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ABSTRACT

A drug and alcohol survey was administered to 283 secondary school students in a large suburban school district in the eastern United States. The survey covered demographic information, life events, coping strategies, and prevalence of substance abuse, asking students about initial and current use of a wide range of substances including alcohol, cigarettes, cocaine, hallucinogens, inhalants, marijuana, opiates, PCP, illicit prescription medications, and tranquilizers. Of the 283 students, 55 were students with behavior disorders enrolled in special schools, and 99 students (primarily learning disabled) were enrolled in special education classes. A series of analyses were conducted, with age and race as covariates and student status as the independent variable. Students attending residential or day programs for behavioral disorders showed a higher percentage of use of hard drugs than students enrolled in regular schools. Mildly handicapped students served in special education programs and identified primarily as learning disabled did not report using controlled substances with any greater frequency than non-identified schoolmates. An exception to this was the greater prevalence of alcohol use by non-identified high-school students. A discussion of implications for special educators concludes the paper. (JDD)

A Study of the Use of Cigarettes, Alcohol, and Marijuana By Students Identified as 'Seriously Emotionally Disturbed'

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In recent years the prevalence of alcohol and other drug use and abuse among adolescents has been widely discussed in the popular and professional media. The National Institute of Drug Abuse (NIDA) in a 1984 report, estimated that among the industrialized nations of the world, the United States has the highest level of substance abuse. The NIDA report also estimated that nearly two thirds of all adolescents experiment with illicit drugs before leaving high school and that 40% of all American youth use drugs other than marijuana before leaving school.

While a range of academic and social skill deficits exhibited by mildly handicapped youth are frequently investigated by educators and mental health professionals, very little attention has been devoted to the alcohol and other drug problems of youths identified as mildly handicapped (Johnson, 1988). The use and abuse of controlled substances such as alcohol and drugs by handicapped and disabled youth raises a number of issues related to prevention, education, and treatment. Data from a recent study conducted by the authors at the University of Maryland suggests that among adolescents identified as 'seriously emotionally disturbed' and enrolled in specialized treatment facilities, the use of controlled substances such as cigarettes, alcohol, and marijuana is higher than among adolescents enrolled in comprehensive high school programs.

Factors Associated with Drug and Alcohol Use

A number of investigators have examined psychological factors associated with adolescent substance abuse. Pandina and Schaele (1983) found that adolescents receiving treatment for substance abuse experienced higher levels of psychological distress, reported lower levels of general self-esteem, reported more negative events associated with drug and alcohol use, and higher levels of substance abuse than adolescents who were not in treatment. Svobodny (1982) examined the demographic characteristics of a group of adolescents in a residential chemical dependency program and a comparison group of high school seniors. She found that adolescents in treatment were more likely to come from single-parent homes, and have higher rates of absenteeism and lower grades in school than the comparison group. A review of the research on personality factors most commonly associated with drug abuse suggests that a lack of traditional values, rebelliousness, social alienation, and in some cases, high sensation seeking behavior are related to drug use (Gersick, Grady, Sexton, & Lyons, 1981). Marlatt and Donovan (1981) report that social skill deficits appear to play a role in the development and maintenance of addictive behaviors.

These studies and others provide a rough sketch of the characteristics of adolescents who may become substance abusers. However, the problems associated with substance abuse among mildly handicapped adolescents - those identified as mentally

retarded, learning disabled, seriously emotionally disturbed or behaviorally disordered, or those who are psychiatric patients - are not well understood.

Drug and Alcohol Use Among the Disabled

The incidence of substance abuse among disabled individuals may be no greater than it is among the general population (cf. Dean, Fox, & Jensen, 1985; Issacs, Buckley, & Martin, 1979; DiNitto & Krishef, 1984; Krishef, 1986). However, the impact of alcohol and psychoactive substance abuse on students enrolled in special education programs may be more debilitating than on students without serious academic and social skill deficits. The literature reviewed in this article and field work with substance abuse treatment providers (Community-Based Research, 1987) suggests that little is known about problems or treatment of drug and alcohol use among mildly handicapped youth. In particular, educators and mental health professionals have limited information about the prevalence and incidence of substance abuse among individuals with various disabling conditions.

Behavior disorders

A number of researchers have examined use of alcohol and drugs by adolescents identified as psychiatric hospital patients and those with behavioral problems or psychiatric symptoms. Klinge, Vaziri, and Lennox (1976) reviewed the patterns of substance abuse among 143 inpatient adolescents at a psychiatric treatment facility. Self-report and urinalysis confirmed that all of the 81 males and 62 females in their study had used

and/or abused drugs (not including alcohol) prior to admission. Seventy-two percent of their sample (103) reported abusing two drugs simultaneously. They found no differences in the duration, frequency, and patterns of substance abuse between males and females.

In a similar study, Reichler, Clement, and Dunner (1983) reviewed the charts of 76 adolescents in a general hospital who were diagnosed as having both an alcohol abuse problem and a psychiatric disorder. These researchers found no sex related differences in the incidence of alcohol abuse or referral for detoxification but did find that while depression and sociopathy occurred with about equal frequency for the males, depression was more frequent for females.

Paton, Kessler, and Kandel (1977) conducted a longitudinal study of drug use and depression among a sample of 8,206 high school students. They found multiple drug users were significantly more depressed than were either nonusers or users of marijuana only.

Lie (1984) examined correlates of alcohol consumption among a group of 146 adolescents aged 13 to 18 during a two year period. The results suggest that for the sample studied, depression at the time of both assessments predicted alcohol use.

Several studies and reviews have examined drug and alcohol consumption among individuals diagnosed with MBD (minimal brain dysfunction), ADD (attention deficit disorder), or hyperactivity as children. August, Stewart, and Holmes (1983) followed a

group of 52 boys four years after an earlier diagnosis of hyperactivity. Through structured interviews with parents when their children were young adolescents, they found that boys diagnosed as hyperactive-unsocialized aggressive at an earlier age, had significant drug and alcohol problems compared to the boys diagnosed as purely hyperactive.

Beck, Langford, MacKay, and Sum (1975) assessed current and past drug use among 30 adolescents aged 14 to 17 who had received chemotherapy at an earlier age for MBD and a comparison group of inpatient medical and surgical patients without a history of psychiatric illness, chronic disability, or chemotherapy. These researchers found less drug use and problems of substance abuse among the adolescents who had received chemotherapy than among the comparison group.

Alldadi (1986) and Clampit and Pirkle (1983) reviewed studies and clinical reports of substance use and abuse among adolescents who had been treated at an earlier age for hyperactivity or ADD. Both reports suggest that at the present time, the evidence does not indicate that adolescents with a history of prescribed medication to control hyperactivity or attention deficit disorders are at greater risk for substance abuse.

The literature on psychosocial disorders and substance abuse in adults supports the findings of higher prevalence of substance abuse among adolescents with behavior disorders and suggests that alcohol and drug abuse are often correlates of behavior disorders or emotional disturbances. Balcerzak and Hoffmann

(1985) in a review of chemical dependencies and psychological disturbances report that a number of studies report as few as 25% and as many as 50% of psychiatric patients reported having a substance abuse problem. Klebler and Gawin (1984) in a discussion of cocaine abuse treatment report that among hospitalized cocaine abusers, 30% also exhibited depressive disorders and approximately 20% exhibited bipolar disorders. O'Brien, Woody, and McClellan (1984) in a discussion of treatment of opioid-dependent patients, report that among substance abusers psychiatric disorders are common.

Learning Problems

A few studies have examined drug and alcohol consumption among children and adolescents with learning problems or learning disabilities. Svobodny (1982) reviewed demographic characteristics of adolescents in residential programs for substance abuse and a comparison group of high school students. Among other factors, she found that those in treatment had lower grades and higher rates of absenteeism than the comparison group.

Gold and Sherry (1984) reviewed the impact of maternal alcohol consumption during pregnancy on the subsequent performance of their children. The studies they reviewed indicated that learning disabilities, hyperactivity, short attention span, and emotional problems were more prevalent among children whose mothers drank during pregnancy.

Mills and Noyes (1984) found low grades to be significant predictors of cannabis, pill, cocaine, and hallucinogen consump-

tion among a sample of 2,036 male and female adolescents in Maryland secondary schools. The sample, drawn from a survey of 34,479 students conducted in 1978 and 1980 did not examine reported use among students enrolled in special education programs or those with specific disabilities.

At the present time there is no clear evidence that the risks for alcohol and other drug abuse are higher for most adolescents with academic skill deficits who are enrolled in special education than for the general population. To date, only a few investigators have included mildly handicapped individuals in their surveys of drug and alcohol use and abuse. However, the limited number of studies reviewed suggest that for individuals with behavioral, psychological or psychiatric disorders, the risk for substance abuse and the prevalence of substance abuse may be higher than for other individuals.

The Study

After working with an advisory group of parents, educators, and mental health specialists from the community and conducting a qualitative study of residential and day treatment for youths with drug and alcohol dependency, the authors developed a survey to examine issues related to substance abuse among youths enrolled in special education programs. The sections that follow briefly report the methods and preliminary results of that survey. (Additional analyses and discussion of this study can be found in Community-Based Research, 1989).

Method

Sample

A drug and alcohol survey was administered to adolescents at one junior high school, one middle school, two high schools, and two special education programs for adolescents with behavior disorders in a large suburban school district in the Eastern United States. Two hundred and eighty three secondary school students completed the survey. Of that number 55 were students identified as behaviorally disordered and were enrolled in special schools. Ninety-nine students were enrolled in special education classes[1] and were attending either middle school, junior high school or high school. There were also 129 nonspecial education students enrolled in the same schools who completed the survey.

Table 1 presents data on the gender, age, and race or ethnicity of the sample. While the special education samples were predominantly male, the sample enrolled in the general education program was relatively evenly divided between males and females. With regard to age, approximately 61% of the students attending special schools were in the 16 to 18 year old age bracket, while only 32% of the special education students in regular schools, and 41% of the non-special education students were 16 to 18 year olds. In terms of race, there was a fairly even distribution of Blacks and Whites across the various student groups. In the two special education schools 45.5% and

59.5% of the total school enrollments were Black and 46.7% and 59.5% respectively, of the survey samples were Black. Overall, approximately 55% of the sample was Black and 35% of the sample was White. For the school system as a whole, 63% of the students are Black.

The research procedures approved by the local school district required active consent by the parents of youth completing the survey. While no parents or guardians refused to allow their son or daughter to participate only 37% and 32% of the parents of special education students and nonspecial education students respectively, returned consent forms in the mail and consequently approved their child's participation in the survey. Absences on the day the survey was administered in each school reduced these response rates slightly.

Instrument & Procedures

After review of professional literature on substance abuse, several field tests, revisions, and approval by the school district, the Student Drug and Alcohol Survey was administered to the adolescents in small groups by pairs of trained research assistants. While one research assistant read the survey aloud, a second research assistant moved among the students and assisted those who appeared to be having difficulty with particular words or items.

The survey was divided into four sections: demographic information, life events, coping strategies, and prevalence of substance abuse. The survey was modeled after several widely

used surveys of drug and alcohol use including a statewide survey administered biannually.

Analysis

In an attempt to understand the patterns of drug and alcohol use among the sample, a series of analyses including frequency tabulations and analyses of covariance for initial and current drug use were conducted with age and race as covariates and student status as the independent variable. These analyses attempted to determine whether the prevalence of drug and alcohol use differed among special and nonspecial education students and to control for age and racial differences within the subsamples. A correlation analysis describing the relationships among the variables was also conducted.

Results

The survey asked students about initial and current use of a wide range of substances including alcohol, cigarettes, cocaine, hallucinogens, inhalants, marijuana, opiates, PCP, illicit prescription medications, and tranquilizers. As expected, the reported use of many of these substances was very low. However, students attending residential or day programs for behavioral disorders showed a higher percentage of use for hard drugs than students enrolled in a regular junior high or high school. For example, the percentage of students who reported to have either used or to be currently using PCP ranged from 0% to 9% in the regular schools. However, the percentage of students enrolled in

the two special schools who reported use of PCP ranged from 32% to 37%.

Table 2 presents the reported prevalence of use among the subsamples in the study of the most widely used substances: cigarettes, alcohol, and marijuana. The data indicate that for this study, students identified as 'seriously emotionally disturbed' and served in specialized residential or day treatment facilities were more likely to use these substances than either special education students served in middle, junior high or senior high schools or nonspecial education students in those same schools.

The first analysis of variance conducted indicated that there were only minor differences in the prevalence of cigarette, alcohol, or marijuana use among special education and other students within middle school, junior high and high school settings. The only statistically significant difference suggested that among high school students, nonspecial education students were more likely to be currently using alcohol than were mildly handicapped students [F (10,108)= 4.047, $p.<.05$]. However, a second analysis of variance that tested for differences in the use of substances between the students in the special school setting and the sample in the junior and senior high schools suggested that differences in the current use of cigarettes [F (10,251) = 16.019, $p.<.001$] and alcohol [F (10,251) = $p.<.01$] described in Table 2 were both statistically significant and indicated a much higher use of these substances

among the special school sample. As expected, the covariate age - suggesting that older students were more likely to use these controlled substances than younger students - was also statistically significant [F (10,251) = 21.716, p.<.001). The covariate race was not statistically significant.

The correlation analyses indicated a fairly strong relationship between youths' alcohol and other drug use and use of alcohol and others drugs by their friends. Table 3 presents the correlations for the entire sample between students' current use of cigarettes, alcohol, and marijuana and the use of alcohol and other drugs by friends.

Discussion

The preliminary investigation of cigarette, alcohol, and marijuana use reported here suggests differences in the in the use of these substances by special education students identified as 'seriously emotionally disturbed' and enrolled in restrictive settings and other secondary school students. In the comprehensive middle school, junior high school, and the two high schools, mildly handicapped students served in special education programs and identified primarily as learning disabled, did not report using controlled substances with any greater frequency than nonidentified school mates. An exception to this was the greater prevalence of alcohol use by nonidentified high school students.

The data reported here focused on the use of cigarettes, alcohol, and marijuana by secondary school students. The survey

also queried students about their use of 11 other substances such as cocaine, hallucinogens, inhalants, and prescription medications. Although the numbers of students in the sample reporting current use of those other drugs was very small, students enrolled in the special school programs reported higher prevalence and wider range of substances used.

With regard to the composition of the samples and the student response rate, several points are germane. Initially this study attempted to survey students with similar disability labels in different environments. However, we were unable to identify sufficient numbers of students labeled 'learning disabled' in restrictive day or residential settings nor were we able to identify sufficient numbers of students labeled 'seriously emotionally disturbed' in the comprehensive secondary school settings. Consequently, the results presented here suggest that some differences may be attributed to problems associated with characteristics of youths with a particular disability label while others may be attributed to the environmental effects of particular settings.

With regard to response rate, problems associated with drug and alcohol use by adolescents are sensitive issues for many parents. As indicated earlier, while no parents or guardians refused to give consent to their son's or daughter's participation, only about a third of all parents gave their written consent for the study. If anything, the sample probably represents a more conservative estimate of drug and alcohol use

in the schools studied. Parents who gave consent are probably those who are more vigilant and perhaps sensitive to potential problems associated with drugs and alcohol use by adolescents.

Implications for Special Educators

Appropriate prevention, education and treatment for handicapped youth with substance abuse problems needs to become a priority for special educators. The preliminary data presented here suggests that the use of some controlled substances is higher among students identified as 'seriously emotionally disturbed ' and enrolled in specialized residential and day treatment settings than among other secondary school students.

Currently, many secondary special education programs have not developed drug prevention activities to educate students about the effects of chronic drug and alcohol abuse or how to resist peer pressure to try drugs. Nor have drug prevention educators adapted curriculum and materials to meet the needs of students enrolled in special education. For example, youngsters with reading skill deficits may not benefit fully from printed prevention materials. Similarly, students with attending deficits may have difficulty with health class lectures or school assemblies on drug prevention. While it may not be appropriate for all special education programs to attempt to treat adolescents with alcohol and drug dependencies, research conducted the authors suggests that some substance abuse treatment programs are unaware of the special needs of their clients and do not provide appropriate special education

services to eligible students while in treatment (Community Based Research, 1987). Some treatment methods currently being used may be inappropriate for youths deficient in specific academic, verbal, or interpersonal skills.

Substance abuse by special education students or students who may be eligible for special education raises a number of other issues. A primary consideration has to be identification and assessment of problem behaviors. Schools need to avoid making unilateral decisions about inclusion or exclusion of youngsters with substance abuse problems from special education programs.

With regard to services, from some professional perspectives, treatment of youths with a "dual diagnosis" (ie., substance abuse and a handicapping condition) must begin with the acknowledgement of alcohol or drug dependency as the primary problem. While it is beyond the scope of this paper to review this issue in detail, it is important to bear in mind that substance abuse and a disabling condition such as behavioral disorders or emotional disturbance can be concomitant problems. Attempts to exclude students from appropriate services because of multiple problems suggests that the manner in which services are currently being delivered are inadequate or that the current range of placement options is insufficient. Professionals in Special Education and Mental Health need to work together to provide appropriate treatment and services.

Drug related offenses by adolescents with special needs require school to develop policies and procedures to respond to the problem. Currently many school policies are punitive and are not responsive to relationships between youths handicapping conditions and disciplinary infractions including use of drugs on school property. (See accompanying article for a further discussion.)

Schools need to begin to systematically address problems associated with the use of alcohol and other drugs among special needs students. Failure to do so will perpetuate a system in which students' needs can be me only when their problems fall into the tidy service categories we have developed for them. The challenge for educators, mental health and social service professionals, and community groups is to assess the extent of the problem and to provide integrated services.

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Table 1
Sample of Students Completing Substance Abuse Survey (valid percentage)

Students attending special school1	Students attending special education	Students attending regular education

	program1 (n = 55)	program2 (n = 99)	programs3 (n = 129)
Gender			
Female	12.7	29.3	50.8
Male	87.3	70.7	49.2
Age			
11-12	1.8	4.0	6.2
13-15	32.7	63.6	51.9
16-18	61.8	32.3	41.9
19-20	3.6	0	0
Race/Ethnicity			
American Indian	5.8	4.3	0.8
Asian American	1.9	1.1	3.9
Black/Afro-American	55.8	59.1	50.4
Hispanic	3.8	0	2.4
White/ Caucasian	32.7	34.4	38.6
Other	0	1.1	3.9

1 Includes special education students enrolled in Level V and VI.
2 Includes special education students enrolled in Levels I-IV.
3 Students not enrolled in special education.

Table 2

Reported prevalence of Alcohol and Drug Use (valid percentages)

	Students attending special school1 (n = 55)	Students attending special education program2 (n = 99)	Students attending regular education program3 (n = 129)
Cigarettes			
Never used	20.4	55.7	41.1
Tried, not using	14.8	32.0	41.9
Currently using	64.8	12.4	17.1
Alcohol			
Never used	23.1	46.9	21.9
Tried, not using	30.8	30.6	43.8
Currently using	46.2	22.4	34.4
Marijuana			
Never used	39.6	86.3	77.5
Tried, not using	30.2	8.4	17.8
Currently using	30.2	5.3	4.7

1 Includes special education students enrolled in Level V and VI.
2 Includes special education students enrolled in Levels I-IV.
3 Students not enrolled in special education.

Table 3

Pearson Correlations for Current Drug Use and Friends Use for Total Survey Sample (N = 283)

	Current Use Marijuana	Current Use Cigarettes	Current Use Alcohol	Friends' Use Drugs
Current Use Cigarettes	.51			
Current Use Alcohol	.49	.56		
Friends' Use Drugs	.54	.42	.43	
Friends' Use Alcohol	.52	.49	.58	.61

* p. .0001 for all correlations.

Note

1. Special education students enrolled in the comprehensive secondary school programs were primarily identified as learning disabled. A small number were identified as mentally retarded or orthopedically impaired.