compared to the general population distribution, blacks were underrepresented and whites were overrepresented. The regular use of major tranquilizers was not associated with ethnicity: of 71,000 regular users, 80.3% were white, 9.9% Puerto Rican, and 5.6% black; this distribution was not disproportionate to that of the general population. As with the other legally manufactured and distributed drugs, the regular use (among 39,000 regular users) of the antidepressants was concentrated (74.4%) in the white population. Puerto Ricans who were regular users of antidepressants comprised 25.6% of the population. With regard to pep pills, whites were overrepresented (87.3%), blacks were underrepresented (1%), and Puerto Ricans were proportionately represented (8.2%) within the population of 110,000 regular users. Whites were most frequently the regular users of diet pills: 80.2% of the 222,000 regular users were whites, 9% were black, and 9% were Puerto Rican. The overwhelming majority of the 197,000 regular users of noncontrolled narcotics and prescription nonnarcotic analgesics were also whites (83.2%). This representation was not significantly different from the white/nonwhite distribution within the general population. Puerto Ricans were overrepresented (14.7%), and blacks were underrepresented (2%). For major analgesics (controlled narcotics, nonheroin), whites were overrepresented in the total population (100% of 17,000 were regular users). Of 32,000 regular users of stimulants other than amphetamines and cocaine, 100% were also white. The incidence of the regular use of marijuana/hashish was not related to ethnicity, and the distribution of regular marijuana/hashish users was not significantly different from the ethnicity composition of the general population; whites contributed about 76.6% to the population of 487,000 marijuana/ hashish users, Puerto Ricans contributed 10.7%, and blacks contributed 10.1%. Of the 45,000 regular users of LSD, 80% were white, 4.4% were black, and 6.7% were Puerto Rican. Of the 19,000 regular users of psychotogens other than LSD, 100% were whites. The ethnic group composition of the population of regular users of methedrine was proportionate to the composition and distributions within the general population: of 35,000 regular users, 85% were white, 8.6% were black, and 5.7% were Puerto Rican. Of 6,000 regular users of cocaine, 66.7% were white, 16.7% were black, and 16.7% were Puerto Rican. Among regular users of solvents and inhalants, whites were significantly overrepresented in proportion to their distribution in the general population, while blacks and Puerto Ricans were underrepresented: of 9,000 regular users, 100% were white. Finally, in regard to heroin use, blacks and Puerto Ricans were overrepresented and whites were greatly underrepresented among regular users: of the 32,000 regular users, 34.4% were white, 37.5% were black, and 28.1% were Puerto Rican.

Cockerham, William C.; Forslund, Morris A.; and Raboin, Rolland M. Drug use among white and American Indian high school youth. International Journal of the Addictions, 11(2):209-220, 1976.

DRUG	Marihuana; Multi-Drug
SAMPLE SIZE	511
SAMPLE TYPE	High School Students
AGE	Adolescents
SEX	246 Male; 265 Female
ETHNICITY	120 American Indian; 391 White
GEOGRAPHICAL AREA	Wind River Reservation, Wyoming
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	1973
NO. OF REFERENCES	9

PURPOSE

Although fairly extensive data are available on alcohol consumption patterns and related problems of American Indians, there is a paucity of published research concerning drug use by Native Americans. Despite the historical use of the hallucinogen peyote among some North American Indian tribes, there is an almost total lack of empirical data on the subject. The only recent relevant study was published by Strimbu et al. (1973), who reported that, compared to other ethnic groups in a college setting, Indians ranked first in the use of several drugs. Thus, Indian involvement with drugs seems to exist, but the extent of contemporary drug use by Native Americans remains relatively unknown. In order to ascertain the prevalence of drug use among white and American Indian youth, high school students living in the area of Wyoming's Wind River Reservation were studied.

METHODOLOGY

The data were drawn from a larger study, conducted in 1973, of the social attitudes of Wyoming adolescents. Data were collected by means of a survey questionnaire. Information included findings based upon a sample of ninth- through twelfth-grade students attending the four high schools located within or near the boundaries of the Wind River Reservation. The sample consisted of 180 white males, 211 white females, 66 Indian males, and 54 Indian females. Their age ranged from 14 to 18 years. The general null hypothesis tested was that there were no significant differences between white and Indian youth either in attitudes toward drug use, or in the use of drugs.

RESULTS

Only 29.8% of all respondents approved of drug use. However, a statistically higher percentage of Indian youth stated that they thought it was generally all right for people to use drugs ($p < .001$). Some 46.6% of the Indian respondents approved of drug use compared to only 24.6% of the white respondents. About one in three youths stated that they had tried marihuana. Again, the distribution of response was significantly different ($p < .001$) by race, with a higher percentage of Indians (52.9%) than whites (27.5%) stating that they had tried marihuana. Indian youth also tended to start marihuana use at an earlier age than white youth. Almost 26% of the Indian youth began use at age 13 or younger, compared with a little over 10% of the white youth. The frequency of marihuana use by those respondents who had tried marihuana was not statistically different by race. Both white and Indian youth said they used marihuana because they enjoyed it and liked the physical feeling of getting high. Both Indian and white nonusers of marihuana said they did not use the drug because they were not interested or because it was a danger to health. A significantly higher ($p < .001$) percentage of white respondents stated that the majority of their friends felt negatively about marihuana use; conversely, a higher percentage of Indian youth felt that a majority of their friends had favorable or neutral attitudes toward marihuana use.

A significantly higher percentage ($p < .001$) of Indians (28.8%) had used drugs other than marihuana when compared to whites (11.5%). Of those who had used drugs other than marihuana, both Indian and white youth tended to have tried an hallucinogen first. The most popular drugs were hallucinogens and amphetamines. Some 38.5% of the Indian youth indicated first use of drugs other than marihuana at the age of 13 or younger, compared to only 14% of the white youth. A significantly higher ($p < .001$) proportion of Indian youths were found to perceive their friends as having favorable attitudes toward general drug use.

CONCLUSIONS

Although these findings point to similarities between Indian and white youth with regard to reasons for using or not using marihuana and other drugs, the general null hypothesis that there are no significant differences between Indian and white youth with respect to drug use or attitudes toward drug use must be rejected. The data indicate that the Indian youth are more likely to try both marihuana and other drugs and have more favorable attitudes toward drugs than white youth. Further research must be undertaken to determine the factors underlying these differences.

Crowther, Betty. Patterns of drug use among Mexican Americans. International Journal of the Addictions, 7(4):637-647, Winter 1972.

DRUG	Multi-Drug
SAMPLE SIZE	360
SAMPLE TYPE	Treatment (inpatient)
AGE	Not Specified
SEX	Male
ETHNICITY	223 Mexican-American; 137 White
GEOGRAPHICAL AREA	Fort Worth, Texas
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	June 1967 - December 1968
NO. OF REFERENCES	6

PURPOSE

Many authors have noticed that a large proportion of narcotic users are minority group members. The fact, however, that minority group members are not consistently overrepresented in every geographic area, and that such representation changes over time, argues strongly for an environmental interpretation of this finding. Although few people today would seriously argue that genetic factors associated with racial subgroups are a causal element in drug use, it is possible that certain social elements influencing use can be identified as unique to a given racial subculture. In order to determine whether there is an identifiable impact of a racial subculture on patterns of drug use for those who are socially acknowledged as narcotic addicts, a group of narcotic patients at the Fort Worth USPHS Hospital was studied.

METHODOLOGY

Data on drug use patterns were gathered on all Fort Worth narcotic patients entering the hospital from June 29, 1967, to December 30, 1968, under the NARA act of 1966. The sample consisted of 360 patients who reported their permanent residence in the Southwest. There were 223 Mexican-Americans and 137 whites. A two-hour interview was conducted with all patients who agreed to cooperate with the research team. If a patient refused, the necessary data was obtained from his hospital file.

RESULTS

The Mexican-American tended to use a smaller number of drugs than did his white counterpart. Fifty-five percent of the Mexican-Americans reported the use of four drugs or less, as compared with 23% of the whites. Furthermore, use of drugs other than narcotics appeared to be unusual

in the Mexican-American culture. A large proportion of the Mexican-Americans had never used any of the drugs classified as barbiturates, tranquilizers, amphetamines, or psychotogens. The largest differences between the two groups of addicts were found in the use of psychotogens, largely LSD. Ninety-two percent of the Mexican-Americans reported no LSD use as compared with 65% of the whites.

One hundred percent of the Mexican-Americans stated that they had used heroin at some time in their career, as compared with 84% of the whites. Ninety-eight percent of the Mexican-Americans and 71% of the whites reported using heroin at the time of admission to the hospital. Looking at the temporal order of drug use, 78% of the Mexican-Americans showed a pattern of marihuana-heroin for beginning opiate use as compared with 44% of the white population. This difference remained even after controlling for such factors as medical rationale for start of opiate use, social class, father's support of family, prior arrest record, and delinquent career at a young age.

CONCLUSIONS

It would appear that some variable other than poverty, delinquency, or family stability influences the individual's decision to use a certain pattern of drugs. Mexican-Americans have a greater tendency than whites to use marihuana as their first drug (82% vs. 60%), and the Mexican-American tends to begin his drug use at an earlier age than does his white counterpart. The median age for beginning marihuana use is 15 for Mexican-Americans and 17 for whites. It would appear that marihuana is a common element in this Mexican-American subculture, with use beginning at an early age. It is possible that marihuana use among this group is considered as insignificant as is tobacco use in a white subculture. One might speculate from these findings that Mexican-American users begin their narcotic use to become addicted rather than to experiment "for kicks." It is possible that the escape properties of the drug are one of the major reasons for use among this subculture. It is possible that the lower-class Mexican-American sees heroin as a means of escaping responsibility and the difficult life cycle that envelops him. In contrast, the whites' experimentation with other drugs suggests that the escape function may not be the primary motivating factor in this subculture.

Curtis, Bill, and Simpson, D. Dwayne. Demographic characteristics of groups classified by patterns of multiple drug abuse: A 1969-1971 sample. International Journal of the Addictions, 11(1):161-173, 1976.

DRUG	Multi-Drug
SAMPLE SIZE	11,380
SAMPLE TYPE	Treatment
AGE	Not Specified
SEX	Both Sexes
ETHNICITY	51% Black; 30% White; 11% Puerto Rican; 7% Mexican-American
GEOGRAPHICAL AREA	United States and Puerto Rico
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1969 - 1971
NO. OF REFERENCES	5

PURPOSE

A detailed description of patterns of pretreatment drug use was given by Simpson and Sells (1974) for patients admitted to drug abuse treatment facilities which participate in the NIDA-TCU Drug Abuse Reporting Program (DARP) between June 1969 and June 1971. Since many of the 28 patterns examined were relatively infrequent, a reduced set was developed in order to facilitate further investigations. Patient characteristics were described in relation to pretreatment usage combinations of eight classes of illicit drugs in relation to age, sex, and race/ethnic status of patients admitted to the DARP during 1969-1971.

METHODOLOGY

The DARP is a system for monitoring, from admission to termination, patients entering drug abuse treatment programs. By the end of the second year of the program, 23 agencies were participating and had reported a total of 11,380 admissions to treatment; the sample consisted of all 11,380 admissions. The four predominant race/ethnic groups included blacks (51%), Puerto Ricans (11%), Mexican-Americans (7%), and whites (30%). Less than 1% were categorized as Other (primarily Orientals), and this group was excluded from group comparisons due to its small size. Thirteen of the agencies were located in cities in the Northeastern region of the United States, two in the Southeast, four in the Midwest, three in the Southwest and one in Puerto Rico. The basic types of treatment offered included methadone maintenance, residential therapeutic communities, outpatient drug-free programs, and short-term detoxification.

Information regarding illegal drug use during the two months preceding admission was obtained from patients in interviews conducted at treatment agencies as part of the admission procedure. Frequency of use was recorded in terms of daily use, weekly use, less than weekly use, or no

use at all for each of eight classes of drugs: heroin, other opioids, barbiturates and other sedatives, cocaine, amphetamines and similar agents, psychedelics or hallucinogens, marihuana, and other drugs. Major patterns of pretreatment drug use were defined on the basis of type and frequency of use. Nine categories were represented: the first reflected the exclusive use of opioids on a daily basis (DO only); the next three involved the daily use of heroin with some cocaine, marihuana, or both cocaine and marihuana (HC, HM, HCM); the fifth was daily use of heroin with some barbiturates, and no more than one opioid drug (H + B). The remaining categories represent mixed usage patterns: opioid with one or two nonopioid drugs (Op+); polydrug use with daily use of opioids (P + DO); and a polydrug pattern with only less than daily use of opioids (Poly). The ninth category (All Other) was not a true pattern, but a residual category representing a diverse mixture of specific drug use patterns.

RESULTS

Among other findings, the following race/ethnic status was reported: 48% of the Mexican-American patients, 33% of the Puerto Rican, and 30% of the black patients were daily users of opioids only. Among whites, 17% were DO only patients, comparable to Op+, P + DO, Poly, and All Other patterns (14% to 17%). Twenty-five percent of the blacks, 17% of the Puerto Ricans, 4% of the whites and 1% of the Mexican-Americans used cocaine with heroin (HC and HCM). Fourteen percent of the Mexican-Americans used heroin and marihuana (HM) exclusively.

Twenty-nine percent of the white patients displayed patterns of drug use involving three or more nonopioid drugs, and the proportion of whites in these categories (P + DO and Poly) was greater than that of other race/ethnic groups (particularly blacks and Mexican-Americans). When polydrug use with daily opiates (Poly) was considered alone, the contrast between whites and the other groups was even greater. Fourteen percent of white patients also reported patterns in the All Other category.

For both males and females, the frequencies of patterns across age categories within the race/ethnic subgroups were generally consistent with the overall trends observed with regard to age; for instance, the percentage of patients who only used opioids daily was 14% for those under age 18, and rose to 34% for those over 30. The patterns HM, H + B, and Op+ revealed little variation as a function of age. A general tendency for the percentage of patients exhibiting DO only, HC, and HCM patterns to increase with age was particularly marked for DO only among Puerto Ricans and Mexican-Americans, and for HC and HCM among blacks. A tendency for the percentage of poly users (P + DO and Poly) to decrease with increasing age was also consistent across the sex and race ethnic groups, and was especially apparent among Mexican-Americans and whites. For patterns HM and H + B, the prevalence of both these patterns tended to decrease with age among black male patients.

Pretreatment consumption of alcohol reported from a previous study of a sample of the same DARP admissions (N=7,946) showed that general demographic trends relating to sex (males more than females) and age (patients over 30) were consistent for beer, wine, and liquor, although the use of wine was most frequent among blacks, and beer, among Mexican-Americans.

CONCLUSIONS

The interpretation of the observations for general purposes must be tempered with the understanding that the patient sample considered here is not a randomly drawn, epidemiological sample. Only drug users entering community-based agencies which participate in the DARP were represented, and these agencies are not necessarily representative of all treatment centers in operation in the United States. Although the size of the sample is substantial, caution is suggested in generalizing from these data, particularly in terms of the general population of American drug users.

DeFleur, Lois B. Biasing influences on drug arrest records: Implications for deviance research. American Sociological Review, 40:88-103, February 1975

DRUG	Multi-Drug
SAMPLE SIZE	18,000
SAMPLE TYPE	Drug Arrestees
AGE	Not Specified
SEX	Not Specified
ETHNICITY	White; Nonwhite
GEOGRAPHICAL AREA	Chicago, Illinois
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations; Official Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	26

PURPOSE

Repeated demonstrations have revealed that a variety of factors bias official records, and yet such records are widely used in deviance research. The critical issue relating to such use is whether biasing factors are random or systematic. The influence of such factors on drug arrest records in Chicago was examined to determine the validity and research utility of the records, as well as the accuracy of the drug use trends and social distributions revealed by such records.

METHODOLOGY

Data on drug arrests for the years 1942-1970 were obtained from the daily ledgers of the Narcotics Division of the Chicago Police Department. A sample of 18,000 drug-related arrests was included in the study. The record of each arrest contained place of arrest, type of charge, offender's residence, age, sex, and race. Information also was obtained by observing for several months the daily enforcement activities of the Narcotics Division and by interviewing police personnel.

RESULTS

In the 1940's, few whites were arrested on drug charges. Most of these arrests took place on Chicago's skid row and in sections of the south side "black belt," areas that had a tradition of drug use and selling. However, by the 1960's several trends were apparent: (1) arrests of whites were no longer common in black areas of the city; (2) increased numbers of whites were

being picked up by the police on drug charges; (3) recent white arrests were primarily occurring in several areas of changing population composition; and (4) for 30 years numerous white arrests occurred in two areas--the near west and the near north side.

Data on nonwhite arrests showed several trends: (1) the near south side and near west side had been areas of nonwhite (and white) arrests for at least 30 years; (2) in the 1950's, nonwhite arrests increased dramatically, and these were highly concentrated; and (3) the proportion of nonwhite arrests decreased somewhat during the 1960's and some new arrest areas developed.

Rather than gradual changes, there appeared to be abrupt changes in arrest patterns for both whites and nonwhites; the records showed that within months the volume and type of arrests shifted sharply for given categories of arrestees or areas of the city. It became obvious these shifts were the result of changes in policies and types of enforcement activity. Observation and interview data revealed that police shared a negative attitude toward drug users. Officers indicated that many policies they had followed over the years violated the arrestees' rights or were even brutal, but such policies in their view fit the crime. Public pressure also often led police to increase their enforcement effort, particularly among blacks in the 1950's, and among young white marijuana users in the 1960's. This increased effort led to the development of a separate narcotics unit in the early 1950's with 59 officers, later expanding to a force of 65 officers in the 1960's. New laws were implemented, and many contained harsh penalties for possession and sale of drugs.

Dramatic increases in arrests in the 1950's resulted from this combination of public pressure, increased personnel, and changing enforcement policies. Likewise, the decrease in nonwhite arrests in the 1960's was based on legal and social factors. Changes in the law, particularly the enactment of laws protecting the rights of the arrestee, led to the elimination of massive arrests based on minor charges, and forced police to use search warrants to enter specific places or to purchase drugs as evidence. In addition, the growing hostility of blacks toward police made many officers avoid working in black areas, thus contributing to the decrease in nonwhite arrests. Overall, there was also a tendency not to arrest females as often as males; this occurred as long as women behaved in expected, stereotypic ways.

CONCLUSIONS

The various, changing biases that influenced official data were not of a random nature, but rather of a systematic nature. Thus, the biases distorted the validity of drug arrest rates as measures of drug use activity. This does not mean that all official records of every form of deviance are influenced by the same configurations of biasing factors and have problems of validity to the same degree. However, it is clear that the assumption of random influence can by no means be taken for granted. In studies that make use of official statistics, sources of systematic bias, particularly those that change over time, must be understood and their influence assessed.

Edmundson, Walter F.; Davies, John E.; Acker, James D.; and Myer, Bernard. Patterns of drug abuse epidemiology in prisoners. Industrial Medicine, 41(1):15-19, January 1972.

DRUG	Multi-Drug
SAMPLE SIZE	470
SAMPLE TYPE	Incarcerated
AGE	Adolescents; Adults (16-70)
SEX	433 Male; 37 Female
ETHNICITY	283 Black; 187 White
GEOGRAPHICAL AREA	Dade County, Florida
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Laboratory/Examination
DATE(S) CONDUCTED	April - May, 1970
NO. OF REFERENCES	5

PURPOSE

To determine the possible epidemiological determinants of drug abuse as they relate to the increase in drug abuse in general, and criminal activity in particular, a group of inmates at Dade County Jail in Florida were studied.

METHODOLOGY

Out of a total of 732 inmates, 470 agreed to participate in the study. Interviews and physical examinations were conducted with all these persons. Interview questions elicited information on residence locations, family structure, occupation, education, medical status, illicit drug habits and legal status. Sixty percent of the sample were Negroes, and 40% whites; 92% were males. The age range of the inmate sample was 16 to 70.

RESULTS

Out of 171 white males, 99 were illicit drug users; out of 258 Negro males, 110 were illicit drug users. The percentage of white males using heroin was twice as high as that of Negro males (35% vs. 18%). According to the responses of these 209 male drug users, several drugs were commonly used simultaneously. Marihuana and heroin were the drugs most frequently used alone, with 22% of the whites admitting to using marihuana alone, versus 40% of the Negroes; 5% of the whites and 26% of the Negroes admitted using heroin alone. All of the persons who admitted taking LSD (48 whites and 12 Negroes) also used marihuana regularly; cocaine and amphetamines appeared to be adjuvants of heroin use. There was a strikingly high percentage of injectors among the white drug users, 72% of them admitting to the injection of their drugs, as compared to 45% of the Negroes.

Of the total sample, 19.4% began drug experimentation before the age of 16, and 83.5% began before the age of 21. No differences for age were noted in the patterns of first drug experience between males and females or between whites and Negroes. Approximately 90% (N=78) of all the multiple drug users first used marihuana; among whites, 29% claimed they tried amphetamines as their second drug; among Negroes, 37% tried LSD as their second drug, and 28% followed LSD with amphetamines; 25% of whites and 17% of Negroes moved from marihuana to heroin as their second drug used.

Regarding socioeconomic factors, of the 73 white male drug users assessed, 10% came from areas where the median income was in excess of \$6,000; 19% of the 23 white nondrug users came from similarly affluent areas. This compared to 29% of the white general population who, according to the 1960 census, lived in such areas. No such differences in median income comparisons were noted in the Negro groups. Regarding family size, 53% of the 99 white drug users came from families with one to three children; in contrast, 53% of the 110 Negro drug users came from families with five to nine children.

Marked differences in criminality were observed. Of white users, 31% were charged with drug law violations; of Negro users, 12%. Deleting the category of drug law violation, no racial differences were noted in criminality. Comparing users and nonusers, 33% of the users and 66% of the nonusers had committed crimes against persons; property crimes were evenly divided between the two groups; for crimes against persons and property, 66% were drug users as compared to 33% of the nonusers. This criminal behavior appears to be directly related to drug-seeking and emphasizes the important relationship of crimes against persons and property with drug usage.

Lasner, Daniel, and Snow, Mary. Public Knowledge and Attitudes on Drug Abuse in New York State.
New York: Narcotic Addiction Control Commission, June 20, 1969. 82 pp.

DRUG	Multi-Drug
SAMPLE SIZE	6,105
SAMPLE TYPE	New York State Residents
AGE	Adolescents and Adults
SEX	Both Sexes
ETHNICITY	Black; Puerto Rican; White
GEOGRAPHICAL AREA	New York State
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1968
NO. OF REFERENCES	0

PURPOSE

A major survey of a representative sample of New York residents was undertaken in 1968 by the New York State Narcotic Control Commission to answer questions regarding the residents' knowledge of, and attitudes toward, drug abuse. It was hoped that the survey would produce answers to five questions:

- (a) How concerned are New York State residents with drug problems in their neighborhoods?
- (b) How prevalent is drug abuse among them?
- (c) How well informed are they about the effects of narcotics?
- (d) What do they know and think about the agencies available for treating addicts?
- (e) What are the most effective media for educating them on addiction and its treatment?

METHODOLOGY

New York State was divided into six areas: New York SMSA, Lower Catskill, Adirondack, Upper Northern, Central, and Western. Each of the six areas was treated as a separate universe, with the number of interviews to be obtained in each area determined according to the reliability of information needed. Within each of the six areas, the number of locations was drawn on a probability basis, in proportion to the number of households in Census Tracts in metropolitan areas and Minor Civil Divisions in nonmetropolitan areas.

In late 1968, the New York State Narcotic Central Commission interviewers administered a lengthy questionnaire to 6,105 persons. The interviews were conducted in the respondents' own homes with one or two callbacks made if necessary. Over 80% of the respondents were seen.

RESULTS

When asked which of a list of 12 social problems existed in their neighborhoods, blacks and Puerto Ricans mentioned more problems than whites. Burglary was the most cited problem for all groups, but drug abuse was second for blacks and Puerto Ricans and only fifth for whites. City residents, and blacks in particular, mentioned more problems existing in their neighborhoods than did the other people surveyed. In New York City, 20% of the whites, 17% of the blacks, and 17% of the Puerto Ricans said they knew someone who used marihuana. Regarding heroin, the percentages, respectively, were 7%, 12%, and 12%. Among 17- to 19-year-olds, the figures were 52%, 42%, and 46% for marihuana, and 16%, 26%, and 24% for heroin. Whites more often knew amphetamine and barbiturate users than did blacks or Puerto Ricans.

Survey subjects were asked for their views on the effects of marihuana, heroin, LSD, and amphetamines. Those who knew users were better informed than those who did not. Knowledge of effects increased with income and with education. Those who knew users were more favorable in their views of effects of marihuana and amphetamines than those who did not know users. Those who knew users expressed more unfavorable attitudes toward heroin and LSD than those who did not know users. A lack of knowledge, or strong conviction, regarding drug use seemed to be more prevalent in areas of high drug use. Generally, persons who knew drug users were more willing for treatment facilities to exist in the local neighborhoods.

CONCLUSIONS

Widespread ignorance and a dearth of opinion exist, along with a generally negative attitude toward drug use. One interpretation of the lack of knowledge or opinion in areas of high drug use is that the ignorance reflects a sense of powerlessness within communities beset with many problems and no adequate means to deal with them. It also could represent a defensive denial of the possibility of the spread of drug use. Present conditions and attitudes justify the Narcotics Commission's action and education programs.

Globetti, Gerald, and Brigance, Roy S. Rural youth and the use of drugs. In: Singh, J.M., and Lal, H., eds. New Aspects of Analytical and Clinical Toxicology. Vol. 4. New York: Stratton, 1974. pp. 255-262.

DRUG	Multi-Drug
SAMPLE SIZE	458
SAMPLE TYPE	High School Students
AGE	Adolescents
SEX	57% Male; 43% Female
ETHNICITY	250 White; 208 Black
GEOGRAPHICAL AREA	Mississippi
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	4

PURPOSE

Most reports on adolescent drug abuse primarily concern themselves with the phenomenon as it exists in the urban ghetto or in the middle-class suburb. Studies of the extent and prevalence of drug usage among the young of predominantly rural areas are almost nonexistent. In order to look at rural drug users, a group of black and white high school students in a small Mississippi community was studied.

METHODOLOGY

The sample included 458 male and female high school students; 250 were white and 208 were black. Each subject filled out a questionnaire which assessed drug use patterns and obtained socio-economic and social adjustment data.

RESULTS

Data revealed that 21% of the students had either experimented with or had used drugs. Use was usually restricted to one drug, although 20% of the users had tried three or more kinds of drugs. There was a higher incidence of glue sniffing (12%) than any other form of substance; this was followed by marihuana (9%), amphetamines (7%), tranquilizers (5%), and LSD (1%). Use by white students was higher than that of black students in reference to all the drugs except marihuana, while the percentage of male users in all categories exceeded that of females with the exception of tranquilizers. The primary reason given for taking drugs was curiosity (54%), followed by the wish to feel good, to relax, to forget worries, or to forget disappointments (32%). This was the case for both black and white students. There were no statistical differences in use by white males and females; one in four of each group had taken drugs. Usage among black females

was almost nonexistent (2%); in contrast, 31% of the black males reported having used drugs. Racial comparisons revealed that more black than white males had used drugs (31% vs. 23%), and over 12 times as many white as black females had tried drugs (26% vs. 2%).

Incidence of drug use increased with the students' socioeconomic status as measured by education of heads of households. This relationship was maintained among both males and females, and among whites, but not among blacks. This finding lends some support to the contention that middle-class blacks make a more conscious effort to adhere to middle-class norms than do whites.

Regarding social adjustment, users were involved more frequently in deviant activities than were nonusers; this relationship held when race and sex were successively controlled. Drug use was lower among those with a strong feeling of family identification than among those whose sense of family identity was weak. This association was maintained among whites and among both sexes. As parent-child relationships improved from poor to good, the percentage of users decreased. This was the case for white students and both sexes. Nonusers were significantly more active in church participation than drug users. This was especially strong for blacks and males, and relatively weak for whites and females.

CONCLUSIONS

Considering the cultural context of this study, it would appear that the incidence of drug use was relatively high. However, much of this usage was experimental in nature. For example, nearly one-half of the users had taken drugs only one time, primarily out of curiosity. Certain differences were observed in the drug behavior of blacks and whites. Black students used marihuana with greater frequency than did white students; however, the proportion of white teenagers using other forms of drugs was greater than that of blacks. This probably reflects, in part, the migration trend of blacks from the Mississippi Delta to large urban areas in the North. Many black students move with their families to the North only to return to live with relatives. It is plausible to assume that they are socialized more readily into marihuana use than the more stationary white students. The greatest incidence of drug use among whites was found at the higher socioeconomic levels, whereas among blacks the greatest incidence was found at the lower socioeconomic levels. This suggests a greater degree of social control over the black young person in the upper-status levels, in addition to a stronger adherence to middle-class values. Additionally, drug use by black students did not appear to be as significantly influenced by family variables as was the case among whites. On the other hand, religion seems to have had a deterrent effect on drug use in the case of blacks, but not for whites.

Guinn, Robert. Characteristics of drug use among Mexican-American students. Journal of Drug Education, 5(3):235-241, 1975.

DRUG	Multi-Drug
SAMPLE SIZE	1,789
SAMPLE TYPE	Students
AGE	Adolescents
SEX	841 Male; 948 Female
ETHNICITY	Mexican-American
GEOGRAPHICAL AREA	Lower Rio Grande Valley, Texas
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	November - December, 1973
NO. OF REFERENCES	8

PURPOSE

Studies on drug abuse have thus far described selected characteristics of drug users for the total school population, but little research has been conducted with regard to examining ethnicity alone as a variable in student drug use. Baseline data for students with Spanish surnames is relevant for those planning drug education programs in areas predominantly Mexican-American. Four areas were investigated in relation to drug use among Mexican-American students: (1) the student's socioeconomic status; (2) the student's attitudes toward drugs; (3) the student's academic achievement, attendance, and participation in school-related activities; and (4) selected demographic factors.

METHODOLOGY

Approximately 20% of the enrollment of 11 senior high schools and one junior high school (grades 9-12) in the Lower Rio Grande Valley region of Texas were selected. This resulted in 2,324 students in grades nine through twelve. A self-report, 88-item survey instrument was used to obtain the information. The first 27 items dealt with nine categories of drugs (marihuana, hallucinogens, opiates or cocaine, tobacco, alcohol, cough syrup, solvents, barbiturates, and stimulants); the remaining items dealt with demographic, attitudinal, and factual variables.

Data for a sample of 1,789 students identifying themselves as Mexican-Americans were analyzed; of this sample, 254 were self-reported drug users. A drug user was identified as one who has used drugs and was currently using them, or had used drugs and might use them again. In analyzing the data, two statistical methods were used: item analysis of the responses for both the drug users and the total sample, and a comparison of the responses of the subjects and the total sample, calculated in terms of z scores to determine statistically significant differences.

RESULTS

The educational levels of the 254 drug users' fathers were significantly higher than that of the total sample of 1,789 Mexican-Americans: 21% (vs. 14%) had completed high school or trade school; and 22% (vs. 10%) had some college or higher education. A smaller percentage of the drug users' fathers held unskilled or semiskilled jobs than did the fathers of the total sample (28% vs. 34%). Sixty-one percent of the drug users and 71% of the total sample reported living at the same place for the past five years. A significantly higher ($p < .01$) percentage of drug users also: (1) felt that students used drugs to express their feelings more easily (26%); (2) would rely most often on a friend for help with a problem (53%); and (3) reported that friends or personal experience were the most reliable sources of drug information (51%). Drug users also more often reported a grade average of D or below, higher absenteeism, and less attendance at religious services. Both users and the total sample reported teachers as the first persons to whom they would go if they had a drug problem; however, a significantly greater percentage of the total sample reported teachers as their most reliable source of drug information ($p < .01$). Male drug use was twice that reported by females (20% to 9.1%); and drug use by grade level was reported as follows: ninth grade, 11.3%; tenth grade, 13.1%; eleventh grade, 17.4%; and twelfth grade, 15.4%.

CONCLUSIONS

The results indicate that the thrust of the drug education program dealing with Mexican-American students should be aimed at male students. There should be further investigation into the peak in drug use in the eleventh grade in order to determine more fully what factors contributed to a decline in use in the twelfth grade.

PURPOSE

To date there has been only a small amount of study of the responsiveness of narcotics use to changes in the labor market, in terms of both the drug-using population and the motivations of individual users. Yet, a number of studies of the economics of heroin trade lead to the prediction that both the incidence of use and the numerical recruitment to the trade and the coping community will be highly responsive to changes in wage and unemployment rates. A review of the history of drug use among Chinese, blacks, Mexican-Americans and whites in American society is presented. It is hypothesized that narcotics use is one of several interrelated social responses to labor market failure; i.e., the labor market primes the flow of working-class adolescents into a hypothetical hustler pool, which can lead to narcotics use and trade.

SUMMARY

Chinese and Opium, 1875-1880

The idea that Chinese narcotics use in the U.S. was a cultural import from China is misleading. In late-19th-century China, opium use was concentrated in the urban labor and poor peasant elements of the working class. Since the first generation of Chinese immigrants to America between 1850 and 1870 were not usually recruited from this class, they neither used opium in China nor brought the habit to the U.S. Anti-Chinese propaganda in the 1850's and 1860's did not mention the use of opium among these immigrants. In the 1870's, a poorer class of Chinese immigrants came to the U.S. to work on the railroads; despite the fact that they used opium, there is no public record of concern about it. There was a sharp fall in railroad construction in 1873, and in 1876 there began a sharp depression in the urban industrial sector in the West, especially in San Francisco. The labor scarcity turned to surplus, and wages slumped. Despite the fact that the principal cause of these conditions was the competition of the "sweatshops" of the East, the Chinese were blamed. Anti-Chinese sentiment increased, and the use of opium by the Chinese became an issue of concern; in 1875, San Francisco passed anti-opium legislation. According to Hamilton Wright in his 1910 Report on the International Opium Commission presented to the 61st Congress, between 1879 and 1880 there was a net outflow of Chinese, but opium imports jumped an extraordinary 27%. It has been suggested that the increase in opium use was due to a demand factor; however, the data suggest that an increase on the supply side preceded the demand for consumption. What was involved was a complex system of speculation in international opium trade and the development of opium-trading organizations in the Chinese community in San Francisco. During the depression and wage slump, opium was both an alternative source of income and a money token itself within Chinatown.

Blacks, Cocaine, and Opium, 1905-1920

Hamilton Wright, who represented the U.S. at the International Opium Commission in Shanghai in 1909 and was very influential in the government in regard to drug policy, reported to Congress in 1910 that "the use of cocaine by the Negroes of the South is one of the most elusive and troublesome questions which confront the enforcement of the law in most of the Southern states." This was said despite the fact that other researchers have reported the use of opiates to be greater among whites than among blacks, and that in general it was not a problem at that point in time (Terry and Pellens, 1928; President's Homes Commission, 1909). Surprisingly, when blacks did become overrepresented among narcotics users in 1920, the facts were almost totally ignored. For instance, New York City Health Commissioner Copeland, reporting on the drug problem in 1920, failed to mention the race of the clinic's patients, even though blacks were developing the heroin habit at a faster rate than whites. Even though racial tensions reached a high point in 1919, with 78 lynchings reported and several race riots occurring in cities throughout the U.S., neither cocaine nor the influence of other drugs was mentioned in the press as a contributing cause. Instead, blame was attributed to socialist and radical agitators.

Between 1905 and 1920 there occurred several social and economic fluctuations, each of them paralleled by evidence or claims of a new drug problem. Unemployment, for example, rose between 1907 and 1908 (the peak year of the cocaine problem), between 1913 and 1914 (the onset of the heroin problem), and again between 1919 and 1921. World War I had stimulated the reconstruction of the Northern labor force by inducing the large-scale emigration of blacks from the rural South. When the war was over a labor surplus occurred; tension between working-class whites and blacks rose as they competed for the same jobs. Rape, crime, drug addiction, and bolshevism were elements of the hostile stereotype to emerge in this conflict, and their relation to the real state of things was immaterial; they were all constituents of a common ideology designed to justify and legitimize the repression with which black social and economic claims were met.

White Working-Class Opiate Use, 1910-1920

Evidence of white working-class opiate use is found through individual court, hospital, and prison records. Bloedorn (1917), writing about addicts in New York, said, "there can be no doubt that overcrowding, congestion, unsanitary surroundings, and a lack of facilities for healthful recreation are predisposing factors in drug addiction." Lichtenstein, a medical officer attached to New York City's prison system, wrote in 1914 that "the greater number (of addicts) are of the gangster type and consequently are mental and moral degenerates." Parallel studies of heroin use among enlisted men in the Navy and Army provide partial background data which reinforce the central class tendency (R.S., 1916; King, 1916). Few data sources provide information on the race or ethnicity of these drug users. But, according to Lichtenstein, the three most common groups of heroin users in New York were Italian, American, and "Hebrew American." Among the 159 arrestees whose names were reported by the New York Times between 1913 and 1915, Jews were especially prominent. Thus, the problem of addiction may not be a unique phenomenon of race, but may be related to more socioeconomically related issues.

Mexican-Americans and Marihuana, 1930-1937

It is now well established that the Federal Marijuana Tax Act, outlawing the drug, was enacted in response to political pressure from the Southwest, California, and several mountain states during the early 1930's (Musto, 1972; Helmer, 1974). Marihuana was commonly used by Mexican immigrants to the U.S.--people who worked mostly as rural or other unskilled laborers. The policy against marihuana was the result of a desire to drive these Mexicans back over the border. What threatened rural employers of Mexicans was incipient unionism among their workers. The union movement began to develop out of the Mexican mutual aid societies around 1928, and strikes occurred throughout California in the late 1920's and early 1930's. Since marihuana was almost entirely consumed by the Mexican laborers, the farmers saw legislation against it as legislation against Mexicans. The urban pressures for the drug law were somewhat different but had the same effect. The principal source of social strain in the urban areas was the high unemployment among Mexicans with the onset of the Depression. To lessen the labor surplus and cut the cost to the county authorities of expanded relief programs, official action against drug use was instituted.

CONCLUSIONS

Public concern about narcotic use and the intensity and focus of law enforcement were functions of the condition of the labor market. In times of scarcity, when unskilled labor was not readily available, police arrests of drug users who came from this segment would fall to a minimum. But times of surplus have also been times of industrial unrest, working-class agitation and militancy, and sharpened political conflict; to these manifestations, increased law enforcement has been the typical response of the state. Drug enforcement is one of the ways a basically repressive policy directed at an entire class, or at least a section of it, has been carried out. It has provided at the same time a method for pitting the class against itself by identifying ethnic or racial minorities as scapegoats for larger and more fundamental social ills. Today, race and racism are central features of the way in which the labor market operates; however, they are only a special case of the broader working class pattern, and the labor market forces which are associated with it.

Johnson, Bruce, and Nishi, Setsuko Matsunaga. Myths and realities of drug use by minorities. In: Iiyama, Patti; Nishi, Setsuko Matsunaga; and Johnson, Bruce. Drug Use and Abuse Among U.S. Minorities. New York: Praeger, 1976. pp. 3-68.

PURPOSE

Minority drug addiction is explored through a review of the literature. Specific topics dealt with include: methodological biases regarding the study of minority drug abuse, the social history of opiates and minorities, models of addiction, research findings, and treatment programs.

SUMMARY

Problems of Estimating Minority Drug Abuse

Even though the estimates of addiction to narcotics by minorities in the United States vary considerably, there appears to be little doubt that blacks, Puerto Ricans, and Mexican-Americans are overrepresented in the population of known addicts. However, prevalence and trend estimates of drug addiction as an illegal activity, particularly as they relate to racial-ethnic minorities, are fraught with difficulties. For instance, Drug Enforcement Administration statistics include only addicts who have come to the attention of law enforcement agencies, primarily for narcotics law violations and secondarily for loitering or other criminal acts. Virtually excluded are those illegal drug users who have not become involved with the police, those who obtain legal drugs from doctors, and those who are in prison.

Estimates of narcotic abuse are often the reflection of political and public pressure, and police policy. Between 1933 and 1973 the ratio of black to white arrests for narcotics law violations rose steadily from .16 in 1933 to 1.77 in 1955. This increase occurred in the politically oppressive context of the 1950's, and during an economic slump by which blacks were especially hard hit. Between 1955 and 1973, the trend reversed (from 1.77 in 1955 to .27 in 1973). The spectacular rise in white arrests since 1966 coincided with the beginning of the counterculture movement among American youth. DeFleur (1975) found systematic biases in the operations of the Chicago police assigned to the Narcotics Division. Due to political pressure to "do something" about narcotics in the early 1950's, the Chicago police descended on a few black neighborhoods, arrested large numbers of "known" black addicts on loitering and disorderly conduct charges, and held them for short periods. The heavy use of minor charges and a "revolving door policy" kept drug arrest rates for nonwhites very high.

Social History of Minority Drug Abuse

Traditionally, the United States has emphasized a law enforcement approach to drug abuse, with some medical considerations at times. In the broadest sense, however, drug abuse is a socio-political problem, linked historically to America's treatment of ethnic and racial minorities, particularly in times of social crisis. In the U.S., opium smoking and opium dens first acquired evil connotations because of anti-Chinese and anticriminal prejudices. Opium eating and morphine use were condemned because the lower classes were believed to use them--despite the fact that most studies of the era emphasized the middle-class status of such users. Regarding blacks, the popular post-Reconstruction ideas about blacks were increasingly fear-provoking; stories in the press about "cocaine-crazed" Negroes were not unusual. In Good Housekeeping for March, 1914, a tale was published describing "old colored men hiding cocaine under their pushcart wares and spreading the drugs throughout America's cities." Although there was evidence of cocaine use among both whites and blacks, the common belief was that it was linked to Negroes. Cocaine became symbolically linked to the widely-held fears about violence and sexuality among blacks. Attempts to control cocaine were attempts to control and repress blacks. Another instance of the exploitation of popular beliefs connecting a drug's use with a racial minority was the campaign for the passage of the Marihuana Tax act of 1937. The Federal Bureau of Narcotics was reluctant to control the use of marihuana until the depression, when Mexican-Americans, who were users of marihuana, became surplus labor. Campaigns for restricting their immigration and encouraging their deportation were launched in a full-scale movement headed by the American Federation of Labor. It was in this context that Congress passed the Marihuana Tax Act, under heavy onslaught

from local political leaders who, urging control, often cited fears of violent crimes which would be caused by marihuana use among Mexican-Americans. Similar political pressure focused in the 1950's on black ghetto heroin users and in the 1960's on counterculture youth. Social science research findings about racial differences in drug use may be distorted by popular prejudices, by explaining addiction due to factors other than race, and by not presenting findings accurately.

Models of Addiction

The psychological model of addiction often harbors the subtle racism and classism which are implicit in the clinical studies of institutionalized addict populations that form a significant part of the literature in the field. Although most psychologists and psychiatrists may be relatively unprejudiced, the psychological model which they employ embodies class bias in favor of white middle-class values and race bias against minority lifestyles. The most important aspect of the psychological model of addiction is that it is the most generally accepted one, and most treatment is based on it. As a result there is much addict resentment and hostility towards "shrinks."

Sociological explanations of addiction and recommendations for treatment, although they are also generally inadequate, at least give more attention to racial differences in drug use and addiction.

Research Findings

Regardless of how addiction is defined, most research studies have shown evidence demonstrating that blacks, Puerto Ricans, and Mexican-Americans are overrepresented in the institutionalized addict populations in comparison with their proportions in the total population, while whites and Asian Americans are underrepresented. This idea that minorities are particularly susceptible to heroin addiction is contradicted when international and historical comparisons are made, and where careful distinctions between use, regular use, and addiction are made in general or special surveys of noninstitutional populations. For example, Kleinman and Lukoff (1975) found that among 883 respondents in the Bedford-Stuyvesant ghetto in Brooklyn, heroin use (3%) and cocaine use (5%) were equal for both whites and blacks, and that whites were more likely to use marihuana, psychedelics, and pills, and to be multiple drug users. Class differences were also evident: the higher the social class, the higher the experimentation rate and use of hard drugs. This is just the opposite of what the class explanations of racial differences in drug use would predict.

Drug Treatment:

Almost all evidence contradicts the belief held by many Americans that addicts can be "cured" of their opiate addiction. Both whites and minorities seem about equally immune to long-term abstinence from opiates, regardless of treatment modality. For those addicts treated at the federal facilities in Fort Worth or Lexington, 80%-98% typically relapse within a year. Civil commitment programs often become nothing more than substitute prisons for narcotics addicts; addicts are confined for one to two years and then released into aftercare, where 80% relapse or abscond. Methadone maintenance has had some success; according to the annual evaluations of the New York City methadone programs, they have been able to retain 80% of admissions for one year and 60% for over five years.

CONCLUSIONS

Although addiction among minorities is perceived by the public as a serious social problem, many facts indicate that the extent of the problem does not warrant the amount of public concern and attention given. The moral filter through which addiction is perceived grossly distorts and magnifies the issue. Because of the often racist attitude of government officials, drug treatment personnel, and social scientists, minorities continue to be the focus of blame for drug addiction as well as the object of social control efforts. The "problem" of drug abuse has remained virtually stalled at the same place it was in the 1950's. While the substantive issues around which the debates revolve have shifted, the symbolic role of drug abuse remains unchanged. For many whites, it symbolizes their fears of the mythic violent black. To many blacks, it symbolizes their hatred for their white oppressors.

Johnson, Weldon T., and Bogomolny, Robert. Selective justice: Drug law enforcement in six American cities. In: National Commission on Marihuana and Drug Abuse. Drug Use in America: Problem in Perspective. Appendix, vol. III: The Legal System and Drug Control. Washington, D.C.: U.S. Government Printing Office, 1973. pp. 498-650.

DRUG	Multi-Drug
SAMPLE SIZE	5,582
SAMPLE TYPE	Drug Arrestees
AGE	Cross-Age
SEX	Both Sexes
ETHNICITY	Black; White; Spanish-Speaking
GEOGRAPHICAL AREA	More Than Two Cities
METHODOLOGY	Exploratory Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations; Official Records
DATE(S) CONDUCTED	1971
NO. OF REFERENCES	5

PURPOSE

A first step toward the formulation of more effective policy in regard to drugs would involve an examination of present procedures followed by police, prosecutorial and judicial agencies, from detection and arrest to disposition. The attempt was made to translate general concerns and issues into specific and researchable questions in the hope that the answers to these questions, taken together, would provide a comparatively thorough picture of current law enforcement practices and a basis for evaluation of those practices. Race was an important study variable.

METHODOLOGY

The records created and maintained by agencies of the criminal justice system served as the primary source of data for this study, supplemented by observations of law enforcement activity and interviews with various personnel connected with the police, prosecutorial, and court systems. Instrumentation and data collection procedures were adopted from an earlier marihuana study (Johnson and Bogomolny, 1972). The recording instrument was constructed in a manner which permitted a detailed account of each arrestee's progression through the criminal justice system. Five jurisdictions were examined: New York, Chicago, Los Angeles, Dallas, and Washington, D.C. Within each jurisdiction, the police arrest log was used to construct a total enumeration of arrests made between July 1 and December 31, 1971. The sampling procedures produced a population of 5,582 arrestees. The full range of specific substances other than marihuana were included, and the sampling procedures were designed to produce a representative sample of nonmarihuana drug arrests.

RESULTS

Fifty-three percent of the arrestees were black, 30% were white, and 16% were Spanish-speaking. About half (53%) of the juvenile arrestees were white and 39% were black, while 61% of adult arrestees were black. Race and occupational status varied with the type of drug used: arrests associated with opiates and cocaine involved substantial proportions of unemployed black males over the age of 25, and persons arrested in connection with hallucinogens, stimulants or depressants were generally white males under 25 employed in blue-collar occupations or enrolled as students. Race was also associated with multiple drug involvement. In regard to multiple drug offenses involving opiates, proportionately more blacks (61%), than whites (79%) or Spanish-speaking (8%) were allegedly involved; in regard to multiple drug offenses not including opiates, proportionately more whites (54%) than blacks (37%) or Spanish-speaking (9%) were allegedly involved. Ancillary offenses involved more black arrestees (38%) than white (25%) or Spanish-speaking (15%) arrestees. Jurisdictions also differed in regard to the racial composition of the arrestees. Although about half (53%) of all arrestees were black, proportionately more blacks were found in Washington, D.C. (93%), and fewer in Dallas (26%) and Miami (38%); 30% of all arrestees were white, although proportionately more white arrestees were found in Dallas (70%) and Miami (51%), and fewer in Washington, D.C. (6%). Race, however, was not systematically associated with prior investigations, which were about equally common among white (24%) and black (25%) as among Spanish-speaking (20%) arrestees.

Multiple drug seizures involving small amounts were somewhat more common among white (13%) than black (6%) or Spanish-speaking (3%) arrestees, although seizures of small amounts of one drug were about equally common among white (38%), black (41%), and Spanish-speaking (37%) arrestees. Seizures of large amounts of one drug were more common among Spanish-speaking (21%) than among black (15%) or white (12%) arrestees, although seizures of large amounts of more than one drug were about equally common among white (6%), black (5%), and Spanish-speaking (3%) arrestees. Seizures of opiates involved more black (45%) and Spanish-speaking (44%) arrestees than white (23%), while seizures of multiple drugs not including opiates involved more white (13%) than black (4%) or Spanish-speaking (3%) arrestees. Race was not associated with other types of drugs seized.

Age and race were not systematically associated with case disposition, although convictions were more common among Spanish-speaking (34%) and white (32%) arrestees than among black (29%), and dismissals were more common among white (45%) and black (43%) arrestees than among Spanish-speaking (38%) arrestees. Spanish-speaking arrestees were dismissed earlier than were black arrestees. Of those cases dismissed subsequent to the initial judicial phase, more involved black (37%) arrestees than white (28%) or Spanish-speaking (30%) arrestees. Incarceration with none or only some of the sentence suspended was more common for convicted Spanish-speaking (51%) and black (48%) than white (38%) arrestees.

CONCLUSIONS

These findings are a commentary not so much on the behavior of individual policemen, prosecutors and judges as on the structure of law enforcement and the organization of criminal process. Both structure and organization necessarily function in an area whose boundaries are defined by the law and by public demand for, or tolerance of, its selective enforcement.

Kleinman, Paula, and Lukoff, Irving F. "Generational Status, Ethnic Group and Friendship Networks: Antecedents of Drug Use in a Ghetto Community." New York: Columbia University School of Social Work, Center for Socio-Cultural Studies in Drug Use, July 1975. 77 pp.

DRUG	Multi-Drug
SAMPLE SIZE	871
SAMPLE TYPE	General Population; Neighborhood
AGE	Cross-Age
SEX	Both Sexes
ETHNICITY	Black; White; Puerto Rican; British West Indian Black
GEOGRAPHICAL AREA	Brooklyn, New York
METHODOLOGY	Exploratory/Survey; Cross-Sectional
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	56

PURPOSE

The use of illegal drugs has caused considerable concern, in part because the use of these drugs has expanded, and in part because it has been concentrated in the adolescent and young adult population. In a replication of an earlier study (Lukoff and Brook, 1974), illicit drug use was investigated among a population of adults in order to demonstrate that social structural statuses and cultural values, including socialization values and practices, are related to drug use.

METHODOLOGY

This was one part of a larger study of cultural and social-psychological determinants of illicit drug use. Previously, two subsamples were studied. The present study was based on data drawn from one of the samples, a quota sample of American black, British West Indian black, white and Puerto Rican adults living in an urban ghetto neighborhood. A basic interest was to establish rough estimates of rates of usage of six drugs: marihuana, cocaine, heroin, psychedelics, amphetamines, and barbiturates.

The sample areas consisted of 47 census tracts in the Bedford-Stuyvesant/Fort Greene area of Brooklyn, New York. This area was served by the Addiction Research and Treatment Corporation, a multimodality methadone maintenance program located in the community. The area was characterized by high rates of addiction. Interviews were completed with 871 adult residents of the area. Most (811) respondents were selected by the quota sampling technique. The proportion of men in the sample was 45.3%. Fifteen and five-tenths percent were 18-24 years old, and 49% were 25-44 years old. Interviews were conducted by a staff of interviewers, in the homes of the respondents. Interviewers were usually, but not always, matched with the respondents by ethnic group.

Although the area was predominantly American black, it included black British West Indians, as well as small numbers of foreign-born blacks, Puerto Ricans, and whites. Respondents were classified as British West Indian if they or either of their parents had been born in the British West Indies. Respondents who were born in the United States, and identified themselves as black, Negro, African, or Afro-American, were included in the American black category. Respondents were considered to be white if they identified themselves as white, and if they were not classified as Puerto Rican. Respondents were classified as Puerto Rican if they or either of their parents had been born in Puerto Rico. Respondents who were included in the "other" category were a small number of Orientals, some foreign but not British West Indian-born blacks, and one white born in the British West Indies. There were 25 people in this category, and they were excluded from most analyses involving ethnic group.

The socioeconomic status index consisted of two items: education and occupation. If the respondent was unmarried or male, his/her own education and occupation was used to determine socioeconomic status. If the respondent was a married female, her husband's education and occupation determined her socioeconomic status. The generational status classification divided respondents into three categories: migrants; members of the first generation, and members of the second generation. For blacks, respondents were considered second-generation if they and both of their parents had been born in a state north of the Mason-Dixon Line, and first-generation if they had been born above the Mason-Dixon Line but one or both of their parents had been born below it. Blacks who had been born below the Mason-Dixon Line were classified as migrants. For whites, respondents were considered to be second-generation if they and both of their parents had been born in the United States, and first-generation if they had been born in the United States but one or both of their parents had been born outside of the United States. Whites who had been born outside of the United States were classified as migrants. For Puerto Ricans and British West Indians, respondents were considered to be first-generation if they themselves had been born in the United States. They were classified as migrants if they had been born outside of the United States.

RESULTS

Within the framework of a time-order model of factors related to drug use, three social structural variables were shown to be significant predictors. (1) Young people used more drugs than middle-aged people (aged 18-29, 31%; aged 30-49, 11%), who in turn used more than old people (aged 50 years and over, 3%). (2) Sampled whites were more likely than American blacks to be polydrug users (20% to 7%); but the two groups had roughly the same rate of marijuana use (10%). Both groups used drugs more than British West Indians did (2% were polydrug users). (3) The native-born were found to be more likely than migrants to be drug users. Twenty-five percent of the 18- to 29-year-old native-born were polydrug users, compared to 16% of those 30-49 and 3% of those 50 and over. Six percent of the 18- to 29-year-old migrants were polydrug users, compared to 2% of those 30-49 and none of those 50 and over.

Perception of drug use by friends was also found to be a potent predictor of one's own drug use. Virtually none (1%) of those whose friends used no drugs were themselves drug users. Of those whose friends used marijuana only, three-quarters used no drugs, and one-quarter used marijuana only. Generational status was significantly related, and ethnic group and age were manifestly related when one's friends used marijuana plus other drugs. Respondents whose friends were polydrug users were much more likely to have seven or more marijuana-using friends than were those whose friends used marijuana only (63% vs. 29%). In this case, friends' drug use became a source of considerable pressure on the respondent to use drugs. When this pressure was felt, age, ethnic group, and generational status were important in predicting involvement with drugs, because they represented a structural source of resistance to friends' influence, or exposure to other friends, or of the internalization of competing cultural values.

CONCLUSIONS

The research has added to the large body of literature which has stressed the importance of friends' drug use as a proximal influence on an individual's own drug use. Ethnic studies of drug use have been extended here by the analysis of the drug-using behavior of a little-studied group, British West Indians in New York. Perhaps the most significant contribution has been to highlight the importance of generational status in understanding deviant behavior, particularly since this distinction cuts across the several ethnic groups studied.

Lipscomb, Wendell R. Drug use in a black ghetto. American Journal of Psychiatry, 127(9):1166-1169, March 1971.

DRUG	Multi-Drug
SAMPLE SIZE	92
SAMPLE TYPE	Ghetto Residents
AGE	Adolescents; Adults (16-22)
SEX	Not Specified
ETHNICITY	Black; Mexican-American
GEOGRAPHICAL AREA	California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	2

PURPOSE

Although it is alleged that ghetto dwellers, especially blacks, are heavy drug users, actual documented evidence confirming this belief is rare. Police and court records do not supply representatively reliable data; aside from the issue of unequal law enforcement, arrest records are relevant only to those who get caught. Attempts to query ghetto populations about actual drug use can be stymied by ingroup distrust related, among other things, to overstudy of ghetto residents by government and university researchers. In an attempt to make a more reliable assessment of ghetto drug use, ghetto residents selected for a work training program were studied.

METHODOLOGY

The subjects were selected in 1967 for a work training program in Northern California. The 92 trainees were 16 to 22 years old, and they met three basic criteria: an annual family income of \$3,500 or less for a family of four; residence in a "poverty target" area of a large California city; and membership in an ethnic or racial minority group, in this case black or Mexican-American. Most of the subjects had dropped out of high school, had arrest records, and had irregular employment records. Drug use information was gained during the general testing and orientation routine that each applicant or trainee went through. The work training program lasted six months, and later a follow-up study was conducted to find out what had happened to all participants. Drug use activity was once again determined.

RESULTS

Based on the testimony of 74 trainees before the program began, it was found that 87% said they had used alcohol, 54% marihuana, 20% amphetamines, 5% hallucinogens, 4% barbiturates, and 3%

heroin. In addition to being asked about individual drug use, the preapprenticeship trainees were also asked to estimate the extent of marihuana use in their own neighborhoods by young people of their own age. They estimated that about 70 percent of these persons regularly used or experimented with marihuana. In the follow-up interview, the trainees were queried only about the use of marihuana. The trainees' reported use of marihuana was considerably lower; only 37% of the 86 trainees interviewed after the program admitted to ever having used pot before the program. This lower statistic may have reflected the difference in the group studied, since only 52 of the 86 follow-up trainees were identical with the group of 74 studied before the program.

When the trainees were classified according to their success in the work training program, it was found that 37% of the dropouts said they had used marihuana before the program, and 33% said they had used it afterward. Among those who had completed training and taken and failed the apprenticeship test, 40% said they had used pot before the program and 45% said they had used it afterward. Among those who had completed training, taken the apprenticeship test, and passed it, 31% said they had used pot before the program, and 44% said they had used it afterward. None of these differences was statistically significant.

CONCLUSIONS

The results verify that ghetto youths do try, and in some cases regularly use, a variety of drugs, but that such use has little effect on success or failure in a work training program. The most popular drugs in use are alcohol and marihuana, in that order, and the use of heroin, amphetamines, barbiturates, and hallucinogens is relatively infrequent. One particularly noteworthy finding is the discrepancy between the amount of drug use acknowledged by the youths in personal testimony and their estimate of the amount of drug use in their communities. About 50% of the trainees reported having used drugs, while they estimated that drugs were used by 70% of the community. One interpretation of these findings is that drug use in the ghetto is such an accepted cultural phenomenon that attempts to change it by laws and institutions outside the ghetto will meet with failure until the nature of the ghetto itself is changed. The findings also suggest that efforts to curb or change the prevailing practices of drug use in the ghetto should be tuned not to suppressive police enforcement operations, but rather to an understanding of the meaning of such drug use as it symbolizes "naturalness" and "belonging" to acculturated ghetto residents.

Nall, Richard L.; Gunderson, E.K. Eric; and Arthur, Ransom J. Black-white differences in social background and military drug abuse patterns. American Journal of Psychiatry, 13(10):1097-1102, October 1974.

QRUG	Multi-Drug
SAMPLE SIZE	833
SAMPLE TYPE	Military
AGE	Adults (typically 20-21)
SEX	Male
ETHNICITY	764 White; 69 Black
GEOGRAPHICAL AREA	Miramar, California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Questionnaires
DATE(S) CONDUCTED	July 1971 - October 1972
NO. OF REFERENCES	25

PURPOSE

Prior to 1930, most heroin addicts in the United States were white. After that date and until the 1960's, heroin addiction became concentrated in minority racial or ethnic groups. The contemporary significance of racial components in illicit drug use has been noted by several investigators. Cressey and Ward (1969) noted that black addicts are products of a subculture which arises in response to status deprivation and exclusion from middle-class socializing experiences. Rehabilitation of drug users also involves recognition of the role of race. Carter and Dunston (1973) emphasized the importance of helping student addicts deal with the identity problems of being black while functioning in a predominantly white environment. The recent suspension of the draft puts increased pressure on military services to select inductees from a dwindling pool of applicants varying widely in ethnic, social, and educational backgrounds, as well as in drug abuse experience. In order to know more about this population of inductees, the family and social background, military experience, and drug abuse patterns of black and white Navy enlisted men were compared.

METHODOLOGY

A sample of 833 Navy enlisted men admitted to the Naval Drug Rehabilitation Center at Miramar, California from July of 1971 to October of 1972, were studied. Of this number, 69 (8%) were black, and 764 (92%) were white. The typical subject was 20 to 21 years old. Most subjects had histories of multiple drug use during a two- to three-year period, as well as evidence of other delinquent behavior before entering the service. During their first week at the center, the subjects completed questionnaires and interviews containing a large number of items relating to personal history, military history, and drug history. Service records were abstracted and

medical records examined. Differences between the black and white groups were tested for significance by means of the Chi-square test.

RESULTS

Black subjects differed from white subjects on a number of family characteristics. Fewer blacks (25%) than whites (46%) had run away from home ($p < .01$). Black drug users less often reported that their "opinions on most things" differed from those of their parents ($p < .05$). Blacks indicated "good" or "very good" relationships with their mothers more often than did whites ($p < .01$). More black users reported being active members of a religion ($p < .001$). Also, parents of black users were less likely to smoke ($p < .001$) and to take prescription drugs ($p < .05$).

Black drug users reported better school adjustment: they had fewer difficulties with teachers ($p < .05$), and they regarded school more favorably ($p < .01$) than did the white users. Fewer blacks than whites had committed juvenile offenses, including offenses requiring adjudications ($p < .05$). Black subjects resembled whites in regard to a number of health history factors; however, blacks had fewer problems related to excessive use of alcohol ($p < .05$), and had fewer psychoneurotic symptoms ($p < .001$), based on a checklist of 19 common symptoms. Ratings for the two groups did not differ in the areas of military appearance, adaptability, and leadership.

Regarding drug use history, black drug users had used heroin more often ($p < .001$) and had higher rates of use (daily to several times per week) of depressants ($p < .05$), cocaine ($p < .001$), and opiates ($p < .05$) than did white drug users. Eighty-one percent of the black drug users had a history of heroin use, compared with only 53% of the white drug users. On the other hand, blacks tended to be less involved with hallucinogens ($p < .001$). This was also true for stimulants and cannabis, although not to a significant degree.

CONCLUSIONS

The data suggest that black drug users are less alienated than white drug users from parents, schools, and communities. This finding corroborates evidence cited by Chein et al. (1964), which indicates that black users and nonusers of drugs resemble each other regarding family cohesiveness, and tend to show greater family integrity than either white or Puerto Rican drug users. The findings also suggest that the black drug users have a greater degree of emotional stability in terms of self-reported symptomatology.

It might be speculated that many of the white drug users in this study represent the types of individuals who in the past expressed delinquent or nonconformist attitudes and behaviors in ways other than through drug abuse. Perhaps today they find illicit drug use an attractive form of anti-social behavior. Among blacks, on the other hand, illicit use of drugs, particularly opiates, often is not a new or unique experience. Many blacks grow up in a subculture full of the street scenes and vernacular common to drug-using groups. For blacks in the military, more often than for whites, illicit drug use is not a newly acquired form of delinquent behavior, but rather an extension of established subcultural patterns.

Nurco, David N., and Lerner, Monroe. Characteristics of drug abusers in a correctional system. Journal of Drug Issues, 2(2):49-56, 1972.

DRUG	Multi-Drug
SAMPLE SIZE	669
SAMPLE TYPE	Incarcerated
AGE	Adults (median age: 24.1 years)
SEX	Male
ETHNICITY	70% Black; 29% White; 1% Other
GEOGRAPHICAL AREA	Maryland
METHODOLOGY	Statistical Analysis
DATA COLLECTION INSTRUMENT	Interviews; Program/Clinic Statistics
DATE(S) CONDUCTED	November 1967 - November 1968
NO. OF REFERENCES	0

PURPOSE

Drug abusers in the Maryland State Department of Corrections were studied as part of a larger study to assess the feasibility of collecting data from community agencies other than the police. Demographic and socioeconomic characteristics of the study group, the criminal offenses involved, their drug of choice, the location of court sentencing, whether or not they were known to authorities as drug abusers, and the drug history of the inmates were investigated.

METHODOLOGY

Data were collected on 926 committed persons who were admitted or suspected drug abusers from admission records of the Maryland State Department of Corrections. A sample of 699 was then interviewed by a member of the study staff. This separate interview was important because inmates were unwilling to deal with correction personnel for fear of jeopardizing parole and because of anti-authority feelings. Stressing confidentiality yielded a greater expression of emotions on drug problems by the inmates.

RESULTS

The population of 699 inmates was found to be predominantly young (54% were under 25) and black (70%), lacking a high school diploma, most often Protestant, single, and born in the Baltimore area. The dominant occupational category of the group was the structural and (building) contracting trade. Almost three-quarters of the inmates abused heroin as their drug of choice, with most of the rest abusing "other drugs," i.e., barbiturates, marijuana and other psychotropics, cocaine, amphetamines, LSD, hallucinogens, and glue.

Within the sample group, those who abused heroin tended to be older, more often married, and usually abusing heroin on a daily basis. They were generally still abusing that drug at the time of the survey. Those abusing other opiates and synthetics were younger and better educated than heroin abusers. Only half abused these drugs on a daily basis, but most were still abusing them at the time of the survey. The abusers of "other drugs" were more similar to the opiate and synthetic abusers than to heroin abusers. All three groups were similar in occupational distribution and in age/abuse patterns. About three-quarters of the inmates had been jailed for non-violent crimes. Heroin abusers were even more likely than the others to have been convicted of a nonviolent offense (78%).

Baltimore City courts were responsible for the vast majority of commitments, and most of those involved heroin abusers. Abusers of "other drugs" were most often committed from outside the Baltimore courts. The majority of the drug abusers in the sample were not known to authorities as drug abusers, but most of those who were known were heroin abusers. Those who were known were generally familiar to the Baltimore City Police with the exception of a few who were known only to the Federal Bureau of Narcotics and Dangerous Drugs.

Almost three-fourths of the study group had begun to abuse drugs prior to their twentieth birthday, with a substantial number having begun abuse before age 15. About one-fourth of the study population began drug abuse with heroin, and those who did tended to stay with that drug. Seventy-six percent of those who began abusing marijuana and other psychotropics or barbiturates later shifted to heroin as their drug of choice. However, most of those who began abusing amphetamines or LSD and other hallucinogens had not moved to addictive drugs.

In terms of drugs first used, of the 513 inmates identified as heroin abusers, about one-third began with heroin and over half began with "other drugs," especially marijuana and other psychotropics or barbiturates. Only 7% of the 153 inmates who preferred nonaddictive drugs had begun use with addictive drugs.

O'Donnell, John A.; Voss, Harwin; Clayton, Richard; Slatin, Gerald; and Room, Robin. Men and Drugs--A Nationwide Survey. NIDA Research Monograph, vol. 5. Rockville, Maryland: National Institute on Drug Abuse, February 1976. 144 pp.

DRUG	Multi-Drug
SAMPLE SIZE	2,510
SAMPLE TYPE	General Population
AGE	Adults (19-30)
SEX	Male
ETHNICITY	White; Black; Other
GEOGRAPHICAL AREA	National
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Questionnaires
DATE(S) CONDUCTED	October 1974 - May 1975
NO. OF REFERENCES	11

PURPOSE

In the late 1960's, nonmedical drug use increased nationally in a great, unprecedented surge. A study was initiated to investigate the nonmedical use of psychoactive drugs among young men in the United States.

METHODOLOGY

The data were collected from October 1974 to May 1975 by interviews with 2,510 men from an original sample of 3,024. The sample was selected by standard sampling procedures to be representative of all men in the general population who were 20 to 30 years old, inclusively, in 1974. The broad principles were included: (1) a sample representative of the general population was used, rather than a clinical or other special population; (2) all of the commonly-used psychoactive drugs were studied in a standard framework to allow comparisons between drugs in patterns and correlates of use; and (3) detailed information on the correlates and consequences of drug use, as well as the respondents' life situation, was collected. The four areas of focus were: (1) the natural history of nonmedical drug use; (2) estimates of incidence and prevalence; (3) an examination of the question of a drug epidemic; and (4) an exploration of the correlates and determinants of drug use.

Sample

Selective Service information was used for sample selection. The sample itself was multistage, stratified, and random. The eventual sample of 3,024 men was representative of all young men in the continental United States, and all were between 19 and 30 years of age at the time of interview. The men interviewed were paid a flat fee of \$15 for the time they spent in the interview.

Interview Schedule

The core of the interview contained questions about past and current drug use. The focus was on nine drug classes: tobacco, alcohol, cannabis, psychedelics, stimulants, sedative-hypnotics, heroin, other opiates, and cocaine.

A series of screening questions was given to determine which drugs had been used and how often, followed by detailed questions for only the drugs that had been used ten times or more. In addition to the series of items on drug use, areas covered in the interview included residence to age 18, occupation and education of parents, religion, education, brief occupational history, marital history, military service, and criminal behavior. Finally, the interview included two short, self-administered questionnaires used to obtain factual data, and some indicators of attitudes and values.

A total of more than 160 interviewers, most with experience in other studies, were recruited. Because of the subject matter, a special effort was made to obtain males, young persons, and blacks, but the typical interviewer was a middle-aged, middle-class, white woman. Under the close supervision of experienced data processors, the editing and coding were done as the interviews were returned.

RESULTS

The best estimates of use among the sample were (in terms of lifetime and current use): cigarettes, 70% and 60%; alcohol, 97% and 92%; marijuana, 55% and 38%; psychedelics, 22% and 7%; stimulants, 27% and 12%; sedatives, 20% and 9%; heroin, 6% and 2%; opiates, 31% and 10%; and cocaine, 14% and 7%. For most drugs, half or more of the users used the drug fewer than ten times. Cigarette use was less common among the younger men (slightly over 60% of them used cigarettes) than among the older men (about 75%). Use of a drug in any of the nine drug classes was associated with use of all the others. The peak periods of incidence were 1968-1972 or 1969-1973 for all drugs except alcohol. Contributing to the drug epidemic of the late 1960's were the phenomena that larger proportions of men in the younger cohorts than in the older cohorts used all drugs, except alcohol and tobacco, that these younger cohorts were larger in number, and that the median age at onset of use was lower in the younger than in the older cohorts.

Differences between blacks and whites in drug use seemed to be diminishing. Among whites, there was a strong inverse relation between age and use for all drugs except tobacco and alcohol. This was not true for blacks, smaller proportions of the younger than the older blacks have used the drugs. In the older cohorts, the percentages of users were higher for blacks than for whites for most drugs, but in the younger cohorts the differences were negligible. There was no indication of any recent decline in the annual prevalence of use of any drug, with the possible exception of psychedelics.

Veterans, whether they served only in the United States, overseas in places other than Vietnam, or in Vietnam, showed no higher rates of current drug use than nonveterans. For the sample as a whole, rates of lifetime use were not significantly different from those of nonveterans, except that marijuana and heroin use was higher in a few of the eleven cohorts.

Reported involvement in criminal behavior varied directly with drug use, as did arrests, appearances in juvenile courts, convictions, and prison sentences. Less than 3% of the sample reported treatment for drug use; the largest number reported treatment for alcohol; the next largest, for heroin (14% of all heroin users). One-third or more of the men who used heroin most extensively were treated. Variables found to be in direct proportion to greater use of drugs, in terms of lifetime and current use, included residence in large cities until the age of 18, unemployment or part-time employment, unconventionality (in terms of a variety of indicators of conventionality including marital history, current living arrangements, and expressed attitudes), low educational level achieved, and--among men who entered college--a college major in social sciences, fine arts, or humanities.

CONCLUSIONS

Data are presented descriptively, and the analysis was based largely on percentage differences. More rigorous statistical analysis is needed. In addition, although the sample was selected to be, and may be safely considered as, representative of all young men in the United States, most of the analysis consists of comparison of one part of the sample with another, and there is no

basis to assume that all of the parts are representative of the corresponding parts of the population. Specifically, the sample is really the sum of 11 independently-selected random samples, one for men born in 1944, and one for men born in 1945, and so on through 1954. Each of these is a representative sample, and when these birth cohorts are compared with each other, differences found between them will be real differences, allowing for sampling error.

The situation is different when whites are compared with blacks, or when one region of the country is compared with another. Although it is reasonable to assume that the whites in the sample are representative of whites in the population, because they constitute 84% of the sample, the blacks may not be representative of all blacks in the population. Similarly, when the sample is divided into the four geographical regions, the four parts may or may not be representative of each of the regions. It becomes almost certain that the small parts of the sample are not representative of the small geographical units. Caution must therefore be exercised in generalizing from parts of the sample to parts of the population of young men, even though one may generalize from the whole sample to the total population.

Petersen, David M. Acute drug reactions (overdoses) among females: A race comparison. Addictive Diseases, 1(2):223-233, 1974.

DRUG	Multi-Drug
SAMPLE SIZE	661
SAMPLE TYPE	Emergency Hospital Admissions
AGE	Cross-Age
SEX	Female
ETHNICITY	Black; White
GEOGRAPHICAL AREA	Miami, Florida
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations; Laboratory/Examination
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	26

PURPOSE

This study was designed to assess the influence of race among female emergency room admissions for acute drug reactions (overdoses).

METHODOLOGY

Data for the study were gathered from the hospital emergency room records of 1,128 persons admitted for treatment of acute drug reactions at Jackson Memorial Hospital, Miami, Dade County, Florida during 1972. Of these overdose victims, 661 were female. Evidence regarding the overdose experience was based upon a history gathered from the patient or some accompanying person by the attending staff in the emergency room. In some cases, verification of drug abuse diagnosis was provided by laboratory analysis.

RESULTS

Of the total population of adverse reactions, 38.4% involved white females. Of all females admitted for acute reactions, 65.5% were white. Black females admitted for acute drug reactions exceeded their representation in the general population (20.2% to 7.9%), whereas white females did not (38.4% to 6%). In addition, there existed significant racial differences among females for age and type of overdose experience. While the majority of cases for both races were under 25, admission from the age range 14-24 was more likely for the black than the white female (65.7% vs. 50%). In the age range 14-17, blacks were almost twice as likely as whites to be patients (21.9% vs. 11.9%); for the age categories 35-49 and 50 and over, the ratio of whites to blacks was 19.3% vs. 9.4% and 8.6% vs. 1.8%, respectively.

The number of substances abused was significantly related to race, with white females more likely to be multiple abusers than black females (29.1% to 14.1%). Suicides were significantly related to race, with white females more likely than black females to be admitted for suicide attempts (44.7% vs. 31.7%). Illicit substance abuse leading to an acute drug reaction was related to race, and was most likely to occur among black rather than white females, 15.9% to 7.3%. There existed several different race patterns for the use of the various substances. Significant race relationships were found for heroin (black females, 10.4%; white females, 3.8%); nonnarcotic analgesics (black females, 22%; white females, 8.1%); and sedatives (white females, 42.7%; black females, 27%).

CONCLUSIONS

The findings call attention to the importance of multiple race-associated differences among female addicts. The quality of being female and black appears to create greater risk than any other race-sex grouping.

Petersen, David M.; Schwirlan, Kent P.; and Bieda, Sharon E. The drug arrest. Criminology, 13(1):106-110, May 1975.

DRUG	Multi-Drug
SAMPLE SIZE	2,393
SAMPLE TYPE	Drug Arrestees
AGE	Adolescents; Adults
SEX	Both Sexes
ETHNICITY	Black; White
GEOGRAPHICAL AREA	Columbus, Ohio
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Official Arrest Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	13

PURPOSE

Studies of opiate addiction show most addicts to be young adults, predominantly male and minority group members. However, there is a paucity of research data on the demographic characteristics of those persons arrested for violation of different types of drug laws. In this study, the effects of age, sex, and race on variations in drug arrest rates and in the types of drugs involved in urban arrests were explored.

METHODOLOGY

All data were obtained from the official arrest records of the Columbus, Ohio, Police Department. All drug arrests recorded in 1969, 1970, and 1971 were studied. A total of 2,393 drug-related arrests were identified and, for each case, birthdate, race, sex, drug involved in the arrest, and official charge were obtained.

RESULTS

Findings were similar to those obtained in previous studies: persons between 15 and 25 accounted for the majority of serious crime; males were arrested much more often than females; and blacks were arrested more often than whites. Data also demonstrated existing patterns in type of drug involved in arrest. Narcotics (30%) and hallucinogens (39%) were the drugs most frequently involved in arrests, while marihuana was only involved in 8% of the arrests. Significant variations in drug involved at arrest were evident by age. As the number of barbiturate and

narcotics arrests increased, age increased; on the other hand, involvement at arrest with hallucinogens and marihuana decreased as age increased. Blacks tended to be arrested more often than whites for narcotics and barbiturates, while whites tended to be arrested more often for marihuana, hallucinogens, and amphetamines.

CONCLUSIONS

While these data are useful in describing the nature of drug-related offenses, more than investigation of police records is needed to establish the proper dimensions of the drug arrest population. Factors that influence the selection of those individuals considered worthy of police attention should be looked at, as well as those data that describe the nature of the arrest population.

Porter, Margaret R.; Vieira, Theodore A.; Kaplan, Gary J.; Heesch, Jack R., and Colyar, Ardell B. Drug use in Anchorage, Alaska: A survey of 15,634 students in grades 6 through 12--1971. Journal of the American Medical Association, 223(6):657-664, February 5, 1973.

DRUG	Multi-Drug
SAMPLE SIZE	15,634
SAMPLE TYPE	Students
AGE	Primarily Adolescent (10-20)
SEX	7,837 Male; 7,711 Female
ETHNICITY	87% White; 5.7% American Indian; 3.8% Black; .6% Asian; 1.9% Other; 1% Not Specified
GEOGRAPHICAL AREA	Anchorage, Alaska
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	November 17, 1971
NO. OF REFERENCES	13

PURPOSE

By the spring of 1971, there were indications that Anchorage, Alaska, shared the drug problems being experienced elsewhere in the nation's public schools. In order to obtain baseline epidemiologic data on drug use in grades 6 through 12, and at the same time to construct a study that could be directly compared with at least one other in the literature, a survey based on the Dallas model (Gossett et al., 1971 and 1970) was designed and administered.

METHODOLOGY

In order to ascertain rates of past and present drug usage in relationship to age, sex, grade, and race, a one-page confidential questionnaire was designed. In order to test the instrument and procedure, the questionnaire was administered to 346 students in four schools on October 27, 1971. On November 17, 1971, the questionnaire was administered to students in grades 6 through 12 in all 51 schools of the Anchorage Borough School District and in the ten schools located at Elmendorf Air Force Base and Fort Richardson Army Post. After careful screening, 15,634 questionnaires (91%) were considered usable, representing 88.6% of all students present and 81.3% of all students enrolled in the seven grade levels examined.

All students surveyed were between the ages of 10 and 20 years, with most (96.8%) falling in the 11- to 17-year age range. Of the 15,634 respondents, 7,837 (50.1%) were male; 7,711 (49.3%) were female; and less than 1% failed to specify sex. A majority of the students (87%) were white; 5.7% were native American (Aleut, Eskimo, Indian); 3.8% were black; 0.6% were Oriental; and 1.9% were listed "other." Only 1% did not specify race.

RESULTS

Of all public school students surveyed, 36.3% experimented with a drug other than alcohol or tobacco; 19.8% used ten or more times; and 4.5% reported frequent current use. High figures for an elementary school population indicated that 14.6% of sixth graders had used a drug other than alcohol or tobacco. Alcohol (4.1%), tobacco (12.5%), marihuana (3.6%), solvents, nonprescription stimulants, and hashish were the most commonly reported drugs for all students. Marihuana use was correlated with use of other drugs. Most drugs showed increased usage rates compared to previous investigations, with marked increases noted for hashish, mescaline, and propoxyphene hydrochloride. Usage rates were approximately equal for boys and girls, and increased as grade level increased.

Racial differences in usage were noted as follows. A higher percentage of natives (43.5%) than of any other racial group used at least one drug other than alcohol or tobacco. The native rate of use of only alcohol or tobacco was 34.7%; 21.8% were nonusers. They were followed by whites (35.7% for at least one other drug, 35.7% for only alcohol or tobacco, and 26.8% nonusers), blacks (32.2%, 35.1%, and 32.7%, respectively), and Orientals (26%, 52%, and 22%, respectively). Reasons for these differences were not readily apparent.

CONCLUSIONS

Additional studies are needed to evaluate the causes of drug usage; the racial and sexual differences in drug usage patterns; and drug usage among elementary school children. The high correlation between the results of the pretest and the survey, as well as the proven usefulness of the present survey form, should make future testings of random samples of students desirable and feasible.

Robins, Lee N., and Murphy, George E. Drug use in a normal population of young Negro men. American Journal of Public Health, 57(9):1580-1596, September 1967.

DRUG	Multi-Drug
SAMPLE SIZE	235
SAMPLE TYPE	General Population
AGE	Adults (30-35)
SEX	Male
ETHNICITY	Black
GEOGRAPHICAL AREA	St. Louis
METHODOLOGY	Exploratory/Survey; Longitudinal
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1965 - 1966
NO. OF REFERENCES	10

PURPOSE

This study was the first to describe drug use in a normal population, as ascertained by interview and record research. The methods used provided an approximation of the lifetime prevalence of drug use and drug addiction for a sample of young Negro men. Childhood variables that predict drug use and addiction were analyzed.

METHODOLOGY

Records were searched to evaluate adult adjustment of 235 young Negro men whose names had been selected from public elementary school records beginning 26 to 30 years earlier. The men were then interviewed as adults between the ages of 30 and 35. The sample was not selected according to particular drug use. Records were sought for all of the sample, and personal interviews were obtained from 95%. Criteria for eligibility for this study were: male, born in St. Louis between 1930 and 1934, attended a Negro St. Louis public elementary school for six years or more, had an IQ score of at least 85 in elementary school, guardian's name and occupation appeared on the school record. There were 30 men in each of the eight categories created by taking all permutations of three dichotomized variables: father's presence or absence, guardian's occupation at the lowest level versus a higher level, and moderate or severe school problems versus mild problems or none. Interviews were obtained between June 1965 and August 1966. Most interviews were conducted in St. Louis; 12% were conducted in other towns and cities, and several took place in prison. The findings of this study applied only to the eligible population.

RESULTS

Surprisingly, one out of every ten of the sample had been addicted to heroin. Four percent had been treated in a U.S. Public Health Service Hospital, a higher figure than had been anticipated. No regular heroin user in the present population had escaped official attention; 86% had records as addicts with the Federal Bureau of Narcotics.

Findings substantiated arrest records. Very few men who denied drug use had had narcotics arrests. Cumulative lists of men arrested for drug violations were seen as providing fairly reliable lifetime prevalence figures for heroin addiction. Fourteen percent of the addicts reported having used heroin in the last year. Among men in the sample who had been in a USPHS Hospital, 22% reported current heroin use; and 44 reported use of other drugs only. These figures were similar to results of an earlier study by O'Donnell and Vaillant. In addition to the fact that 10% of the sample had been heroin addicts, 50% had used some drug illegally. Virtually everyone who used any drug used marihuana. Marihuana had served as the introduction to drugs for most of those who went on to other drug use. Half of the marihuana users never used any other drug, and 1/3 did not continue the use of marihuana for more than one year. The younger the person was when first using marihuana, the more likely he was to go on to heroin addiction. Marihuana appeared to be the most widely available and most widely used drug among both Negro men and Negro teenagers.

In regard to delinquency, delinquents were more likely than nondelinquents to start taking drugs, and once started were much more likely to use heroin. At the same time, 36% of the 62 delinquents reported no drug use at all, and 13% of the nondelinquents did use drugs. Exposure to drugs was evidently high in the entire population studied, whether delinquent or not.

Delinquency might be associated with drug use only because drug use itself is grounds for a juvenile arrest or because youths who are using drugs either steal to finance their use or act while under the influence of drugs in a fashion that leads to arrest. To demonstrate that delinquency predicts drug use, and is not merely its result, the comparison was limited to men who were not yet using drugs at the time they first became delinquents. When men whose drug use began before their first delinquency or in the same year were excluded, there was still a significantly greater rate of heroin use ($p < 0.05$) and heroin addiction ($p < 0.01$) for delinquents than for nondelinquents, although the difference between proportions using any drug was not significant.

High school dropouts were found to be equally likely to try drugs, whether or not they were delinquent. However, the delinquent dropout who tried drugs were much more likely to continue into heroin addiction. Almost half of the delinquent dropouts who ever used drugs eventually became heroin addicts. Among delinquents, almost the same proportions of dropouts and graduates used drugs, while among nondelinquents, graduates were drug users only a little over half as often as were dropouts.

Of drug-using delinquents, 56% without fathers at home during the teenage years, versus 14% of those with fathers at home, became addicts; high school dropouts were not significantly more likely to be addicts. Among 18 drug users who were delinquent, dropouts, and whose fathers were absent, 61% became addicts.

CONCLUSIONS

While socioeconomic status and elementary school performance did not prove predictive of drug use, dropping out of high school predicted experimenting with drugs; delinquency and absent fathers predicted heroin addiction after the use of marihuana. The combination of an absent father, delinquency, and dropping out of high school characterized the group of boys most vulnerable to heroin addiction. This group appears to be a reasonable target for a program to prevent addiction.

Rosenthal, Seymour J., et al. Summary: Illicit Drug Use and its Relation to Crime: A Statistical Analysis of Self-Reported Drug Use and Illegal Behavior. Philadelphia, Pa.: Center for Social Policy and Community Development, Temple University, 1973.

DRUG	Multi-Drug; Opiates
SAMPLE SIZE	216
SAMPLE TYPE	Treatment
AGE	Not Specified
SEX	Not Specified
ETHNICITY	Black; White
GEOGRAPHICAL AREA	Philadelphia
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaire
DATE(S) CONDUCTED	January 1 - June 30, 1973
NO. OF REFERENCES	44

PURPOSE

It is often assumed that the relationship between drug use and crime is direct and causal. Certainly many individuals who enter the criminal justice system are drug users. But is the "craving" for narcotics the major factor in causing crime? To explore this relationship, three hypotheses were investigated: (1) a linear cause-and-effect association between drug use and crime can be supported; (2) it can be shown that drug users' criminal behavior patterns are continuous, and independent of drug use; and (3) it can be shown that drug use and crime are correlated with common social causes. Findings were then examined in regard to implications for policymakers within the criminal justice system responsible for determining an approach to the joint problems of drugs and crime.

METHODOLOGY

A questionnaire was developed and administered to 216 respondents drawn from a client population of 14 separate drug treatment agencies in the Greater Philadelphia area. Rigorous controls insured confidentiality and anonymity.

RESULTS

Drug Causation Hypothesis

This hypothesis was confirmed in one instance only. Heroin, the drug of choice during the year prior to respondents' entry into treatment, was directly associated with burglary. It was, however, not significantly associated with robbery, prostitution, or shoplifting, whereas other

nondrug factors were. Social-structural and predrug crime variables emerged as the most efficient and comprehensive explanations of respondents' crimes as they occurred during the year prior to entry into treatment.

Crime Continuities Hypothesis

Burglary, robbery, and prostitution activities prior to drug use significantly correlated with the same activities during the period following first opiate use (year prior to entry into treatment). This confirms the hypothesis that designated criminal activities persist through time regardless of drug involvement. It further suggests that onset of criminal behavior is located in the period prior to opiate use.

Opiate use was, however, associated with changes in criminal patterns. Heroin use was related to an expanded crime repertoire, and white respondents were "discontinuous" with respect to a shift in crime activity prior and subsequent to opiate use onset. Additionally, white respondents tended to terminate opiate use in favor of a polydrug nonopiate pattern simultaneous with an expanded crime repertoire. Though heroin users who used the drug more than once a day spent at least ten times as much money per day as those who used nonopiate drugs, opiates were not as strongly associated with crime as other nondrug factors.

Black respondents reported heroin as the drug of choice. A discontinuous crime pattern was found, whereby robbery, burglary, and prostitution in evidence prior to opiate use was superseded by a less "serious" and extensive pattern following opiate use. Heroin was not associated inevitably with increased crime, either in type or seriousness.

"Common Cause" Hypothesis

Low educational attainment was directly associated with the burglary reported for the pretreatment year. Predrug burglary was also associated with burglary following drug onset, as was heroin use. However, heroin accounted for less than half the observed association (i.e., heroin was overshadowed by nondrug factors with respect to its effect on burglary). When all direct associations with adult crime were assessed by a comprehensive statistical model, three social-structural factors (education, sex, and age) were related to three of the crimes (burglary, prostitution, and shoplifting). Three predrug crimes were directly related to the same crime types which occurred following opiate onset (burglary, robbery, and prostitution).

Other Findings

Burglary, in the predrug period, was an almost exclusively male activity, and blacks in the sample were overrepresented in predrug robbery. These findings imply an association between property crime and male "culture" (as expressed in the peer group), and between minority group status and "people" crime. This demonstrates the utility of the sociological approach to delinquency.

Predrug burglary also was significantly associated with postdrug burglary, as was robbery. This suggests that the prevalence of these serious crimes should be associated with the same social factors, such that racial differences should persist independent of drug factors. In fact, whites were found overrepresented in burglary and blacks in robbery, both prior and subsequent to opiate use, showing that opiate use had not altered these basic patterns.

CONCLUSIONS

A comprehensive theory of association between narcotics use and crime must necessarily incorporate propositions that specify the way in which differential expressions of social deviance are related to the social context in which they occur. The association between drug use and crime should not be minimized. But these findings lead one to question whether the elimination of the sale and distribution of illegal drugs, with nothing more, would substantially assist the elimination of urban crime. The same community conditions which nurture both drug abuse and criminal activity would remain largely unaffected. Further research in the area of drug use epidemiology is needed.

Drug abuse and criminal behavior, as two symptoms of social deviance, affect each other differentially, depending on the social context in which they occur. Strategies for their prevention must be geared to the elimination of the social conditions which give rise to them. Such background factors represented the most accurate predictors of criminal behavior, as well as being significant in predicting drug career patterns.

Stenmark, David; Wackwitz, John; Pelfrey, Michael; and Dougherty, Frank. Substance use among juvenile offenders: Relationships to parental substance use and demographic characteristics. Addictive Diseases, 1(1):43-54, 1974.

DRUG	Multi-Drug
SAMPLE SIZE	268
SAMPLE TYPE	Parents; Children
AGE	Not Specified
SEX	64% Male; 36% Female
ETHNICITY	111 Black; 157 White
GEOGRAPHICAL AREA	More Than Two Cities; South Carolina
METHODOLOGY	Exploratory/Descriptive
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	11

PURPOSE

Previous studies have made some allusion to a theoretical approach to understanding adolescent drug use (Smart and Fejer, 1972), but have offered only tentative conceptualizations. There has been a need for a more substantive effort to discover a conceptual model capable of elucidating the phenomenon of adolescent drug use. The modeling theory suggests that the use of drugs would tend to be imitative of parental behavior more than of peer behavior, and this leads to the hypothesis that parents who use drugs (including alcohol) would be more likely to have adolescent children who use drugs than parents who do not use those substances, or who use them less frequently. Ethnic differences were examined between black and white subjects.

METHODOLOGY

The subjects were 287 consecutive discharges from the Family Court covering a 14-county area in South Carolina during a 12-week period. Nineteen were eliminated due to missing data. Of the remaining 268, 157 were white (36% female, 64% male), and 111 were black (31% female, 69% male). Represented in the sample were juvenile offenders from rural, semiurban, suburban, metropolitan, and inner-city areas. Data from each juvenile offender were collected by the Family Court Counselor, and appropriate questionnaires were completed. "Parent" denoted an adult who assumed the task of rearing the child.

The questionnaire consisted of three components. The first section requested demographic data about the juvenile (age, sex, race, education, number of years in the home, number of previous court appearances); about the parents (age, sex, education); and about the home (income, number of persons, number of adults in the home). The second section focused on the relative consumption levels of alcohol, marijuana, and hard drugs by both the juvenile and the parents. Hard

drugs were defined as including nonprescription regular use of narcotics, narcotic substitutes, barbiturates, and stimulants. Consumption levels were rated by the counselors on a 5-point scale ranging from total abstinence to daily use. In the third section the counselor rated the relative role of parental substance abuse upon the ultimate referral of the juvenile to the Family Court on a 5-point scale ranging from "coincidental, but not problematical," to "unquestionable causative in promoting this youngster's truancy, asocial and/or home avoidance behavior." A total of 19 variables were extracted from the questionnaire, grouped loosely into three categories: juvenile substance use; parental substance use; and demographic characteristics of the juvenile offenders, parents, and homes.

RESULTS

Significant differences between the means of the black population and the white samples occurred for six of the eleven variables (white to black): juvenile age ($p .05$), juvenile education ($p .001$), parental education (mother, $p .001$; father, $p .001$), number of people in home ($p .001$), income ($p .001$), and number of previous court appearances. Specifically, the average black juvenile offender was younger, had less education, had more people in the home, was poorer, and had less frequently been in the courts than had the average white offender. All substance use variables showed significant differences between races, with the black population exhibiting a greater proportion of abstainers, and an overall lower severity. The tests of significance between races were (black to white): juvenile alcohol use, ($p .01$); juvenile marijuana use ($p .001$); father's alcohol use ($p .05$); juvenile drug use ($p .001$); and counselor's rating ($p .05$).

Juvenile offenders' use of alcohol, marijuana, and other drugs were all significantly and positively interrelated. The pattern of the relationship between races was similar, with moderate correlations between alcohol use and drug and marijuana use, and high correlations between marijuana and drug use ($r = .78$ for blacks, and $.82$ for whites). The three indications of parental substance abuse--mother's alcohol use, father's alcohol use, and counselors' rating--were also positively interrelated, this interrelationship differing between races. For whites, the relationship between mother's alcohol use and the other two variables was .26 to .35. The relationship between father's alcohol use and counselors' rating was .67. For blacks, all three correlations were at the same level (.65 to .69). Between races, differences were minimal between father's alcohol use and counselors' rating (blacks, .69; whites, .67). This would indicate that for blacks, parental conceptions were quite similar; both parents were also seen by the counselor to exert approximately equal effects on the juvenile. For whites, on the other hand, parental drinking patterns were less similar; the major influence, as seen by the counselor, was the father. For blacks, mothers' alcohol use was consistently positively correlated with all three types of juvenile substance use (juvenile alcohol use, .73; juvenile marijuana use, .40; and juvenile drug use, .28); for whites, no relationship between mother's alcohol use and juvenile substance use was observed. The relationships between the remaining demographic variables and juvenile substance use were complex, varying between races and substance; sex of the juvenile was not related to juvenile substance use of either the black or white sample. Further, the most consistent and strongest individual prediction of juvenile substance use for whites was the number of previous court appearances; for blacks, it was alcohol use by the juvenile.

CONCLUSIONS

The high correlations between father's alcohol use and substance use by juveniles (of either sex) supports the modeling hypothesis. These findings (supported by similar findings by Smart and Fejer, 1972; and Widseth and May, 1972) point toward the need for a revised concept of the prevention of drug abuse among adolescents. If modeling is operative, then efforts to alter the use of alcohol and other drugs by adults is prerequisite to changes in drug use patterns among adolescents.

Strimbu, Jerry L.; Schoenfeldt, Lyle F.; and Sims, O. Suthern, Jr. Drug usage in college students as a function of racial classification and minority group status. Research in Higher Education, 1:263-272, 1973.

DRUG	Multi-Drug
SAMPLE SIZE	20,547
SAMPLE TYPE	College Students
AGE	Adults
SEX	Not Specified
ETHNICITY	87% White; 10% Black; 1% Asian; 1% American Indian; 1% Other
GEOGRAPHICAL AREA	Southeastern State in the U. S.
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Questionnaires
DATE(S) CONDUCTED	Spring, 1972
NO. OF REFERENCES	12

PURPOSE

In the literature pertaining to drug use by college students and by the general population, considerable attention has been given to the race variable. Many studies have determined that the distribution of marihuana users among various races does not appear to differ significantly for either general or college-aged populations. However, differences between the races have been found in the use of "hard" drugs. A study of racial differences in student drug use, and a comparison of patterns in drug use for two groups of black students, one attending predominantly black colleges and one attending predominantly white institutions, were made.

METHODOLOGY

A questionnaire was administered to college students in a Southeastern state on a voluntary basis. The instrument assessed student demographic characteristics, geographical data, and attitudes concerning drugs, and drug use history. A total of 24,750 respondent answer sheets were acceptable for analysis, but only those with racial information were included (20,547). Students were divided into four racial groups: whites, blacks, American Indians, and Orientals.

RESULTS

Of the 1,955 blacks, approximately 58% attended predominantly black colleges, while 42% attended predominantly white institutions. For each of nine drugs assessed, those blacks who attended predominantly white schools reported higher usage rates than blacks attending predominantly black schools. This difference was statistically significant for 7 of 9 drugs: tobacco, alcohol, marihuana, LSD, glue, narcotics, and stimulants.

Among ethnic groups, blacks used alcohol significantly more than did American Indians, and used glue significantly more than did Orientals. The black group differed from the white group on reported mean usage level of four substances (alcohol, marihuana, strong stimulants, and hallucinogens), with the white group's reported mean level larger than for the black group. The Orientals ranked lowest on tobacco and alcohol use, second lowest on marihuana and strong stimulants, and third on all other substances investigated.

CONCLUSIONS

The differences of interest were not within subdivisions of the blacks, but between blacks and the total population, between drug substances, and in the numbers who had tried but were not using the various substances at the time of the survey. For instance, over 175% more students reported using alcohol than the next most popular substance (tobacco), indicating that alcohol continues to be the drug of choice among college students. For every student using a substance, with the exception of alcohol, a greater number tried but were not using the substance at the time of the survey. Most of those who had ever tried alcohol were still using it.

DRUG	Alcohol; Multi-Drug
SAMPLE SIZE	990
SAMPLE TYPE	Treatment (inpatient)
AGE	Not Specified
SEX	773 Male; 217 Female
ETHNICITY	Black; 443 White; 53 "Spanish"
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	-Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	6

PURPOSE

A variety of studies have shown that imprisoned and hospitalized addicts have extensive criminal records. In question, however, are the causal and temporal ordering of this association. To shed light on the causal connections between drug use and income-producing criminal activity, self-reported data on illegal activities and arrests were obtained from addicts hospitalized for treatment. Specifically examined were: (1) the extent of criminality prior to drug use, (2) the extent of lifetime criminality, and (3) the relationship of drug use and criminal arrests. Data for whites and minorities were compared.

METHODOLOGY

According to interviews and reliability checks of 1,096 patients committed to the NIMH Clinical Research Center in Lexington, Kentucky, before May 20, 1969, 990 (78%) admitted illegal activities or arrests. The sample included 773 males and 217 females, classified as white, Negro, and "Spanish." Age was not specified. This sample was composed of visible (i.e., publicly known) addicts; consequently, there may be a difference in the drug-crime relationship among addicts who have escaped public identification. On the other hand, the sample was comprised of addicts from many parts of the United States--male addicts from the region east of the Mississippi River and females from the entire country.

The subjects were queried concerning the temporal order of drug use in respect to eight specific illegal activities (armed robbery, burglary, other forms of theft, forgery, sale of drugs, transportation and importation of drugs, prostitution or pimping, and gambling) and the order of drug use and arrest. Unfortunately, it is noted, drug use was broadly defined to include alcohol, marihuana, and all other psychotropic drugs.

RESULTS

Criminal Activity Prior to Drug Use

Respondents reported only minimal involvement in illegal activities prior to first use of drugs, including alcohol. Sixty-seven percent (622) did not engage in any of the eight crimes, and 22% engaged in only one form. No specific prior crimes were reported by 61% of the males and 87% of the females. Prior gambling was the most common form of criminal activity, particularly among black and minority males, among whom gambling is often viewed as a common recreation. Theft was the most common female offense.

Extent of Criminal Activity

When the frequency with which the respondents had committed each of the eight crimes during their lifetime was obtained, findings indicated the subjects had been extensively involved in criminal activities. Three-fourths of the subjects reported some form of theft (other than burglary or armed robbery); three-fifths had sold drugs; one-half had committed burglaries; and two-fifths admitted forgery. Whites were more likely than members of minority groups to select forgery. Pimping was more commonly an activity of minority group males, and a higher percentage of Negro males admitted illegal gambling activities.

Almost all this activity was found to follow drug use. Percentages of admitted theft and illegal gambling increased dramatically from 15% and 23% to 74% and 52%, respectively. The greatest increase occurred in the sale of drugs. Burglary increased from 6% to 54% and forgery from 1% to 51%.

Drug Use and Arrest

Approximately 80% of the addicts who admitted arrest or participation in illegal activities were not arrested before they used any drug, including alcohol. The median number of predrug arrests was one; median number of postdrug use arrests was five (three for misdemeanors and two for felonies). The inclusion of alcohol, however, does not permit an appropriate assessment of the part drug use played.

Approximately 20% of the addicts who admitted arrest were arrested before they used any drug, including alcohol (33% had admitted illegal activities). The data also indicated that males, particularly Negroes, were more likely to be arrested before drug use than were females. When alcohol was excluded, 44% of the sample were found to have been arrested before any other drug use. There was also a sizable increase in the percentage of respondents who were arrested prior to drug use.

When both alcohol and marihuana were excluded, slightly more than one-half of the sample were arrested before the use of other drugs. The exclusion of alcohol from the definition of drugs led to a greater increase in the arrest rate prior to drug use than did the additional exclusion of marihuana. With respect only to hard drugs, including heroin, 57% of the sample were arrested before onset.

CONCLUSIONS

Because respondents acknowledged a higher frequency of illegal activity prior to drug use than is indicated in arrest records, it can be concluded that criminal activity precedes the use of illegal drugs to an extent not previously recognized. The relationship of drug use and crime is not, however, a simple or unidirectional one. Some addicts were involved in crime prior to drug use, and others apparently turned to crime in order to obtain funds to purchase drugs. A cause-and-effect relationship is not definitively established between drug use and criminal activities, although illegal behavior increases in frequency and scope following initial drug use.

Opiates

Abrams, Arnold; Gagnon, John H.; Levin, Joseph J. Psychosocial aspects of addiction. American Journal of Public Health, 58(11):2142-2155, November 1968.

DRUG	Opiates
SAMPLE SIZE	Approximately 883
SAMPLE TYPE	Incarcerated
AGE	Not Specified
SEX	Not Specified
ETHNICITY	76% Black; 19% White; 4% Other (data for 508 persons)
GEOGRAPHICAL AREA	Chicago, Illinois
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Official Records
DATE(S) CONDUCTED	1957
NO. OF REFERENCES	44

PURPOSE

There exist today two diametrically opposed points of view regarding the etiology and solution of narcotic addiction. On the one hand, there is the law enforcement view which approaches narcotic addiction as a vice involving criminal behavior. In contrast to this position, which is unconcerned with the causes of addiction and only seeks its eradication, there is the treatment approach. The predominant focus of the treatment approach is strongly psychologic or psychoanalytic, with an emphasis on intrapsychic states or personality characteristics. As an alternative to theories of addiction based on homogeneous personality types, there are concepts of addiction which are psychosocial in nature; that is, addiction is interpreted as an expression of some disorder in the social life of the individual and drug use is seen as symptomatic rather than as a disease. Epidemiological data were obtained in the black ghetto of Chicago to help support the psychosocial theory of drug addiction.

METHODOLOGY

The sources of data on criminality and the incidence of addiction were reports of the Chicago Police Department and the Federal Bureau of Narcotics; prevalence data were taken from police arrest slips and jail records. Two counts from a jail population were taken six months apart in 1957. The first count yielded data on 167 addicts and the second yielded data on 208 addicts. During the same period, 508 persons who were arrested in one month supplied data on arrested addicts. All persons who were duplicated in these counts were eliminated. Addicts were interviewed to obtain background data on social and drug use history.

RESULTS

Of those arrested in 1957, 76.9% were Negro, 19.4% were white, and 4.6% were of other races (sic). This was in sharp contrast to figures found by Bingham Dai in the period 1927 to 1932, when 17.3% of the addicts in Chicago were Negro. This radical shift in the Chicago area of the racial distribution of persons addicted was substantially the same in most other major urban centers. Based on interviews with jailed addicts, it was found that for Negro males addicted in 1951 and earlier, onset of addiction was predominantly prior to the first adult criminal arrest. For Negro males addicted from 1952 to 1957, adult criminal arrests preceded the onset of addiction. This observed difference was suggestive of two factors--the relatively recent advent of a Negro addict culture and the quality and price of narcotics. What appeared to happen was that Negro males, addicted in 1951 and prior to that date, were addicted either before or congruent with the onset of delinquent or criminal behavior. As these persons were forced into theft by their increasing need for the drug and by increasing prices, they formed the basis for a Negro addict criminal culture. In jail and prison they transmitted the mystique of "coolness" and romance attached to the experience of the addict. They served to foster addiction among those who were originally only criminal offenders. As enforcement increased, the amount of drugs decreased, so that persons addicted after 1952 had probably been psychologically contaminated in the penal institution. There appeared to be no real differences between the postaddiction careers of the two groups after criminal involvement. Readdiction was followed by criminal activity and rearrest.

The liability to addiction seemed especially high among male, nonwhite, and fairly young persons. Data gathered on rates of addiction lent support to this hypothesis and suggested further that the source of this liability was the social marginality and the blunted mobility aspirations of the addicted population. The sample of arrested persons was located in the community areas of the city in order to examine the community correlates of addiction. A little over 40% of the addicts came from the three highest addiction rate areas of the city. All of those arrested in these community areas were Negro. The community area which appeared to have consistently the highest rate was CA 28, an area of Negro concentration since 1930. Three of the four highest rate areas of the city were those that had a long period of Negro settlement and had the most extensive internal migration. Social marginality of these areas was also reflected in average education of the addict population (10.75 mean years for 192 of the incarcerated addicts).

Based on interview data, a large majority of addicts noted as their original reasons for drug use a combination of curiosity and enticement by friends. They also specified desires for material things and status considerably out of their reach. Their drive for vertical mobility was strong, as evidenced by their more frequent affiliation with Catholicism (28%, compared to 5% of the Negro population at large). The addicts also had a very inadequate identification with their own race.

CONCLUSIONS

The individual addict is overwhelmed with the necessity to "shut out" certain aspects of reality which are intolerable to him. Drug addiction is one of the defenses he uses to deal with his intolerable existence. Not unlike the delinquent in other studies, Negro addicts have introjected middle-class goals and strivings. The gap between their fantasied existence and the reality of their existence may well be the intolerable aspect of life that is defended against, and assaulted, through drug use.

Ball, John C. Onset of marijuana and heroin use among Puerto Rican addicts. British Journal of Criminology, 7(4):408-413, October 1967.

DRUG	Cannabis; Opiates
SAMPLE SIZE	119
SAMPLE TYPE	Posttreatment
AGE	Adults
SEX	107 Male; 12 Female
ETHNICITY	Puerto Rican
GEOGRAPHICAL AREA	San Juan, Puerto Rico
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Program/Clinic Statistics
DATE(S) CONDUCTED	1962 - 1964
NO. OF REFERENCES	7

synthesis of heroin in Germany in 1898, heroin addiction has spread throughout much of the industrialized world, and has replaced opium and morphine as the preferred opiate among confirmed addict populations. The purpose of this study was to delineate the situational and personal factors associated with the onset of heroin use among Puerto Rican youth in terms of the following questions: Who provides the illegal drug? How are techniques of administration learned, and from whom? Where does the event occur? Are there precursors? How is opiate addiction spread among juveniles?

METHODOLOGY

Between 1935 and 1962, 242 addict patients of Puerto Rican residence were discharged from the U.S. Public Health Service Hospital in Lexington, Kentucky. A follow-up field study of these former patients was undertaken during 1962-1964 in Puerto Rico. Posthospital information was secured on 98% of the subjects. Of the 242 former addicts, 122 were located and interviewed. Of the 122 former Lexington patients interviewed, three who were found to be marihuana users without a history of opiate addiction were excluded from the study. Of the 119 opiate addicts, 107 were male, and 12 female. At the time of interview, the mean age of the males was 30.8 years; of the females, 36.2. Comparison with the 1960 census data revealed that the addicts came from families which were generally representative of the Puerto Rican population with respect to socioeconomic status. The median years of schooling completed by male subjects was 10.0; by females, 9.0. Eleven of the subjects had attended or completed college.

RESULTS

Heroin use among Puerto Rican subjects began as a part of peer group recreational or street activities. The onset of illicit drug use was a peer group phenomenon associated with delinquent behavior. The mean age at which marihuana smoking began was 17.3 years for males, and 17.4 for females. Although 15 of the 119 opiate addicts reported that they had never used marihuana, of those who had smoked marihuana, 91.0% reported that marihuana use preceded opiate use. Although the smoking of marihuana commonly preceded heroin addiction among the Puerto Rican youth of this study, this was not invariably the case. Of the 107 male addicts, almost two-thirds had started use of opiates by age nineteen, the youngest age at onset being twelve years. Heroin was the predominant drug first used (by 86% of the males). Intravenous injection and sniffing were the two routes of administration commonly employed at the time of first opiate use.

San Juan and New York were the two principal cities in which heroin use started. At the time of onset, 66% were living in San Juan and 21% in New York City. Onset occurred in an unsupervised neighborhood setting. Twenty-three percent of the males had one or more arrests prior to or concomitant with the onset of opiate use. Sixty-nine percent of the males were first arrested after this event, and 7% had no arrest reported. Perhaps most significant was the interpersonal situation in which heroin use started: over four-fifths of the males reported that they were initiated into drug use by friends who were addicts.

CONCLUSIONS

The onset of heroin use among the Puerto Rican youth of this study is similar to the onset of juvenile delinquency in metropolitan areas of the United States. In both instances, there is the dominant influence of deviant peer group associations. Members of this deviant group are perceived as friends, and the deviant behavior is carried out in a neighborhood street setting. To what extent the beginning opiate user or delinquent is aware of the dangers and probable consequences of his illicit acts is unknown; it seems likely that an overly rationalistic conception of the phenomenon of onset has been projected upon the young boy or girl.

It is pertinent to note that the interpersonal and situational factors associated with the onset of marihuana smoking and opiate use among the Puerto Rican addicts of this study have not changed during the past 40 years. The evidence suggests that the peer group behavior leading to the onset of drug addiction has remained unchanged during this period.

Ball, John C. Two patterns of narcotic drug addiction in the U.S. Journal of Criminal Law, Criminology and Police Science, 55(2):203-211, June 1965.

DRUG	Opiates
SAMPLE SIZE	3,301
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults
SEX	2,713 Male; 588 Female
ETHNICITY	Black; White; Asian; Mexican-American; Puerto Rican
GEOGRAPHICAL AREA	Fort Worth Texas; Lexington, Kentucky
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	12

PURPOSE

Changes in narcotic addiction patterns over a 25-year period were investigated by looking at records of addict patients at the USPHS Hospitals at Fort Worth and Lexington.

METHODOLOGY

The subjects selected for study were all female and male addict patients discharged from the two hospitals between July 1, 1961, and June 30, 1962. There were 2,713 males and 588 females. The addict patients at the two hospitals in 1962 were compared with 1,036 addict patients at the Lexington hospital in 1937 in order to determine any changes in addict characteristics over the 25-year period. The 1937 sample contained only males, since female addicts were not admitted to the hospital until 1941.

RESULTS

Of the 3,301 addict patients discharged in 1962, 63% had a first drug diagnosis of heroin use prior to admission. The next most frequent drug used was morphine (9.4%), followed by paregoric, Dilaudid, codeine, meperidine, and methadone. Altogether, 97.5% of the addict patients were diagnosed as using seven drugs: five of these were opium derivatives and two were synthetic analgesics. Females were generally addicted to the same drugs as the males. A comparison with Pascor's (1943) tabulation of the 1,036 male admissions to the Lexington hospital during the 1937 fiscal year revealed that, among males, the use of heroin during this 25-year interval increased (from 43% to 65%), while the use of morphine markedly decreased (from 51% to 9%).

In looking at the geographic distribution of addicts in 1962, it was revealed that New York, Puerto Rico, and the District of Columbia had markedly higher rates of addicts than the rest of the country. This was in contrast to figures obtained in 1937, when the highest rates of admission were from the Southern states. What had occurred since 1937 was a substantial increase in the number of patients from Northern metropolitan centers. In 1962, the rates of hospitalization for patients from New York and Illinois exceeded those for any of the Southern states.

The change in residence between 1937 and 1962 was accompanied by shifts in age and race. The median age of the 2,713 males in 1962 was 30.2 years, with patients less than 30 years of age constituting 49% of the total. In 1937, the median age of males was 38.3; only 19.7% of the male patients were under 30 years of age. The racial and ethnic composition of the hospital population also altered markedly during the 25-year period. In 1937, 88.4% of the male patients were white, 8.9% Negro, 1.2% Mexican-American, and, 1.5% either Chinese, Japanese, or Indian. In 1962, 51% of the male patients were white, 30.4% Negro, 12.2% Puerto Rican, 4.9% Mexican-American, and others 1.5%. Thus, there was a notable increase in the number of addicts from minority groups.

States with high rates of narcotic addiction fell into two contrasting patterns. One pattern consisted primarily of the use of heroin; this pattern was predominant in New York, Puerto Rico, the District of Columbia, Illinois, New Jersey, Arizona, and New Mexico. The second pattern of drug use consisted of the use either of opiates other than heroin or synthetic analgesics. This pattern of addiction predominated in the Southern states of Alabama, Georgia, and Kentucky. The median age at admission of patients from New York, Puerto Rico, the District of Columbia, and Illinois was, respectively 27, 24, 29, and 30 years; the comparable median figures for Alabama, Georgia, and Kentucky were 43, 43, and 44. With respect to racial or ethnic composition, some two-thirds of the patients from New York, the District of Columbia, and Illinois were Negro or Puerto Rican. Conversely, among the patients from Alabama, Georgia, and Kentucky, more than 90% were white.

CONCLUSIONS

What has occurred since the 1920's has been the increased use of heroin among addicts and the concentration of this type of addiction among Negro, Puerto Rican, and Mexican youth in metropolitan slum areas. Of the Negro, Puerto Rican, and Mexican patients discharged from the two hospitals in 1962, 92.9% of the males and 94.3% of the females were heroin-users. By contrast, only 37.3% of the white males and 25.2% of the white females were heroin users.

Ball, John C., and Bates, William M. Migration and residential mobility of narcotic drug addicts. Social Problems, 14(1):56-69, Summer 1966.

DRUG	Opiates
SAMPLE SIZE	925
SAMPLE TYPE	Incarcerated; Treatment (inpatient)
AGE	Adults
SEX	725 Male; 200 Female
ETHNICITY	1 American Indian; 493 Black; 3 Asian; 428 White
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1962
NO. OF REFERENCES	25

PURPOSE

A persistent sociological thesis in both European and American studies of deviant behavior is that crime is associated with urbanization, migration, and residential mobility. Previous studies of narcotic addiction in the United States suggest that there is an association between residential mobility and incidence of addiction--that addicts come from mobile, unstable families, that addicts in metropolitan slums are migrants from other regions, and that areas of high drug use are also areas of marked residential mobility. In order to determine if narcotic drug addicts come from migrant or mobile families and if they become transients after the onset of addiction, addict patients at the United States Public Health Service Hospital at Lexington, Kentucky, were studied.

METHODOLOGY

The sample consisted of 925 addict patients who were at the Lexington hospital on October 11, 1962. Data were compiled from each patient's medical record. Information included patient's sex, race, date of birth, parentage, nativity, exact address at time of first admission to the hospital, and, if applicable, residence at each subsequent admission. Of the 925 addicts, 725 were male and 200 were female. There were 493 Negroes, 428 whites, 3 Chinese, and 1 American Indian. The median age at first admission for the entire sample was between 26 and 28 years.

RESULTS

The 925 addicts were predominantly metropolitan by place of residence; 94% were from Standard Metropolitan Statistical Areas. By state or region, 39.5% were from New York, 19.4% from the

Midwest, 12.9% from 5 Atlantic states and Washington, D.C., 11.6% from the South, 4.4% from New England, 10.1% from the West, and 2.2% from Puerto Rico.

Two quite different regional patterns of narcotic addiction existed. One pattern of drug use was centered in Northeastern metropolitan areas. These addicts came predominantly from the most disadvantaged minority groups--Negro and Puerto Rican--and were heroin users. The other pattern of narcotic addiction was typified by the Southern addict who was white, more frequently from urban or rural areas (as contrasted to SMSA's), and commonly used morphine, codeine, or paregoric rather than heroin.

Of the total sample, 97.9% were native-born and 2.1% foreign-born. Of the native-born, 88% were of native parentage and 12% of foreign or mixed parentage. This did not differ from the general population with respect to foreign or mixed parentage, although the sample was less likely to be foreign-born. The Puerto Ricans, however, were overrepresented in the addict population. Of the 906 native-born patients, 13.7% were of Puerto Rican nativity or parentage. This was seven times their proportion in the U.S. population. In general, the addict population came disproportionately from certain minority groups of American society. Of the other 783, not native-born, 47.8% were nonwhite and of native parents, 12% of foreign or mixed parentage, and only 26.5% white and of native parents.

Of the 904 patients admitted from the U.S., 572 were born in their state of residence (63.3%). Of these, 43% also had one or both parents born in the same state. The Negro addicts were from more migrant families than the whites. Intergenerational migration was twice as frequent among blacks--59.6%, as contrasted with 39.4% for the whites. Excluding Puerto Ricans and foreigners, this difference was even greater (64.3% vs. 9.9%).

Of the total sample, 35.1% were mobile from birth to first Lexington hospitalization. Male residents from New York and the Midwest were more mobile than the addicts from the South or the five Atlantic states (40.2% vs. 28.3%). Inasmuch as there was greater mobility among the addicts who were residents of New York from birth to first admission, and inasmuch as they constituted 40% of the hospital population, a separate analysis of this group was undertaken. Of the 310 New York addicts, 142 were white and 168 were nonwhite. The percentage of the white and nonwhite addicts who were born in New York was, respectively, 60.4 and 59.3. Compared with the New York City population in 1960 (using census data), the white addicts were more mobile and the nonwhite addicts markedly less mobile from birth to present residence. The higher mobility rate of the white addicts was primarily due to the Puerto Ricans, as 50 of the 56 whites not born in the state were born in Puerto Rico. Excluding these Puerto Rican-born addicts, the white addicts were less mobile from time of birth than the comparable New York City population. Nonwhite addicts were also less mobile than the comparable New York City population; 59.3% of the nonwhite addicts were born in the state compared to 32.3% of the nonwhite general population.

Of all the addicts, 179 (20%) had from 3 to 33 admissions to the Lexington hospital. The sex, race, and regional composition of this multiple recidivist group was quite similar to that of the total population, with the exception of the increased representation of Southern white addicts in this group. The pattern of residential mobility differed markedly by race. Of the 79 white male addicts, 46% were out-of-city migrants during the ten years since their first admission, contrasted with 7% of the 61 black males during the seven years since their first admission. Conversely, the black addicts were more frequently intracity movers (64% vs. 30% among the males).

CONCLUSIONS

An unequivocal answer to the question of the mobility of narcotic drug addicts in the U.S. is suggested by the data: drug addicts are not more mobile from birth to the onset of addiction than the U.S. population, and they do not lead a transient way of life after their initial hospitalization. However, there are quite distinct patterns of population movement among the several ethnic groups. The Negro addicts of this study were second-generation migrants to the Northeastern metropolitan centers, whereas the Puerto Rican addicts were first-generation migrants. In both instances, the addicts were not more mobile than their respective base populations--Northern Negroes or New York City Puerto Ricans. The white addicts were not only themselves stable in place of residence since birth, but there was considerable intergenerational stability. Among those white patients who did move, out-of-county migration was frequent; conversely, among the Negro patients, intracity mobility accounted for the dominant change of

residence. These racial differences in mobility patterns are similar, though more marked, than those of the U.S. population reported in the 1960 census. From the findings, it appears that the relationship of mobility to crime and deviant behavior has been oversimplified and ambiguously presented in the criminological literature.

Bell, John C., and Lau, Man-Pang. The Chinese narcotic addict in the United States. Social Forces, 45(1):68-72, September 1966.

DRUG	Opiates
SAMPLE SIZE	137
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults
SEX	Male
ETHNICITY	Chinese
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) COLLECTED	1957 - 1962
NO. OF REFERENCES	13

PURPOSE

This study examined the records of Chinese narcotic patients at the U.S. Public Health Service Hospital at Lexington, Kentucky, between 1957 and 1962. Evidence of the high incidence of opiate addiction among Chinese-Americans during the first half of the century is considered, and reasons why addiction within this minority group had virtually ceased by the 1960's are discussed.

METHODOLOGY

Data were obtained from the medical records of 137 Chinese male patients discharged from the USPHS Hospital in Lexington, Kentucky, between July 1957 and June 1962. Statistics regarding occupation, age, opiate use habits, and family history were compiled. Using this information, a composite case history for a typical Chinese addict was synthesized.

RESULTS

From 1935 through 1964, about 3% of the male addicts treated at the Lexington hospital were Chinese. This minority group was markedly overrepresented, inasmuch as it constituted less than 0.2% of the United States male population. The subjects of this study exemplified the sojourner way of life, having come to America to seek a fortune with the intent of returning to their homeland. Of the 137 subjects, 99 (72%) were born in China, 37 in the U.S. In 94% of the cases, one or both parents were born in China. At the time of their last admission to the hospital, 102 of the patients were from New York City, 19 from Chicago, and the remaining 16 from other U.S. cities. The common occupations followed by the Chinese addicts were laundry (54.7%) and restaurant (38.7%) work. None were unemployed or engaged in full-time illegal

occupations. Their mean age of 53 years was more than 20 years older than the mean age of the hospital population. Although 55% of the men were married, 88% were not living with family members; only 10% were living with their wives. Of the 137 patients, 124 used heroin, 7 morphine, 4 opium, and 2 dolophine. The onset of opiate addiction usually occurred before age 30. Use of barbiturates was not common, and no use of marihuana was recorded.

A composite case history revealed that the typical Chinese addict was 53 years old, born in southern China, and came to the U.S. at age 20 to join his father. He carried on a tradition of resisting acculturation, spoke poor English, and was obedient though suspicious of whites. An industrious worker who tended to withdraw into the Chinese community, he knew only the trades of laundry or restaurant work. Earning \$36-\$50 per week, he lived in shabby rooms near his working place, and had little recreation, social life, or spiritual life. Typically, the addict returned to China to be married but then reentered the U.S., leaving wife and children behind. At the time of his last admission to the Lexington hospital, the typical Chinese addict was injecting about \$10 worth of heroin per day. He admitted criminal narcotics offenses, but denied criminal history before addiction. No violent crime or other antisocial behavior was on record. Having volunteered for treatment because of financial distress or deterioration of health, the addict typically left the institution, after uneventful withdrawal, within four weeks and against medical advice.

CONCLUSIONS

The Chinese addict of this study was clearly differentiated from other addict groups of the United States in his marked alienation from American culture. American goals and values were not a part of his way of life. In his later years, his life goal of financial success was beyond attainment. The high incidence of hospitalization of Chinese-American addicts at Lexington helped substantiate other reports of extensive opiate use by Chinese in the U.S. There are several possible reasons for this high rate incidence. First, opiate use among Chinese populations outside the U.S. has been part of Chinese culture, transmitted from generation to generation. The use of opiates among Chinese-Americans also was associated with both an existing cultural pattern and restricted access to alternative modes of behavior. Narcotic drug abuse among the Chinese in the U.S. markedly decreased during the sixties. This phenomenon was a reflection of an ongoing process of modernization of the Chinatown communities. The process has been furthered by the severance of cultural ties with the homeland since the Communists' take-over in 1949.

Ball, John C., and Snarr, Richard W. A test of the maturation hypothesis with respect to opiate addiction. Bulletin on Narcotics, 21(4):9-13, October-December 1969.

DRUG	Opiates
SAMPLE SIZE	108
SAMPLE TYPE	Posttreatment
AGE	Adults (mean age: 33 years)
SEX	Male
ETHNICITY	Puerto Rican
GEOGRAPHICAL AREA	Puerto Rico
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1962 - 1964
NO. OF REFERENCES	12

PURPOSE

To test the maturation hypothesis postulated by Charles Winick in 1962, a follow-up study of 108 former addict patients at Lexington hospital was conducted. Winick observed that some two-thirds of the opiate addicts in the United States "matured out" of their addiction during their adult years. In his discussion, Winick also noted that addicts tended to commit more crimes when using drugs than when abstinent, and examined two hypotheses in this regard: (1) that opiate addiction increases criminality; and (2) that criminal behavior itself may be subject to the maturation process. Specific questions investigated in this study of Puerto Rican addicts were: (1) whether more precise associations between addiction and criminality can be established; (2) how likely a person is to be arrested during the time that he is an addict; and (3) whether arrests increase or decrease with years of addiction.

METHODOLOGY

The subjects were 242 addicts admitted to the U.S. Public Health Service Hospital at Lexington between 1935 and 1962 who were residents of Puerto Rico. In a follow-up study undertaken in Puerto Rico between 1962 and 1964, 122 were located and interviewed. The study was confined to the findings regarding 108 male opiate addicts who were specifically interviewed with respect to their drug history, treatment, criminality and employment careers. The 108 subjects were interviewed some 13 years after the onset of opiate use, at a mean age of 33 years.

Data sources were: (a) medical records at the Lexington hospital; (b) hospital, police and penal records in Puerto Rico; (c) hospital and prison records in the United States; (d) FBI arrest history up to 31 October 1964 (federal prisoners only); (e) Bureau of Narcotics Records; (f) interviews with relatives and friends; (g) interview with subject; (h) analysis of urine

specimen; and (d) other sources such as newspaper accounts and death certificates. Each year of each subject's life was classified as addicted, abstinent, or in prison (in prison for more than half of the year).

RESULTS

Addiction Status at Time of Interview

Forty percent of the subjects had used opiates during the entire three-year period prior to interview; 19% were imprisoned for part of the three years but otherwise used opiates; and 8% were in prison all three years. This accounted for two-thirds of the subjects. Thus, 35 males were not continually addicted and at risk during the three years. Of these, 21 were entirely abstinent, and classified as cured.

The addicted subjects were classified into groups by years since onset of opiate use (4-9 years, group 1; 10-14 years, group 2; 15+ years, group 3) and compared with the cured group (group 4). There was no evidence to support the interpretation that abstinence increases either with years of drug use or with the aging process itself.

Criminality and Maturation

For all 108 male addicts, arrest occurred once every four years while they were using drugs, with the likelihood of arrest varying only from 23% to 32% among the four sample groups. Only 5.2% of the abstinent years were characterized by arrest, with only 5 arrest years out of 180 abstinence years in the cured group. The tabulations indicated that opiate addiction increased the probability of arrest by more than five times.

For all 108 subjects, the percentage of those arrested or imprisoned during the last three years of opiate use increased from 44% to 61% over that of the first three years after onset of addiction. Comparing the addicted and cured groups, in the postonset period, 58% of the addicted subjects were not arrested, contrasted to 26% in the preinterview period, with 40% in prison at that time. Conversely, over 90% of the cured subjects were without arrest during the three years preceding interview.

Principal Employment

Forty-five subjects, almost half of the sample males, had been engaged principally or exclusively in criminal means of support during their entire adult lives. Most were between extremes of affluence, sophistication, and ability to avoid arrest or incarceration, on the one hand, and unsuccessful criminality with much of the adult life spent in prison, on the other. The common means of illegal support were selling drugs, theft of property, procuring, and gambling.

Of the remaining 63 subjects, 36 pursued some illegal means of support but also worked irregularly; 8 were dependent upon parents or relatives; and 19 were able to maintain steady legitimate employment. In the years since leaving school, only 19 of the 108 men were able to maintain steady employment, designated as holding any job or jobs for more than half of the years since leaving school.

CONCLUSIONS

At time of follow-up, some two-thirds of the addicts were still using heroin or were incarcerated. As Winick hypothesized, addiction does increase criminality, by more than five times, but there is no support for his second hypothesis that most opiate users mature out of their criminality. Indeed, there is further substantiation that unless abstinence is obtained, the life course of the addict is toward greater social disability as years go by. A sizeable minority, (one-third) did become abstinent and give up their criminal behavior, but the extent of social impairment and criminality tended to increase rather than decrease over the years, if drug use was continued. In regard to these findings, it should also be said that the official records on addicts actually underestimate the extent of criminality and overestimate the legitimate employment.

It appears that two major patterns exist in the life course of opiate addiction in the United States: (1) the addict becomes increasingly enmeshed in a nonproductive or criminal career as his dependence upon opiates progresses, or (2) less frequently, the addict terminates his addiction and assumes a legitimate role in society.

DRUG	Opiates
SAMPLE SIZE	93,600
SAMPLE TYPE	Incarcerated; Treatment (inpatient)
AGE	Adults
SEX	Male
ETHNICITY	20,300 Black; 73,300 White
GEOGRAPHICAL AREA	Cross-Sectional
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1964
NO. OF REFERENCES	8

PURPOSE

To investigate North-South differences in narcotic addiction, an analysis was conducted of the records of patients admitted to the United States Public Health Service Hospitals at Fort Worth and Lexington.

METHODOLOGY

Records of adult male heroin addict admissions to the two USPHS Hospitals were analyzed to show trends of Negro versus white admissions. Summaries of records from 1935 to 1964 were analyzed; during this time 42,160 admissions were recorded. The following data were analyzed: (1) white admissions and Negro admissions for each year; (2) number and age of Negro and white addicts from each of 17 Southern states for four selected years; (3) Negro-white male addiction rates per 100,000 population for nine Southern states in 1950 and 1960; (4) number of Negro male addicts from 10 cities of largest population for four selected years; (5) proportions by race of admissions from New York City for eight selected years; and (6) ages of persons admitted during selected years.

RESULTS

It was found that the greatest increase in Negro admissions was between 1940 and 1950, when admissions almost doubled. In 1948, there were 206 Negro male first admissions, 438 in 1949, and 1,068 in 1950. The highest yearly percentage of Negroes admitted, in 1957, was 43.8%. Southern Negroes were underrepresented. The South contained 59.9% of the Negro population of the country in 1960, but less than 5% of the Negro addicts came from this area. In 1964 this number rose to 15%, much of the increase coming from Washington, D.C. In 1960, 20.6% of the

Southern population was Negro, but only 7.9% of the Southern admissions were Negro. While Negroes were overrepresented in the general addict population, they were underrepresented among those addicts who came from the South.

The three areas in addition to Washington, D.C. which sent the largest numbers of Negro addicts-- Texas, Louisiana, and Maryland--did so from their largest cities exclusively; this did not hold true for white addicts. White narcotic use was not nearly so concentrated in the large cities as Negro narcotic use. The 10 most populous cities of the U.S. accounted for more than 70% of the Negro addicts, though they accounted for less than 40% of the Negro population.

In 1940, the mean age of addict admissions was 41.4 years. By 1964, the mean age had dropped to 31.9 years. For white Southerners, however, the mean age was around 40 years between 1940-1964, while Negro addicts' mean age was 10 years younger. In Northern states, the mean age of Negro addicts dropped from 38.2 years to 25.0 years between 1940 and 1950, rising again to 30.6 years by 1964. The major drop in mean age of white addicts occurred a decade later, dropping from 39.9 years in 1950 to 29.9 in 1964, when Negro and white median ages were essentially equal.

CONCLUSIONS

Because these data were only for hospitalized addicts, those in the early stages of addiction may have been underrepresented. Also, state and local programs for addicts caused a disproportionality in the sample for these states. The data showed a very large difference in the regional distribution of Negro addicts. Hospitalized Southern white addicts were 10 years older than Northern white addicts and eight years older than Southern Negro addicts. Two major problems are pointed out. First, why are urban Negroes and not rural Negroes so highly represented in the drug-using group? Secondly, why are rural drug-users chiefly white?

Bates, William.M. Occupational characteristics of Negro addicts. International Journal of the Addictions, 3(2):345-350, Fall 1968.

DRUG	Opiates
SAMPLE SIZE	99
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults
SEX	Male
ETHNICITY	Black
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	12

PURPOSE

Much of the literature on narcotic addiction assumes that narcotic drug users have problems within their occupational careers because the time and effort necessary to maintain their habit make it difficult, if not impossible, for the drug user to maintain a job. Although some research has been reported on patterns of abuse in specific occupational areas (e.g., physicians, nurses, jazz musicians), there is a dearth of research in the occupational patterns of drug abusers. Two questions are addressed here. (1) Are there many persons who start drug use prior to a vocational involvement, and subsequently are not vocationally engaged? (2) If a person starts a work career, will drug use adversely affect the area of work?

METHODOLOGY

A detailed study of the occupational history of Negro addict patients from New York and Illinois in the U.S. Public Health Service Hospital at Lexington was undertaken. Interviews were conducted with 99 Negro subjects successively admitted to the hospital. The patients were asked for a detailed account of their occupations, and for the age of onset of drug use. Extensive unemployment was defined as a period of six months or longer.

RESULTS

Thirty-nine percent of the subjects were engaged in steady employment prior to drug use, but of this group only 26% maintained steady employment after starting drug use. Thus, of those individuals who claimed to have started steady employment, nearly 74% had extensive periods of unemployment after starting drug use. Not one Negro addict in the sample claimed to have worked in a professional or managerial occupation. Five percent of the sample either never

held a job for a month, or held a job which was illegal. All but three of the subjects had been arrested, 47% of them before they started drug use. Fifty-one admitted selling drugs, an illegal means of supporting a habit. Only two people reported they were musicians. Generally, the addicts were overrepresented in semiskilled occupations.

Nearly half of the subjects came from families whose father did not provide support (48.9%). This lack of a paternal role model may itself be a crucial factor in the initiation and continued use of drugs. Only 6.2% of the subjects who were not supported by their father maintained steady employment, while 11% of those supported by both parents and 17% supported by the father alone gave such a history. Thirty of the subjects completed high school, and eight of this group went on to college. Sixty-eight never completed high school, and of this group, 18 did not start the ninth grade. However, neither extensive education nor lack of education seemed to affect the ability to maintain steady employment.

CONCLUSIONS

The data clearly show that there are a large number of Negro urban addicts who have never started a specific occupational career. Five subjects had never worked one month; 10 had never worked six months on one job; and 51 had periods of unemployment of six months or more before they ever started drug use. It seems clear then that there is a large pool of Negro addicts whose work history is congruent with the analysis of the "cat" culture made by Finestone. The study also clearly shows that a large percentage of those Negro addicts who start steady work careers have extensive unemployment after starting drug use. These data would seem to substantiate Lee Robins' idea that low socioeconomic status and deviant behavior go hand in hand. Deviant behavior--in this case, drug addiction--interferes with ability to work, and without steady income it is impossible to advance on the socioeconomic ladder.

Brotman, Richard, and Freedman, Alfred. A Community Mental Health Approach to Drug Addiction. Washington, D.C.: Government Printing Office, 1968. 137 pp.

DRUG	Opiates
SAMPLE SIZE	253
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults (14-24)
SEX	Male
ETHNICITY	36% Black; 39% Puerto Rican; 24% White
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Summer 1962 - Spring 1965
NO. OF REFERENCES	50

PURPOSE

The lifestyles and criminality of addicts before and after admission to a hospital therapeutic treatment program were examined to determine specific behavioral changes. Four fundamental adaptive lifestyle orientations were analyzed in terms of conventionality and criminality, ethnic and sociological distributions, treatment expectations, and other variables to determine the relationship of adaptive type to rehabilitation prognosis. Hospital staff attitudes shaping the treatment milieu were included in the evaluation of the program's effectiveness as a detoxification, decriminalization, and rehabilitation facility.

METHODOLOGY

The research design included a longitudinal study of a sample of drug users as they went into, through, and out of the New York City Metropolitan Hospital program. A 50% sample of all admissions to the narcotics addiction wards at the hospital was used. This sample was stratified on the basis of order of admission (even admissions one day, odd the next) and by season, approximately one-quarter of the sample being drawn from each season from the summer of 1962 through the spring of 1963. A sample of 253 male voluntary patients was selected for the patient sample; in addition, 33 staff members (61% of the total) were studied. Patients and staff were interviewed using one or more of six instruments.

On the basis of the interviews covering demographic variables, employment, family relationships, leisure activities, recent criminal acts, and criminal-social relationships, subjects were indexed according to four types of adaptations: (1) conformist, highly involved in conventional life and not significantly involved in criminal life; (2) hustler, highly involved in criminal life and not significantly involved in conventional life; (3) two-worlder, highly involved in

both types of life; and (4) uninvolved. Findings are presented by adaptive type. Subjects were also ranked high or low in terms of conventionality and criminality, categories related to adaptive type. High and low criminality were dichotomously scored by no criminal behavior, or one or more criminal acts.

Indexes of criminal involvement included incidence of criminal acts recently engaged in to support the habit, weighted according to the required degree of involvement in a criminal network. Drug use and possession were not included, being common to the sample population. Criminal-social relationships were scored according to the number of friends or associates in criminal occupations or with whom subjects engaged in joint criminal activity. These scores were combined in a composite index of criminality, ranging from zero to 19, and divided into high and low dichotomous scores on the basis of a median split. Conventionality indices were devised similarly.

Subjects were also asked about their primary goals and expectations regarding treatment, including psychiatric change, alteration in lifestyle, and controlled drug use. Following discharge, subjects were evaluated for changes in life patterns including criminality.

Staff members were interviewed and their responses analyzed in terms of attitudes toward drugs, addicts and addiction, moral and social judgments, and therapeutic goals. This information formed the basis for analysis of the treatment milieu. The therapeutic program was tentatively evaluated in terms of its rehabilitative goals, including decreased criminal behavior, cessation of violent or dangerous crimes, and reduction of recruitment of others into addiction and criminality.

RESULTS

The ages of persons in the sample ranged from 14 to 74; 56% were between the ages of 21 and 30, and 20% were under 21. Thirty-nine percent were Puerto Rican, 36% were black, and 24% were white. Seventy percent reported that their fathers were blue-collar workers. The median educational level completed was the 9th grade; however, 61% had attended high school. Eighty-three percent were diagnosed as having personality disorders, and 13% as schizophrenic.

The median length of addiction was slightly over five years, ranging from several months to 48 years, with onset of addiction occurring at age 18. The median number of previous detoxifications was five. Approximately three-quarters of the addicts had been in jail or reform school; both drug and nondrug violations were assumed.

When the most stringent criteria for adaptation types were employed, 47% of the sample deviated in some way. However, whites were least likely to be conformists, and most likely to be uninvolved, or hustlers. Blacks were most likely to be conformists, and least likely to be hustlers.

When stringent cutting points were used to divide high and low values, 3% were conformists, 12% were uninvolved, 4% were two-worlders, and 81% were hustlers. With median splits between high and low values, 23% were conformists, 21% were uninvolved, 25% were two-worlders, and 30% were hustlers.

With median-split distinction, 55% of the sample scored high in criminality, indicating at least one criminal activity depending upon a network or else two or more nonnetwork crimes. Fifty-five percent of the sample scored high in criminal-social relationships, and had at least one friend with a criminal occupation or one criminal partner.

Of all four adaptation types, conformists were lowest in criminal behavior: 63% had no police records since becoming addicted; 46% had never been in jail or reform school, and 80% denied that fear of arrest influenced hospitalization. For two-worlders, these figures were 29%, 28%, and 50%; for the uninvolved, 24%, 20%, and 62%; for hustlers, 14%, 12%, and 50%.

Conformists were primarily younger or older addicts; of these, 26% were ashamed of using drugs, and 64% claimed that their neighbors did not know of their habit. By contrast, less than 10% of the total sample were ashamed of their habit, and 71% of the hustlers' neighbors knew of their habit.

While diagnosis was not related to adaptive type, the evidence suggested that addicts involved in activities and social relationships (conventional or deviant) were less severely disturbed.

The uninvolved were the most likely to have a heavy heroin habit combined with other drug use, while two-worlders tended simply to have a very heavy heroin habit (\$35 or more daily). Hustlers ranked close in each regard; conformists were least likely to use drugs of any sort heavily. Thirty-nine percent of the two-worlders became addicted before age 21; 40% of the conformists became addicted at age 22 or older.

Most of the subjects in all groups were motivated to enter treatment by an urge to control or end drug addiction, rather than by an urge to alter their lifestyle. Similarly, 75% of the staff considered staying off drugs to be the primary goal of therapy.

After discharge, 75% of the subjects indicated that treatment had done them good. Follow-up interviews indicated a much stronger negative relationship between conventionality and criminality than that obtained at the time of admission. When subjects were reclassified as to adaptive type, 32% were classed as conformists and as hustlers, 26% as two-worlders and uninvolved, and 18% as mixed. High conventionality was more likely to be associated with low criminality after discharge than just prior to admission. Upon admission, 18% of the sample reported no recent criminal activity, but 45% reported no criminal activity at the time of the follow-up interview. Criminality was related to drug use at the time of follow-up: 69% of those not using drugs reported decreased criminality; 42% of the former patients who relapsed into drug use reported decreased criminality, but 27% reported increased criminality. Hospitalization was also correlated with a decrease in conventionality, from 36% to 28%, as well as a decrease in criminality from 44% to 16%.

CONCLUSIONS

Although most of the discharged patients saw themselves as successfully helped by the hospital, they felt they had posthospital problems, including those involving drug use. Evidence indicates that addicts do tend to become less criminal for a while, even if they are not cured; however, this may be a temporary side-effect of abstinence from drugs for a time following treatment.

If rehabilitation is considered a fundamental goal, then the decrease in conventionality following hospitalization suggests that the hospital program does not accomplish this aim in long-range terms. However, the goals of habit reduction and detoxification--goals characteristic of both patients and staff members--can lead to an improved social adaptation for addicts in terms of lowered criminal involvement. They can reduce, at least temporarily, the number of crimes committed to support large habits. It would appear that the hospital program serves as more of a detoxification and decriminalization agency than as a rehabilitative or conventionalizing facility.

Chambers, Carl D. Some epidemiological considerations of onset of opiate use in the United States. In: Josephson, Eric, and Carroll, Eleanor E., eds. Drug Use: Epidemiological and Sociological Approaches. Washington, D.C.: Hemisphere Publishing, 1974. pp. 66-81.

DRUG	Opiates
SAMPLE SIZE	69,887
SAMPLE TYPE	Treatment
AGE	Not Specified
SEX	Both Sexes,
ETHNICITY	43.7% Black; 35.1% White; 19.5% Spanish-speaking; 1.7% Other
GEOGRAPHICAL AREA	Cross-Sectional
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	1

PURPOSE

Epidemiologists working within the field of drug abuse have been seeking to assess the significance of three hypotheses suggested by clinical researchers: (1) the age of onset of opiate use has decreased in recent years; (2) onset is influenced by cultural factors such as peer group behavior, and thus certain years can be characterized as eruption years--periods of increased incidence of onset; and (3) the elapsed time between onset of opiate use and the seeking of formal treatment for addiction has been reduced significantly. This study attempted to provide national data pertaining to the onset of opiate abuse, including race/ethnicity differences, which will benefit both behavioral scientists and social policymakers.

METHODOLOGY

Information was drawn only from treatment files where addiction was a criterion for inclusion (any person seeking treatment for opiate use was considered to be addicted). Files from the following eight geographic areas or states were searched: (1) a New York State Narcotic Addiction Control Commission file which included addicts from the civil commitment program, and contained admissions for 1965-71; (2) a California file that included addicts from the state civil commitment program, and contained admissions for 1966-70; (3) the NIMH Clinical Research Center file which included the addicts who had been sent to Lexington under the National Addict Rehabilitation Act federal civil commitment program, and contained admissions for 1967-71 representing persons from throughout the U.S.; (4) an Illinois file that included volunteers for the multimodality, state treatment program, and contained admissions for 1968-71; (5) a Georgia file that included volunteers for the multimodality, state coordinated, community-based treatment programs, and contained admissions for 1971-72; (6) a Philadelphia file that included volunteers for the largest community-based methadone maintenance program in the city, and contained admissions

for 1968-71; (7) a St. Louis file that included volunteers for a state hospital-based methadone maintenance program, and contained admissions for 1967-70; and (8) a Miami file that included volunteers for county, community-based methadone maintenance and detoxification programs, and contained admissions for 1969-72. Each agency was asked to submit six sets of data for each client in its files, and a master file was constructed at the University of Miami Division of Addiction Sciences. This master file included data for 69,887 opiate abusers.

The study design also included a comparative study population of only those addicts seeking treatment at the time of the study. Texas Christian University and NIMH provided data for 1,026 admissions that occurred during March 1972.

RESULTS

In general, 22.3% of the study population of addicts had begun to use opiates before age 16, 45.9% before age 18, and 71.0% before age 21. Males began using opiates slightly earlier than females (22.6% of the males began use before age 16, compared to 21.1% of the females), and white and Spanish-speaking addicts began use earlier than black addicts (25% of the whites, 24% of the Spanish speaking, and 19.2% of the blacks began use before age 16).

Race/ethnicity distribution of the study population was: black, 43.7%; white, 35.1%; Spanish speaking, 19.5%; and other, 1.7%. Some minor race/ethnicity differences were noted in the distribution of ages at onset. Among the population of addicts, significantly greater proportions of both black and Spanish speaking addicts began their opiate use prior to 1960. Almost one-third of the black and Spanish speaking addicts began using opiates prior to 1960, as compared with approximately one-fifth of the white addicts. Data grouped according to the beginning of treatment produced the finding that white addicts appeared to seek treatment earlier than black addicts, and that black addicts appeared to seek treatment earlier than Spanish speaking addicts.

One major finding in the comparative group from Texas Christian University indicated that white addicts were more likely to be recidivators to opiate use than either black or Spanish speaking addicts. For example, 72.3% of the white addicts entering treatment began using opiates during 1965 or later. This occurred with 61.5% of the black and 47% of the Spanish speaking addicts.

CONCLUSIONS

Onset patterns must be monitored continually to see if addiction is on a decline. There is also a definite need for a standardized annual epidemiological census of onset factors for a national data base, and for a system of monitoring the onset patterns for debilitating drugs other than the opiates. Since there is evidence that more than 40% of the addicts will seek treatment during the first year of their addiction, meaningful services must continue to be provided during this critical inter-agency period, so that major reductions in the addiction pool can be accomplished.

Chambers, Carl D.; Cuskey, Walter R.; and Moffett, Arthur D. Demographic factors in opiate addiction among Mexican-Americans. Public Health Reports, 85(6):523-531, June 1970.

DRUG	Opiates
SAMPLE SIZE	271
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults (median age: 25-29 years)
SEX	247 Male; 24 Female
ETHNICITY	Mexican-American
GEOGRAPHICAL AREA	California; Texas
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	16

PURPOSE

Empirical data were gathered to provide a definitive description of the contemporary Mexican-American opiate addict. To determine whether demographic characteristics had changed, a sample of Mexican-American addicts first admitted for treatment in 1961 was compared to a sample first admitted in 1967.

METHODOLOGY

Histories of the Mexican-American addicts admitted to the Federal hospitals at Lexington, Kentucky, and Fort Worth, Texas, during the first 6 months of 1961 were compared statistically with the histories of the Mexican-Americans admitted during the same period in 1967. During the 1961 sampling period, out of a total of 1,745 addicts admitted, 102 or 5.8% were Mexican-Americans. During the 1967 sampling period, out of a total of 1,438 addicts admitted, 169 or 11.8% were Mexican-Americans. All statistical comparisons and descriptions were accomplished with these two populations.

RESULTS

The incidence of Mexican-American addicts among the total addicts admitted to the hospitals doubled between 1961 and 1967, even though the total number of hospital admissions decreased by almost 20%. The increase was only among male addicts. Female representation was half that of 1961. An overwhelming majority of the Mexican-American addicts, regardless of sex, were school dropouts. Although the addicts averaged 28.1 years of age in 1967, almost one-third had never been married. More than 40% of those who had attempted a marriage had been unable to sustain the relationship. A large majority of the Mexican-American opiate addicts in 1967 had histories of smoking marihuana

prior to their use of opiates. Opiate use most often began during the adolescent years. The Mexican-American addicts were most frequently found to be young adults; their mean age decreased between 1961 and 1967. Almost all were addicted to heroin, and used it intravenously. Even though the Mexican-American addicts supplemented their incomes from illegal sources, a majority maintained some legal occupational role while addicted (44.1% in 1961, and 66.3% in 1967).

The prevalence of arrest among Mexican-American addicts was the highest for any ethnic-cultural group. Every one of the 169 Mexican-Americans admitted in the first half of 1967 had a history of arrests. Among addicts of other ethnic groups admitted during the same period, 93.2% of the Negroes, 86.3% of the Puerto Ricans, and 83.4% of the whites reported that they had been arrested. The average age of the Mexican-American addicts at first arrest was 16.8 years. Five of the males had been arrested before age 10. Almost 80% of the Mexican-American addicts had been arrested as juveniles or adolescents. Although all the female addicts had been arrested, their arrests tended to occur at later ages than those of males. Half of the women were not arrested until after age 20. Since all of the Mexican-American addicts had been arrested, the age at first arrest and at the start of use of opiates was compared. The majority of the 169 addicts had been arrested before they began using opiates; 61.5% were arrested before any opiate use, while 21.3% were using opiates before their first arrests. The remaining 17.2% were arrested and began to use opiates at the same age.

CONCLUSIONS

The data generated several questions. First, why is the sex ratio so out-of-balance? Mexican-American females seem somehow buffered or insulated from the illicit drug subculture. Second, why does a minority group representing only 2% of the U.S. population contribute 10% of the opiate addict population? Data should be collected which will answer these questions and permit a full range of comparisons between Mexican-American addicts and Mexican addicts; between Mexican-American addicts and Mexican-Americans who do not use drugs, and between Mexican-American addicts and other addicts.

Chambers, Carl D.; Hinesley, R. Kent; and Moldestad, Mary. Narcotic addiction in females: A race comparison. International Journal of the Addictions, 5(2):257-278, June 1970.

DRUG	Opiates; Marihuana
SAMPLE SIZE	168
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults
SEX	Female
ETHNICITY	57 Black; 107 White; 4 Puerto Rican
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Program/Clinic Statistics
DATE(S) CONDUCTED	June - December, 1965
NO. OF REFERENCES	5

PURPOSE

An analysis of the characteristics of addicted women admitted to the USPHS Hospital at Lexington, Kentucky, was undertaken to determine any differences in their social, addiction, and deviancy background.

METHODOLOGY

A statistical analysis of the records of 168 female addict patients admitted to the Lexington hospital from June to December, 1965, was performed. Data were obtained from official hospital records and patient interviews. The study was designed to ascertain, using Chi-square comparisons, any significant differences between the white and Negro addicts.

RESULTS

Social Characteristics

The racial distribution of the subjects was 66.1% white and 33.9% Negro. The mean age of the white females was 37.0 years; of the Negroes, 30.4 years. The white addicts tended to be from the South, while more Negroes came from the North Central region of the U.S. All of the Negroes, but only 78% of the whites, were from a Standard Metropolitan Statistical Area. More white addicts had fathers who were white-collar workers. Negro addicts had more often been reared in broken homes (72% vs. 46%), and in situations where the mother worked outside the home. The amount of completed formal education was not associated with race. About 63% of the sample had

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not completed high school. Negro addicts more frequently reported intact marriages (82% vs. 55%). There were significant race differences in occupational status. Negroes were almost twice as likely to be in the category "illegally employed," and only half as likely to have been "dependent."

Addiction Characteristics

The mean age of first drug use for whites was 27.4 years, and a medical or quasi-medical rationale was reported. Negro addicts had a mean onset age of 21.3 years, and reported first use in a social context. Heroin was overwhelmingly the most popular opiate, although its prevalence was significantly lower for whites. Marihuana use was associated with heroin use, with Negro addicts more frequently reporting marihuana use. Negroes were also more likely to have secured their drugs from an illegal source, a consequence of the greater degree of heroin use by that group. White subjects were more likely to be volunteer patients, with 91% in that category versus 68% of the Negroes.

Other Deviancy Characteristics

A greater percentage of Negroes than whites reported they had been "pushers." Most pushers reported supporting themselves primarily by this means. More Negroes (68.4%) than whites (36.0%) had histories of prostitution. Most who engaged in this activity did so for primary rather than supplementary financial support. Having an arrest record was also associated with race; 91% of the Negro addicts versus 59% of the whites reported this history. Ninety-one of the patients received a psychiatric evaluation at the hospital. White addicts were most frequently labeled as having personality pattern disorders; Negroes were more frequently diagnosed as having personality trait disorders or sociopathic disturbances.

CONCLUSIONS

Significant race differences were found between Negro and white opiate addicts. Race, age, specific drug abused, and geographic region may be clustered to differentiate separate patterns of female narcotic addiction. One group would consist of older whites residing in small cities and towns in the South who are abusers of legal narcotics. Health professionals of both races may also be included in this group of "medicine" addicts. A second group would consist of the younger whites and the Negroes of the larger metropolitan cities, the stereotypic street heroin addict. Race as an independent identifier of a specific type of addict becomes less important in the non-Southern areas where Negroes are allowed greater participation in the drug-taking subcultures. Most social scientists would attribute these subcultural phenomena to theories of alienation, blocked-access, and accessibility.

The clinician who treats female addicts must have several modalities available. For example, older white addicts will probably not conceive of themselves as addicts, and thus not respond to nonmedical treatment of their "problem." Their drug use is tied to real or imagined physical illness. The younger white and Negro addicts, who have used drugs for their euphoric effects, will not tie their use to physical illnesses. They will have histories of arrest and will probably have undergone previous "cures." Character or behavior modification becomes the major component in any treatment modality with the street addict. The differences in personal and social attributes of female addicts can thus be predictive of their abusing behavior.

Chambers, Carl D.; Moffett, Arthur D.; and Jones, Judith P. Demographic factors associated with Negro opiate addiction. International Journal of the Addictions, 3(2):329-343, Fall 1968.

DRUG	Opiates
SAMPLE SIZE	155
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults
SEX	98 Male; 57 Female.
ETHNICITY	Black
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey.
DATA COLLECTION INSTRUMENT	Interviews; Laboratory/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	17

PURPOSE

Interviews were conducted at the USPHS Hospital in Lexington, Kentucky, to ascertain any significant differences between the known Negro addict-patient and the Negro in the general population, and to detect differences between new Negro admissions and Negro readmissions. Personal history, drug use history, and criminal history were the major areas investigated.

METHODOLOGY

Individual interviews were conducted with 98 consecutive male Negro admissions and 57 consecutive female Negro admissions to the Lexington hospital. All of the males and 82.4% of the females came from New York City or Chicago. An analysis of the results was made in categories of male versus female, and first hospital admissions versus recidivists.

RESULTS

Of the 155 Negro opiate addicts interviewed, 67.7% had experienced a broken home situation. The education levels of the male addicts were slightly higher than those of the females--40.8% and 33.3%, respectively, finished high school. The majority (84.5%) had experienced a marital situation, but only 48% of the male, versus 90.4% of the female, addict marriages were intact at the time of hospital admission. Only 25.2% of the sample had been legally employed, while 61.3% had been supporting themselves by illegal means, and 13.5% were dependent.

In most cases (89%), the subjects had been initiated into opiates by a peer. Heroin was overwhelmingly the drug of abuse, generally obtained from a pusher and taken intravenously. Marijuana was associated with opiate use: 84% of the addict-patients had used the drug. Males were

more likely to have used marihuana than females (93% to 68%), although continued use after opiate use was low (14%). Extensive marihuana use was correlated with early termination of education, early opiate use, arrest histories, and barbiturate experimentation. Sixty and six-tenths percent of the subjects reported a history of barbiturate use.

Of the 155 addict-patients, 94.8% reported arrest histories; this group had a mean of 3.9 arrests. Of those with arrest histories, 74.8% had a mean of 1.9 arrests for specific narcotic offenses and 83.7% had been incarcerated. Of those arrested, 31.3% reported arrest prior to age 18. A comparison of mean ages suggests, at least within the limitations of this comparative technique, that first arrest preceded the first use of opiates.

Within the male cohort, 96.9% of the subjects reported histories of arrest; 38.9% reported arrests prior to age 18; and 81.6% had been incarcerated. First arrest appeared to precede first use of opiates and, of those with arrest histories, 78.9% had been arrested for narcotic offenses. Among the prisoner admissions, 67.5% were to serve sentences for violations of the narcotic laws, primarily the sale of narcotics.

Within the female cohort, 91.2% of the addict-patients reported histories of arrest; 17.3% reported arrests prior to age 18, and 75.4% had incarceration histories. First arrest also preceded opiate use, and of the female subjects with arrest histories, 67.3% had been arrested for narcotic offenses. Among the prisoner patients, 44.4% were to serve sentences for narcotic offenses and, as was the finding with the male cohort, the sale of narcotics was a prevalent offense.

None of the prisoner admissions, either male or female, was currently incarcerated for a crime of violence.

CONCLUSIONS

This research demonstrates the homogeneity of a Negro opiate addict cohort. Compared to normal Negro groups, the addicts were more likely to have come from broken homes, to have been school dropouts, to have been married, to have been separated from their spouses, and to have been illegally employed.

The data suggest, at least among Negro subjects, that addicts rarely escape having extensive arrest records and their addictions rarely escape detection by the police. This also suggests that, at least among males, official detection of criminal deviancy precedes opiate experimentation. Given a sex differential in law enforcement, it was expected that males would be arrested earlier, have more arrests, be incarcerated more frequently, and would have longer sentences imposed than their female counterparts. This expected sex differential was found.

The extent of marihuana use by an addict may prove to be a valuable independent variable, as many addiction characteristics correlate with marihuana use. The data indicate also that optimum intervention into the addiction process would have to occur during the early school years and should focus on the liabilities attendant upon marihuana use.

Chein, Isidor. Narcotics use among juveniles. In: Cavan, R. Readings in Juvenile Delinquency. New York City: J.B. Lippincott, 1964. pp. 237-252.

DRUG	Multi-Drug; Heroin
SAMPLE SIZE	Over 3,000
SAMPLE TYPE	Juvenile Offenders
AGE	Adolescents
SEX	Male
ETHNICITY	Cross-Cultural
GEOGRAPHICAL AREA	New York City, New York
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Questionnaires
DATE(S) CONDUCTED	1952 - 1963
NO. OF REFERENCES	0

PURPOSE

The Research Center for Human Relations at New York University started investigating juvenile drug use in 1952. The purpose of the five studies reported here was to analyze:

- (1) The characteristics of neighborhoods in Manhattan, Brooklyn, and the Bronx in which heroin use by male adolescents had the widest prevalence;
- (2) The relationship between the rates of drug use in various neighborhoods and the rates of other delinquency;
- (3) The home life and characteristics of 100 heroin users and 100 nonusers;
- (4) The role played by delinquent street gangs in heroin activity;
- (5) Information and attitudes towards drug use among 1,000 boys, 13 or 14 years old, who lived in 3 neighborhoods differing in known incidence of heroin use.

STUDY 1

METHODOLOGY

Names and addresses were collected of 1,844 boys, age 16 to 21, who had come to the attention of some official agency (principally courts and hospitals) in New York in connection with narcotics between 1949 and 1952. The addresses were distributed by census tract divisions of the

1950 census, and census tract rates of drug use were calculated. The 1950 census also provided socioeconomic information about each tract.

RESULTS

In each of the boroughs, drug use among adolescent males was concentrated in a small number of census tracts. These tracts constituted the most underprivileged, crowded and dilapidated areas of the city. There was a relationship between neighborhood characteristics and drug rates. Drug use was highest where income and education were lowest, and where there was the greatest breakdown of normal family life.

STUDY 2

METHODOLOGY

Examining only Manhattan for the same time period and age group as Study 1, an analysis was made of a sample of court charges other than narcotic violations. Delinquency and drug use rates were compared.

RESULTS

Data showed that all neighborhoods with drug use of "epidemic" proportions were located in very high delinquency areas. There were, however, areas of equally high delinquency rates with much less drug use. Areas high in both drug use and delinquency were economically and socially the most deprived areas. Areas high in delinquency but low in drug use were substantially less deprived.

The rise in total delinquency from 1949 to 1952 was accounted for entirely by lesser violations; there was no change in the number of felonies. This held true in both the high and the lesser drug use neighborhoods. The percentage of delinquencies probably motivated by profit, however, was substantially greater in areas of high drug use. Only some adolescents, even in areas of highest incidence, took drugs. The highest proportion of known users in any census tract was 10%.

STUDY 3

METHODOLOGY

Two hundred boys were interviewed to explore the family characteristics and personal experiences that might distinguish drug users from nonusers who lived in relatively high use areas. They were divided into four roughly equal groups: (1) delinquents before becoming drug users; (2) delinquents who were not drug users; (3) nondelinquents before becoming drug users; and (4) neither delinquents nor drug users. The groups were matched as closely as possible for incidence of drug use in neighborhoods of residence and on a number of other variables (e.g., age, ethnic origin). Rough indices of economic deprivation and of deficient family atmosphere were also obtained.

RESULTS

Delinquents were significantly more deprived than nondelinquents on both indices. This was also true when drug users not previously delinquent were compared with those who were delinquents, and when only nonusers were considered.

Greater deprivation of delinquents was equally true when Negroes, Spanish-speaking persons and whites were considered separately. There was no difference in deprivation between white and Spanish-speaking users and nonusers, but Negro users (both delinquent and nondelinquent) came from more deprived homes than Negro nonusers. Thus, for white and Spanish-speaking youths, environmental factors that do play a special role in drug use would have to be along lines other than those associated with delinquency. Among Negroes, factors related to economic deprivation may be playing a special role in the etiology of drug use. This supports the findings of the previous two studies that neighborhoods high in both delinquency and drug rates were the most deprived. Neighborhoods high in both tended to be Negro neighborhoods.

STUDY 4

METHODOLOGY

This study was conducted in cooperation with the New York City Youth Board. Information about the drug use patterns of 18 antisocial gangs in the city was collected from the reports of group workers who were in close contact with the gangs.

RESULTS

Drug use was not necessarily tied in with gang activities. In some clubs there was no drug use; in others, less than half the members were users. There was no organized drug selling in any of the clubs, and no effort was made to recruit users. There were differences in lifestyle among users and nonusers in the clubs. Users were more likely to partake in gang-planned robberies and burglaries, as well as "lineups" and other forms of sexual delinquency, and they were less likely to participate in club-sponsored social and sports activities or in gang fights.

STUDY 5

METHODOLOGY

With the assistance of the school systems of the city, drug information and attitude questionnaires were administered to 1,000 eighth graders in three selected neighborhoods of low socioeconomic status: one with the highest drug rate in the city; one with a somewhat lower rate; and the third with very little drug activity. Inquiry was made about the value systems held by these boys and certain specific attitudes towards police and parents, in order to establish the psychological context of their attitudes towards narcotics.

RESULTS

Boys from neighborhoods where drugs were most prevalent held the most tolerant attitudes towards drugs and users, but were least likely to possess correct information about drugs and their consequences. Especially uninformed were Puerto Rican boys on the Lower East Side and Negro adjustment class boys in Harlem. The problem youngsters in high delinquency neighborhoods had a very negative attitude toward the police, highly valued "lots of thrills and taking chances," thought of themselves as lucky, and lived for today only. They were pessimistic and distrustful, and had low tolerance of anxiety and frustration.

Psychiatric studies suggest that juvenile addicts are seriously disturbed emotionally, frequently even schizophrenic, and that opiates are effective as anxiety-reducing and tranquility-producing agents. The author's previous study of the family backgrounds of addicts showed that their pathologic personality characteristics are consistent outgrowths of the disturbed pattern of family relationships to which they have been exposed.

CONCLUSIONS

Behaviors like delinquency and drug addiction take place in a physical and social context which plays an important role in determining their likelihood of occurrence and the specific forms they take. There are segments of communities in which there is a breakdown in the fabric of human relationships, where the individual has no roots, where he stands essentially alone, unable to see any constructive possibilities. Such an environment breeds delinquency and crime, alcoholism and drug addiction, and a variety of antisocial and socially maladaptive behaviors. In New York City, this environment is associated with three neighborhood characteristics: widespread poverty, a low level of education, and a high proportion of broken or deviant families. It is from disrupted families in deteriorated neighborhoods that the bulk of delinquents and drug users comes.

Individuals without strong internalized restraints--with various neurotic needs--tend to act in an antisocial manner. Such individuals may become criminals in the best of environments. An individual whose balance of needs and restraints is not essentially different from the average person, but who is placed in an atmosphere conducive to antisocial behavior, is also likely to become a delinquent. With easy access to drugs, a new channel of delinquent activity becomes available. Many, though not all, of the delinquents who experiment with heroin become addicted. Other addicts have not responded to the delinquency-producing vectors of the environment, but nevertheless display personality patterns in close harmony with the social atmosphere of their

neighborhoods. These are the unaggressive, withdrawn, dysphoric individuals who gain a sense of well-being and social acceptability from heroin and its subculture.

It is not feasible to conceive of worthwhile community action programs with a narrowly defined goal of preventing drug use. Drug use among juveniles is one symptom among many; personally damaged and environmentally deprived youths need broad programs of social action aimed at helping them grow into healthy adults who are neither users nor delinquents.

Craig, Starlett R., and Brown, Barry S. Comparison of youthful heroin users and nonusers from one urban community. International Journal of the Addictions, 10(1):53-64, 1975.

DRUG	Opiates
SAMPLE SIZE	130
SAMPLE TYPE	Peers; Treatment (outpatient)
AGE	Adolescents (mean age: 17 years)
SEX	Both Sexes
ETHNICITY	Black
GEOGRAPHICAL AREA	Washington, D.C.
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1971
NO. OF REFERENCES	15

PURPOSE

Most typically, the attempt has been to relate drug addiction in urban youth to the addict's family structure and functioning, or to characteristics of the community in which the addict lives, or both. To obtain a somewhat different perspective on addict functioning and background, a study was initiated to compare the histories and current functioning of addicts and nonaddicts drawn from differing black families within the same community. Such a study would permit a more complete examination of familial differences between addicts and nonaddicts, if indeed any existed, as well as an exploration of similarities and differences in aspirations, leisure time activities, peer associations, and attitudes toward school.

METHODOLOGY

During 1971, a sample of 65 drug-using youths was drawn from the treatment centers of the Narcotics Treatment Administration (NTA) in Washington, D.C., and a sample of 65 nondrug-using youth was drawn from various Washington, D.C. recreational and youth programs. All subjects were 19 or younger; all were black, and all drug users had used heroin, typically in association with other drugs. All of the nonusers claimed they had never used illicit drugs of any kind, and none was registered with the NTA. A majority of the nonaddict respondents were interviewed in the settings of their temporary summer jobs, while the addict-clients comprising the drug sample were interviewed while participating in a narcotics treatment program. Drug users did not differ significantly from nonusers in terms of age (17.2 vs. 17.4 years), education (9.6 vs. 9.9 years), or sex (89% vs. 92% male).

A structured interview schedule was administered to all subjects, individually and privately. To analyze subjects' responses to open-ended questions, categories were developed, and three judges

were asked to group clients' responses into these categories. Where two of three judges were in agreement, a fourth judge was also asked to group responses. Where all judges agreed that more than one response category was involved in a single answer, both scorable responses were included as data.

RESULTS

Between the ages of 6 and 12, there were no differences between groups in terms of community activities in which subjects participated, nor were there differences in terms of church attendance. Twenty-five percent of the drug users, and 31% of the nonusers, participated in church-related activities during that time. There were no significant differences between groups in terms of career aspirations reported for this same time frame. However, drug users were more likely to be raised in single-parent families than were nonusers ($p < .05$). Both groups were typically raised in single family dwellings. Seventy-seven percent of both groups liked school, and 75% of both groups described themselves as average or good students. However, drug users were significantly more likely to be school dropouts than were nonusers ($p < .01$).

Concerning current functioning, nonusers reported themselves as allied with organized community programs and groups to a greater extent than did users, as more likely to be engaged in sports activities, and as less likely to be engaged in purely social activities than did users ($p < .01$). To the same degree, more nonusers had three or more "close friends" than did drug users. Use of community facilities, particularly community recreation centers, declined significantly for users as well as for nonusers ($p < .01$). Similarly, while there was no difference between groups in terms of current church attendance, there was a significant parallel decline in weekly church attendance by both groups from late childhood to the present.

By adolescence, both groups had the same number of single-parent families, both reported having the same numbers of brothers and sisters available to them, and both were equally unlikely to report themselves as having been raised in families receiving welfare benefits. Thirty-two percent of the drug users reported members of their immediate families as using drugs (typically siblings), and 14% reported members of their extended families to be drug users. Only 2% of the nonusers reported drug use by members of the immediate family, with 6% claiming drug use by members of their extended families.

Twenty-eight percent of the nonusers reported that they had not used drugs because they had seen the effects on others; 19% cited the physical danger of drugs; 12% cited the interference of drug use with the ability to function effectively in the community; and 12% cited concern about their parents. For drug users, curiosity was the primary reason for their involvement with illicit drugs. Concern about family (27%) and about their own deterioration as people (18%) were major factors in their decisions to seek treatment. Seventy-two percent of the drug users used marijuana; 77% used heroin at least weekly on entrance into NTA, and 68% had also used cocaine. Drug users and nonusers did not differ in terms of the number who used alcohol. Sixty-nine percent of the drug users and 47% of the nonusers knew overdose victims. Differences between groups were significant both for numbers of persons arrested and for average number of arrests reported by the respondents; however, for those arrested in both groups, there was no difference in terms of age at first arrest.

CONCLUSIONS

The relative lack of cohesion within drug users' families is in accord with earlier findings (Chein et al., 1964; McCord, 1965; Robins and Murphy, 1967; Rosenfeld, 1962). If the impact of living in a single-parent family is of consequence to the addiction process, presumably that impact is made early. Although family instability is considerable in both groups, it seems that it is more intense for drug users at an earlier age. The fact that drug users reported drug-using family members suggests a need for treatment staffs to become more largely concerned with efforts to involve clients' families in the treatment and counseling process. It seems likely that such effort may result in the detection of other persons showing evidence of drug dependence, or help to prevent the emergence of drug dependence in others. The results also indicate the importance of early detection of drug dependence by those who come in frequent contact with youth, in an effort to intercept this process of behavioral contagion within families and communities.

Cuskey, Walter R.; Moffett, Arthur D.; and Clifford, Happa B. Comparison of female opiate addicts admitted to Lexington Hospital in 1961 and 1967. HSMHA Health Reports, 86(4):332-340, April 1971.

DRUG	Opiates
SAMPLE SIZE	57
SAMPLE TYPE	Treatment (Inpatient)
AGE	Adult
SEX	Female
ETHNICITY	239 White, 218 Black
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Clinical Statistics
DATE(S) CONDUCTED	1961 and 1967
NO. OF REFERENCES	23

PURPOSE

To examine the changes within the female addict population between 1961 and 1967, a comparative analysis was undertaken of female opiate addicts admitted to the USPHS Hospital at Lexington, Kentucky, during this period. The economic, social, geographic, and educational background characteristics of white and Negro female addicts were analyzed. Race, having already been demonstrated as a significant control variable, was incorporated with time, thereby producing a frame of reference to measure changes within the racial composition of the female addict group.

METHODOLOGY

From January through June of 1961, 284 women had been admitted to the Clinical Research Center at Lexington hospital for treatment of narcotic addiction. The racial distribution of the addicts was 52.8% white (150), and 47.2% Negro (134). During the same months of 1967, there were 173 women admitted for treatment, with the racial distribution of the addict patients almost identical to that of 1961 - 51.4% white (79), and 48.6% Negro (84).

The study was designed to ascertain any time-race differences through three separate statistical comparisons: (a) white women admitted in 1961 and their 1967 counterparts; (b) Negro women admitted in 1961 and their 1967 counterparts; and (c) all women admitted in 1961 compared with all women admitted in 1967. The variables selected for these comparative analyses were grouped into three categories: (a) pretreatment background characteristics (i.e., level of formal education; marital status immediately before entering treatment; primary means of support); (b) geographic distribution; and (c) characteristics at admission for treatment.

RESULTS

Female addicts of both races were younger at admission in 1967 than their counterparts in 1961. Comparison of median ages indicated no change for Negro addicts; the median remained in the 25-29 category. A decrease occurred for the white addicts, however; the median fell from 35-39 in 1961 to 30-34 in 1967. White female addicts had been and continued to be older than the Negro addicts. In 1961 and 1967, female addicts primarily came from three U.S. regions: the South, North Central, and Middle Atlantic regions. In 1961, the South contributed 42.7% of the 150 white female addicts, but only 11.9% of the 134 Negro addicts. The Middle Atlantic region contributed 59.7% of the Negro addicts but only 20.7% of the white addicts. The North Central region contributed 28% of the white and 25.4% of the Negro addicts. In 1967, the North Central region replaced the Middle Atlantic region as the largest contributor of Negro addicts (52.4% vs. 26.2%).

The distribution of attained formal education did not change significantly between 1961 and 1967, regardless of the addict's race. In 1961, a total of 8.8% of all women had pursued higher educations; by 1967, a total of 13.3% had gone beyond high school. The number of women who dropped out before completing high school significantly decreased between 1961 (64.8%) and 1967 (55.5%). With regard to marital status, in 1961 broken marriages were reported by 33.4%; in 1967, however, 42.2% reported broken marriages.

Of all the pretreatment background characteristics, the most significant changes occurred in the way in which female addicts supported themselves. Generally, both the number of those legally employed and those who were dependents decreased. The number of those resorting to illegal activities as a primary means of support increased--from slightly more than 10% in 1961 to more than 30% in 1967 among the white addicts, and from a little more than 36% in 1961 to almost 67% in 1967 among the Negro addicts. Regardless of race, illegal activities increased as a primary means of securing money for drugs.

The demographic study of the female patients of Lexington would seem to indicate the existence of three major lifestyles: (1) the white heroin addict: often a young woman supporting herself by illegal means, with probably one or more broken marriages; (2) the white medical addict: an older woman, dependent on others for support, using drugs other than heroin; and (3) the Negro heroin addict: a younger woman deriving support from illegal means, and having a high rate of broken marriages.

CONCLUSIONS

The emerging pattern of the life situations of the women studied shows an interwoven history of social, economic, and psychological problems, with recurrent relapses requiring hospitalization. These findings imply the need for a preventive mental health program directed to the addict population. Particular attention would seem to be required in child psychiatry, and in meeting the socialization needs of children living in pathogenic or pathologic situations. This would be most urgent for female children, especially Negro, whose life alternatives are generally limited to their immediate family and its social network. The findings also imply the need to study the social support systems available to addicts returning to their family environment after hospital treatment and the need to develop possible alternatives.

DeFleur, Lois B.; Ball, John C., and Snarr, Richard W. The long-term social correlates of opiate addiction. Social Problems, 17(2):225-234, Fall 1969.

DRUG	Heroin
SAMPLE SIZE	53
SAMPLE TYPE	Formerly Incarcerated
AGE	Adults
SEX	Male
ETHNICITY	Puerto Rican
GEOGRAPHICAL AREA	Puerto Rico
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Police Records; Urinalysis; Medical Records
DATE(S) CONDUCTED	1962 - 1964
NO. OF REFERENCES	10

PURPOSE

The problem of comprehending the long-range correlates of opiate addiction and the life patterns of addicts remains one of considerable importance. Several factors play a role in the long-term social adjustment of addicts. Personal characteristics, social position previous to addiction, the type of drug abused, the social setting in which it is used, and the sociocultural milieu following the onset of addiction are important influences. It is possible to view these various processes in longitudinal terms, that is, using variables which were present prior to, during, and after the onset of addiction. To describe patterns of criminality, arrest, incarceration, drug use, and legitimate employment, and the relation of these characteristics before and after addiction, heroin addicts from a Puerto Rican culture who returned to the culture after serving time in a penal institution were studied. Of particular interest were indications of the degree to which a subject had either remained a social problem (indicated by arrests, further institutionalization, and involvement in illicit activities), or had made a reasonable social adjustment (indicated by legitimate employment and absence from continued drug abuse).

METHODOLOGY

The data covered 53 male Puerto Ricans who had been discharged from the U.S. Public Health Service Hospital at Lexington, Kentucky, between 1935 and 1962. The time lapse since the onset of opiate abuse ranged from 5 to 37 years, and the time from onset to interview averaged 16 years.

Extensive field interviews were conducted in Puerto Rico in the period 1962-1964 to follow up on 242 former patients at the USPHS Hospital in Lexington. Many had died or left Puerto Rico, but 53 former federal prisoners were interviewed. Voluntary admission patients were not used due to

the confidential protection of the cases, and because prisoner patients had supporting data. The background features of the sample showed the following characteristics: above-average educational level; often bilingual, generally quite sophisticated in manner of speech, and tending to regard work as either boring or not worth their time.

For each subject the following data were obtained: (1) medical reports from the time of first admission; (2) a field interview which focused on addiction history, employment and criminality; (3) urinalysis of a specimen obtained at the time of the interview; and (4) a current (to October 31, 1964) FBI record of arrests and incarcerations. Collateral material was obtained through interviews with friends, employees and physicians in Puerto Rico, as well as through local hospital and arrest records. Subsequent admissions to Lexington (or Fort Worth) provided comparable longitudinal information on drug use, employment history, and criminality, as well as family stability, psychiatric diagnosis, social mobility, and physical condition at the time of each hospitalization. The following measures were used in the analysis: for each year from the onset of opiate use, each subject was classified as addicted, incarcerated, or voluntarily abstinent, based on the condition which prevailed in that year. In addition, arrests while addicted were recorded. Thus, life patterns of addicts could be traced in two ways: first, each condition was traced separately to gain a broad picture of long-term adjustment; secondly, configurations of these factors could be examined which would reveal prevailing life patterns. Such configurations were seen to bring together preaddiction and postaddiction characteristics which indicated the presence of several types of career patterns.

FINDINGS

Drug Use

It was determined that the common sequence for drug use was marihuana smoking, heroin addiction, arrest for narcotics violation, and incarceration. Two patterns were seen for narcotics usage during the years following the onset of addiction (the "risk years"): (1) continuous opiate addiction, or (2) less commonly, abstinence for three or more consecutive years constituting a presumed cure. Of the subjects, more than half had their only drug-free experiences while in prison and were considered as essentially confirmed addicts, incapable of ending their addiction.

Arrests

Although only about one-third of the sample group had arrests prior to opiate use, all had records after use, with about three arrests per subject as the mean. The extent of incarceration of the group was considerable. The use of opiates was seen as a definite factor in increasing the frequency of arrests.

Occupational Careers

The interviews revealed that nearly one-half of the patient population had engaged in illegal activities as its main means of support. The types of permanent criminal careers were most commonly drug traffic and theft. Another group of 18 addicts were classified as sporadic criminals who sometimes took jobs in service, trade, and labor, but supplemented their income through illicit activities. Only 9 subjects were steadily employed, including 4 who were in high-status occupations. Finally, 3 addicts were seen as basically dependent upon relatives for support. The fact that more than three-fourths of the sample group had engaged in criminal activities indicates the consistent involvement of the subjects in a variety of deviant activities including, but not limited to, drug use.

Life Patterns

In examining the configuration of variables along the longitudinal progression (preonset, onset, addiction, postaddiction), it was seen that those subjects who were steadily employed were ranked above others in socioeconomic status, educational attainment, and employment prior to addiction. None of these patients had been arrested prior to opiate addiction, and the onset of addiction occurred at a relatively later age than the others. Most often the steadily employed subject was arrested several years after he began his habit. The criminal group had begun addiction at an earlier age and often had arrests before addiction.

Following the onset of opiate use, those who were employed used less drugs (based on cost). A significant number of this group eventually stopped using drugs. In contrast, the criminal group became increasingly involved in illegal activities. During the three years prior to the

interview, all of those in the criminal group had been arrested or were in jail. Those who were classified as sporadic criminals had careers between the two other groups. Most had been employed before onset, but one-third had been arrested. This group was considered to be in a transitional stage, with some moving away from drugs while others moved deeper into the drug-crime culture.

CONCLUSIONS

Long-term social adjustments of the Puerto Rican subjects are clearly related to where they were located in the social structure prior to addiction. There appear to be important differences between those who become addicted while steadily employed, and those who do so while pursuing criminal careers. The earlier involvement with deviant behavior on the part of the criminal group may be significant. Second, postaddiction adjustment may be handled better by those with previous employment and higher educational achievement. In this study, those with less favorable preaddiction histories were clearly seen to be poor risks for adjustment following their release from incarceration.

The data touched upon the issue of marihuana and its relationship to heroin addiction. Because of the clear position of marihuana in the sequence of drugs, the drug may have served either as a facilitating or even a precipitating condition leading towards more serious narcotic abuse for some individuals who had personal or social characteristics which made them susceptible to addiction.

The relationship between criminality and heroin addiction is a complex one, and the understanding of variables which lead to one deviancy may be important in understanding the others.

Duvall, Henrietta J.; Locke, Ben Z.; and Brill, Leon. Follow-up study of narcotic drug addicts five years after hospitalization. Public Health Reports, 783:185-193, March 1963.

DRUG	Opiates
SAMPLE SIZE	453
SAMPLE TYPE	Posttreatment
AGE	Adults
SEX	283 Male; 170 Female
ETHNICITY	236 White; 165 Black; 52 Puerto Rican
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Observations
DATE(S) CONDUCTED	1952 - 1956
NO. OF REFERENCES	5

PURPOSE

To assess the social characteristics and addiction status of treated narcotic addicts after a number of years, a five-year follow-up was conducted on 453 patients who were discharged from the USPHS Hospital in Lexington, Kentucky, between July 1952 and December 1955. Records were kept on relapse, unemployment, and arrests.

METHODOLOGY

The sample of 453 consisted of 236 whites, 52 Puerto Ricans, and 165 blacks; there were 170 females and 283 males. The subjects were chosen from a larger group of 1,359 who had undergone follow-up procedures after discharge from the Lexington hospital. These patients all lived in the New York City area at the time of the study. Discharged between July of 1952 and December of 1955, they were followed until their readdiction to narcotics or until December 31, 1956. Addiction status was determined by the use of habit-forming narcotic drugs as specified under the Federal Narcotic Act.

RESULTS

There were 52 deaths among the 453 patients in the sample. Although more than 97% became readdicted during the five years after treatment at Lexington, by the fifth year after discharge only an estimated 46% of the study population were readdicted, and 49% were abstinent either voluntarily or involuntarily. An estimated 40% of the study population had been voluntarily abstinent at some time during the follow-up period. Forty-one percent returned to the USPHS Hospitals at Lexington, Kentucky, or Fort Worth, Texas, during the five-year period.

White males over 30 years old had the highest rate of voluntary abstinence, while black females had the lowest rate. Black males had the highest rate of involuntary abstinence, white males the lowest, and Puerto Rican males were in the middle. However, these differences were not statistically significant.

An important factor in voluntary abstinence was age. Discharges over 30 years of age showed a significantly higher rate than their younger counterparts. They also showed a significantly greater ability to remain drug-free. Abstinence increased with the passage of time, while re-addiction rates decreased.

Approximately 70% of the study population had one or more arrests. Higher arrest rates were reported for the under-30 age group than for those over 30. Two-thirds of all the arrests reported were for narcotics violations, and the overwhelming majority of remaining violations concerned illegal means resorted to by addicts to support their habits. Almost all instances of arrests in the voluntary abstinent group occurred at times of addiction.

It was estimated that 41% of the male addicts were unemployed five years after discharge. Fifty-nine percent were employed full-time. Constantly addicted discharges showed a full-time employment rate of only 13%. During the five-year follow-up period, few of the patients received psychiatric aftercare.

CONCLUSIONS

After treatment, the drug addict is generally an antisocial individual who has difficulty readjusting to the community. The findings of this study, such as high relapse, arrest, and unemployment rates, plus minimal use of psychiatric aftercare services, lend support to the view that there should be systematic community aftercare for such persons.

Eldred, Carolyn A., and Washington, Mabel N. Interpersonal relationships in heroin use by men and women and their role in treatment outcome. International Journal of the Addictions, 11(1):117-130, 1976.

DRUG	Opiates
SAMPLE SIZE	158
SAMPLE TYPE	Treatment (outpatient)
AGE	Adolescents; Adults (mean age: 25 years)
SEX	79 Male; 79 Female
ETHNICITY	93% Black; 7% White
GEOGRAPHICAL AREA	Washington, D.C.
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	10

PURPOSE

The role of interpersonal relationships in heroin use has been examined from a variety of perspectives: Research and clinical reports have focused on patterns of the spread of addiction, on sex differences in the social milieu surrounding drug use, and on the interpersonal and family dynamics conducive to drug use or supportive of rehabilitation. In an effort to incorporate these various approaches into a multifaceted examination of the importance of social or interpersonal factors in heroin use and drug rehabilitation, male and female heroin addicts entering the District of Columbia Narcotics Treatment Administration (NTA) program were studied.

METHODOLOGY

Seventy-nine female clients and 79 male clients were interviewed at the time of intake. The mean age of the subjects was 25 years; 7% were white and 93% were black. The interview elicited information concerning the importance of interpersonal variables in heroin use and treatment outcome. It included questions concerning the social setting of the first and usual use of Heroin, living situation at selected points in time, the presence in the household of other heroin users, the use of drugs by spouse or friend, perceptions of the feelings of significant others about the drug problem, awareness of the role played by other individuals in their own addiction, efforts on the part of others to encourage or discourage entry into treatment, and the addicts' own efforts to influence others to give up drugs.

RESULTS

Males were most often "turned on" by a person of the same sex (59%), while females were most often turned on by someone of the opposite sex (41%). A considerable minority of female addicts were also introduced to heroin by women (29%), while it was rare for a man to start heroin use through a female contact (5%).

Males and females also differed significantly in their living situations at the time they began to use drugs, with females more likely to live alone or only with their children (34% vs. 9%), and males more likely to live with their parents or other relatives (73% vs. 42%). These differences prevailed as well at the time of the individual's first attempt at withdrawal and at intake to treatment. However, the differences may have been due to the greater number of male clients in their teens. When only those between the ages of 20 and 29 were considered, the differences dropped out.

Females were more likely than the males to have lived with a current or previous heroin user: (1) when they first attempted to withdraw from heroin, (2) at the time of a previous involvement with NTA, and (3) at their present entry into the NTA program. Females were also more likely than males to report that their spouses or opposite-sexed partners were current or previous heroin users (34% vs. 9%). The clients differed significantly with regard to the person they felt to be most unhappy about their drug use. Men and women were about equally likely to mention their opposite-sexed partner, relatives, or friends of the same sex; however, females were significantly more likely to mention their children, while males were more likely to reply "no one" or "I don't know."

Addicts were divided into two groups, depending upon the type of support they received from the members of their household to enter treatment, labeled "Supportive Milieu" and "Nonsupportive Milieu." The Nonsupportive Milieu Group included significantly more females than males, while the Supportive Milieu Group included significantly more males ($p < .01$). Women also tended to do more poorly in treatment than males, although this difference was not statistically significant ($p < .10$).

CONCLUSIONS

As suggested by previous research, the social milieu surrounding heroin use appears to vary as a function of sex. While men and women both initiated drug use in the context of peer relationships, typically only women began to use heroin within a relationship with a person of the opposite sex. Speculations about this difference might consider the possible power structure or status hierarchy implicit in male-female relationships, as well as the relative importance of same-sex and opposite-sex relationships for men and women. While interpersonal influence did not relate significantly to outcome, it was in the predicted direction. In treatment, clients might be encouraged to give some thought to the role that other people play in their drug use. They could be helped to see that interpersonal influence is a normal part of life and does not represent "weakness" on their part. With time, they might learn to analyze their social relationships so as to recognize individuals, social settings, or responses of themselves or others which signal a relapse into drug use, as well as social stimuli supportive of their rehabilitative efforts.

Feldman, Harvey W. Ideological supports to becoming and remaining a heroin addict. Journal of Health and Social Behavior, 9(2):131-139, 1968.

DRUG	Heroin
SAMPLE SIZE	Not Specified
SAMPLE TYPE	Addicts in Slums
AGE	Not Specified
SEX	Male
ETHNICITY	Black; Puerto Rican; White
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Descriptive
DATA COLLECTION INSTRUMENT	Observations
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	20

PURPOSE

It is the premise of this study that ideological principles are directly related to the introduction and use of narcotics in slum areas. The possessor of certain highly esteemed qualities is thought to hold the key to escape from a life of poverty and despair. A hero is a natural conduit for the introduction of drugs; he may inspire successive waves of new experimenters. In order to provide a preliminary way of analyzing the use of heroin among males at the lower socioeconomic levels, the features of slum life that are crucial to understanding the causes of initial experimentation were examined. A theoretical explanation for initiation to drug use is presented, based on information gathered over a six-year period at a settlement house in the Lower East Side of New York City.

SUMMARY

Studies of drug addiction suffer from a failure to explore social features of slum neighborhoods. Investigators may be overly concerned with the treatment of addiction, they may have a tendency to seek explanations from individual pathology, and their viewpoint is often restricted by the environment of the large institutions. Medical models fail to explain the spread of drug use in epidemic proportions. While such models may recognize a general predisposition to emotional pathology among slum dwellers, they do not explain the choice of drug addiction as opposed to another form of deviant behavior.

Puerto Rican, black, and other ethnic groups have been found to recognize and admire the so-called "stand-up cat" type of individual. After serving as the instrument for introduction of drugs into a neighborhood, the stand-up cat himself may or may not become hooked on drugs. If so, he will adopt a new set of ideological principles, more comfortable for the life of a drug

addict. Regardless of the fate of individual members, new stand-up cats will always be present in slum society. Each will consider his courage and strength to be superior to those of his predecessor. The nature of his ideals will be sufficient to ensure acceptance of the challenge. Along with ideology, the importance of monetary considerations to the spread of drug addiction in underprivileged areas is evident. Older drug pushers may be able to reap enormous financial success from their efforts, and the earnings of the young recruit compare favorably to those he might attain from another source.

CONCLUSIONS

Because ideology has kept him constantly prepared for some kind of battle, the young slum dweller may be especially susceptible to the temporary benefits of drugs. The first shot may provide a relief from tension and a relaxation he has never before experienced. Drug experimentation need not result from failure within a social structure. Conversely, the drug user may play an active role in starting to use drugs as part of an effort to attain high social status among his peers. The drive to attain social status may be an explanation for the speed with which drug use spreads in a given community.

File, Karen N.; McCahill, Thomas W.; and Savitz, Leonard D. Narcotics involvement and female criminality. Addictive Diseases, 1(2):177-188, 1974.

DRUG	Heroin; Morphine
SAMPLE SIZE	227
SAMPLE TYPE	Incarcerated
AGE	Adults
SEX	Female
ETHNICITY	163 Black; 64 White
GEOGRAPHICAL AREA	Philadelphia, Pennsylvania
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Laboratory/Examination; Criminal Records
DATE(S) CONDUCTED	1973
NO. OF REFERENCES	8

PURPOSE

As part of a larger study on narcotics and crime, the following questions were investigated in regard to female addicts and crime:

- o Are there discrete patterns of criminality among female addicts?
- o To what degree does the female addict engage in prostitution to meet her financial needs?
- o What are the general criminal patterns among female addicts who do not engage in prostitution?

Examined was the hypothesis that a female addict will either engage exclusively in prostitution or in a variety of other criminal activities; further, that the female addict will tend to choose prostitution because of the high financial rewards and low penal sanctions associated with it.

METHODOLOGY

The sample was drawn from all persons arrested during a ninety-day period in 1973 in Philadelphia. Of these, 1,087 were females and 227 were female addicts. Demographic data were drawn from the prearrestment interviews given all arrestees, and police records were examined to obtain the legal category for all charges for each arrestee. Urine specimens were obtained from 70% of the sample.

Data were analyzed to yield information on addiction and prostitution, race and prostitution, race and type of offense, mean number and types of arrests, specific offenses for prostitutes and nonprostitutes, typology of criminal behavior, and number and types of arrests for prostitutes and nonprostitutes.

RESULTS

Prostitution accounted for 20% of all arrests for females; 21% of these arrests involved narcotics. Forty percent of all arrested prostitutes were addicts, compared with 15% of the non-prostitutes. Prostitution involved 41% of all female addicts, but only 14% of female nonaddicts. Of all arrested females, 93 were prostitutes and addicts, 134 were addicts but not prostitutes, 119 were prostitutes, and 741 were neither addicts nor prostitutes.

In general, black addicts were more frequently arrested than white, not only for prostitution, but also for larceny, forgery, robbery, assault, weapons offense, homicide, and gambling. Prostitution was significantly associated with addiction among black females. Of the 227 female addicts, 80 were black prostitutes, 83 were black nonprostitutes, 13 were white prostitutes, and 51 were white nonprostitutes. The 163 blacks constituted 71.8% of the addicts, and 86% of all prostitutes versus only 61.9% of all nonprostitutes.

Prostitute addicts were more frequently arrested than nonprostitute addicts for all categories of offense, including a wide range of personal and property crimes. The female addict prostitutes were not less likely to commit nonsex crimes than the nonprostitutes.

CONCLUSIONS

Based on data analysis, a fourfold typology is suggested in place of current simplistic explanations of female addiction and crime:

1. Prostitute/Criminals--Prostitutes who have the highest overall arrest rate for prostitution and serious crime (one-third of sample, predominantly black).
2. Prostitutes--Prostitutes with no history of serious crimes whose nonsexual charges are usually for possession of drugs (smallest group of sample, predominantly black).
3. Criminals--Nonprostitutes who have been arrested for serious crimes (similar to Group 1 in arrest record, but predominantly white; the largest group).
4. Bag followers--Those who hold drug supplies for pushers and need not engage in prostitution or serious crime, and are not frequently arrested (generally white).

Finesone, Harold. Cats, kicks and color. Social Problems, 5(1):3-13, July 1957.

DRUG	Heroin
SAMPLE SIZE	Over 50
SAMPLE TYPE	Volunteer
AGE	Adolescents; Adults
SEX	Male
ETHNICITY	Black
GEOGRAPHICAL AREA	Chicago, Illinois
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1951 - 1953
NO. OF REFERENCES	2

PURPOSE

In order to depict a social type of heroin addiction and to present a hypothetical formulation to account for it, over 50 black, male heroin users in their late teens and early twenties, selected from the areas of highest incidence of drug use in Chicago, were intensively interviewed.

SUMMARY

The delineation of the generic characteristics of young black drug users in this study constituted an ideal type. No single drug addict exemplified all of the following traits, but all of them revealed several to a marked degree:

- (1) An air of superiority, derived from identification with an elite group, the society of "cats."
- (2) Strict eschewing of the use of force or violence as a technique; achieving goals by indirection, persuasion, and manipulative techniques, and settling problematic situations by the use of wits and conversational ability.
- (3) A self-image as a cool "operator," with complete skepticism as to other people's motives, relating to them by outsmarting them or by open-handed and often ruinous generosity, always looking for a "scheme" or an "angle."
- (4) A large, colorful, and discriminating vocabulary, dealing with all phases of the drug experience and using concrete, earthy words for commonplace objects, revealing an attitude of subtle ridicule toward conventional usage.

- (5) An aristocratic disdain for work and for the subordination of self to superiors and the repetitive daily routine entailed by work, which is only for "squares."
- (6) Having a "hustle," or nonviolent means of "making some bread," involving a variety of illegal activities of the "conning" variety, acting as a petty thief, pickpocket, or pool shark, or possibly playing the enviable role of a pimp.
- (7) Experiencing the "kick" as the main purpose of life, whether unconventional sex, alcohol, marihuana, or heroin, with heroin the "ultimate kick" to provide a sense of maximum social differentiation from the "square."
- (8) Setting great store on the enjoyment of popular music.
- (9) Exercising much sartorial talent on proper dress.

The cat seeks to make his life a gracious work of art, through a harmonious combination of charm, ingratiating speech, dress, music, the proper dedication to his "kick", and unrestrained generosity. He feels he is any man's equal. The cat as a social type is a manifestation of social change in which a new type of self-concept has been emerging among black adolescents of the lower socioeconomic levels in large urban centers. The cat as a social type is the personal counterpart of an expressive social movement. The context for such a movement includes the broader community with its policies of social segregation and discrimination, which isolate the cat in a world where he attempts to give form and purpose to dispositions derived from, but denied an outlet within, the dominant social order. Two themes are central in the life of the cat: the "hustle" and the "kick," which conflict with and indirectly attack the central conventional values of occupation for the male and the regulation of conduct in terms of future consequences. Perhaps a type such as the cat has emerged, instead of a social movement with the objective of changing the social order, because of the long tradition of Negro accommodation to a subordinate status as well as to the social climate since World War II, which does not seem to have been favorable to the formation of specific social movements.

Stable family and community organization is lacking in those areas of the city where drug use is concentrated. Such a social milieu does not encourage planning for the future and the subordination and disciplining of present behavior for future rewards. It tends by default to enhance the present, and the "kick" appears to be a logical culmination of this. The cat is "free" in the sense that he is a preeminent candidate for new forms of social organization and novel social practice, attempting to escape from the historical traditions of the Negro which he regards as humiliating. He is not fully assimilated into the social institutions available to him, and is excluded from the socializing experiences of adolescents in more advantaged sectors. There are few effective controls on his conduct but those exercised by his peer group.

It is implicit in the notion of an expressive social movement that, since direct collective action to modify the sources of dissatisfaction and restlessness is not possible, all such movements should appear as forms of "escape." From the perspective of the young drug user himself, it is a gross oversimplification to view the problem of addiction from the perspective of the established social structure in this way. The emergence of the self-concept of the cat is an attempt to deal with the problems of status and identity in a situation where participation in the life of the broader community is denied, but where the adolescent is becoming increasingly sensitive to the values, goals, and notions of success which are obtained in the dominant social order. Exclusion from the "serious" concerns of the broader community will result in adaptations manifesting a strong element of "play." The function performed by the emergence of this social type among Negro lower-class adolescents is analogous to that performed by "The World of Make-Believe" in the Negro middle class.

CONCLUSIONS

The development of a social type such as that of the cat is only possible in a situation where there is isolation from the broader community but great sensitivity to its goals, where the peer group pressures are extremely powerful, where institutional structures are weak, where models of success in the illegitimate world have strong appeal, where specific social movements are not possible, and where novel forms of behavior have great prestige. But the cat cannot escape completely from the perspective, the judgments, or the sanctions of the dominant social order. He must eventually confront his role as fantasy. With the realization that he is addicted, he becomes fully aware of the conventional attitudes towards addicts as well as of

the counterrationalizations of his peers. The cat's vacillation with regard to seeking a cure for addiction may be due to a conflict of perspectives. As a heroin user, he has the exhilarating feeling that he belongs to an elite and is participating in a conspiracy. Most drug users wished to keep their knowledge of drug use secret, as a highly prized practice and set of attitudes. The social orientation of the cat contrasted with that of a smaller group of young white drug users interviewed in this study, who placed a heavy stress on violence and expressed their social orientation by a direct rather than indirect attack on the dominant values of society.

Force, Elizabeth E., and Millar, Jack W. An epidemiological and ecological study of risk factors for narcotics overdose: I. Retrospective study of psychosocial factors. International Journal of the Addictions, 9(3):481-487, 1974.

DRUG	Opiates
SAMPLE SIZE	50
SAMPLE TYPE	Treatment (inpatient)
AGE	Adolescents; Adults (mean age: 25 years)
SEX	25 Male; 25 Female
ETHNICITY	47 Black; 3 White
GEOGRAPHICAL AREA	Washington, D.C.
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	5

PURPOSE

A study of psychosocial factors associated with narcotics overdose was carried out on a predominantly black sample. Two hypotheses were tested: (1) that there is a relationship between specific social variables such as addict attitudes and behavior and narcotics overdose; and (2) that there is a relationship between previous overdose experience and precautionary behavior in drug use.

METHODOLOGY

Fifty addicts who were participants in the Narcotics Treatment Administration's (NTA) Program at the Washington, D.C. General Hospital were interviewed. Forty-seven of the study group addicts were black (23 males and 24 females); two males and one female were white. The age range for black males was from 16 to 36 years; for black females, 14 to 34 years. The average length of addiction for black males ranged from 2 to 25 years, including five addicts with more than ten years of addiction; for black females, from 4 months to 13 years. The average length of addiction for white males was 4 years; for the white female, 5 years. The average age of addiction for the entire study group was 5.2 years. Black males were first addicted at an average age of 19.4 years; black females, at 17.8 years. White males averaged 21 years when addicted; the white female was first addicted at age 28.

RESULTS

Forty-eight of the addicts knew of at least one symptom associated with narcotics overdose. Two addicts with short addiction periods claimed no knowledge of overdose. Overdose was primarily attributed to shooting-up before checking the purity of street heroin. Greed for narcotics, and alcohol ingestion together with heroin or methadone, were also indicated as risk factors.

Thirty of the 50 subjects expressed no concern about overdose, and 20 were worried; yet 31 took precautions to protect against overdose. Concern about narcotics overdose and precautionary behavior in drug use were primarily responses to a fear of death. Immediacy of a need for a fix or experiencing withdrawal was indicated by 11 of those who did not take precautions.

The percentage of black males with a history of overdose was 48%; their average number of overdose reactions was 2.2. Eight of the 24 black females experienced overdose an average of 1.5 times. Of the 20 addicts with a positive history of overdose, 12 took no precautions against such a reaction, while 8 did. Of the 30 addicts with no history of overdose, 23 took measures for protection, while 7 took none. Failure to exercise precautionary behavior seemed a significant risk factor, and overdose experience did not seem to influence drug use behavior since the average number of overdose reactions was 2.4. Precautionary behavior and lack of concern seemed correlated; 17 of the 20 who took precautions were not worried about overdose, while only 3 who did not take precautions did not worry.

CONCLUSIONS

This study suggested that fear of withdrawal and narcotics craving, reportedly associated with perpetuation of addiction and failure at attempts at withdrawal, are strong motivating factors for narcotics use by addicts, despite a clear understanding of the potential danger of overdose and death. The morbidity and mortality associated with narcotics overdose may possibly be dealt with not only through rehabilitation of addicts, but also through instruction of addicts in the proper medical self-help methods to treat overdose prior to hospitalization.

Gearing, Frances R., and D'Amico, Dina. "The Hispanic and Asiatic Populations on Methadone Maintenance in New York City, A Study in Contrast." Report to Methadone Maintenance Evaluation Unit, Columbia University School of Public Health and Administrative Medicine, New York City, October 15, 1974.

DRUG	Methadone
SAMPLE SIZE	10,400
SAMPLE TYPE	Treatment (outpatient)
AGE	Cross-Age
SEX	Both Sexes
ETHNICITY	10,000 Hispanic; 400 Asian
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	2

PURPOSE

Methadone Maintenance Treatment for heroin addiction started at Rockefeller University in New York City in 1964 with six patients--three Hispanic and three white males. From this beginning, the Methadone Maintenance Treatment Program expanded relatively rapidly, such that the census as of December 31, 1973, indicated that approximately 40,000 patients were in treatment in over 160 separate treatment units throughout the five boroughs of New York City, Westchester, Nassau, and Suffolk counties. A variety of cohorts were developed in an attempt to uncover demographic characteristics which might help to explain differing rates of successful rehabilitation among addict subgroups who have volunteered for methadone maintenance treatment. Hispanic and Asiatic patients are compared here.

METHODOLOGY

A comparison was made between 400 Asiatic patients and 10,000 Hispanic patients who volunteered for treatment since 1965. The Hispanics represented 25% of the total admissions, were young with 50% under age 30, and 25% of them were women. The Asiatic population represented approximately 1% of the patients; 90% were men, and their average age on admission was 50. Fifty-eight percent of the Asiatics were admitted prior to 1970, and 26% of the Hispanics were admitted during the same period. Eighteen percent of the Hispanic women were admitted prior to 1970, whereas 27% of the Hispanic men were admitted during the same period. Asiatic women accounted for less than 50 patients. Since the major goal of the Methadone Maintenance Treatment Program was to assist the patients in becoming self-sufficient, social rehabilitation was measured by employment and schooling, including job training programs. The subjects were observed over a five-year period.

The pattern of social productivity for the Hispanic men closely followed the experience of the total male population; a little over 30% were socially productive in the first year compared to 75% in the fifth year. However, the Asiatic men showed a considerably low rate of social productivity from the onset; under 30% were socially productive in the first year compared to a little over 50% in the fifth year. The experience of the Hispanic women in becoming socially productive was less dramatic than for the total female population; productivity for the total population increased almost 40% over the 5-year period compared to 20% for the Hispanic women.

A variety of problems tended to interfere with rehabilitation, including: (1) problems with alcohol abuse (year one: Hispanic, about 3%, Asiatic, about 2%; year four: Hispanic, about 10%, Asiatic, about 4%); (2) problems with continued multiple drug abuse such as amphetamines, barbiturates, and cocaine (year one: Hispanics, about 6%, Asiatics, about 9%; year four: Hispanics, about 8%, Asiatics, about 10%); (3) behavior problems--usually described as assaultive behavior towards other patients or towards staff members (year one: Hispanics, about 3%, Asiatics, 0; year four: Hispanics, about 2%, Asiatics, 0); (4) chronic medical problems including heart and lung or kidney disease (year one: Hispanics, about 1%, Asiatics, about 3%; year four: Hispanics, about 3%, Asiatics, about 10%); (5) arrest and incarceration (year one: Hispanics, about 5%, Asiatics, 0; year four: Hispanics, about 1%, Asiatics, 0); (6) death (year one: Hispanics, about 3%, Asiatics, about 2%; year four: both Hispanics and Asiatics, 0). For women, the figures for some of the same problems were: (1) alcohol (year one: Hispanics, about 10%, Asiatics, about 3%; year four: Hispanics, over 15%, Asiatics, 0); (2) drugs (year one: Hispanics, over 10%, Asiatics about 3%; year four: Hispanics, over 15%, Asiatics, 0); (3) arrests (year one: Hispanics, about 3%, Asiatics, about 3%; year four: Hispanics, about 3%, Asiatics, 0); and (4) death (year one: Hispanics, about 3%, Asiatics, 0; year four: Hispanics, 0, Asiatics, 0).

CONCLUSIONS

Social rehabilitation as measured by increased employment and/or schooling occurred in a large proportion of the Hispanic men, and in a considerably lower proportion of the Asiatic men. For the Hispanic women, changes in social productivity occurred at a considerably lower rate than that for other women in treatment.

The Hispanics presented few major medical problems, but presented other problems including alcohol and polydrug use and arrests. The Asiatics had a high rate of severe medical problems, and contributed more than their share to the death rate in the patient population.

Glaser, Daniel; Inciardi, James T.; and Babst, Dean V. Later heroin use by marijuana-using, heroin-using, and nondrug-using adolescent offenders in New York City. International Journal of the Addictions, 4(2):145-155, June 1969.

DRUG	Cannabis; Opiates
SAMPLE SIZE	706
SAMPLE TYPE	Adolescent Offenders
AGE	Adolescents (12-18)
SEX	Male
ETHNICITY	Black; Puerto Rican; White
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Official Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	15

PURPOSE

The extent to which marihuana use leads to heroin use, the extent to which adolescent heroin use is continued in adulthood, and the extent to which adolescent nondrug delinquency is followed by heroin addiction in adulthood were examined. Ethnicity was included as a variable.

METHODOLOGY

The sample consisted of arrested adolescents selected from the records of the New York City Youth Counsel Bureau. All the subjects were male and were referred to the Bureau in 1957 and 1962. All those alleged to be using marihuana, all those alleged to be using heroin, and a random sample of those alleged to be delinquent or criminal who were not reported to be using drugs were included in the study.

Research consisted of checking records of these individuals in early 1968 in the New York City Health Department's Narcotics Register for reports of heroin use after 1963; thus it provided a five-year and ten-year follow-up to determine how many of the 1957 and 1962 adolescents were alleged to be using heroin as adults. The Register was based on reports received from 97 agencies (police, courts, correctional facilities, hospitals and clinics).

RESULTS

While half of the male adolescent heroin users had a heroin record five or ten years later, about 40% of the marihuana users also acquired a heroin record in the follow-up period. This tended to confirm the assumption of progression from marihuana to "harder" drugs for this sample.

Neither the ethnicity of the subject nor the number of his codefendants had a clear relationship to later heroin use of adolescent marihuana and heroin users. However, for the nondrug adolescent offender, being a Negro or a Puerto Rican, having two or more codefendants, having prior referrals to court, and dropping out of school were each, respectively, indicative of higher prospects for subsequent heroin use than being white, having one or no codefendants, having no prior court referrals, or being in school. A profile of the typical adolescents in the 1957 sample showed that the marihuana user was an 18.4-year-old Negro, the heroin user was a 19.2-year-old Puerto Rican, and the nondrug using offender was an 18.4-year-old white. For the 1962 sample, the typical cases of each of these three types were a few months younger than in 1957, and both the marihuana and the heroin users were now Puerto Rican.

CONCLUSIONS

Among New York City male adolescents apprehended for relatively unadvanced delinquency, marihuana use was almost as portentous of adult heroin use as was actual use of heroin as an adolescent. The results of this study differed from those of comparable studies (i.e., a follow-up study in Los Angeles reported a much lower percentage of heroin use for those adolescents previously arrested for marihuana use). These differences may be due to the extremely high concentration of heroin usage in New York City, as compared to other cities. Most follow-up cases were on slum delinquents; therefore, it is difficult to generalize these findings to include other social and cultural settings for marihuana use.

Glaser, Daniel; Lander, Bernard; and Abbott, William. Opiate addicted and non-addicted siblings in a slum area. Social Problems, 18(4):510-521, Spring 1971.

DRUG	Opiates
SAMPLE SIZE	74 (37 pairs)
SAMPLE TYPE	Volunteer; Siblings
AGE	Adults (mean age: 26 years)
SEX	68 Male; 6 Female
ETHNICITY	14 Black; 54 Puerto Rican; 6 West Indian
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Psychological Tests
DATE(S) CONDUCTED	1969 - 1970
NO. OF REFERENCES	24

PURPOSE

This study compared addicted and nonaddicted siblings residing in a slum neighborhood in New York City. Subjects were interviewed in an attempt to gain awareness of sibling differences in family relations, education, delinquent behavior, employment, and personality.

METHODOLOGY

From an inventory of 138 families in a slum block of New York, 37 pairs of addict and nonaddict siblings were interviewed. Seven pairs were black, 27 pairs were Puerto Rican, and 3 pairs were West Indian. Ages varied from 18 to 42 years at interview, with a mean age of 26. Nonaddicts had never used heroin. Interviews were conducted in various neighborhood settings by interviewers who were local residents. Subjects were interviewed individually and asked both about themselves and their siblings. Results on amount of agreement between siblings on various questions were tabulated. A Srole Anomia Scale and an alienation scale were administered to 34 of the pairs.

RESULTS

Addicts were more involved in illegitimate activities as youths and, as a result, less successful in education and employment, turning to opiate use as more gratifying behavior. Only 30% of the addicts, compared to 46% of the nonaddicts, had ever left home for 3 months or more. The departure was for a jail or institution for 70% of the addicts and 8% of the nonaddicts. When asked which child stayed at home most when he was a teenager, 43% agreed in naming the addict, 19% the nonaddict. No significant differences in the siblings' attitudes toward parents were found. Nonaddicts were significantly more successful in school; 62% were high school graduates, versus 32% of the addicts.

All the addicts, but only 30% of the nonaddicts, had used marihuana. Mean age of first heroin use by addicts was 17.8 years. When addicts were compared to nonaddicts in delinquent and criminal experience, 49% versus 19% had been gang members, 81% versus 5% had been arrested, and 49% versus 3% had served a prison sentence. Mean age of addict gang entrance was 14.5, with a range from 10 to 17. In 9 cases, marihuana use started before gang entrance; in 6 cases, afterwards; and in 2 cases during the same year. The median age of the addicts at first arrest was 18.4, with a range of 11 to 28. The median number of arrests was three. Addicts also tended to start sexual activity younger, and 22% reported homosexual experience (compared with none of the nonaddicts).

Notable differences were found when teenage occupational expectations and adult work histories were examined. Subjects were asked, "When you were a teenager, what did you think you would be when you grew up?" Of the addicts, 24% responded "skilled tradesman," 30% "artist, athlete, adventurer or criminal," and 14% "professional." Nonaddicts responded 43% "skilled craft," 14% "artist, athlete, etc.," and 24% "professional." Ninety-five percent of the nonaddicts were employed at the time of interview, compared to 19% of the addicts.

In attempting to explain the sibling difference in addiction, addicts tended to cite their own stupidity or ignorance, while nonaddicts tended to cite peer associates as the major factor. On the Anomia Scale, the mean score for addicts was 2.9, and for nonaddicts 1.5. The mean score on the alienation scale was 4.1 for addicts and 3.0 for nonaddicts. However, these differences may have reflected consequences rather than causes of addiction.

CONCLUSIONS

Results are supportive of the "relative deprivation-differential anticipation" theory, in that the typical addict differed most from his nonaddict sibling in the extent of his involvement in delinquency and marihuana use at an early age, and in consequent arrest, incarceration, deficiencies of schooling, and limited employment. Most clearly indicated is a difference in reference group orientation. The addicts were involved in activities that would be long-run barriers to mobility in legitimate careers. Findings suggest the validity of a deviance polarization paradigm: that motivational stress from ambivalence about norms is relieved by either compulsive conformity or compulsive alienation. Social consequences of early deviance make later efforts for conformity less gratifying, and further deviance more immediately reinforced by peers. The data highlight dramatically the errors in conceptions of slum life as monolithic and uniform; it is diverse and mixed, with sharp contrasts within single households.

Goldsmith, Bernard; Capel, William; Waddell, Kathleen; and Stewart, Gordon. Demographic and sociological implications of addiction in New Orleans: Implications for consideration of treatment modalities. In: Singh, Jasbir; Miller, Lyle; and Lal, Harbans, eds. Drug Addiction: Clinical and Socio-Legal Aspects. Mount Kisco, New York: Futura Publishing, 1972. pp. 137-152.

DRUG	Opiates
SAMPLE SIZE	534
SAMPLE TYPE	Treatment (outpatient)
AGE	Adults (mean age: 30 years)
SEX	443 Male; 91 Female
ETHNICITY	399 Black; 135 White
GEOGRAPHICAL AREA	New Orleans, Louisiana
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Arrest Records; MMPI
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	4

PURPOSE

In order to study the demographic and sociological implications of addiction in New Orleans, addicts in methadone programs were examined. It was hypothesized that drug addiction is not a monolithic problem originating from one set of causes, following one pattern of development, and amenable to one type of remedial action.

METHODOLOGY

Interviews were conducted with 534 addicts who were participating in methadone programs in New Orleans. This number of subjects represented about 50% of all patients on methadone programs in the city. Information was obtained on the patients' social and family backgrounds. In addition, a number of attitude and psychological scales were administered to some patients prior to admittance and after patients had been on programs for varying lengths of time. The data were divided by race and sex, and either analysis of variance or Chi-square was used to determine the significance of difference between the subjects.

RESULTS

The study population was not proportional to the city population. Whereas Negro males comprised only 17.6% of the total adult Orleans Parish population, they constituted 61.7% of the methadone patients. Women, who outnumbered men in both races in Orleans Parish, were underrepresented in heroin addiction. The mean age for the two races was significantly different, primarily due to the younger age of the white female subjects. The mean age of the white females was only 24.8 years, while the mean age for the white males and all the Negroes was about 30. In both sexes, Negroes were older when they began to use drugs than their white counterparts, and this held true when the comparison was limited to opiates.

While Negro males tended to have used marihuana or barbiturates as their first drug of abuse (68%), some 40% of Negro females used opiates as their first drug. White males indicated barbiturates were the first drugs they used (41%). Regardless of the first drug used, the second drug of abuse was an opiate.

In only 40% of the families of addicts was the father present, while the mother was present in 80% of the cases. Only some 29% of the addicts were currently married; given the rate of marriage in American society today, the married group was underrepresented. These figures included common-law marriages. Many of the addicts presently held jobs, and many of the males had held jobs for more than four years.

Negroes showed both larger family sizes and more siblings than whites, and had fewer years of education than their white counterparts. Whites were arrested at consistently younger ages than Negroes (16.7 years vs. 19.4 years), and were more often picked up by police than were blacks. According to police records, in 1962, among arrestees under age 24, there were 28 drug arrests. Twenty were white males and 3 were white females; only 5 Negroes were arrested. Arrest statistics dramatically changed in 1963, when the total of drug arrests rose to 53 for the same age classification. Again, 20 were white males, and 3 were white females, but there were 24 Negro males and 6 Negro females. This sudden change was explained by the fact that in 1963 Negroes were first hired on the police force and used in undercover work in the Negro areas. Prior to that time, Negro crime was often overlooked, particularly drug addiction. Between 1967 and 1968 the number of those arrested who were under age 24 almost doubled for both races and both sexes, with the rate climbing steadily afterward. As of 1970, the ratio of Negro to white arrestees was stabilized at about 80% Negro to 20% white when only heroin was considered, and about 60% Negro and 40% white when marihuana and the barbiturates were included.

Subjects in the methadone program were administered the MMPI. It was found that persons having a Pd (psychopathic deviate) score in the clinically significant range were patients with a poor prognosis for rehabilitation, as they quickly dropped out of the program for various reasons. Persons who remained in the program had a mean T-score on every scale within the normal range.

CONCLUSIONS

The crime statistics showed that more Negroes than whites were currently being arrested for narcotics violations, though white addicts as a group were arrested at an earlier age and were picked up more frequently by the police. Three factors could account for this: first, opiate addiction appears to be more repellent to the white community, which would place the white addict at a greater risk; second, there is still a lesser amount of police coverage in the Negro ghetto areas, which would tend to lower the chances of Negro addicts getting caught; and third, the white addicts seem to resemble more closely the withdrawn anomic man described by Merton than the acid/speed/heroin-using junkie.

Methadone treatment has not helped the older addict or the psychopathic deviate addict. Without supportive therapy, methadone maintenance is nothing but a crutch, both for the physician and for the addict. The "typical" addict seen at methadone clinics has not completed high school, has never had the opportunity to learn a trade, and has a police record. He might need therapy in order to become motivated, but he needs counseling even more so. Social workers, teachers, and vocational training must be supplied so that he can learn to survive and enjoy life in the dominant culture. Without this, he will merely take his daily medicine and remain a half-member of his old addict milieu.

Gorsuch, Richard L. The impact of drug treatments on during-treatment criteria: 1971-1972 DARP admissions. American Journal of Drug and Alcohol Abuse, 2(1):73-98, 1975.

DRUG	Opiates
SAMPLE SIZE	12,297
SAMPLE TYPE	Posttreatment
AGE	Cross-Age (57% between 18-25)
SEX	76% Male; 24% Female
ETHNICITY	46% Black; 34% White; 8% Mexican-American; 12% Puerto Rican
GEOGRAPHICAL AREA	United States; Puerto Rico
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1972 +
NO. OF REFERENCES	6

PURPOSE

The results of drug abuse treatments can be evaluated both during and after treatment. Evaluation of patient outcomes while the patient is still in treatment should generally show expected effects, even though it may not be possible to determine whether such effects will persist after treatment is terminated. Judging the immediate success of a treatment is often conducted from an examination of overall treatment outcomes, but such outcomes do not reflect the varieties of patients. The impact of drug treatments in terms of the patient characteristics of a sample of 1971-1972 admissions to the Drug Abuse Reporting Program was analyzed.

METHODOLOGY

The patients were the 1971-1972 treatment admissions reported to the Drug Abuse Reporting Program (DARP) at the Institute of Behavioral Research, Texas Christian University. The final research sample consisted of 12,297 patients from 31 agencies located throughout the United States and Puerto Rico: 76% males, 46% blacks, 12% Puerto Ricans, 8% Mexican-Americans, and 34% whites. Fifty-seven percent were between 18 and 25 years of age, and 71% were daily heroin users. The agencies conducted a variety of treatments, including methadone maintenance (adaptive MM-A and change oriented MM-CO), and drug-free treatment (adaptive DF-A and change oriented DF-CO).

The sample was partitioned by treatment modality for the analyses of patient and treatment characteristics, and criteria used included productive activities, employment, alcohol use, illicit opioid use, illicit nonopioid use, and criminal activities. These were scaled so that a high score (2 for productive activities and 4 for all other criteria) was unfavorable, and a low score (1) was favorable. A high score in productive activities and employment meant a lack

of involvement in such activities. In order to assess gross outcomes of the patients in each treatment modality while they were still undergoing treatment, two sets of correlated T-tests were used: one compared the scores on each of the criteria at the time of admission with the scores for the patients at the end of the first report period; the other one compared the scores at admission with the mean of the scores on the criteria reported for each patient for as many reports as were available. Further analyses were undertaken to assess the changes observed as a function of the pretreatment (baseline) status, patient characteristics, time in treatment, and treatment type. Ethnic group, age, pretreatment drug use pattern, treatment type, and time in treatment were included as independent variables. Since only those treatment modalities with at least 500 patients were included in analyses for differential treatment effects, three analyses were finally reported: methadone maintenance (MM), male; methadone maintenance, female; and drug-free (DF), male.

RESULTS

Methadone Maintenance for Males

Variations in raw mean scores were found among ethnic groups, treatment types, and time in treatment (on productive activities). Puerto Ricans were highly engaged in productive activities at both admission (1.62) and during treatment (1.40), and Mexican-Americans had the highest employment (2.52 and 2.15, respectively). For alcohol use, blacks in MM treatments had significant reductions (1.83 to 1.69), while Mexican-Americans increased (1.84 to 1.96); both of these groups had higher pretreatment alcohol use than Puerto Ricans (1.66) and whites (1.41), who showed no change. Whites started out lower in illicit drug use than other groups, and showed some decrease (3.75 to 1.73). Puerto Ricans showed the greatest decrease in both opioid and nonopioid drug categories (opioid, 3.72 to 1.39; nonopioid, 2.24 to 1.43). Puerto Ricans were less involved in criminal activities than the other groups both before and during treatment (2.01 and 1.09, respectively).

Methadone Maintenance for Females

Whites were most often employed in productive activities (1.62), and Puerto Ricans increased their level of nonemployment productivities from admission to treatment (1.83 to 1.48). The Mexican-American and Puerto Rican females in MM had least alcohol use at admission (1.16 and 1.33, respectively) and did not change; whites decreased in alcohol use (1.42 to 1.25) across time to about the level of Mexican-American and Puerto Rican groups, while blacks were the highest at admission and remained the highest (1.64 to 1.52). Mexican-Americans used the least nonopioid drugs both before (1.81) and during (1.15) treatment, while Puerto Ricans used the most (2.62).

Drug-free Treatment for Males

Among ethnic groups, white DF patients had higher levels of pretreatment productive activities (1.44), and were more often employed prior to admission (2.86) and during treatment (2.68). Puerto Ricans showed the highest unemployment levels, both before (3.68) and during (3.80) treatment. Reduction of opioid use was significant in both DF treatments, but greater in DF-A than in DF-CO. This result was highly pronounced for blacks (2.98 to 1.90), Puerto Ricans (3.26 to 2.00), and Mexican-Americans (3.04 to 2.30), but not for whites (2.14 to 1.33). However, the pretreatment level for whites was much lower than that of the other groups and close to their during-treatment means. The reduction of criminal activity in DF treatment was related to ethnicity and drug use pattern: whites and Puerto Ricans had lower pretreatment criminal activity rates (2.05 and 2.12, respectively) than did the other ethnic groups, but whites and Mexican-Americans had the greatest mean reduction (1.16 and 1.51, respectively).

CONCLUSIONS

The gross results give an encouraging picture of successful outcomes for outpatient treatments on most criteria and of outcomes expected for confined treatment environments for the residential and inpatient treatments. Differential effects of treatments on ethnic groups were indicated, but these are difficult to interpret because of the uneven distribution of ethnic groups over treatments. The limitations of the field experiment, particularly the unequal distribution of patients over treatments, and also the lack of definitive control groups, require that the results be viewed with caution.

Halikas, James A.; Darvish, Harriet S.; and Rimmer, John D. The black addict: I. Methodology, chronology of addiction, and overview of the population. American Journal of Drug and Alcohol Abuse, in press, 1976.

DRUG	Opiates
SAMPLE SIZE	192
SAMPLE TYPE	Treatment; Volunteer
AGE	Adults (mean age: 28 years)
SEX	Male
ETHNICITY	Black
GEOGRAPHICAL AREA	St. Louis, Missouri
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCE	8

PURPOSE

Although large numbers of heroin addicts have been in treatment for several years, the early life histories of this population have not been extensively studied. A few characteristics, such as past criminal behavior and past job history have been studied in relation to treatment outcome and post-treatment adjustment. This study of black heroin addicts in various stages of treatment or nontreatment had several goals: a description of the early life of the black heroin addict; a description of the natural history of heroin addiction; an analysis of those members of the addict population who have not sought treatment; and the development of early life predictors of narcotics treatment response.

METHODOLOGY

Data on four groups of heroin addicts were collected: (1) addicts in treatment; (2) addicts who had never been in treatment; (3) addicts who appeared to be succeeding in treatment; and (4) addicts who had apparently failed in treatment, dropped out, or were currently active again. The research was done in St. Louis, Missouri, a large Midwestern urban industrial center with a metropolitan area population of 2.4 million, 16% of which was black. The sample was in part drawn from the outpatient methadone clinic of the Missouri Department of Mental Health, which was the largest of the three methadone facilities available in the metropolitan area, and the only one available to Missouri nonveterans. The clinic population consisted of 600 addicts: 85% were black; 80% were male; and almost all were on methadone maintenance; at any given time, there were a few in 21-day detoxification. Two therapeutic communities, (1) also cooperated in this research: the in-resident TC, Archway House; and an out-resident TC, the Narcotics Service Council (NASCO). The Archway House inpatient population averaged between 35 and 70, with consistently around 70 black and 80 male, all in drug free treatment. The client

population of NASCO was approximately 220 with an average of 25 live-in residents at any one time. Of the clients, 85% were black; 95% were male; and all were in drug-free treatment.

"Addict" was defined as someone who had a physiological dependence on heroin by injection. A "drop out" was defined as having previously been in some treatment for drug abuse subsequent to heroin addiction, and as having relapsed to current addiction to heroin. "New in treatment" meant engaged in the first two weeks of current treatment, with no previous treatment of any kind for drug use. "Continuous treatment" was defined to include loss of treatment contact with a client of less than two weeks (in NASCO less than one month). All subjects had been addicted to heroin directly prior to treatment or directly prior to any interposed, forced incarceration prior to treatment. All subjects were 18 years old or older; all were males; all were volunteers; all were paid for the interview.

Records were used extensively to determine potential subjects from among the treatment populations. Urine drug screens were run for morphine and methadone. The subject's statements regarding drug usage, treatment, and withdrawal symptoms were utilized in judging his acceptability in the study. Physical appearance and behavior were also observed. Additionally, subjects were rejected who did not fulfill criteria as revealed in the first interview. A total of 253 subjects were interviewed, and 192 addicts were included in the final population.

RESULTS

Chronology of Addiction

The ages of chronologic events did not differ significantly between the groups as tested by one-way analysis of variance. The age at which they first tried an illegal drug was 14.4 years, with the youngest at age 5 and the oldest at age 35. For the 81% who dropped out of school, this first occurred at a mean age of 16.2 years. Shortly thereafter, at a mean age of 16.5 years, their first arrest occurred. There was some tendency for the two younger groups to have somewhat earlier arrest contact than for the two older groups. For the total population, first use of heroin occurred at a mean age of 18.4, and first addiction to heroin at 19.9 years of age. This seemed to have been followed promptly by their first drug-related arrest, at a mean age of 20.4 years. A total of 166 subjects had obtained at some time in the past, or were obtaining, treatment for their narcotics addiction; the mean number of treatments for this group was 1.6, the range was 1-7 times. The number of different drugs ever tried by this population varied from 3 to 34, with the mean at 13.3. Seventy-seven percent of the sample had at some time used drugs in at least four of the generally recognized pharmacologic categories of illicit drugs used. Thus, the typical subject was a 28-year-old black man who had first used illicit drugs at age 14, had dropped out of school at 16, soon thereafter had had his first arrest, had first tried heroin at age 18, had first become addicted about 18 months later, and some time after that had had his first drug arrest. He had tried 13 different drugs of several different pharmacologic types since his first illicit drug use. By the age of 26 he had begun to seek treatment.

Schooling

Twenty-eight percent completed formal high school. The mean number of years of completed formal schooling was 10.4 years, though the range varied from 5 years to 19 years. More than 80% acknowledged at least some school problems prior to the age of 12, and 90% from the age of 12 to 14. Truancy was acknowledged by 90% as having begun at about the seventh grade. About 80% dropped out of formal schooling at some point during their childhood. School changes on the basis of disciplinary problems occurred with about 1/3 of the population. Eighty-one percent acknowledged trouble in school with authorities, and these troubles led to suspensions for 65% of the entire group. Simultaneous with these school difficulties, however, 61% of the group worked during high school, and of that population, about 60% held a job for more than a year. There were no significant differences for these variables among the addict groups in different stages of treatment or nontreatment.

Criminal Behavior

Nonschool-related misbehavior prior to age 12 was acknowledged by 95% of the group, and beyond the age of 12 by everyone in the sample. Four subjects (2%) had no arrests ever of any sort; thus 98% had at some time been arrested for some offense. The mean age at which this first occurred was 16.5 years; the age range was 6 3/4 years of age. Fifty-two percent had had at

least one juvenile arrest (under age 17). At some time in their lives, 94% had been arrested for a drug-related offense; the mean age at which this first occurred was 20.4; the youngest age for this having occurred was 14, and the oldest, 37.

Family Background

The biologic mother and father in an intact family unit raised 43% of the subjects through the age of 16. Of the sample, 15% had some first-degree family member with a drug problem. While children, about 44% of this population had admired some adult addict. About 77% of the sample had had at least one legal marriage or one common-law relationship lasting at least 6 months, though for only 20% of that portion did the relationship help motivate them towards treatment at any point.

Employment

Attempts were made to characterize this population by its usual occupation rank as determined by the Otis Dudley Duncan (O.D.D.) socioeconomic score, which ranges from 02 to 96. However, 104 of the subjects did not have an occupation which both they and the interviewer were willing to characterize as a usual one. For those who did have such a usual occupation (46%), the mean O.D.D. was 22.9, as contrasted to the general U.S. population mean of 36; the range was from 4 to 67. Fifty-four percent indicated that they had worked at least 3 months in a full-time regular job during the past 12 months. While 92% of the group indicated having worked at some time during the past 5 years, 57% experienced no work-related problems from their drug use.

Abstinence

The mean longest period of street abstinence achieved by the population as a whole since first becoming addicted to heroin was 26.8 weeks. The youngest group, that of addicts who had never been in drug treatment, had the briefest mean period of street abstinence, 19.8 weeks; those addicts new in treatment and the group of treatment dropouts both had a mean of 21.6 weeks; and the group of addicts being retained in successful treatment had achieved the longest mean period of past street abstinence (35.9 weeks).

CONCLUSIONS

The findings presented here seem remarkably consistent with two earlier studies (Chambers and Moffett, 1965; Robins and Murphy, 1967). This is even more noteworthy when it is considered that the present study was done a decade later. There are indications of currently younger police involvement and opiate use within the current study, where the two younger groups of addicts have had first arrest and first drug-related arrest at younger ages than the two older groups. The implications of this apparent shift towards earlier involvement among more recent addicts need to be elucidated. The uniqueness of this study lies first in its having assembled a sample of active addicts who have never been in treatment, second in the exhaustive nature of the data collected on the entire population, and third in its having examined, simultaneously, addicts in various stages of the evolution of their addiction problem, whose characteristics can therefore be assessed against several different outcomes to examine the relative important contribution of each factor to the outcome studied.

The cycle of truancy, illicit drug use, school dropout, arrest, heroin use, heroin addiction, drug-related arrest, and treatment attempt appears to be a general and consistent finding. This population has a propensity to significant polydrug experimentation, and appears to not be able to cope with any drug use.

LaCalle, Jose Joaquin. "Group Psychotherapy with Mexican-American Drug Addicts." Dissertation Abstracts International, 34(4-B):1753, October 1973. Ph.D. Dissertation. United States International University, 1973. Ann Arbor; Mich.: University Microfilms, No. 73-22,675, 173 pp.

DRUG	Methadone; Opiates
SAMPLE SIZE	140
SAMPLE TYPE	Treatment
AGE	Adults
SEX	Not Specified
ETHNICITY	Mexican-American
GEOGRAPHICAL AREA	San Diego, California
METHODOLOGY	Exploratory/Survey; Longitudinal
DATA COLLECTION INSTRUMENT	Psychological Tests
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	Not Specified

PURPOSE

Mexican-American drug addicts are routinely and indiscriminately referred to group therapy in drug rehabilitation programs. One such program, as practiced by the Narcotic Treatment Program (NTP) of San Diego, California, was examined in regard to its effectiveness in inducing behavioral changes in Mexican-American (M-A) drug addicts. The main null hypothesis was that observable behavioral changes are not significantly different in M-A drug addicts undergoing group therapy plus methadone from those M-A under only methadone treatment.

METHODOLOGY

One hundred and forty NTP patients receiving methadone treatment were divided into four experimental groups: (1) M-A undergoing methadone treatment plus group psychotherapy; (2) M-A undergoing only methadone treatment; (3) non-M-A undergoing methadone treatment plus group psychotherapy; and (4) non-M-A undergoing methadone treatment only. The measuring instruments were the Behavioral Questionnaire (BQ) specifically developed for this study, and five scales of the California Personality Inventory (CPI). Subjects were given pretest, posttest, and follow-up tests at three month intervals.

RESULTS

A significant difference was found, but not in the predicted direction. Those only under methadone treatment showed a significant improvement in their observable behavior, but there was no improvement in any of the other three groups. The null hypothesis was rejected.

CONCLUSIONS

The findings suggest that group psychotherapy, as used by NTP, is an ineffective tool for inducing behavioral changes in Mexican-American and non-Mexican-American drug addicts.

Lander, Bernard, and Lander, Nathan. A cross-cultural study of narcotic addiction in New York. In: Vocational Rehabilitation Administration. Rehabilitating the Narcotic Addict. Washington, D.C.: Government Printing Office, 1967. pp. 359-369.

DRUG	Opiates
SAMPLE SIZE	49
SAMPLE TYPE	Slum Neighborhood Residents
AGE	Adolescents; Adults (15-40)
SEX	Both Sexes
ETHNICITY	10 Black; 33 Puerto Rican; 6 White
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observation; Psychological Tests
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	0

PURPOSE

An ongoing project was described to provide a comprehensive description and explanation of the social, cultural, and psychological factors related to narcotics use in a predominantly Puerto Rican slum block in New York City.

METHODOLOGY

A study block was selected on the basis that it had been known for the previous 15 years to be an area high in the incidence of narcotics use and sales. A participant observer used anthropological field methods to develop an ethnography of the block, and to secure life history interviews. Data were also obtained from a detailed census of the socioeconomic characteristics of the families residing in the study block, from psychological tests, and from records of public and private agencies. Data on the history and ethnography of the study block and surrounding neighborhood from published reports and from neighborhood informants were also used. There were 49 resident addicts in the study block, ranging in age from 15 to 40 years. Thirty-three were Puerto Rican; ten, Negro; and six, non-Puerto Rican white. About 75 addicts who did not live on the block but visited to buy or sell drugs and to socialize were also contacted.

RESULTS

The "pusher" on the street is the "juggler" who does business primarily to support his own habit (by buying heroin and selling half of it at its original cost, and using the other half to maintain his habit). When narcotics-selling arrests are made, they are almost always of the "hustler" or juggler and almost never of those higher up, the ones who profit financially from the trade. A major result of the dilution of heroin that has taken place over the years is

that heroin addicts use other drugs in conjunction with heroin, including barbiturates, Doriden, amphetamines, codeine cough syrup, and alcohol. Many overdose deaths in the neighborhood over the previous eight years were attributed to the combination of heroin and Doriden.

Evidence from the data did not substantiate the opinion that heroin has the effect of nullifying or diminishing interest in sex. In many cases, where there was little sexual activity on the part of the addict, it was attributed to the fact that the addict's time and energies were almost exclusively devoted to securing money for his habit. Neither did the data support the stereotype that most drug addicts are violent or passive, although many did resort to violent means when they were unable to get money in any other way.

No typical family pattern characteristic of addicts, and no conspicuous examples of differential treatment of the addict in the family, were discovered. The social structure of the addict society was more or less a number of dyadic groups. Further, no clear personality type was found for the heroin addict, although his behavior was basically dependent. None of the addicts completed high school (most quit at 16 or earlier, and the typical vocational history of an addict was that he worked at five or six factory jobs in a few months, and occasionally got odd jobs as a delivery boy. The data did not indicate a necessary relationship between narcotics use and slum conditions. The vast majority of families living under the same slum conditions on the study block did not succumb to heroin use.

CONCLUSIONS

These findings are only preliminary. Projective and other psychological tests will be continued in order to develop a fuller understanding of the psychological correlates of narcotic addiction, and of the social and psychological resources which enable siblings and families residing in centers of narcotic addiction to insulate themselves from its impact.

Lawson, Clarence; Young, Spelman; and Chappel, John N. The generation gap observed among black heroin addicts in Chicago. In: National Association for Prevention of Addiction to Narcotics. Proceedings of the Fifth National Conference on Methadone Treatment, Washington, D.C., March 17-19, 1973. Vol. 1. New York: The Association, 1973. pp. 361-367.

DRUG	Opiates
SAMPLE SIZE	Not Specified
SAMPLE TYPE	Treatment
AGE	Cross-Age
SEX	Not Specified
ETHNICITY	Black
GEOGRAPHICAL AREA	Chicago, Illinois
METHODOLOGY	Exploratory/Survey; Case Studies
DATA COLLECTION INSTRUMENT	Observation; Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	6

PURPOSE

The years following World War II saw the development of a heroin addiction culture in the large inner-city ghettos of the United States. Again, during the late sixties and early seventies, a new epidemic of heroin use occurred among black youth in urban ghettos. Based on case study observation and clinical records, representatives of both the young and older groups of addicts in several treatment settings in the Illinois Drug Abuse Program in Chicago were studied. There appeared to be a generation gap between the two groups in attitudes, values, and behavior which had implications for treatment. Reported here is a summary of the differences between these two age groups, which otherwise shared a common drug of addiction, as well as the same ethnic, socioeconomic, and geographic backgrounds.

SUMMARY

The Older Criminal-Addict Group

During and after the second World War, drug sellers and users were generally unnoticed in their communities; police paid little attention as long as the drug stayed in its "proper" place. Within the black community, the heroin dealer and the user often functioned as antiheroes and as role models for young people. These men and women were criminals who happened to be addicted, usually by choice. The criminal-addict was a professional whose lifestyle seldom varied, whether he was using heroin or not. Any life other than a life of crime was usually inconceivable. Anonymity was important for the criminal-addict. A high value was placed on the ability to stay cool and unnoticed. Violence was therefore avoided; most criminal-addicts became cop artists, policy men, prostitutes, pickpockets, sneak thieves, burglars, shoplifters, and drug sellers. An elaborate hierarchy of status was developed around the value attached to different

criminal activities. A "drag" or long con artist had more status than those who played short cons. Being a call girl had greater status than working in a whore house, which in turn was better than working in the streets. Stealing from exclusive shops was better than stealing from chain stores. A counter value system developed which saw criminal activity or "hustling" as a way of fulfilling oneself. This usually meant having money, clothes, beautiful women, big cars, a superior attitude, and a disdain for anything not offering personal gain of some kind.

The Young Criminal-Addict Group

The most ironic aspect of heroin use for many black youth in the late sixties and early seventies was that they began with a strong antidrug stance. The negative attitudes of young black militants towards drugs grew from observation of the effects of heroin use on the previous generation, and an awareness of the racism involved in heroin distribution. Chicago gangs shared this view, but did not want to destroy the system. Like the gangs of the 40's and 50's, they wanted success, recognition, and a piece of the action for themselves.

The big difference between the two time periods was the loss of the stabilizing influence of an older peer group. Older criminal-addicts were rejected, and many young adult leaders were in Viet Nam. Rootless, drifting, and frustrated, the gang members often struck out blindly, inflicting more hurt on themselves and their immediate communities than upon the larger society. In their quest for recognition and money they often turned on the older ghetto addicts who made ideal victims.

Implications for Treatment

Two clinics were compared to assess their effect on the older and younger addict groups. One was a community outpatient clinic which was youth-oriented from the beginning and staffed by counselors chosen from the young black addict peer group, with the exception of the unit director who came from the older criminal-addict group. The other program was a therapeutic community located in the same general area. It was more structured and authoritarian in its approach, with most of the counselors coming from the older addict population. Anyone staying over 16 weeks in the therapeutic community was considered to have been influenced by treatment; it was felt that anyone staying less than four weeks had little chance of being positively influenced. The similar periods chosen for the outpatient clinic were longer (24 and 12 weeks, respectively) because there was less intense contact with staff and therefore positive influences on behavior would take longer.

In the therapeutic community, 42% of the older group stayed 16 weeks or more compared with only 12.5% of the younger group. In the community outpatient clinic, 67.6% of the younger group stayed 24 weeks or more compared with 42.9% of the older group.

CONCLUSIONS

In general, the Illinois Drug Abuse Program has been more successful in setting up treatment for older addicts than for the younger addicts. Therapeutic community techniques which rely heavily on confrontation and expression of intense feelings do not appear to be as effective with the young group. In addition, the tendency of young addicts to act out violence makes staff members from the older group both anxious and rejecting. However, this generation gap has often been bridged, and effective treatment relationships have been formed, generally as a result of genuine concern, warmth, flexibility, courage, and skill on the part of the counselor or therapist. Future programs must be able to deal with these potentially explosive addicts, or an epidemic of addiction-related crimes of violence could result.

Levi, Mario, and Seborg, Margaret. The study of I.Q. scores on verbal vs. nonverbal tests and vs. academic achievement among women drug addicts from different racial and ethnic groups. International Journal of the Addictions, 7(3):581-584, 1972.

DRUG	Opiates
SAMPLE SIZE	414
SAMPLE TYPE	Incarcerated Addicts
AGE	Adult
SEX	Female
ETHNICITY	96 Black; 104 Mexican-American; 214 White
GEOGRAPHICAL AREA	Patton, California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Psychological Tests
DATE(S) CONDUCTED	Summer 1969
NO. OF REFERENCES	0

PURPOSE

Research was done to determine whether statistically significant differences exist between: (1) I.Q. scores on verbal and nonverbal tests of intelligence achieved by white, black, and white-Mexican descent (Mexican) institutionalized women drug addicts; and (2) school grade reportedly completed and school grade learning achieved by the same three groups. An attempt was made to determine the relationships (coefficients of correlation) between the four variables used.

METHODOLOGY

The entire population of the California Rehabilitation Center Women's Unit at Patton, California, (a state institution for women drug addicts) during three months in the summer of 1969 was used. Of the 335 subjects ("literate"), 200 were white, 67 Mexican, and 68 black. In addition, there were 79 subjects who could hardly read and write ("illiterate"), of whom 14 were white, 28 black, and 37 Mexican. All the subjects were administered the Revised Army Alpha expressed in terms of I.Q. scores, the Standard Progressive Matrices (Raven Test) expressed in terms of I.Q. scores, and the California Achievement Test (CAT) expressed in terms of school grade. The null hypothesis was that there were no differences between the scores of the three ethnic groups.

RESULTS

The whites received average scores of Alpha 112 on verbal I.Q., Raven 111 on Non-Verbal, and CAT 10.8 on School Achievement tests; the Mexicans, Alpha 107, Raven 104, CAT 9.8; and the blacks, Alpha 97, Raven 101, and CAT 10.5. Alpha scores were more important than Raven scores in predicting learning achieved in school. Both whites and blacks became school dropouts between the 10th and 11th grade, while the Mexicans dropped out of school almost one year earlier. The white

literate received significantly higher I.Q. scores than either the white or the Mexican illiterates, and the black literates received significantly higher I.Q. scores on the Raven test than the illiterates. A comparison of Alpha vs. Beta and Raven vs. Beta of the black and Mexican groups produced contradictory results. There were no differences between scores received by the illiterates of the three groups on the Raven and on the Beta; but the black and Mexican subjects received higher scores on the Beta than on the Raven. The illiterates of the three groups dropped out of school earlier and learned less than the literates. In general, the Revised Alpha did not reliably measure the I.Q. of black and Mexican people. Even on nonverbal tests of intelligence, Mexican and black subjects received significantly lower scores than whites.

CONCLUSIONS

The findings indicate that the results of the verbal I.Q. tests administered to members minority groups do not reflect the real intellectual capacity of the testees. Additional possibly new nonverbal I.Q. tests should be used.

Lukoff, Irving, and Brook, Judith. A sociocultural exploration of reported heroin use. In: Winick, Charles, ed. Sociological Aspects of Drug Dependence. Cleveland, Ohio: CRC Press, 1974. pp. 35-56.

DRUG	Opiates
SAMPLE SIZE	568
SAMPLE TYPE	General Population
AGE	Cross-Age
SEX	47% Male; 53% Female
ETHNICITY	244 Black; 145 British West Indian; 99 Puerto Rican; 80 White
GEOGRAPHICAL AREA	Brooklyn, New York
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Child Orientation Index
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	47

PURPOSE

Sociological explanations of drug use, and specifically heroin use, are for the most part drawn from theories that have been developed to account for delinquent and criminal behavior. These theories tend to focus on discrete aspects of the social-cultural-psychological milieu. In this study of a ghetto neighborhood, it was hypothesized that events such as migration introduce similar sets of responses in all groups, that these structural dislocations are transcultural, and that migration introduces particular strains which increase the disparity between the generations.

METHODOLOGY

The sample area was the Bedford-Stuyvesant/Fort Greene area of Brooklyn, New York, served by the Addiction Research and Treatment Corporation, a multimodality methadone maintenance program located in the community. The area was characterized by high rates of addiction. A quota sample obtained 612 interviews. The final sample of 568 was 53% female and 47% male, consisting of 244 American blacks, 145 British West Indians, 99 Puerto Ricans, and 80 whites. Interviewers were matched to the ethnic characteristics of the respondents, and interviews were conducted in the respondents' households with a schedule primarily composed of predetermined response categories. Some classifications were: ethnic group, drug use, social class, orientations toward child rearing, and racial identification (how one chooses to identify oneself when presented with a choice). The latter two indicators were designed to measure changing perspectives among migrants that are associated with contiguity with heroin users. Based on replies to the Child Orientation Index, the subjects were classified as either Imperative (behavior regulation in terms of role expectation, obedience to authority, and passive compliance), or Cognitive (statements not accompanied by compliance).

RESULTS

Thirteen percent of the respondents reported heroin use by family members and/or relatives. Only 2% of the respondents reported that they had taken heroin; therefore, most of the respondents were reporting on other members of their families. Rates of reported heroin use were significantly higher among respondents who were better educated, who had white-collar as opposed to blue-collar occupations, and who earned more money. Addicts were disproportionately drawn from the upper layers of the community.

Ethnic differences in regard to contact with drug users emerged. Puerto Ricans had the highest reported rate (22%), followed by blacks (14%), with British West Indians (8%), and whites (8%) having the lowest rates. Within each ethnic group, the natives were much more likely to report both friends and kin as users of heroin: 14% of the native whites reported family or relative heroin use, but none of the migrants did. The same trend prevailed for Puerto Ricans. Twenty-six percent of the native blacks, compared to 12% of migrants, reported family member use, as did 22% of the British West Indian natives compared to only 4% of the migrants. Similar trends prevailed in use of heroin by friends. For subjects under 30, migrants had the least contact with drug users (64%), followed by second-generation natives (47%). First-generation young adults reported the most contact with drug users (18%). There was only a minor increase in contiguity among native-born persons over 30 years of age: migrant, 80%; first generation, 74%; second generation, 69%.

Ethnic groups differed significantly in the proportion of those who were cognitively oriented: whites and British West Indians were more often cognitive (24% and 19%) than either blacks or Puerto Ricans. In all groups, the imperative mode was more common. Contact with drug users was significantly linked with attitudes favoring the infrequent use of punishment and the use of explanation and reasoning in attempting to modify the child's behavior in the whites and British West Indians, as well as in the blacks and Puerto Ricans. Increasing cognitive orientations were also found in the younger natives under 30, and it was among the native-born that cognitive orientation was linked to contiguity with reported heroin users. Those who identified themselves in racial terms, rather than in particularistic ethnic or traditional mode of identity, whether whites, blacks, or British West Indians, were also significantly higher on contiguity with heroin users.

CONCLUSIONS

The analysis directs attention to the significance of the disjunction between the generations as a prelude to the probability of contiguity with drug users. The findings strongly suggest that the decline in family legitimacy facilitates the intrusion of other socializing agencies (mainly peer groups with divergent cultural content from the parents). The processes that have been identified are antecedent to the more specifically social-psychological processes that finally result in a particular individual's experimenting with drugs. The necessity for contact with drug users and the mechanisms of persuasion that are entailed are clearly the end of the process.

Maddux, James F. Characteristics of Mexican-American addicts. In: National Institute of Mental Health. Proceedings, Institute on Narcotic Addiction Among Mexican Americans in the Southwest, April 21-23, 1971. Washington, D.C.: Government Printing Office, 1973. pp. 59-68.

DRUG	Opiates
SAMPLE SIZE	5,360
SAMPLE TYPE	Treatment
AGE	Adults (18-64)
SEX	Both Sexes
ETHNICITY	Black; White; Mexican-American; Puerto Rican
GEOGRAPHICAL AREA	Cross-Sectional
METHODOLOGY	Statistical Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	6

PURPOSE

The Narcotic Addict Reporting Program at the Institute of Behavioral Research of Texas Christian University maintains a computerized file of addicts under a contract with the National Institute of Mental Health. Data about addict patients admitted, their treatment, and their outcomes, are recorded and monitored. Characteristics of 372 Mexican-American addicts were compared with those of 4,988 subjects of other ethnic backgrounds.

METHODOLOGY

Data were collected on selected characteristics of 5,360 opioid (mainly heroin) addicts admitted to 16 treatment programs in the United States between July 1969 and March 1971. Information on nativity, sex, marital status, education, occupation, financial support, drug use, arrests and convictions, religion, and language spoken were included. Addicts in the sample to which the Mexican-Americans were compared included blacks, whites, and Puerto Ricans.

RESULTS

Of the 372 Mexican-Americans, 271 were reported from Albuquerque, 80 from San Antonio, 15 from Chicago, and 6 from programs in Eastern cities. A slightly higher proportion of the Mexican-American sample were children of parents born in the U.S. Ninety-one percent of the Mexican-American sample had mothers who were born in the U.S., and 88% had fathers born in the U.S.; in the other sample, percentages were 85% and 84%, respectively. Nearly all of the addict patients of both groups were born in the U.S. Fifty-eight percent of the Mexican-American addicts reported Spanish as the primary language spoken in the parental home. This is in contrast to 15% in the Other group, 11% (probably Puerto Rican) of which checked Spanish.

One hundred percent of the Mexican-American addicts reported some religious background, with 94% reporting a Catholic background. The most frequent background of the Others was Protestant (52%), with Catholic second (36%); 4% reported having no religion. Current active religious practice was low for both groups, although the Mexican-Americans were more active than the Others (28% vs. 16%).

Regarding age, only 6% of the Mexican-American sample were under 21, compared to 22% of the Other group. There were more Mexican-Americans in the 26-30 age group than Others (33% vs. 17%); and in the 21-25 age range, the two were evenly represented. Only 9% of the Mexican-American addicts were female, compared with 19% of the Others. Conjugality was characteristic of the Mexican-American addict, with 70% married at least once, in contrast to 52% of the Others. This, however, could be the result of the slightly older age of the Mexican-Americans. Mexican-Americans had three times as many common-law marriages as the Other group of addicts.

The school dropout rate for Mexican-Americans, prior to high school completion, was 86%; this was 22% higher than for the Other group. Despite the fact that the Mexican-Americans had a higher dropout rate, they fared about as well in employment as the Other group. The predominant work categories for both groups were unskilled (28%) and semiskilled (25%); about 25% of both groups were unemployed at time of admission into treatment. A higher percentage of the Mexican-Americans (44% vs. 34%) reported that their main support prior to admission was from legitimate work. About twice as many in the Other group were receiving public assistance.

More of the Mexican-Americans had an arrest record under age 16 than the Other group (35% vs. 22%). They also had a higher number of arrests prior to admission. Sixty percent of the Mexican-Americans and only 35% of the Others had over 6 arrests. Both groups started taking drugs largely as a result of peer interaction. In both groups, marihuana was usually the first drug used. Nearly twice as many Mexican-Americans as Others first used opioids under age 16.

CONCLUSIONS

The picture suggested by these data for Mexican-American addicts confirms the general impression of frequent school dropout, low occupational achievement, early onset of opioid use, and delinquent behavior presented by Chambers et al. (1970), from a study based on admission to the Lexington and Fort Worth Centers in 1961 and 1967; by Sells et al. (1967), in a follow-up study of addicts discharged from the Fort Worth Center; and by other investigators. Although this study identifies some differences between Mexican-American and other addicts, it does not show that a cultural status or background labeled "Mexican-American" contributed directly and prominently to the onset of opioid use or to the addiction career. Some indirect connections between ethnic status and addiction can be seen.

Maddux, James F.; Berliner, Arthur K.; and Bates, William M. Addiction careers. In: Maddux, James F., et al. Engaging Opioid Addicts in a Continuum of Services. A Community-Based Study in the San Antonio Area. Fort Worth, Texas: Texas Christian University Press, January 1971. pp. 64-71.

DRUG	Opiates
SAMPLE SIZE	100
SAMPLE TYPE	Treatment (outpatient)
AGE	Not Specified
SEX	Male
ETHNICITY	Mexican American
GEOGRAPHICAL AREA	San Antonio, Texas
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1966 1968
NO. OF REFERENCES	55

PURPOSE

As part of a larger study of community services to addicts, the natural history of addiction as it appeared to professional helping staff was examined. The term "addiction career" was used to describe the natural history of addiction--its pathological sequence, and its regulation by internal biological processes.

METHODOLOGY

Interviews were conducted with treatment staff in order to obtain background data on 100 Mexican-American addicts in treatment.

RESULTS

The typical opioid addict was born in Texas in a Spanish-speaking home. His neighborhood in San Antonio was predominantly Mexican-American, poor, and undereducated. Neither he nor his parents were immigrants. About one-third had one or both parents born in Mexico. The mothers seemed especially protective of their grown sons. They indulged them, made excuses for their failure, and sometimes overtly contributed to their continued opioid use; at times they directly helped them to obtain drugs. Some of the parents were divorced. It was estimated that 10% of the subjects' fathers were alcoholics. Three fathers were heroin addicts. The fathers with whom the staff had contact seemed passive and naive in their relations with their sons. Although they disapproved of their sons' addiction, they tolerated it, and also their illegal behavior.

The subjects adopted the values of the informal neighborhood peer groups during adolescence. Most of the subjects dropped out of school at about the 9th grade, and the group generally had

a negative attitude towards school, police, and other legitimate social organizations. Machismo was reflected in acts of bravery, sexual conquests, and loyalty to the group. Machismo also included getting "high." It was estimated that practically all the subjects had used alcohol before they had used marihuana or heroin. About 70% said they used marihuana before heroin. While the adolescent group facilitated the approach to heroin use, it was not clear that initial heroin use typically occurred as an activity of the group. Most of the subjects actively sought the initial heroin injection. They sought it out of curiosity about the nature of the "high" they would get. Initial use appeared, to some extent, to have been a family, as well as a peer group, affair. Although initially prompted to try heroin out of curiosity, the subjects continued heroin use because they liked it.

With compulsive daily use, the opioid user began an addiction career. This meant a progressive dropping-out of legitimate social activity to devote time and energy to maintain drug dependence. A good many tried to cease opioid use and addiction careers. With the onset of regular use, the addict usually joined an informal "tecato" (addict) group which served as a medium for communication and sociability. In San Antonio, the tecato groups created and transmitted the values and language of the addict subculture. Most members of the tecato group spoke a variant of Spanish called "Tex-Mex." Within this dialect, heroin users have a special argot not intelligible to the nonaddict Tex-Mex. Subjects who attempted to remain abstinent said they felt prompted to resume heroin use partly out of desire for interaction with their tecato group. The subjects appeared to drop out progressively, although the extent of dropping out varied widely, and never seemed permanent. Hardly any of the subjects seemed to continue indefinitely a heroin use without periods of voluntary or involuntary abstinence. Some seemed to prefer the addiction career.

CONCLUSIONS

Although the information on addiction careers was partial and incomplete, it is clear that adolescent peer groups set the stage for entry into addiction careers, and later the tecato group helps to perpetuate this career.

Maddux, James F., and Desmond, David P. Obtaining life history information about opioid users. American Journal of Drug and Alcohol Abuse, 1(2):181-198, 1974.

DRUG	Opiates
SAMPLE SIZE	248
SAMPLE TYPE	Treatment
AGE	Cross-Age
SEX	Male
ETHNICITY	6% Black; 87% Spanish surname; 7% White
GEOGRAPHICAL AREA	San Antonio, Texas
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1969 +
NO. OF REFERENCES	16

PURPOSE

During a period of three-and-one-half years, from January 1, 1966, through June 30, 1969, a project consisting of a coordinated continuum of hospital and community agency services for opioid addicts was carried out at the former National Institute of Mental Health Clinical Research Center in Fort Worth, Texas. When the continuum of services project ended in 1969, part of the staff undertook a longitudinal study of the progress of addiction careers among chronic opioid users in San Antonio.

METHODOLOGY

The study group consisted of 248 male opioid addicts hospitalized at the Fort Worth Center, who gave home addresses in San Antonio, and who were discharged to San Antonio during the years 1964 through 1967. Eighty-seven percent of the subjects had Spanish surnames or came from Spanish-speaking homes; 6% were black; and the remaining 7% were classified as Anglo. Nearly all the Spanish-surnamed or Spanish-speaking persons in San Antonio came from a Mexican cultural background. The median age at first opioid use was 17; the range was from 12 to 46. The median age at the time of admission to the Fort Worth Center was 26; the range was from 16 to 70. All subjects used heroin at some time, and 97% said that heroin was the principal opioid drug used.

The data collection on all subjects consisted mainly of detailed longitudinal accounts of several major life activities, with emphasis upon overt behavior of the subjects and other persons in their social environment. A data schedule was utilized in which information was entered in the categories of family background, residence, education, employment, marriage and reproduction, criminal history, nonopioid drug use, opioid drug use, treatment and correctional interactions, chronic illness and injuries, and death.

The principal procedures used in locating subjects were: reviewing agency records, monitoring admissions to agencies, maintaining communication with treatment agencies, inquiring among associates, reading newspapers, and using directories. After the subject was located, the research task involved a face-to-face interview.

RESULTS

Frequency distributions and selected cross-tabulations were obtained on 119 family, life history, and treatment variables for the first 150 subjects for whom initial interviews were completed, and whose first use of opioids had occurred ten years previously. The percentage classified as addicted (using daily) stayed the same during the ten years (46% in the first year, and 43% in the tenth year), as did the percentage voluntarily abstinent (about 12% in the first year, and 10% in the tenth year). The percentage using occasionally decreased from 29% to 5%, while the percentage in institutions increased from 7% to 34%. Most of the 150 subjects in this preliminary data analysis had experienced first opioid use at least ten years prior to 1970, when methadone maintenance became available in San Antonio.

The percentage in full-time employment for the same 150 subjects in the same time period decreased from 62% in the first year to 39% in the tenth year, while an increase occurred in the percentage in institutions from 7% to 33%. Nearly all of the subjects in institutions were in jail or prison. The mean percentage employed over the ten years was 57%. The high-frequency of employment among the users of illicit opioid drugs has importance because employment is used as a criterion of success for methadone maintenance.

CONCLUSIONS

Knowledge about the attitudes and behavior of opioid users is helpful in collecting data, as well as familiarity and communication with treatment and correctional agencies; the major problems in follow-up and continued contact with subjects arise from their criminal activity and orientation; they remain suspicious and evasive, and interviews are easiest when the individual is in an institution, or abstinent.

Miller, Jerome S.; Sensenig, John; Stocker, Robert B.; and Campbell, Richard. Value patterns of drug addicts as a function of race and sex. International Journal of the Addictions, 8(4):589-598, August 1973.

DRUG	Opiates
SAMPLE SIZE	284
SAMPLE TYPE	Treatment (inpatient)
AGE	Not Specified
SEX	212 Male; 62 Female
ETHNICITY	170 Black; 104 White
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Rokeach Value Survey
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	10

PURPOSE

Over the last half-century, although social scientists have devoted much time and energy to the study of attitudes and attitude change, the study of values has been plagued by a lack of adequate techniques of measurement. But because of their generality and their imperiousness, values influence and direct life decisions. Value analysis can be particularly appropriate in understanding some types of deviant behavior, such as drug addiction. Using the Rokeach value-ranking instrument, a sample of drug addicts at the NIMH Clinical Research Center in Lexington, Kentucky, was studied.

METHODOLOGY

The Rokeach Value Survey was administered to a cohort of 284 consecutive admissions to the NIMH Clinical Research Center, as a part of the usual battery of procedures required of patients upon admission. Admissions included 136 black males, 76 white males, 34 black females, and 28 white females. Subjects were asked to rank two sets of 18 values. The first set of 18 values embraced "terminal" values and dealt with important end states for the subject such as "personal happiness," and "a world at peace." The second set consisted of 18 "instrumental" values that had to do with preferred modes of behavior such as "capable," "imaginative," and "loving."

RESULTS

Blacks were most clearly higher ($p < .001$) than whites on the two terminal values: "a comfortable life" and "equality." The other three values that blacks ranked as more important but less decisively so ($.05 > p > .01$) were the instrumental values of "ambitious" and "intellectual," and the terminal value of "national security." Whites most clearly preferred ($p < .001$) the terminal

value "true friendship" and the instrumental value "loving," indicating that the white addicts placed a relatively higher emphasis on the importance of interpersonal relations and intimacy than did the black addicts. Other values that whites ranked as significantly more important, but less decisively so ($.05 > p > .001$), were the instrumental values of "cheerful" and "forgiving" and the terminal values of "mature love," "happiness," "inner harmony," and "a world of beauty." Overall, blacks projected much more clear concern with conventionally defined social values. They desired equality of opportunity and a reasonable level of affluence. They saw the value of such attributes as ambition and intelligence for the achievement of these goals more so than did the white addicts. In general, the blacks seemed to be relatively less alienated from, and more concerned with, what are often considered middle-class, achievement-oriented values than were white addicts. The white addicts, in contrast, were much less concerned with such conventional achievement-oriented values, and much more concerned with values related to both interpersonal and intrapersonal considerations. Differences in values between male and female addicts more directly reflected differences found between the sexes generally, rather than reflecting differences attributable specifically to drug abuse. Males placed emphasis upon values related to achievement and competence, and females placed more emphasis on values related to interpersonal and intrapersonal sensitivities.

CONCLUSIONS

The results would indicate that a value analysis of institutionalized narcotic addicts is not only possible but also highly useful. The various sex- and race-related differences that existed among this sample of addicts made it again obvious that addiction is not a simple unitary social phenomenon and that, in the domain of value structure, the differences between blacks and whites and males and females are at least highly suggestive. It is simplistic to assume that addicts are all in the same category. Awareness of heterogeneity among addicts can lead to more discriminating intervention attempts that otherwise might miss real and profound differences.

DRUG	Opiates
SAMPLE SIZE	207
SAMPLE TYPE	Homicide Cases
AGE	Adults (35 years or less)
SEX	170 Male; 37 Female
ETHNICITY	185 Black; 22 White
GEOGRAPHICAL AREA	Detroit, Michigan
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Laboratory/Examination
DATE(S) CONDUCTED	July - September, 1973
NO. OF REFERENCES	2

PURPOSE

During 1973 the city of Detroit, Michigan, attracted nationwide attention for its alarmingly high homicide rate. Detroit constitutes approximately one-half of Wayne County on a population basis, but accounted for more than 90% of the homicides in that county in 1973. The toxicology laboratory at the Wayne County Medical Examiner's Office undertook a study of the presence of narcotics in a random sample of these homicide victims.

METHODOLOGY

Homicide victims 35 years of age or less were selected for this study. Bile and urine samples were submitted to the laboratory for analysis. Spectrophotofluorometry and thin-layer chromatography were employed for the identification of morphine and quinine. Other organic bases were identified by thin-layer and gas chromatography. The data obtained for this study were accumulated from July 2 through September 17, 1973. During this time, 207 homicide cases were analyzed for narcotics and related drugs.

RESULTS

Of the total homicide victims, 89.4% were black, with a male-to-female ratio of 5:1; 11.6% were white, with a male-to-female ratio of 6:1. Of all homicide victims, 52% had been consuming ethanol prior to death. One out of three homicide victims had old and recent needle tracks, with blacks having the highest incidence of tracks (36% for black males). The incidence of needle tracks was comparable in the black female and white male populations (18.8% for black females; 17.6% for white males). No needle marks were observed in any of the white female cases studied. Seventy-five percent of the persons who had needle tracks had a drug indicative

of narcotic usage in their system. Positive findings in the laboratory were obtained in 26 cases where needle tracks were not observed at postmortem examination. Morphine was the drug most frequently detected among the victims (83.3%). Quinine alone was found in ten victims.

Police define a narcotics-related homicide as one in which a person is found murdered in a narcotics pad or under circumstances which indicate involvement with drugs beyond any doubt. Using this criterion, it was estimated that 11% of the homicides in Detroit in 1973 were narcotics-related. According to the wider perspective of the Medical Examiner's Office, 43% of the homicide victims were directly involved with narcotics as users.

CONCLUSIONS

The percentages of the various groups selected for this narcotics study parallel reasonably well the percentages of all the homicide victims in 1973. Therefore it may be assumed that, in terms of race and sex, the population selected for this study proportionally represents the entire population of homicide victims in 1973. It may be of interest to note that during the first eight months of 1973, 82% of the homicide victims in Detroit were black, as were 87% of the known assailants.

It is estimated that if pushers and dealers (possible victims of a "drug war"), people killed by addicts, and those cases where a narcotic might not be detected in the biological sample were included, the percentage of homicide victims associated with narcotics traffic could be as high as 60% to 70%.

Nurco, David N.; Bonito, Arthur J.; Lerner, Monroe; and Balter, Mitchell B. Studying addicts over time: Methodology and preliminary findings. American Journal of Drug and Alcohol Abuse, 2(2):183-196, 1975.

DRUG	Opiates
SAMPLE SIZE	349
SAMPLE TYPE	Narcotic Addicts
AGE	Adults
SEX	Male
ETHNICITY	175 Black; 174 White
GEOGRAPHICAL AREA	Baltimore, Maryland
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1971 +
NO. OF REFERENCES	9

PURPOSE

As part of a larger study of the natural history of addiction, a group of male addicts in Baltimore, Maryland, was studied in order to determine changing patterns of addiction, especially as these relate to age of onset, first identification by police, and current addiction status. Race was a major variable of consideration.

METHODOLOGY

The sample was selected from a population of persons who were either arrested or investigated and identified as narcotic abusers by the Narcotics Squad of the Baltimore City Police Department between 1952 and 1971. Since a major emphasis was on the career patterns of addiction as these occurred over time, and since race was considered a major variable of investigation, a decision was made to weight the sample toward the earlier years (1952-1966) and to include as many whites as blacks for each individual year and time-stratum. The period 1952-1971 was divided into four time strata: 1952-56, 1957-61, 1962-66, and 1967-71. The sample consisted of ten whites and ten blacks in each of the first 15 years of study (50 whites and 50 blacks in each of three major time-strata), and five whites and five blacks in each of the last five years of study (25 whites and 25 blacks in the last time-stratum). In 1956, only nine whites were newly listed on the Narcotics Squad roster; therefore, the final sample consisted of 349 persons rather than 350. Of these, 267 were interviewed regarding six areas of activity: drug taking, living arrangements, work, criminal activity, drug selling, and sources of income other than from drugs. Other data obtained covered the areas of family background, education, marital status, participation in organizations, incarcerations, drug treatment history, parents' social status, medical history, use of social services, drugs used for medical purposes, family members' use of drugs or alcohol excessively, perception of the Baltimore drug scene, and daily activities

during a typical day. Data on the total sample were obtained from state health and criminal justice system agencies as well as the Social Security Administration. Findings regarding residence, age of onset, first identification by police, and current addiction status are reported here.

RESULTS

Death was a major source of sample attrition. Of the 349 persons comprising the sample, 57 (16%) had died by the time they would have been interviewed for study purposes. Among the 343 sample cases who were located (whether dead or alive), 60 (17.5%) were located out-of-state. Of the 286 who were alive, 43 (15%) were residing out-of-state. A somewhat larger proportion of whites than blacks was located out-of-state (18.9% vs. 16.1%). For both races, this proportion decreased by stratum from 27.6% for the earliest stratum to 4.1% for the most recent. For whites, the comparable decrease was from 33.3% for the earliest stratum to 4.2% for the most recent; for blacks, from 22% to 4%.

Of the interviewed sample (N=267), 122 were white and 145 were black. The third time-stratum (1962-66) was most heavily represented, and accounted for 81 persons. Blacks were significantly older than whites at the time they were first listed on the police roster ($p < .05$); the mean age for blacks was 25.3 years, and for whites, 23.5 years. Of the 230 cases who reported using narcotics before they entered the roster, the mean time-interval between onset of use and being listed was 59 months; the interval was greater for blacks than for whites (68 months vs. 49 months). Mean age at first regular narcotic use was 20.1 years for those who ever used regularly (N=253). This figure was nearly identical for blacks (20.2) and whites (20.0).

For all time-strata combined, those reporting themselves in the study interview as currently using narcotics constituted just one-fourth of the total (23.6%). About one-third of these were currently using narcotics illicitly on a daily basis, while about two-thirds were using less frequently than this. About one-fifth of the interviewed sample said they were currently in treatment, and almost 57% reported themselves as not using drugs at the time of interview. No consistent pattern, by time-stratum, was evident. Comparing blacks and whites, the proportion currently using narcotics, for all time-strata combined, was lower among whites (12.3%) than among blacks (33.1%); less than 1% of the white interviewees reported current daily use of narcotics. In the not using category, 67.2% of the whites and 48.3% of the blacks reported no narcotics use. There was very little difference between the races in percentage reported as currently in treatment; the figures were 20.5% for whites and 18.6% for blacks.

Patch, Vernon D.; Fisch, Alan; Levine, Matthew E.; McKenna, Gerald J.; and Raynes, Anthony E. Heroin addicts and violent crime. In: Proceedings of the Fifth National Conference on Methadone Treatment. Washington, D.C.; March 17-19, 1973. Vol. 1. New York: National Association for the Prevention of Addiction to Narcotics (NAPAN), 1973. pp. 386-390.

DRUG	Heroin; Methadone
SAMPLE SIZE	526
SAMPLE TYPE	Treatment (outpatient)
AGE	Young Adults
SEX	Not Specified
ETHNICITY	Black; White; Puerto Rican; Other
GEOGRAPHICAL AREA	Boston, Massachusetts
METHODOLOGY	Exploratory/Descriptive; Statistical Analysis
DATA COLLECTION INSTRUMENT	Probation Records
DATE(S) CONDUCTED	August 1972
NO. OF REFERENCES	0

PURPOSE

The results of the studies of Frances Gearing have raised questions concerning the relationship of methadone maintenance and crime reduction, and the comparability of data from different sources in their evaluation. Of particular concern are the effects of: (1) patient selection factors; (2) variations in law enforcement activities during the study period; (3) lack of inclusion of suburban crime data; and (4) possible changes in police practices in classifying offenses during the study period. The answers to these questions have important bearing on reported crime reduction. Also of interest is whether Gearing's crime reduction data are generalizable to a treated population of younger addicts. To provide answers to these questions, a study was conducted among patients in various methadone treatment programs in Boston.

SUMMARY

In Boston's three-year-old Drug Treatment Program, the mean age of the addict population as of August 1972 was only 25.9 years, as opposed to 33.1 years in the Gearing study. Younger addicts, since they have not yet exhausted their superficial veins, might be less responsive to methadone maintenance than the Gearing population.

The focus of police activities has shifted from marijuana violations to heroin violations in the past three years. An apparent reduction in arrests for narcotic violations might be indicated when no change in actual patient behavior occurred. In addition, the attitude of local law enforcement authorities towards a drug treatment program constitutes an important variable to be considered in assessing crime reduction data, depending on whether police tend to "crack down" or "go easy" on addicts undergoing drug treatment.

Information from the Massachusetts Department of Probation was obtained for 1,878 patients in Boston from June 1, 1970, through the end of July, 1972. Studies of 526 patients revealed a ratio of violent crime to property crime of 1:2.82, and a ratio of violent crimes to drug crimes of 1:2.58 for a period of 2 years prior to methadone, and a mean of 1.35 years following treatment.

Contrary to expectations, reduced crime was directly correlated with lower age. Patients in the Boston City Hospital Drug Clinic (N=172), with a mean age of 29.35 years, showed a 1-year post-treatment crime reduction of 40.5%. Patients in the East Boston Methadone Clinic (N=88), with mean age being 23.99 years, showed a crime reduction of 51.2%, and those in the Brighton Methadone Maintenance Clinic, who were intermediate in age between the other two, showed 44.2%. Increasing age was also associated with longer criminal records and more time spent in jail.

The patients in the areas served by these three clinics differed sharply in background, and data strongly suggested an unevenness in law enforcement activities in various parts of the city, factors which create special problems in data interpretation. The Boston City Hospital Clinic serves the predominantly black and Puerto Rican urban ghetto, where the patients studied were brought to court at the rate of 0.819 crimes per patient per year. The East Boston Drug Clinic serves a tightly-knit, second- and third-generation Italian-American community; here patients were brought to court at the rate of 1.23 crimes per patient per year. In the Brighton Clinic area, which is 95% white and where the addicts may be characterized as "hippie dropouts," patients came to court at the rate of 1.44 crimes per patient per year. The above figures are a total average of all types of crimes for the period immediately preceding the institution of methadone maintenance programs.

CONCLUSIONS

It seemed abundantly clear that the Boston City Hospital Drug Clinic patients, who faced the court for crimes at little more than half the rate for patients in the Brighton Clinic and approximately two-thirds the rate for patients in the East Boston Clinic, should perhaps be measured by a different yardstick when one considers crime reduction and methadone maintenance. Baseline data for measuring crime reduction are not necessarily even from clinic to clinic within a single city, and certainly are not even from city to city.

Plair, Wendell, and Jackson, Lorraine. Narcotic Use and Crime. A Report on Interviews with 50 Addicts under Treatment. Research Report No. 33. Washington, D.C.: District of Columbia, Department of Corrections, November 1970. 128 pp.

DRUG	Heroin; Methadone; Multi-Drug
SAMPLE SIZE	50
SAMPLE TYPE	Treatment
AGE	Adolescents; Adults
SEX	Not Specified
ETHNICITY	Black
GEOGRAPHICAL AREA	Washington, D.C.
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1970
NO. OF REFERENCES	7

PURPOSE

It has been assumed that use of drugs leads to crime. Studies are now appearing, however, that show many addicts begin their criminal activities before the start of drug usage. This report was designed to provide a broad perspective of the drug-intake activity of the addict as well as the criminal activity related to that intake.

METHODOLOGY

Data were gathered through interviews with 50 narcotic addicts at two residential treatment centers (halfway houses) of the Narcotic Treatment Administration of the District of Columbia, one for 25 adults, one for 25 youthful addicts. An attempt was made to achieve a balance between long-term residents (2 months or more) and short-term residents (less than two months). The interview schedule was constructed around 47 questions dealing with drug history, crime history, drug usage, pattern of criminal activity, and perception of treatment programs. Data were summarized and tabulated separately for the youth and adult groups.

RESULTS

Twenty-five of the subjects were older addicts (age 23-64 years, median 30.2) and 25 were younger (age 15-22 years, median 17.3). All of the respondents were black; most were originally residents of the inner city of the District of Columbia, and were referred to N.T.A. by the District of Columbia Department of Corrections.

The median length of addiction was 10 years for the adults and 1.6 years for the youths. Heroin was the starting drug for 64% of the adults and 44% of the youths. The remainder of each group

started with marihuana. Estimated Drug Law arrests were 64% for adults and 36% for the youths. Reported arrests for violation of laws prohibiting the sale of drugs was 56% for the adults. The youths reported no arrests for this type of offense.

The median expenditure for drugs was \$68.00 per day for the adults and \$40.00 per day for the youths. The size of the heroin habit for adults and youths was 45 and 30 caps per day, respectively.

Of all crimes reported by the adults, approximately 40% were morals crimes (mainly "drug selling" activity). The corresponding frequency for the youths was 9.2%. The next most frequent criminal activity occurred in the nonperson property category (26.5% for adults and 26.8% for the youths). An estimated 72% of all respondents ceased criminal activity during periods of abstinence. For the youth group, the percentage was 76% and for the adult group, 66%.

Criminal activity appeared to be a part of the lifestyle of the addicts at the onset of addiction. However, onset was accompanied by a sharp increase in criminal behavior. Decreases occurred in those types of offenses which were time-consuming, involved greater risk of apprehension, and lacked quick monetary return. These decreases were observed only in the adult group, suggesting that an age factor was operative.

Most of the drugs obtained by the addicts were purchased with money resulting from crime, with a small percentage of the youths obtaining money from family members. Boosting (shoplifting) was the preferred criminal activity for both youth and adult groups. Other types of crime either accompanied the one of preference or alternated with it through expediency or need. After the onset of addiction, motivation for criminal behavior seemed to shift from socioeconomic needs to psychophysiological needs which were anticipatory in character.

The youths were not as deeply immersed as the adults in the drug subculture and appeared to have more "readiness" for treatment and escape (half-way house) programs. Methadone treatment appeared to sharply reduce criminal activity, but did not eliminate it. Neither did methadone completely eliminate the use of heroin, although its use became minimal. Methadone treatment was viewed favorably by most of the respondents. However, they did not consider it a total solution to their drug problem.

CONCLUSIONS

The drug addiction problem is complex. Addiction and its behavioral accompaniments vary from one community to another, making generalizations difficult. The sociological shifts of drug abuse in recent years are reflected in personality factors and also the interaction between sociocultural and economic factors within whole communities and the individuals which compose them.

Criminal behavior increases sharply after addiction, especially that which results in monetary return. When need for drugs is reduced, so is criminal activity. The total experience of this study suggests that the present thrust toward treatment rather than punishment will show positive results. A community of treatment residences could provide the milieu for reaching the only goal appropriate--that of total abstinence.

Platt, J.J.; Hoffman, A.R.; and Ebert, R.K. Recent trends in the demography of heroin addiction among youthful offenders. International Journal of the Addictions, 11(2):221-226, 1976.

DRUG	Heroin
SAMPLE SIZE	886
SAMPLE TYPE	Youthful Offenders
AGE	Adults (mean age = 21 years)
SEX	Not Specified
ETHNICITY	Black, white
GEOGRAPHICAL AREA	Yardville, New Jersey
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Nebraska Program/Clinic Statistics
DATE(S) CONDUCTED	Not specified
NO. OF REFERENCES	10

PURPOSE

The usual picture of the heroin addict that one obtains from the literature is of a socio-economically deprived individual, whose career likely to have had a poor education, has gained less from his formal education, and is characterized by a generally lower level of intellectual functioning than his nonaddict counterpart. Several recent studies, however, suggested that this may not be accurate at all. In fact, heroin addicts tend to be the most deprived group in their environment, and may be more socially competent than nonusers (Ball and Chambers, 1970; Lukoff, 1972). One possible explanation of these divergent sets of findings is that there has been a shift in the social characteristics of addict samples studied over the past several years, reflecting an actual change in the addict population. Unfortunately, there have not been any studies examining the social characteristics of successive samples of heroin addicts at regular intervals over a substantial period of time. Such a study is attempted here. Trends with respect to (1) racial composition, (2) age, (3) education, (4) educational achievement, and (5) mental level (I.Q.) were examined in five successive samples of youthful offenders in New Jersey over a five-year period.

METHODOLOGY

The sample was composed of 1,000 new admissions to the Youth Reception and Correction Center, Yardville, New Jersey, during the five-year period 1968-1972. Institutional records for the first 100 consecutive admissions at January 1 and July 1 of each year provided raw data pertaining to the independent variables of race and drug usage, and the dependent variables of age, mental level (as measured by the Revised Beta), scholastic achievement (as measured by the Stanford Achievement Test), and years of formal education completed. Others of drugs other than heroin were eliminated from the sample, leaving 886 heroin users and nonusers.

RESULTS

There was a consistent increase in the proportion of heroin users relative to other subjects across the 1968-1972 time period. The incidence of heroin addiction increased from 25% to 73% of all new admissions. A Chi-square analysis indicated no significant difference between the frequency distributions for whites among either the heroin addict or nonaddict groups over the five-year period. That is, the overall racial composition of the heroin addict group, relative to the general sample racial composition, remained constant. At the same time, the percentage of blacks in both the addict and nonaddict groups significantly increased ($p < .01$ for the addict group; $p < .02$ for the nonaddict group) over this period of time, reflecting the growing black composition of the Reception Center population (from 52.9% to 71% of addicts; from 54.2% to 70.6% of nonaddicts).

Whites were consistently older upon admission than were blacks ($p < .05$). Heroin users in the sample attained more formal education than nondrug users ($p < .001$), and consistently higher years of formal education were attained by successive samples ($p < .001$). Except in the years 1969 and 1970, heroin users demonstrated significantly higher SAT scores than nonusers. White subjects' SAT scores differed significantly over time ($p < .01$), with a general trend of increasing scores; no significant differences were observed among blacks. This analysis of white/black differences within each year indicated that whites consistently demonstrated higher SAT scores than blacks ($p < .005$). Heroin users demonstrated higher I.Q. scores than nondrug users ($p < .001$), and whites demonstrated higher I.Q. scores than blacks ($p < .001$). No significant differences in I.Q. scores were observed across the time span of 1968-1972.

CONCLUSIONS

The data concur with the earlier findings of Ball and Chambers (1970) and Lukoff (1972) that heroin addicts are older, better educated, have achieved more as a result of formal education, and have a higher intelligence level than nonaddicts in the same young offender population. In examining trends in the demographic characteristics associated with heroin addiction, some interesting facts come to light. While there were a greater number of black addicts in 1972 than in 1968, it was due to there being an increasing percentage of blacks overall in the correctional system in New Jersey at the latter point in time. Within the white young offender population, heroin addiction had increased at the same pace as in the black young offender population. Both white and black heroin addict and nonaddict groups showed an increase in formal education over the study period. Whites, but not blacks, showed an increase in scholastic achievement scores, perhaps suggesting that they gained more from the educational process.

Preble, Edward A. Social and cultural factors related to narcotic use among Puerto Ricans in New York City. International Journal of the Addictions, 1(1): 30-41, January 1966.

DRUG	Opiates
SAMPLE SIZE	Not Specified
SAMPLE TYPE	General Population
AGE	Not Specified
SEX	Not Specified
ETHNICITY	Black; White; Puerto Rican
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	18

PURPOSE

As of 1960, the Negro population in New York City was over one million, and the Puerto Rican population over 600,000. The majority of street addicts were from this greatly expanded population of socially deprived persons, especially in the younger age brackets. With this new market, heroin addiction in the city increased to the point where it could be considered a major sociocultural phenomenon. An attempt was made to describe and understand some of the social and cultural factors related to narcotic use in the city among the Puerto Ricans.

METHODOLOGY

The methodology formulated was based on the participant-observation techniques introduced by Malinowski in his studies of primitive cultures (Malinowski, 1922). The central feature of this methodology was the psychodiagnostic life history interview with individual subjects. Four sources of information were utilized in the study: histories, ethnographies, participant-observer field journal records, and life history interviews.

The study area was an economically deprived neighborhood in New York City less than one-half mile square, containing a population of 17,000 people. The Puerto Rican population constituted approximately 60% of the people in the area; approximately 20% were Negro; and the balance were non-Puerto Rican white. After spending about a month in the community visiting and getting to be known on the street, research cooperation of individuals representing the major cultural groups was obtained. Non-Puerto Rican groups were: Jewish, Irish, Negro, Russian, and Italian. These subjects provided life history data, observations about the neighborhood, and their impressions about the Puerto Rican people. The Puerto Rican research subjects centered around a large, extended Puerto Rican family, and the block where it lived. The chief informants were a

20-year-old Puerto Rican youth who was at one time a high-status member of the street gang, and was at the time a heroin addict, and a 17-year-old Puerto Rican boy who was an eleventh-grade high school student and a responsible, ambitious, non-delinquent member of the community.

RESULTS

The sudden influx of Puerto Ricans in slum sections attracted the hostile attention of entrenched cultural groups. The hostility was expressed most dramatically in street gang warfare. Gang conflict in the city started to subside around 1956, due to several factors, the most important being the increased popularity of heroin. Typically, heroin use started among the leaders of a street gang, and then spread to other members by emulation and indoctrination. When heroin use became popular in a gang, the gang soon broke up into partnerships, usually consisting of two youths, with each partnership pursuing the business of acquiring money for heroin and making arrangements for the purchase of the drug. This peaceful coexistence continued, with heroin having a major pacifying function. The most important delinquency problems among city street youths became narcotic addiction and the crimes committed in support of it.

The defensive reactions of Puerto Ricans to the hostility directed at them also included ingratiation, withdrawal, and aggression. For the adolescents, the main adaptive alternative was to join the "hips," to adopt the current street style and behavior of delinquent-prone "Americanos" or to maintain a strict cultural integrity. Many Puerto Rican youths chose the current mode of street life where narcotics was often a temptation. In the study area there were about 400 male Puerto Rican youths between the ages of 15 and 19. About 15% of these boys were in school, 35% were working; and the remaining 50% were idle. It was among the idle 50% that the risk of narcotic addiction was high.

Probably the most significant social factor affecting the Puerto Rican family in New York was the downgrading of the Puerto Rican male. The disadvantages with regard to employment and general social acceptance had important family consequences: the females also worked to support the family, and the children were left with others or unsupervised after school. There were also more subtle consequences of male downgrading, especially significant in the psychosocial integration of young Puerto Rican males, which can be related to delinquency and other symptomatic behavior such as narcotic addiction. The traditional respect for male authority among Puerto Ricans and the concomitants of structure and controls in social, familial, and individual behavior were destroyed in those cases where the male head of the family succumbed to the social and psychological pressures of New York life.

CONCLUSIONS

Cultural imperatives are integrated into the conscious and unconscious processes of the individual from birth, and a sudden disruption in these patterned, socially inherited modes of adaptation can result in uncertainty, confusion, and conflict within the individual. Narcotic use-- especially of the opiates, such as heroin--has been one solution to the social and psychological problems of Puerto Ricans which result, in part, from the social burdens imposed on a recent immigrant group. Although the solution itself entails a formidable problem (the daily acquisition of an illegal and expensive commodity), it is a solution which is preferred by a significant number of Puerto Rican men and male adolescents.

Preble, Edward A., and Casey, John J., Jr. Taking care of business--The heroin user's life on the street. International Journal of the Addictions, 4(1):1-24, March 1969.

DRUG	Heroin
SAMPLE SIZE	150
SAMPLE TYPE	Volunteer
AGE	Not Specified
SEX	Not Specified
ETHNICITY	Irish; Italian; Negro; Puerto Rican
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Observations
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	8

PURPOSE

It is often said that the use of heroin provides an escape for the user from his psychological problems and from the responsibilities of social and personal relationships--in short, from life. Clinical descriptions of heroin addicts emphasize the passive, dependent, withdrawn, generally inadequate features of their personality structure and social adjustment. As part of a wider study of the life and activities of lower-class heroin users in New York City, in the context of their street environment, the role and importance of crime were investigated.

METHODOLOGY

Data were collected from life history interviews with patients at the Manhattan State Hospital Drug Addiction Unit and from participant-observation and interviews with individuals and groups in four lower-class communities in New York City--East Harlem, lower East Side, Mottville, and Claremont (Bronx). These communities represented the neighborhoods of approximately 85% of the addict patients at Manhattan State Hospital. Four major ethnic groups were represented among the approximately 150 informants: Irish, Italian, Negro, and Puerto Rican. All interviews with research informants occurred with their voluntary consent and cooperation.

RESULTS

The heroin user is an active, busy person, preoccupied primarily with the economic necessities of maintaining his real income--heroin. Virtually all heroin users in slum neighborhoods regularly commit crime in order to support their heroin use, for it is impossible to support even a modest habit for less than \$20 a day. It is a conservative estimate that heroin users in New York City steal \$1 million a day in money, goods, and property.

About 70% of the inmates in New York City Department of Correction institutions were heroin users whose crimes were directly or indirectly connected with their heroin use. A 1966 New York City Police Department study showed that 15.1% of narcotic addict arrests were for robbery compared with a 12.9% figure for all arrests during the same year. Other figures were: murder arrests, 1% among addicts compared to 1.4% overall; burglary arrests, 40.9% versus 19.7%; and felonious assaults, 5.6% versus 27.9%. This reflects a tendency among addicts to avoid nonviolent crime, but crimes which do not promise financial gain; fifty-one percent of burglaries committed by addicts were residential burglaries, which always involve the risk of personal confrontation and violence.

Principal criminal occupations of the subjects were: burglar, 22.7%; flat-footed hustler (one who will commit almost any kind of crime for money), 12.2%; shoplifter, 12.1%; and robber, 9.0%. Crimes against the person were preferred to crimes against property, as the addict is usually cash, thus avoiding the necessity for carrying stolen goods and looking for a fence. In addition, the addict can only expect to get 10% to 50% of the real value of stolen goods.

The heroin user is an important figure in the economic life of the slums. Most of the consumers are otherwise legitimate members of the community who welcome the discounted goods the addict makes available. In order to support his \$20-a-day habit he has to steal goods and property worth from \$50 to \$100. Usually he steals outside his neighborhood, not out of community loyalty but because the opportunities are better in the wealthier neighborhoods, and he brings his merchandise back to the neighborhood for sale at high discounts. A major cause of the higher prices charged by retail stores in slum areas is the high rate of addict pilferage. An important economic institution resulting directly from heroin addict crime is the grocery fence. He is a legitimate small businessman who buys stolen goods and passes them on to his regular customers for goodwill and a profit.

The addict's status among his fellows and in the community at large depends on the type of criminal activity he is engaged in and his success at it. A real hustling dope fiend (a successful burglar or robber) is the most respected, followed by middle-status occupations such as stealing copper (salvaging metal from vacant buildings), with the nonhustling dope fiend, the addict who hangs around the neighborhood begging or doing odd jobs, at the bottom of the status ladder.

CONCLUSIONS

Heroin use today by the lower class, primarily the minorities, does not provide a euphoric escape from the psychological and social problems which derive from ghetto life. On the contrary, it provides a motivation and rationale for the pursuit of a meaningful life, albeit a socially deviant one. Given the social conditions of the slums and their effects on family and individual development, the odds are strongly against the development of a legitimate, nondeviant career that is challenging and rewarding. If anyone can be called passive in the slums it is not the heroin user, but the one who accepts and submits to the slum conditions.

The ultimate solution to the problem of heroin addiction lies in the creation of legitimate opportunities for a meaningful life for those who want it. While waiting for the ultimate solution, there are four major approaches to the treatment and rehabilitation of heroin users which should be undertaken: (1) drug treatment (opiate substitutes or antagonists); (2) psychotherapy; (3) existentialist-oriented group self-help (Synanon prototype); and (4) educational and vocational training and placement. At the Manhattan State Hospital Drug Addiction Unit an intensive educational and vocational program supported by psychological and social treatment has been created in an effort to prepare the patient for a legitimate career which has a future and is rewarding and satisfying.

Quatrone, Debra. Community attitudes towards drugs: Perception of susceptibility to heroin addiction. In: Lukoff, I.; Quatrone, D.; and Sardell, A. "Some Aspects of the Epidemiology of Heroin Use in a Ghetto Community: A Preliminary Report." Washington, D.C.: Law Enforcement Assistance Administration, U.S. Department of Justice, 1972.

DRUG	Opiates
SAMPLE SIZE	610
SAMPLE TYPE	General Ghetto Population
AGE	Adults
SEX	47% Male; 53% Female
ETHNICITY	275 Black; 145 British West Indian; 101 Puerto Rican
GEOGRAPHICAL AREA	Brooklyn, New York
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	1969 - 1974
NO. OF REFERENCES	3

PURPOSE

As part of a larger study of the social and economic features of heroin use in a ghetto community, the attitudes of residents toward heroin addiction and its causes were assessed.

METHODOLOGY

The sample area was the Bedford-Stuyvesant/Fort Greene area of Brooklyn, New York, served by the Addiction Research and Treatment Corporation, a multimodality methadone maintenance program located in the community. The area is characterized by high rates of addiction. A quota sample was used to obtain 612 interviews; the final sample consisted of 275 American blacks, 145 British West Indians, 101 Puerto Ricans, and 89 whites. Of the sample, 53% were female and 47% were male. The subjects were asked to state the degree to which they felt that their families were susceptible to heroin addiction, and the degree to which they perceived environmental and economic conditions as contributing to the addiction problem.

RESULTS

Respondents were asked to agree or disagree with the statement, "A member of my family could become a heroin addict." Although over 60% of the respondents agreed with the statement, the percentages within ethnic groups differed considerably. Blacks were the most likely to agree with the statement (73%), followed by Puerto Ricans (63%). A little more than half of the British West Indians agreed with the statement; however, more than half (58%) of the whites felt their families were immune, and disagreed with the statement.

Generally, men expressed a somewhat greater amount of susceptibility than women, with the exception of Puerto Rican women who agreed in significantly larger numbers than men. Younger people and those of high socioeconomic standing also were the most likely to feel that a member of their family could become addicted; age made the most significant difference among Puerto Ricans. Whites between the ages of 30 and 49 were the least likely group in the entire sample to agree (32%). Socioeconomic status made an even more significant difference in response. Persons of high status in all ethnic groups agreed in greater proportion than low- and medium-status groups.

As part of the larger study, it was found that younger people and those of higher socioeconomic standing were the most likely to report contact with heroin users, and to have the greatest amount of contiguity with heroin users. In addition, these same groups were most likely to agree that a member of their family could become addicted. When the relationships between age and SES and family susceptibility were controlled for by contiguity, it became clear that it was contiguity which influenced the relationships. Thus, regardless of age or SES, those persons who had had the greatest amount of personal contact with heroin users were most likely to feel that members of their family could become addicted.

The majority of the surveyed residents of the area (65%) did not find a strong correlation between the socioeconomic conditions of their community and heroin addiction. Puerto Ricans (34%) were the most likely to feel that their environment contributed to heroin addiction; 28% of the blacks and British West Indians and 24% of the whites agreed. Although unemployment rates were high in the area, only 37% of the sample agreed that better job opportunities would be deterrent to heroin addiction. While British West Indians (31%) and whites (32%) were similar in their response to this question, well over half of the Puerto Ricans (56%) agreed with the statement; 37% of the blacks agreed. The high proportion of agreement of Puerto Ricans may be due to the fact that they had the highest unemployment rate of the four groups. There was also no consistent relationship between agreement that better job opportunities would decrease addiction and agreement that a member of one's family could become an addict. Blacks and Puerto Ricans who felt that their families were susceptible were more likely to disagree with the statement relating job opportunities to addiction. On the other hand, whites who felt their families were susceptible were significantly more likely to agree that a lack of job opportunities contributed to addiction.

The greatest difference in attitude was caused by socioeconomic status. Among blacks and Puerto Ricans, those of low economic status were the most likely to see their neighborhood environment as making it easier to become a heroin addict. Among whites and British West Indians, the connection between neighborhood environment and addiction was more often made by those in the high SES group.

That a member of one's family could become addicted to heroin is expressed most often by persons who have had a high degree of personal contact with heroin users. This is true among all ethnic groups. However, perception of susceptibility does not affect attitudes toward the environmental and socioeconomic factors which may cause addiction. Factors which influence the attitudes of whites indicate there are considerable attitudinal differences between whites and nonwhites. Most whites do not believe a member of their family could become an addict, while well over half of the other groups believe this is possible. In contrast to the other groups, high SES whites are more likely to perceive a connection between employment opportunities and addiction than those of low SES.

Rangé, Charles. American diplomacy and the international narcotics traffic: A black perspective. In: Simmons, Luiz, and Said, Abdul, eds. Drugs, Politics, and Diplomacy: The International Connection. Beverly Hills, California: Sage Publications, 1974. pp. 91-111.

PURPOSE

New York City contains an estimated 300,000 addicts. This figure represents more than half the heroin addicts who, according to the U.S. Bureau of Narcotics and Dangerous Drugs (BNDD), are living in the United States. Since the efforts of the United States to deal with the foreign threat of heroin have been less than dramatic, the underlying social, economic, and psychological causes of addiction continue undisturbed: Harlem reflects on an inflated scale what can be observed elsewhere in the United States--the preeminence of heroin in the drug world.

SUMMARY

The black and the Hispanic communities are the chief victims of addict-related crime in the cities. Not until statistics revealed that addiction among GIs stationed in Southeast Asia was skyrocketing did the federal government begin to wake up. Although the State Department has paid one million of its two million dollar pledge to the UN Fund for Drug Abuse Control, and has sent to the Senate for confirmation the UN convention to extend international controls for psychotropic substances, these steps do not make much impact on the availability of heroin on the streets. On an international level, narcotics control is balanced against diplomatic considerations.

Although it has become law to "vote against any loan or utilization of the funds of the Bank for the benefit of any country...that has failed to take adequate steps to prevent narcotic drugs and other controlled substances from being sold illegally within the jurisdiction of such country...or from entering the United States unlawfully...", the Administration, knowing of noncooperating countries, has yet to cut off funds to a single one of them.

Two investigations by the General Accounting Office (GAO) showed related aspects of the international drug traffic, and reaffirmed why black Americans are distrustful of the federal government's new interest in drug control. Among the GAO's findings were that less than one-third of the Bureau of Customs work force are trained inspectors and that there is a rivalry between BNDD and Customs agents which often leads to petty quarrels and conflicts rather than the necessary coordinated efforts against drug smugglers.

The policymakers are, by and large, people who have no sense of the crisis with which they are expected to deal. They are generally far removed from the problems and from the people who are involved. Furthermore, each of the agencies responsible for formulation of this policy on the domestic and foreign fronts shares a common shortcoming: blacks and other minorities are rarely in these policymaking positions.

The following are some minority employment statistics for the federal agencies which share major responsibility in the establishment of federal drug abuse policies:

1. Special Action Office for Drug Abuse Prevention--total full-time black employees, 13%; Spanish-Surnamed, 1%; American Indian, 1%; Oriental, 0; all others, 84%.
2. National Institute of Mental Health (Division of Narcotic Addiction and Drug Abuse), total general schedule of employees--black, 5.0%; Spanish-American, 1.2%; American Indian, 0; Asian, 0.6%; white, 93.1%.
3. Bureau of Narcotics and Dangerous Drugs--black, 8.5%; Spanish-American, 2.8%; American Indian, 4.0%; Oriental, 0.4%; white, 88.1%.
4. Law Enforcement Assistance Administration--black, 18.7%; Spanish-American, 0.6%; American Indian, 0.4%; Oriental, 0.2%; white, 80.0%.

5. Department of Treasury--black, 7.9%; Spanish-American, 4.5%; American Indian, 0.1%; Oriental, 0.9%; white, 86.5%.

6. Department of State--Negro, 12.6%; Spanish-surnamed, 2.7%; American Indian, 0.3%; Oriental, 0.6%; all others, 63.6%.

CONCLUSIONS

If America's approach to the problems of international narcotics control is to succeed, that approach must reflect both the realities of heroin's effects at home and the special perspective of those hardest hit by heroin. A new approach must be based on an enlightened view of national security and national interests.

Richman, Alex; Perkins, Marvin E.; Bihari, Bernard; and Fishman, J.J. Entry into methadone maintenance programs. A follow-up study of New York City heroin users detoxified in 1961-1963. American Journal of Public Health, 62(7):1002-1007, July 1972.

DRUG	Methadone; Heroin
SAMPLE SIZE	500
SAMPLE TYPE	Posttreatment
AGE	Not Specified
SEX	Both Sexes
ETHNICITY	Black; White; Hispanic
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Program of Clinic Statistics
DATE(S) CONDUCTED	1971
NO. OF REFERENCES	19

PURPOSE

A sample of 500 addicts were followed up 8 to 10 years after detoxification to determine the extent of their later participation in a variety of New York City Methadone Maintenance Programs. The 500 patients followed were a 10% representative sample of the first 5,000 individuals admitted for detoxification between January 1961 and June 1963 at the Morris J. Bernstein Institute (MJBI--formerly Manhattan General Hospital) of the Beth Israel Medical Center, New York. The study was an attempt to discover any differences between those addicts who participated in methadone maintenance programs and those who did not.

METHODOLOGY

Patient charts, MMT (Methadone Maintenance Treatment Program) registers, and lists of MJBI were examined. The Methadone Data System (Warner, 1971) was used in determining which patients had been admitted to a variety of methadone maintenance programs in New York up to July 1, 1971. The sample was then compared with other groups of MMT patients in New York City as of December 31, 1970.

RESULTS

Of the 500 patients, 115 (23%) were found to have entered methadone programs. The proportion of the original group potentially in need of treatment in June, 1971, was estimated to be between 28% and 55%, based on follow-up data of a subgroup of the 500. It was not possible to differentiate whether low rates of MMT participation were associated with: (a) psychological or

attitudinal characteristics of patients; (b) differentials in availability or accessibility of the methadone program; (c) reduced need for treatment (cure or substitution of problems); or (d) nonacceptability of the program to the patients' peers.

The most striking differences in MMTP entrance were in sex, ethnicity, and indices of the severity of addiction. Male patients in the follow-up group were more likely than females to participate in a methadone program. By mid-1971, 26% of the men and 14% of the women had entered. There were also ethnic differences in the percentage of each sex entering MMTP. Among the women, more of the blacks (17%) entered MMTP than did Hispanics (12%) or whites (6%). Within the ethnic groups, black women were as likely to enter MMTP as black men. At the end of the third year of MMTP (1967), 8% each of the black and Hispanic men and 4% of the white men had been admitted. By the end of 1969, 14% of the men in each ethnic group were in the program. By mid-1971, 35% of the white men, 30% of the Hispanic men and only 17% of the black men had entered MMTP. First admissions to MJBI, with previous inpatient detoxification elsewhere, were more likely (34%) later to enter MMTP than those without much prior detoxification (18%). Patients who had used heroin for more than 5 years were more likely (26%) than others (16%) to enter a methadone program later regardless of age at admission or ethnicity.

CONCLUSIONS

It is evident from the data that narcotics addicts detoxified some 8-10 years prior to the study are still continuing to enter the Methadone Maintenance Program, with the proportion entering MMTP increasing. There is definite confirmation of marked ethnic and sex differences in the rate of entrance. The entrance of black patients has not continued to accelerate in the same way as for other patients. Patients with indices of more severe addiction seem more likely to enter MMTP. It is estimated that the number of entrants to MMTP from the group being followed could potentially double or triple.

Robins, Lee N. Estimating addiction rates and locating target populations: How decomposition into stages helps. In: Rittenhouse, Joan D., ed. The Epidemiology of Heroin and Other Narcotics. Rockville, Maryland: The National Institute on Drug Abuse, December 1976. pp. 13-21.

DRUG	Heroin
SAMPLE SIZE	571
SAMPLE TYPE	Vietnam Veterans
AGE	Adults
SEX	Male
ETHNICITY	Black; White
GEOGRAPHICAL AREA	25 States
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Laboratory/Examination; Military Records
DATE(S) CONDUCTED	1971 and 1974
NO. OF REFERENCES	6

PURPOSE

In recent years, the government has spent large sums of money in the study of illicit drugs, the treatment of those addicted to them, and the prevention of addiction by educational and law enforcement efforts. It is not surprising that legislators want to know what kind of return they are getting on their investment. However, it is difficult to measure current addiction levels, and to estimate what the level of addiction would have been without government efforts. Important to program planners are the characteristics that can reasonably be used as a basis for choosing subpopulations to be exposed to a program. In a longitudinal study of Vietnam veterans, an attempt was made to identify those subgroups of veterans whose risk of addiction after Vietnam was sufficiently high that intervention might have a reasonable payoff. The goal was to identify predictors of heroin addiction, and this was done by decomposing the process of heroin addiction into a set of successive stages.

METHODOLOGY

Between October and December of 1974, the second of two interviews was conducted with 571 Vietnam veterans who had entered the Army in 1969 or later as enlisted men, and who had returned from Vietnam to the United States in September of 1971. The first interview was conducted in 1972. About half of the sample were a general sample of all men returning who had been inducted from 25 states, and the remainder were a sample of men who had enlisted from the same states and who, in addition, were detected as "drug positive" at departure from Vietnam. Urine samples were obtained at the end of the interview to verify the reports of "no current drug use," and military records were obtained to verify denials of detection as a drug user in Vietnam.

RESULTS

Forty-five men met the criteria for heroin addiction at some time in the first three years after their return from Vietnam. Seven came from the simple random sample of 284 veterans, and 38 additional cases came from the 287 men detected as drug positive at departure. Most of the post-Vietnam addiction occurred in the first ten months after departure, with 1.5% addicted in that time period. An additional 1.4% became addicted at some time over the next two years.

Four preservice predictor scales were used: drug experience before service, deviant behavior other than drug use before service, demographic characteristics, and home backgrounds. When the predictive power of these four scales describing preservice history were tested against heroin addiction in the post-Vietnam period, no strong relationships were found. The most predictive of the scales was the drug use scale, but it was inefficient. The process of addiction was then decomposed into stages: of all the men who went to Vietnam, 35% used heroin while there; of those who used heroin in Vietnam, 28% continued that use after return from Vietnam; of those who continued use, 28% became addicted. Using the four predictor scales for each of these stages, it was found that parents' problem behavior and previous drug use were most predictive of post-Vietnam addiction. The most striking finding was that the demography scale was negatively related to addiction among post-Vietnam heroin users. Although it was black, inner-city, young soldiers who had been likely to use heroin in Vietnam and to continue it afterwards, it was the older, white heroin user from outside central cities who was at the greatest risk of becoming addicted.

CONCLUSIONS

While it had not been predicted that the demographic variables would have opposite effects on use in Vietnam and addiction after Vietnam among users, the discovery does seem to make sense. The chief contribution of demographic variables to addiction is probably that they facilitate one's exposure to opportunities and pressures to use narcotics. The young inner-city black uses narcotics for a variety of reasons--because his friends urge him to, for relaxation and companionship, to satisfy his curiosity, and to achieve euphoria. Individuals who live in environments in which none of their peers use narcotics are not being urged by friends to use them for social purposes. In fact, if they are using drugs, they are violating local norms and expending great effort to maintain their supply. Presumably, older whites who live outside the central city and still use narcotics must be driven to this use by an unusual compulsion to achieve euphoria, or by serious subjective problems. It is inferred that use against demographic odds implies a greater need, a need so great that it overrides considerations of disciplined moderation that might prevent addiction.

Roebuck, Julian B. The Negro drug addict as an offender type. Journal of Criminal Law, Criminology, and Police Science, 53(1):36-43, March 1962.

DRUG	Heroin
SAMPLE SIZE	400
SAMPLE TYPE	Incarcerated
AGE	Adults
SEX	Male
ETHNICITY	Black
GEOGRAPHICAL AREA	Washington, D.C.
METHODOLOGY	Experimental/Survey
DATA COLLECTION INSTRUMENT	Arrest Records
DATE(S) CONDUCTED	January 1954 - November 1955
NO. OF REFERENCES	0

PURPOSE

As a first step towards a theory of the etiology of drug addiction, the manner in which Negro narcotic offenders differ from the traditional criminal--both in the nature of criminal behavior and in family and social background--was studied.

METHODOLOGY

A sample group of 50 Negro drug addicts in the District of Columbia Reformatory was compared with 350 traditional criminal types. For this comparison, a typology of criminal behavior based on the configuration of the total known arrests for the various offenses of each inmate was devised. In determining criminal patterns, a chronological arrest history was derived from official arrest records. It was assumed that analysis would reveal repetitions that could be associated with certain personal and social background factors. The most frequent charges in the arrest history were used as a basis for classification, and later phases were given greater weight.

RESULTS

The analysis of the 400 arrest histories resulted in a typology of 13 criminal patterns: 8 single patterns of robbery, narcotic drug laws, gambling, burglary, sex offenses, confidence games, auto thefts, check forgery; 2 double patterns of larceny and burglary, assault and drunkenness; 1 triple pattern of drunkenness, assault, and larceny; 1 mixed pattern; and 1 with no pattern.

One-eighth of the sample was classified as narcotic drug laws offenders. All were heroin addicts. They were compared with the rest on many personal and social characteristics: life history, family, neighborhood, school, marital status, indices of personal disorganization and juvenile delinquency. The drug offenders were younger (medium age 25 vs. 33) and more intelligent (I.Q. 100 vs. 86). They came less frequently from disorganized family backgrounds and had fewer disciplinary and delinquency problems. However, 86% had adult criminal (often addicted) companions in adolescence, which may have been significant in their becoming addicts. In criminal activity, they were more frequently loners.

The most important background factor of the addicts was the tendency to have been reared by dominant mothers who sheltered and overindulged them, causing the development of "passive-dependent-dependent" personality types. They were introduced to heroin by addict companions. Forty-three were not delinquent prior to addiction. Most were cut loose from conjugal group ties; isolation was apparently self-imposed to avoid detection and censure from relatives. Half were jazz musicians, all interested in music and reading rather than sports. They disliked alcohol, and expressed little interest in women except their mothers. They averaged nine arrests each, but most were for narcotics violations. The rest were for nonviolent property offenses (shoplifting, petty larceny, and housebreaking) and stemmed from the need to secure a personal supply of drugs. Charges for the sale of narcotics were rarely motivated by gain per se. They abhorred violence. Not one was a racketeer or gangster. They were a group of petty, habitual offenders.

CONCLUSIONS

The study demonstrates the utility of a typology based on criminal careers, as established by arrest history patterns, to delineate clear-cut and homogeneous offender categories. The empirical data show that narcotic drug laws offenders differ from other criminal types in theoretically relevant social and personal background factors.

Schasre, Robert. Cessation patterns among neophyte heroin users. International Journal of the Addictions, 1(2):23-32, June 1966.

DRUG	Heroin
SAMPLE SIZE	80
SAMPLE TYPE	Addicts; Ex-Addicts
AGE	Not Specified
SEX	Male
ETHNICITY	Mexican-American
GEOGRAPHICAL AREA	Los Angeles, California
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	4

PURPOSE

Using interviews with Mexican-Americans, an effort was made to gain information regarding social factors which might explain why some individuals cease using heroin after an early juvenile involvement, while others seem to continue heroin usage more or less throughout their adult lives.

METHODOLOGY

Forty addicts and forty ex-users were formally interviewed in pairs for two or three sessions, each lasting three to six hours. These dual serial interviews were held over a period of two years. All of the interviewees were of Mexican-American origin. They had all experienced their initial involvement with narcotics in East Los Angeles, a predominantly Mexican-American neighborhood. They defined their heroin usage as resulting in a "pleasant experience." The age at initial involvement ranged from 13 to 17, with slightly more than 50% of the cases being 15 or 16.

The major problem was determining the extent to which social factors might have had significant bearing on the differential experience of the participating addicts versus the participating ex-users. The interview procedure involved three sequential objectives: (1) to note significant factors (incidents or situations) from the conversation which might explain the divergent careers of the addict and the ex-user; (2) to seek either consensus or disagreement from the two interviewees on the actual occurrence or existence of such factors; and (3) to test the factors upon which consensus was reached regarding occurrence, to determine their actual significance in the influencing of subsequent divergent careers.

RESULTS

The assumption of a clear-cut decision on the part of the ex-user to stop using heroin was not always found to be warranted. In 22 cases, the decision was ex post facto to the incidents that initially led to cessation. The remaining 18 cases did involve decision-making which led directly to cessation. Of the 18 ex-users in the decision-group, 9 cited some sort of direct social influence as the factor in their decision to stop (negative experiences by male peers, strong pressure by girlfriends, or social stigma). The remaining 9 cases identified the experience of physical addiction as the significant factor leading to their decision to quit. They also cited a factor reducible to social influence: fear and surprise at the realization that they were "hooked" because they only had "little habits," leading to a resolve to "quit before it gets out of control." Among the 22 ex-users in the no-decision group, 9 of the cessation factors recounted were geographical in nature and 13 involved the suppliers who had been furnishing the narcotics. Geographical separation of the individual from the neighborhood in which narcotics involvement was begun; or an interruption in source of supply, appeared significant in the cessation of heroin usage.

CONCLUSIONS

In a large percentage of cases, the reasons attributed by both the addict and the former user to the latter's termination of heroin usage were very often nonvolitional in nature, representing the intervention of social circumstances which the individual saw as beyond his ability to control or overcome. This underscored strongly the fact that continuance of usage, following early experience with heroin, depends heavily on social opportunity; otherwise the "habit," these data indicated, may in many instances be abandoned. The data indicated that for many ex-users, the reasons for cessation of heroin use were social in nature, particularly the geographical separation from the neighborhood in which they became addicted and an interruption in their source of supply.

An important supplementary issue remains: to determine with more precision which individuals will abandon heroin usage in the face of adverse social conditions and which ones will persist and surmount the intervening barriers. That the barriers are not overcome by a considerable number of individuals appears to represent a finding not adequately stressed in either the theoretical or empirical literature on illicit drug usage.

Scott, Neil R.; Orzen, William; Musillo, Cynthia; and Cole, Patricia T. Methadone in the Southwest: A three-year follow-up of Chicano heroin addicts. American Journal of Orthopsychiatry, 43(3):355-361, 1973.

DRUG	Opiates
SAMPLE SIZE	61
SAMPLE TYPE	Treatment (outpatient)
AGE	Adult (median age: 31 years)
SEX	51 Male; 10 Female
ETHNICITY	Mexican-American
GEOGRAPHICAL AREA	Albuquerque, New Mexico
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Medical Records; Urine Surveillance
DATE(S) CONDUCTED	April 1969 - May 1972
NO. OF REFERENCES	3

PURPOSE

Methadone programs provide a useful framework for conducting follow-up studies of heroin addicts. A three-year follow-up study was performed in Albuquerque, New Mexico, to determine the subsequent health and drug use of 61 Chicano clients of a methadone maintenance program of indigenous Chicano origin.

METHODOLOGY

Admission data were obtained by the program staff as part of the induction procedure, and consisted largely of responses to structured interviews. Follow-up data were compiled from medical and urine surveillance records, newspaper clippings, and interviews with current program participants. Staff members also cross-checked employment records and current living arrangements. Subjects were all Chicano, born and raised in New Mexico, and Spanish-speaking. Fifty-one were male, and 10 were female. Upon admission to the program, the median age was 31 years, with a range of 21 to 45. Median age of beginning heroin use was 12 years. Ninety-seven percent had prior arrest records, with 67% having been arrested more than 10 times. After detoxification, clients were given 150-200 mg of methadone daily; this was reduced during the latter part of the study to 80 mg daily. Outcome was examined by retention or survivorship in the program, evidence of drug abuse, and evidence of social rehabilitation.

RESULTS

Thirty-nine (64%) of the clients remained active in methadone maintenance treatment; sixteen (26%) were discharged from the program; and six (10%) were deceased. Of the discharged clients,

two were drug-free, six returned to heroin use, and eight were imprisoned. Overall nutrition improved, but alcoholism was a major health complication. The six fatalities included two from chronic alcoholism, two from gunshot wounds, one from an automobile accident, and one from an overdose of methadone, heroin, and alcohol. Alcoholism was implicated in all six fatalities.

During the first year of the program, few urine specimens were obtained; collection was unobserved, and announced to the client a day prior to collection. During the last two years of the study, urine surveillance was randomized, and clients received a minimum of one urine test a week. During this latter period, the overall "dirty" urine percentage underwent approximately a sixty-fold increase to 20%. On the evidence of newspaper clippings and clinical notes, 27 clients (45%) acquired new charges or arrests during the study period. A problem in the documentation of arrests was the refusal of police to release arrest data.

Based on clinical observation, it is apparent that this program does not confirm the stereotype of the addict as an unhealthy, debauched, fringe member of society, stripped of resources by the quest for heroin. The Chicano addict has abundant family resources available to him; admission data indicate that only two clients did not live with their families. Community ties are correspondingly strong. The clients in this study were not drifters; most stayed in the Albuquerque area. The addiction-related roles of the female addict were at variance with the frequent observation that female addicts are often forced into prostitution to support their habit. None of the ten females studied was known to have been a prostitute. It also appears that the group culture of the program, with its heavy involvement and contribution from ex-addict paraprofessionals, had many values, roles, and social processes in common with the street addict culture.

CONCLUSIONS

Program success or failure is not easily ascertained because of the lack of baseline knowledge of the pathogenesis of Chicano addiction. The drug literature is remarkably devoid of descriptions of Chicano addiction, despite the common assumption that addictive problems are widespread among American Spanish-speaking populations. It is important that observations be made to record aspects of addiction unique to this population, and to challenge the popular stereotypes of addicts. It would also be of interest to document what effect values such as permissiveness and patronage have on program operations. Perhaps future investigation can establish those aspects of addict street culture that have therapeutic value when incorporated into a treatment program.

Simpson, D. Dwayne; Curtis, Billy; and Butler, Mark C. Description of drug users in treatment: 1971-1972 DARP admissions. American Journal of Drug and Alcohol Abuse, 2(1):15-28, 1975.

DRUG	Opiates; Multi-Drug
SAMPLE SIZE	12,297
SAMPLE TYPE	Treatment
AGE	Cross-Age
SEX	76% Male; 24% Female
ETHNICITY	46% Black; 36% White; 10% Puerto Rican; 7% Mexican-American; 1% Other
GEOGRAPHICAL AREA	United States; Puerto Rico
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	June 1971 - June 1972
NO. OF REFERENCES	2

PURPOSE

Although the Drug Abuse Reporting Program (DARP) patient population is not a randomly-drawn epidemiological sample of American drug users, it does represent a large segment of patients who enter community-centered programs for drug abuse treatment, and it offers one of the most complete sources of information currently available for assessing demographic and background characteristics of contemporary drug users. Several of the most prominent attributes of the 1971-1972 DARP patient samples are summarized here.

SUMMARY

Between June 1971 and June 1972, DARP included 36 treatment agencies, in both the United States and Puerto Rico. The research sample included 12,297 patients from 31 of these agencies. The major types of treatment included methadone maintenance (41% of the patients), therapeutic communities (16%), other drug-free therapy (17%), detoxification (23%), and other less frequent or mixed treatment approaches (3%).

Seventy-six percent of the patients were male. Forty-six percent of the patients were black; 36% were white; and Puerto Ricans and Mexican-Americans represented 10% and 7% of the sample, respectively. Other ethnic classifications accounted for the remaining 1%. Age distributions within each of the ethnic groups were generally comparable, with the age range 21-25 predominant except for Mexican-Americans, 40% of whom were over 30 at the time of admission to treatment. On the other hand, whites included the smallest percentages of patients in the 26-30 and over-30 age groups, and tended to include more younger patients than any other ethnic group.

Within ethnic groups, prevalence rates associated with drug use patterns were generally comparable between blacks, Puerto Ricans, and Mexican-Americans. For these groups, daily heroin use (pattern H) was about 40%; daily heroin with some use of cocaine (HC) was about 25%; daily heroin with barbiturates (HB) about 4%; daily heroin with any one or two nonopioids (H+), about 4%; use of three or more nonopioids along with daily heroin (H+Poly), about 10%; use of three or more nonopioids without daily heroin (Poly), about 1%; use of only one or two nonopioids, but no opioids daily, (LDO+), about 10%; and those not classified, about 11%. The exception to this involved the near-zero rate for HC and a correspondingly high rate of H (58%) among Mexican-Americans. Among whites, the use of nonopioids without daily heroin (Poly and LDS+) was comparatively high (20% to 30%). With regard to age, patterns Poly and LDS+ were most prevalent among younger patients (particularly under 18), while patterns H and HC became more prevalent with increasing age (these trends were consistent within each ethnic group).

The first illegal drug used was marijuana for 57% of the patients, and heroin for 21%. Blacks included the highest percentage of patients who used heroin as their first illegal drug (31%), and whites, the lowest (8%). Marijuana as the first drug was most prevalent among Puerto Ricans (68%) and Mexican-Americans (64%), compared to 56% and 55% for whites and blacks, respectively. Twelve percent of the Mexican-Americans and 9% of the whites used barbiturates first, and another 11% of the whites used amphetamines first.

The majority of the sample completed 10 to 12 years of education and had spent time in jail; 40% were legally involved at the time of admission; and almost one-third reported that their major source of support was illegal.

Snarr, Richard W., and Ball, John C. Involvement in a drug subculture and abstinence following treatment among Puerto Rican narcotic addicts. British Journal of Addiction, 69:243-248, 1974.

DRUG	Opiates
SAMPLE SIZE	108
SAMPLE TYPE	Posttreatment
AGE	Not Specified
SEX	Male
ETHNICITY	Puerto Rican
GEOGRAPHICAL AREA	Puerto Rico
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	10

PURPOSE

Drug subcultures provide avenues to success, social admiration, and a sense of well-being, which their members feel are otherwise beyond their reach. Eventual involvement occurs as one learns techniques and comes to share similar attitudes with other members. The degree of involvement in a drug subculture and abstinence following a period of treatment were studied. It was hypothesized that there would be a significant relationship between the two variables; specifically, that the higher the degree of involvement in a drug subculture, the less likely it was that abstinence would follow a period of treatment.

METHODOLOGY

A total of 108 male Puerto Rican opiate addicts were located and interviewed in Puerto Rico. These addicts were part of 242 subjects discharged from the U.S. Public Health Service Hospital at Lexington, Kentucky, between 1935 and December 31, 1962, and who were residents of Puerto Rico at the time of at least one admission. To develop an index which reflected the degree of involvement in a drug subculture, an instrument based on behavioral items was used. Five items incorporated into the index were: (1) the average daily amount of money the subject had spent to obtain drugs; (2) whether or not the subject had acquired a history of selling narcotics to addicts; (3) whether or not the subject had undergone more than one period of treatment; (4) whether or not the subject began opiate use in a group setting; and (5) whether or not the subject had used marihuana. Each of these items was dichotomized and given equal weight. These five items were then combined into an index of involvement in the drug subculture as follows: little or no involvement; some involvement; extensive involvement.

Only one indicator of "cured" or "not cured" was considered: opiate use or abstinence following a period of treatment. The cured category consisted of persons who had been at risk (not institutionalized), and had not used opiates for at least three consecutive years and were not using opiates at the time of the interview. The not cured category consisted of subjects who, following a period of treatment, had never been off opiates for three consecutive years while at risk.

RESULTS

Overall, 38% of those with little involvement in a drug subculture were cured, whereas only 10% of those with extensive involvement were cured. When the subject's social class position was utilized as a control variable, it was found that 27% of those in the lower social class with little involvement in a subculture were cured, compared to only 4.2% among those with extensive involvement. Similarly, 42.9% of those in the middle and upper social class with little involvement were cured. Further analysis indicated that involvement in a subculture, among those who began opiate use by the age of 20 or before, had little relationship to being cured, but involvement among those who began opiate use at age 21 or over was highly related to being cured. Among those who began opiate use by the age of 20, 17.6% with little involvement in a drug subculture were cured, compared to 13.8% with extensive involvement, thus indicating little difference. In contrast, 77.8% of those who began opiate use at age 21 or over and had little involvement in a drug subculture were cured, but not a single person who began opiate use at age 21 or older and who was extensively involved in drug subculture was cured.

CONCLUSIONS

The most significant finding was that involvement in a drug subculture among those who began opiate use by the age of 20 had little relationship to cure, whereas involvement among those who began use after the age of 20 was highly related to cure. Perhaps involvement beginning in the adolescent teenage years is more closely linked to a short-run hedonistic experience, which may subsequently lose its appeal and may be terminated in favor of more legitimate adult roles such as occupational and parental roles. If an addict becomes involved in a drug subculture in his twenties or thirties, it is likely he has failed to establish himself in legitimate adult activities. By then, he is less likely to pursue legitimate activities and, therefore, is more likely to remain committed to the drug-taking way of life. These findings point to the crucial importance of some basic social dimensions in an addict's life. They suggest that consideration of social factors is a mandatory consideration for any type of treatment program.

Stephens, Richard, and Slatin, Gerald. The street addict role: Toward the definition of a type. Drug Forum, 3(4):375-389, Summer 1974.

DRUG	Opiates; Multi-Drug
SAMPLE SIZE	1,096
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults
SEX	824 Male; 271 Female
ETHNICITY	527 Black; 64 Spanish; 505 White
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	16

PURPOSE

As narcotic addiction became an urban phenomenon, a unique and important type of drug abuser emerged: the street addict. A conceptual and empirical clarification of this type was delineated in order to: (1) operationalize the street addict role; (2) ascertain the prevalence of this street addict type in a sample of institutionalized addicts; and (3) show the potential meaningfulness of such a categorization through its ability to discriminate on a wide variety of social variables.

METHODOLOGY

An operational definition of the street addict role was constructed. A street addict was defined as someone: who used more than one narcotic; who had at least one arrest; who had committed at least one criminal activity; who had at least some use of illegal drug sources; whose usual routine was intravenous injection (with most frequent narcotic or drug); who had experienced at least one kick (other than detoxification at Lexington); whose preferred (or most frequent) drug was heroin, speedball, or cocaine; and who had sold drugs at least once. The sample was composed of 1,096 patients committed to the NIMH Clinical Research Center at Lexington, Kentucky, for treatment prior to May 20, 1969. The median ages were: white males, 25.0; minority males, 28.6; white females, 25.3; minority females, 26.4. There were 376 white males, 129 white females, 417 Negro males, 110 Negro females, 31 Spanish males, and 33 Spanish females. The patients were interviewed by three highly trained interviewers using a standardized and tested interview schedule (Social Data Form), which was administered upon admission.

"Drug" as used here referred to any class of psychotropic drugs (which included narcotics, stimulants, sedative-hypnotic-relaxants, antidepressants, antihistamines, psychotogens, marihuana, organic solvents, and tranquilizers). "Narcotics" referred to both the opiates and synthetic narcotic analgesics.

RESULTS

The results indicated that 350, or 32%, of the 1,096 patients were street addicts. The street addict role was found largely among minority group males. Forty percent of the minority group males were street addicts, a figure which was at least 11% larger than the other three groups (white males, white females, or minority females). Fifty-two percent of the street addicts were minority group males, representing only 41% of the total sample. White males who constituted 26% of the street addict group were underrepresented. The percentage of street addicts who were women (white, 11%; minority, 12%) was expected, unlike the unexpected finding that among the female groups there were more street addicts than in the white male group.

A comparison of the 350 street addicts with the residual category of 746 nonstreet addicts, with race and sex held constant, revealed that street addicts had more often experimented with marihuana (586 vs. 335), and at a younger age (16.7 vs. 17.9); that there was a similar difference for age at first narcotic addiction (19.9 vs. 22.4); that street addicts more often used the intravenous route when first using narcotics (37% vs. 30%); that at the point of first addiction, those individuals who subsequently became street addicts were already using illegal distribution channels as their narcotics source (73% vs. 58%); that street addicts began using the intravenous route at an earlier age (20.5% vs. 21.8%); that in their last month on the streets prior to hospitalization, street addicts were using more drugs and at a much higher cost (2.3% at \$56 vs. 2.0% at \$32); and, finally, that more street addicts had been arrested than nonstreet addicts (10.6% vs. 9.9%).

These differences were more clear-cut for the white groups, and may be due to the skewness of the data (that many more of the street addicts were black males); it is possible that those who could be classified as "almost street addicts" were also black. Thus the differences between the black males were not as great as between the whites. An alternative explanation is that being a black male addict implies being a street addict in most cases.

CONCLUSIONS

The findings suggest that the street addict type reliably differentiates street addicts from other narcotic addicts on a variety of behaviors. It may be possible, through further research, to develop specific programs designed for communities characterized by each type of addict. The present effort has immediate utility in that it focuses attention on the sociocultural aspects of such patterns of drug involvement, suggesting that ameliorative efforts must attend to the more basic problem of the street addict's commitment to a total lifestyle--a lifestyle that is completely organized around the procurement and use of heroin and other drugs. Based on the image of the street addict as depicted by the results of this research, the conclusion may be drawn that some structural change may well have to occur in our society before certain segments of the population are given meaningful alternatives to the street addict's way of life.

Vaillant, George E. Parent-child cultural disparity and drug addiction. Journal of Nervous and Mental Disease, 142(6):534-539, 1966.

DRUG	Opiates
SAMPLE SIZE	488
SAMPLE TYPE	Inpatient Discharges; Volunteers
AGE	Adult
SEX	Male
ETHNICITY	171 Black; 187 White; 130 Puerto Rican
GEOGRAPHICAL AREA	New York City
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics; Census Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	8

PURPOSE

This study was undertaken to test the hypothesis that the highest addiction risk in New York occurs not among urban immigrants, but among first-generation adults in established minority groups. The nativity of three ethnic groups of New York City male narcotic addicts and their parents was compared with figures for similar nonaddicted ethnic groups.

METHODOLOGY

The study group consisted of all addict patients discharged from Lexington between April 1 and December 31, 1961, who were: (1) male, (2) born between 1931 and 1940, and (3) residents of New York. The nativity of New York addicts admitted to Lexington was compared with that of nonaddict New York residents of similar age, sex, and ethnic origin, obtained from the 1960 Census of Population. There were 171 non-Puerto Rican Negro addicts in the sample, 187 non-Puerto Rican whites and 130 patients of Puerto Rican descent. The proportions of immigrants, first-generation Americans, and native-born of native-born parents were calculated, including the percentage of Southern-born Negroes (who it was assumed would encounter problems analogous to those of immigrants from foreign countries), to determine the relation of immigrant status to addiction in New York City.

RESULTS

In all instances, individuals born in New York, but whose parents were not born in the Northern United States, had the greatest statistical likelihood of being admitted to Lexington; the data suggested that first-generation New York City residents had a rate of addiction three times that of immigrants ($p < .001$). The likelihood of Lexington hospitalization was also strongly

correlated with minority-group status. It was observed that the rate of addiction (as measured by Lexington discharges) was approximately 20 times as high among New York Puerto Rican and Negro populations as among the rest of the New York population.

CONCLUSIONS

The findings are based only upon New York addicts admitted to Lexington and are not necessarily applicable to other groups; however, the evidence suggests that both minority status and parental rather than individual cultural mobility are positively correlated with the incidence of drug addiction among individuals from lower socioeconomic groups.

The hypothesis is advanced that, within a given ethnic urban group, addiction may diminish as the percentage of first-generation members diminishes. The roots of addiction are laid down before adolescence and the addict's alienation is from parents first, society next. The immigrant's early years are spent in a social environment that matches his parents'; the child of immigrants spends his early years in a culture at variance with that of his parents. The immigrant parents have to spend more time coping with the new environment, and as a result, parental instability occurs.

Vaillant, George E. A twelve-year follow-up of New York narcotic addicts: III. Some social and psychiatric characteristics. Archives of General Psychiatry, 15(6):599-609, December 1966.

DRUG	Heroin
SAMPLE SIZE	100
SAMPLE TYPE	Posttreatment
AGE	Adults
SEX	Male
ETHNICITY	50 Black; 50 White
GEOGRAPHICAL AREA	New York
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Questionnaires; Program/Clinic Statistics; Official Records
DATE(S) CONDUCTED	1952 - 1964
NO. OF REFERENCES	43

PURPOSE

To illustrate characteristics which may differentiate addiction from other psychiatric syndromes, a 12-year follow-up was conducted of 100 New York addicts (50 white and 50 Negro men) who were first admitted to the U.S. Public Health Service Hospital in Lexington, Kentucky, between August 1, 1952, and January 31, 1953. The use of longitudinally-gathered data permitted the conceptualization of the addict simultaneously as a delinquent and as a psychologically disturbed individual.

METHODOLOGY

The sample consisted of 50 Negro and 50 white men admitted to the Lexington Hospital between August 1, 1952, and January 31, 1953. Thirty (25 white and 5 Negro) were of Latin American extraction; 26 of these were Puerto Rican. In 1952, a social worker completed a 55-item questionnaire on 90% of the men in the sample. This questionnaire contained routine demographic data and also elicited information about family history of addiction, early history of delinquency, arrest record, military and occupational history, and drug experience. Demographic data, and that concerning criminal history, were in most cases confirmed by official sources and considered complete. Data on childhood delinquency, deprivation, and family psychopathology represented minimal values.

RESULTS

Relation of Ethnic Background to Long-Term Course

Overall, the differences between Negro, white, and Latin subgroups were smaller than might have been supposed from the important cultural differences in their backgrounds. The addiction pat-

tern, the incidence of antisocial behavior, and the overall rates of abstinence were similar, and sustained employment after treatment was equally rare. There were few differences in family histories of crime, delinquency, addiction, and alcoholism, and no differences in the incidence of negative family patterns, nor in the incidence of psychosomatic illness, psychosis, or schizoid personality. Negroes were more frequently apprehended for delinquency; however, the only statistically significant difference was that 66% of the Negroes and only 46% of the whites were known to be delinquent before drugs.

Familial Influences

At least 31% of the addicts were known to have had a delinquent relative, and 24% to have had an addicted relative. The parental factor that correlated most strongly with addiction was parent-child cultural disparity. The New York-born addicts had either foreign-born parents or Southern-born Negro parents twice as often as would have been expected from the census data.

In at least 34% of the clinical charts, mention was made of maternal overprotection; youngest children predominated, and 52% came from broken homes. Seventy-two percent of the sample still lived with their mothers at age 22, and 47% continued with a female relative after 30. Of the 30 eventually abstinent addicts in the study, none felt that his parents helped him achieve abstinence, and virtually all were living independently of their parents at the time that they became abstinent. The addict's mother often came from a culture alien to the one in which she reared her child, and tended to be either absent or overly involved with, and dependent on, the youngest child. The father also was often absent or from a different culture.

Marriage and Children

Seventy percent of the group either married or achieved fairly stable common-law relationships. Only 11% appeared to have lived alone more than half of their adult lives: Forty-eight percent had children, and there were a total of 93 children among the 100 addicts. In only 3% of the cases was homosexuality known to have been a significant source of community gratification during adult life.

Intelligence

In terms of intellectual endowment, the addict seemed to be superior both to the average resident of urban slums, and to the average delinquent. Among addicts, 32% of the Negroes and only 18% of the whites were considered of above average intelligence.

Relation of Addiction to Criminality

Fifty-six percent of the addicts studied were delinquent before taking drugs. Ninety-two percent of this group served time in jail after leaving Lexington, and 96% had engaged in illegal activity at some time in their lives. At least 24% had been convicted for crimes against persons, and another 68% for crimes against property. By age 37 the average addict had spent three years in jail and had five convictions, in spite of the fact that 75% voluntarily came to Lexington for withdrawal.

The Relation of Addiction to Psychiatric Disorder

In contrast to previously accepted theories, it was found that except for continued delinquency and abuse of drugs and alcohol, addicts remained remarkably free of psychopathology. Only eight had ever been hospitalized for mental disorder. Only two of those were hospitalized for schizophrenia, and these diagnoses were not born out. On follow-up, only one addict out of the 100 appeared to fulfill the diagnostic criteria of schizophrenia. Most addicts in the study were diagnosed as character disorders, an area of psychiatry where there is little knowledge and less agreement.

CONCLUSIONS

The findings are based only upon New York addicts admitted to Lexington and are not necessarily applicable to other groups; however, the evidence suggests that both minority status and parental rather than individual cultural mobility are positively correlated with the incidence of drug addiction among individuals from lower socioeconomic groups.

The hypothesis is advanced that, within a given ethnic urban group, addiction may diminish as the percentage of first-generation members diminishes. The roots of addiction are laid down before adolescence and the addict's alienation is from parents first, society next. The immigrant's early years are spent in a social environment that matches his parents'; the child of immigrants spends his early years in a culture at variance with that of his parents. The immigrant parents have to spend more time coping with their new environment, thus leading to parental instability.

Waldorf, Dan. Careers in Dope. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973.
186 pp.

DRUG	Opiates
SAMPLE SIZE	569 +
SAMPLE TYPE	Treatment
AGE	Adults
SEX	Both Sexes
ETHNICITY	White; Black; Puerto Rican
GEOGRAPHICAL AREA	New York
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	92

PURPOSE

In order to describe the life of the addict and his career in drugs, a study of heroin users was undertaken in New York State. Emphasis was placed on how the addict begins to use heroin and becomes addicted, how he supports himself and raises money to support his need, how he suffers at the hands of society, how he gets arrested and goes to jail or for treatment, and how, in some cases, he gives up heroin use and overcomes the pariah status to which society has demoted him.

METHODOLOGY

Data were primarily based on life history interviews with 422 male heroin users in five treatment facilities of New York State's Narcotic Addiction Control Commission. These data were supplemented with data from a cohort of female drug users, another on methadone maintenance, 31 persons off drugs, and 1,000 field reports. The basic male sample was predominantly working-class, native to New York, unmarried, with a mean age of 25 years; 54% were Catholic, 44% black, 30% Puerto Rican, and 24% white. Life history information was augmented by periodic record checks on the progress made in the various programs by all the persons interviewed.

RESULTS

The data indicated that initial heroin use was a social phenomenon and not a solitary activity. Only 4% of 417 male users reported that they were alone the first time they used heroin; the majority (96%) reported that they used heroin the first time with one or more persons. These persons were usually friends, and of the same sex. Whites tended to use in larger groups than did blacks and Puerto Ricans. More whites reported positive effects on first use (71%) than

blacks (64%) and Puerto Ricans (57%). An average of 3.4 drugs other than heroin and alcohol were used with any frequency (more than 6 times). More than half (55%) of the sample reported having used 4 or more other drugs, and more than a quarter (28%) used six or more. Length of heroin use and ethnicity of the user appeared to be closely associated with the number of drugs used. The longer heroin was used, the more secondary drugs were reported. White addicts reported more drugs used than either blacks or Puerto Ricans; the mean number of secondary drugs reported by whites was 4.6, as compared to 3.2 for Puerto Ricans and 2.7 for blacks. More than half (51%) of the whites reported using 6 or more drugs, while 25% of the Puerto Ricans and 18% of the blacks used that many. Blacks showed a certain preference for cocaine as a secondary drug, with 54% reporting that they had used it more than 6 times. Many of the Puerto Ricans used ampules of injectable methedrine as a secondary drug. Usually, white addicts were more likely than blacks and Puerto Ricans to abuse secondary drugs other than heroin, and to use drugs such as LSD, barbiturates, and amphetamines before heroin.

More blacks than either whites or Puerto Ricans reported that their principal "hustle" to support their habit was selling drugs--41%, as compared to 31% of the Puerto Ricans and 24% of the whites. On the other hand, more whites and Puerto Ricans (46% and 44%, respectively) than blacks (35%) reported that their principal hustle was stealing. Nearly two-thirds of the sample (64%) said they had been in jail or reform school at some time during their career, and another 17% had been arrested but had not served sentences. Blacks and Puerto Ricans more often served sentences after arrest than did whites. The same minority groups also served more time when they did go to jail. From periodic record checks of 157 volunteer and civilly committed addicts at two Phoenix Houses, it appeared that neither ethnicity nor sex were related to staying in the program. Race and ethnicity, however, did figure in program outcome. According to data from 5 New York State programs, whites (who made up 27% of the sample) responded best, while Puerto Ricans (who made up 29%) responded worst. More than one-third of the white group had "good outcomes," while only 16% of the Puerto Ricans were in that category.

Of the men interviewed, two out of every five (40%) said they had voluntarily stayed off heroin (outside of treatment or jail) for 3 months or longer, and 21% had stayed off voluntarily for 8 months or longer. The most important factor in long abstinence was neither class position nor ethnicity, but rather education. Persons who remained in high school had longer abstinences than those who dropped out. During abstinence, there were no ethnic differences in the reports of work; blacks and Puerto Ricans reported working as often as whites. Regarding drug substitution during heroin abstinence, Puerto Ricans tended to substitute some drug (62%) more than did whites (50%) and blacks (44%). Puerto Ricans and whites reported that they drank heavily, and used other drugs to excess more than blacks did.

In a study of 122 women addicts at the Manhattan Rehabilitation Center, the data indicated that ethnicity was associated with family disorganization. More black and Puerto Rican than white women came from disrupted homes. Only 3 out of 10 blacks and Puerto Ricans reported that they had lived with their mothers and fathers through their 15th year, while over half (52%) of the whites did so. However, white females reported less family compatibility than did the other two ethnic groups. Forty-four percent of the whites, as compared to 20% of the blacks and 21% of the Puerto Ricans, said they got along with their families poorly all or some of the time. Ethnic differences were also apparent among those reporting financial instability. Forty-six percent of the Puerto Rican women and 37% of black women reported that their families had been on welfare at some point when they were growing up, while only 17% of the white women reported having been on welfare. Regarding criminal history, both Puerto Rican (8%) and black women (18%) reported much less criminal activity before heroin use than white women (48%).

Watterson, Olive; Simpson, D. Dwayne; and Sells, S.B. Death rates and causes of death among opioid addicts in community drug treatment programs during 1970-1973. American Journal of Drug and Alcohol Abuse, 2(1):99-111, 1975.

DRUG	Opiates
SAMPLE SIZE	275
SAMPLE TYPE	Deceased Patients
AGE	Adults
SEX	Both Sexes
ETHNICITY	52% Black; 27% White; 11% Puerto Rican; 8% Mexican-American; 1% Other.
GEOGRAPHICAL AREA	Cross-Sectional
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	1970 - 1973
NO. OF REFERENCES	6

PURPOSE

Since variations in lifestyle associated with sex, age, race, and related factors reflect variations in risk, the study of differential death rates has great potential for increased understanding of addiction. Death rates and causes of death among opioid addicts in 52 community treatment programs in a national reporting network were compared for three consecutive years.

METHODOLOGY

Community treatment agencies participating in the Drug Abuse Reporting Program (DARP), conducted at the Institute of Behavioral Research of Texas Christian University, were used for three addict death studies for three successive one-year periods: 1970-71, 1971-72, and 1972-73. The community treatment agencies were located across the United States and Puerto Rico. The study samples consisted of all patients identified as opioid addicts in the DARP file who were either admitted to treatment or were continuing in treatment during the one-year interval spanned by each study. Opioid addicts were defined as patients who at some time before admission to treatment in the DARP had used opiate or synthetic opiate drugs daily.

Death rates and causes of death were reported in these studies for the total samples and for subgroups defined by age, sex, race-ethnic status, and treatment modality. Death rates were computed to reflect the number of deaths per 1,000 population per year at risk. Risk was defined as the time in treatment during which patients were under the surveillance of the reporting program. Deaths were classified into one of three categories: violent, drug abuse-related, and other causes.

RESULTS

In each of the three years, the greatest proportions of patients were classified as male, black, 21 to 25 years old, and in methadone maintenance programs. The greatest proportions of deaths were accounted for by males, patients over 30 years old, blacks, and patients in methadone maintenance programs.

Whites were the only race-ethnic group with an increase in death rates across the three years (from 8 per 1,000 to 14 per 1,000). In contrast, the rates for the black group showed a continuing decrease in death rates from 18, to 14, and then to 13 per 1,000. The rates for both Puerto Ricans and Mexican-Americans increased from 1971-72 to 1972-73; viewed across the three years, however, death rates for Puerto Ricans decreased from 16 per 1,000 to 12 per 1,000; and for Mexican-Americans, from 21 per 1,000 to 15 per 1,000. For the three years combined, rates were highest for Mexican-Americans and blacks, and lowest for Puerto Ricans and whites.

Although causes of death among ethnic groups did not differ extensively, there was a tendency for the rate of drug-related deaths to be higher among whites (42%) and lower among Mexican-Americans (27%). There was also a larger percentage of deaths among blacks and Mexican-Americans due to other causes (25% of the deaths among blacks and 30% for Mexican-Americans, but only 14% for whites and 19% for Puerto Ricans). Since blacks and Mexican-Americans in the base population tended to include larger proportions of older patients than other ethnic groups, these results may be accounted for in part by the age-related factors. As expected, violence was least frequent as the cause of death among patients over 30, but most frequent for younger patients; there were no differences among the ethnic groups.

CONCLUSIONS

Death rates based on the combined data for opioid addicts in the DARP during 1970-1973 provide reliable estimates of mortality among drug treatment patients. The results for each of the three years studied are in substantial agreement, which implies that the data can be regarded as highly reliable, particularly when combined. However, death rates based on the DARP addicts can be expected to be conservative in comparison to actual rates "in the street" due to the reduced risk for patients under the surveillance of treatment programs.

Weissman, James C.; Katsampes, Paul L.; and Giacinti, Thomas A. Opiate use and criminality among a jail population. Addictive Diseases, 1(3):269-281, 1974.

DRUG	Opiates
SAMPLE SIZE	282
SAMPLE TYPE	Incarcerated
AGE	15 Adolescents; 267 Adults
SEX	229 Male; 53 Female
ETHNICITY	1 American Indian; 85 Hispanic; 117 Black; 79 White
GEOGRAPHICAL AREA	Denver, Colorado
METHODOLOGY	Statistical Analysis
DATA COLLECTION INSTRUMENT	Arrest Records
DATE(S) CONDUCTED	1972
NO. OF REFERENCES	11

PURPOSE

This study addresses the following questions through an examination of jailed addicts. (1) Does total arrest activity increase with onset of addiction? (2) What are the specific offenses involved? (3) Are the patterns of criminal activity associated with differences in age at onset, race, and sex?

METHODOLOGY

A random sample was selected of 282 male and female subjects of various ethnic groupings who entered the Denver City Jail and requested methadone detoxification services during 1972. Their criminal histories were searched, and the data analyzed according to date of first drug arrest (a substitute for age at onset). Each discrete arrest incident was coded according to the most serious offense charged on that occasion. Offenses were grouped under charges for burglary, assault, sexual assault, larceny, public order, prostitution, and other adult crimes. All nondrug charges were combined to form an index of total arrests, and a measure of Impact Crime arrest was formed to compound burglary, robbery, sexual assault, and assault charges. Controlling the variables of age of onset, race, and sex, post-onset arrest rates were then compared to determine changes in arrest patterns following onset of addiction.

RESULTS

A relatively high arrest record was found for crimes associated with drug use: drug offenses, larceny, burglary, prostitution, and robbery. Eighty percent had at least one arrest for Impact Crime (burglary, robbery, assault, and sexual assault); 91.1% had been convicted of at least one crime.

Post-onset rates differed with respect to age at onset. The youngest group (aged 13 to 20) showed a decrease in nondrug criminal activity, and remained generally constant in serious crimes. The next group (aged 21 to 25) showed the highest increase in serious crime activity. Larceny nearly doubled; robbery increased 400%; and assault and burglary increased about 500%. The last group (aged 26+) showed the lowest post-onset Impact Crime and total nondrug arrest rates, although charge rates were still substantial.

Arrest patterns differed sharply among racial and ethnic groupings. Hispanic subjects remained constant in their total nondrug arrest rates but altered their pre-onset charge patterns with an increased emphasis on the offenses of larceny and assault. Black subjects showed increased rates for each crime category except assault. Their post-onset burglary rate increased to four times its pre-onset level. The most substantial increases, however, occurred among the Anglo subjects. Only larceny failed to register an increase in the post-onset period, while the Impact Crime arrest rates increased by almost 150%. Within the ethnic groups, blacks diversified from a pre-onset emphasis toward larceny to a broader distribution of charges during the post-onset period. Hispanic subjects doubled their assault arrest rate, and Anglo subjects showed a substantial increase in the violent crimes of robbery and assault, moving away from a preonset emphasis on larceny and burglary.

The relatively small sample size precluded an effective analysis on the basis of both subclassification of age of onset and ethnicity. Nevertheless, it appeared that the patterns displayed by the age of onset groups did not readily explain the difference in pre-onset and post-onset offense data among the race/ethnic groups. These groups did not exhibit charge patterns consistent with their internal age distributions: 25.5% of the blacks, 41% of the Hispanics, and 57.5% of the Anglos were in the 13-20 age of onset category; 39.6% of the blacks, 41% of the Hispanics, and 24.7% of the Anglos were in the 21-25 category; and 34.9% of the blacks, 18% of the Hispanics, and 17.8% of the Anglos were in the 26+ category.

Female subjects (n=53) substantially increased their rate of Impact Crime and total arrests. In addition to having the highest post-onset larceny score of any group, females showed an unexpected rise in assault crimes.

Post-first drug arrest crime rates remained consistent across groupings, with Hispanic subjects showing the lowest rates and female subjects the highest.

CONCLUSIONS

The results indicate an apparent intensifying effect of opiate use upon frequency of arrest, even when the variables of age at onset, race, and sex are held constant. Confirming the findings of other researchers, every group in the sample showed an increase in the property-acquisitive crimes of burglary and larceny. Robbery and assault also rose generally, but not in every group.

Age at onset bears a strong relationship to post-onset activity. The group experiencing the earliest age of onset (13-20) remained constant with regard to Impact Crime arrest rate and showed a decrease in its total nondrug arrest rate. This may indicate that members of this group, apparently the most criminally active group before the age of onset, concentrated their activities on the more serious crimes after the onset of addiction. The second group (21-25) became addicts at the peak of their criminal careers, and therefore showed a correspondingly high increase in criminal activity. This group should be expected to be difficult in treatment prospects, being the most criminally active. The decrease in activity demonstrated by the 26+ group may be explained by the "maturing out" hypothesis, which postulates a decrease in drug-related criminal activity with increasing age.

Each race exhibits different tendencies with respect to individual offenses. Hispanic subjects were least affected by onset of addiction. Black subjects showed an increase in every crime but assault, including a 100% increase in Impact Crime. Anglo subjects not only increased in every category, but also showed a substantial increase in the violent crimes of robbery and assault.

Sex is an important variable inasmuch as it identifies peculiar arrest activities of the female subjects. Surprisingly, they showed the highest assault and larceny rates of any group.

There were several methodological deficiencies in the study. Age of first drug arrest, a biased indicator, served as age of onset. Another confounding factor was the impact upon crime

rates of time spent by the subjects in institutions. The use of local police files resulted in some minimal exclusion of some out-of-jurisdiction arrests. Finally, the age-of-onset groups spent disparate times in the pre- and post-onset periods, a factor which might bear upon the reliability of the rates. Notwithstanding, the data show that opiate addiction intensifies officially noted criminal activity for most major offenses, and that knowledge of the age of onset, race, and sex of the subject provides insight into expected criminal pattern differences during the post-onset period. These findings have major implications for treatment design.

Williams, Joyce E., and Bates, William M. Some characteristics of female narcotic addicts. International Journal of the Addictions, 5(2):245-256, June 1970.

DRUG	Opiates
SAMPLE SIZE	172
SAMPLE TYPE	Treatment (inpatient)
AGE	Adults (mean age: 34.9 years)
SEX	Female
ETHNICITY	58 Black; 114 White
GEOGRAPHICAL AREA	Lexington, Kentucky
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Program/Clinic Statistics
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	11

PURPOSE

All female addicts admitted to the USPHS Hospital at Lexington, Kentucky, during the last six months of 1965 were studied. The effort paralleled an earlier study on males done by Bates in 1966 in order to provide data for a comparison of male and female addicts in terms of certain social and geographic characteristics.

METHODOLOGY

From June through December of 1965, 172 female patients were admitted to the Lexington hospital. Fifty-eight patients (33.7%) were Negro; 114 (66.3%) were white. The female hospital population had an overrepresentation of Negro women by a factor of three. For a study of geographical distribution, patients were grouped into four residential categories: (1) metropolitan areas of New York City, Chicago, and Washington, D.C., (2) South, metropolitan and nonmetropolitan, (3) non-South, metropolitan and nonmetropolitan, and (4) Puerto Rico.

RESULTS

New York City produced the largest absolute number of addicts. Over half (63.8%) of all Negro women patients came from New York, Chicago, and Washington, D.C. Negroes were found to be overrepresented in the total patient population, but underrepresented in the Southern admissions (only 3.4% of total Negro patients were from the South). Southern Negro females were less represented than Negro males in hospital admissions. The population studied did not include a single Negro from a nonmetropolitan area. Of the female patients in the group who had moved from their state of birth, a higher percentage were Negro (46.6%) than white (36.8%). Female

patients had a mean age of 34.9 years. Negroes were approximately seven years younger than whites; addicts from metropolitan areas were younger than those from nonmetropolitan areas. Sources of narcotics were more likely to be legal in nonmetropolitan areas. Less than one-half of all females had a legal source of drugs.

CONCLUSIONS

The data paralleled Bates' earlier findings on male addict patients. Two patterns of drug use emerged: a heavily Negro metropolitan pattern of illegal drug use, and a nonmetropolitan Southern pattern comprised of addicts about 10 years older who used legal or quasi-legal drugs. Female addicts were found to have characteristics similar to males; however, they were slightly older as a group when admitted to Lexington.

Zahn, Margaret, and Ball, John C. Factors related to cure of opiate addiction among Puerto Rican addicts. International Journal of the Addictions, 7(2):237-245, Summer 1972.

DRUG	Opiates
SAMPLE SIZE	108
SAMPLE TYPE	Posttreatment
AGE	Adults
SEX	Male
ETHNICITY	Puerto Rican
GEOGRAPHICAL AREA	Puerto Rico
METHODOLOGY	Exploratory/Survey
DATA COLLECTION INSTRUMENT	Interviews; Urinalysis
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	18

PURPOSE

Follow-up studies of narcotic addicts indicate that once a person has become addicted to a narcotic drug, his chances of relapse following treatment are very high. Still, a sizable proportion of narcotic addicts do not return to the chronic use of opiates. In order to determine the factors which are associated with such cures, a follow-up study of Puerto Rican addicts was conducted.

METHODOLOGY

Data were drawn from a follow-up study of 242 former addict patients at the USPHS Hospital at Lexington. The sample included all addicts from Puerto Rico admitted to the hospital between 1935 and 1962. Of the 242 former patients, 122 were located and interviewed. Information was also obtained from the hospital's medical records; hospital, police, and penal records in Puerto Rico and the U.S.; FBI lifetime arrest records; Bureau of Narcotics records; interviews with relatives and friends of the addicts; and death certificates. The present analysis is limited to the 108 male addicts who were interviewed in Puerto Rico after leaving the Lexington hospital. A urine specimen was obtained at the time of the interview. An addict was considered cured if records and interview data indicated that he had been abstinent from drugs for three consecutive years prior to the interview, and if the urinalysis was negative.

RESULTS

Based on the outcome criteria, 21 of the 108 addicts were found to be cured at the time of the interview. Thus, 20% of the sample were cured and 80% were still dependent on narcotics.

Social background factors examined in relation to cure of opiate addiction included the addicts' family situation, employment history, educational attainment, and arrest history. Fathers' occupations had little bearing on later cure status, except that addicts whose fathers were in clerical, sales, and technical positions had a higher likelihood of cure (19% of the cured vs. 9% of the noncured).

At the time of their first admission to Lexington, the vast majority of the addicts were unmarried. At the time of the follow-up, however, there was a notable change; those cured were more likely to be married (57% vs. 29%). This was further confirmed by analyzing whom the addict was living with at the time of follow-up: a total of 74% of the noncured were living with parents or relatives, compared with only 40% of the cured. Similarly, 50% of the cured and only 22% of the noncured were living with a spouse.

Regarding education, the modal category for both cured and noncured addicts was 10-12 years of education. Interestingly, the study failed to reveal any differences between cured and noncured subjects based on degree of education. Furthermore, there were few substantial differences derived from occupational status prior to onset other than the fact that a significantly higher percentage of noncured addicts were students.

Employment history clearly and consistently distinguished cured from noncured subjects. Those subjects who were steadily employed in legal jobs of either high or low status were more likely to be cured ($p < .001$). Age also seemed to be an important factor, since the mean age of those steadily employed and cured was 45.3--a full ten years older than those who were steadily employed but not cured.

The data also revealed that addicts tended to have extensive arrest histories, but that some addicts had not been arrested; it was these who had the highest rate of cure (14% of the cured had never been arrested, compared to only 5% of the noncured).

Regarding drug use history, cured and noncured subjects differed with regard to the opiate of abuse, sequence of drugs used, and age at onset of opiate use. Thus, 95% of the noncured but only 67% of the cured used heroin as the principal drug at first admission; a higher percentage of cured cases used morphine, meperidine, and codeine as the principal opiate at the time of admission. Age at onset was an important factor in latter outcome: those who remained noncured started drug use at younger ages than those who were cured. Analyzed by the method of least squares, a mathematical curve was developed; it showed the specific ages at onset most likely to be associated with cure and noncure. Thus, onset of drug use at 16 years of age was most likely to result in a long addiction career, while onset at 32 years of age was most likely to result in cure.

Of treatment-related variables, cure was correlated with length of hospital stay and with a single admission. Those voluntary patients who stayed less than three months had little likelihood of cure. Indeed, there was not one case of cure in this group. For the prisoners, a shorter length of time between onset of drug use and treatment distinguished between cured and noncured subjects.

CONCLUSIONS

While further follow-up field studies are needed in order to ascertain the precise relationship between social background factors, various treatment modalities, and particular outcome criteria, this study has identified social, drug use, and treatment factors which are associated with cure among Puerto Rican addicts.

Zahn, Margaret A., and Ball, John C. Patterns and causes of drug addiction among Puerto Rican females. Addictive Diseases, 1(2):203-213, 1974.

DRUG	Heroin; Multi-Drug
SAMPLE SIZE	12
SAMPLE TYPE	Posttreatment
AGE	Adults (27-59)
SEX	Female
ETHNICITY	Puerto Rican
GEOGRAPHICAL AREA	San Juan, Puerto Rico
METHODOLOGY	Longitudinal
DATA COLLECTION INSTRUMENT	Interviews; Program/Clinic Statistics; Urine Specimen; Criminal Records
DATE(S) CONDUCTED	Not Specified
NO. OF REFERENCES	14

PURPOSE

A host of variables are interwoven into varying drug patterns; in explaining such patterns, socioeconomic status and attendant differences in lifestyle are especially important. Two types of drug use--medical and nonmedical--were examined among females with the two variables of race and place of residence controlled. Data were analyzed for medical and nonmedical addiction patterns, including employment and criminal history, patterns of addiction among relapsed subjects, and drug use associated with prostitution and crime.

METHODOLOGY

The sample was drawn from an original follow-up study of 242 former patients from Puerto Rico who were admitted to the USPHS Hospital at Lexington, Kentucky, between 1935 and 1962. Of these, 12 female addicts living in Puerto Rico were interviewed after leaving Lexington hospital. Other data were obtained from hospital medical records, criminal records both in Puerto Rico and the United States, interviews with relatives and friends, and a urine specimen obtained at the time of the life history interview. Medical addicts were those whose addiction was characterized by use of legal drugs obtained from medical sources (Nembutal, Demerol, and morphine).

RESULTS

The median age of the sample at the time of interview was 31 years. Eight of the 12 were married or living in common-law relationships. Two were employed; the rest classified themselves as unemployed or as prostitutes. Seven were considered lower-class, the rest middle- or upper-class. Average level of education was 9.3 years. Four were medical addicts; eight were non-medical addicts.

None of the four medical addicts had a criminal history, nor had they used heroin or even marijuana. Demerol was used by three of the four. All were from the middle class. The eight non-medical addicts, characterized by use of illegal drugs and association with criminal activities, started using drugs at an earlier age than did the medical addicts, and came from the lower class. None was legally employed at the time of the follow-up, and seven of the eight were prostitutes. In four cases, prostitution preceded onset of drug use by an average of five years, and apparently served as an introduction to drugs.

All the nonmedical addicts had some criminal record; the number of recorded offenses was 84, with the median number of offenses being six. Many of the offenses were drug-related, and a drug related offense was also the most serious offense for most. Most first arrests were for possession of drugs. In two cases, the first arrest was for breach of peace, which preceded drug use. In two cases, onset of drug use and first offense occurred in the same year. In four others, drug use preceded a criminal record, and these four were all cured of their addiction following Lexington admission. Of the four cases (33.3% of the entire sample) in which crime preceded or was coterminous with start of drug use, all relapsed subsequent to hospitalization. All four relapsed subjects were using an average of 2-3 bags of heroin daily (at a cost of \$20 to \$100), and the major source of income was prostitution. Three of the four had begun prostitution before starting drugs.

CONCLUSIONS

Examination of the medical and nonmedical patterns of addiction suggests that certain variables, especially social class, affect the adoption of varying drug use patterns. For some addicts, drug use is an accompaniment to an already criminal way of life or an otherwise deviant career. For others it may represent conformity to sex role expectations, i.e., acting in deference to husbands who are addicted or wish to help their wives with health problems, or acting the general female patient or health-seeking role. The problem of relapse may be partially explained by the accessibility of drugs, but is probably accompanied by other reasons, such as lack of or disruption of meaningful human ties.

Indexes

When terms reflect the content of the abstract as a whole, they are indexed only to the first page of each abstract. Otherwise, terms are indexed to the specific page.

DRUGS

The general and specific names of drugs mentioned in each abstract, as used by the author of the document.

GEOGRAPHIC LOCATORS

Organized by country and state; includes the cities, counties, or regions where the study was carried out, or any references to geographic locations within an abstract.

INSTITUTIONS

The actual institution where research was conducted, or any references to institutions within an abstract.

INSTRUMENTS

The specific instruments or scales used in the research reported by the study.

INVESTIGATORS

All authors named in the citation to each abstract and in the supplementary bibliography. Also included are the names of persons mentioned in the abstracts.

SAMPLE TYPES

Terms which describe as specifically as possible the sample populations studied.

SUBJECTS

Terms which describe the subjects or concepts of the studies.

DRUGS

alcohol 5, 8, 10, 30, 40, 47, 54, 59, 61, 63, 100, 120, 127, 135
amphetamines 4, 6, 8, 10, 13, 17, 19, 21, 24, 27, 28, 38, 40, 44, 120, 135, 179, 190
analgesics 50, 71
antidepressants 183
antihistamines 183
barbiturates 6, 8, 10, 13, 14, 19, 21, 27, 30, 38, 40, 44, 51, 60, 77, 94, 126, 135, 179, 190
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