

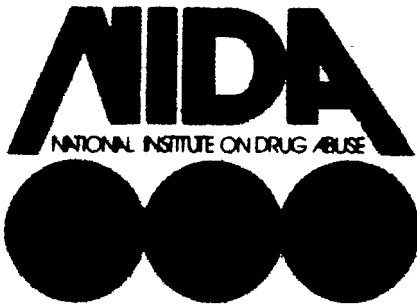
National
Institute on
Drug
Abuse

Research

monograph series

2

**OPERATIONAL
DEFINITIONS IN
SOCIO-BEHAVIORAL
DRUG USE RESEARCH
1975**



The NIDA Research Monograph series is prepared by the Research Division of the National Institute on Drug Abuse. Its primary objective is to provide critical reviews of research problem areas and techniques, the content of state-of-the-art conferences, integrative research reviews and significant original research. Its dual publication emphasis is rapid and targeted dissemination to the scientific and professional community.

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OPERATIONAL DEFINITIONS
IN
SOCIO-BEHAVIORAL
DRUG USE RESEARCH
1975

Editors

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October 1975

National Institute on Drug Abuse

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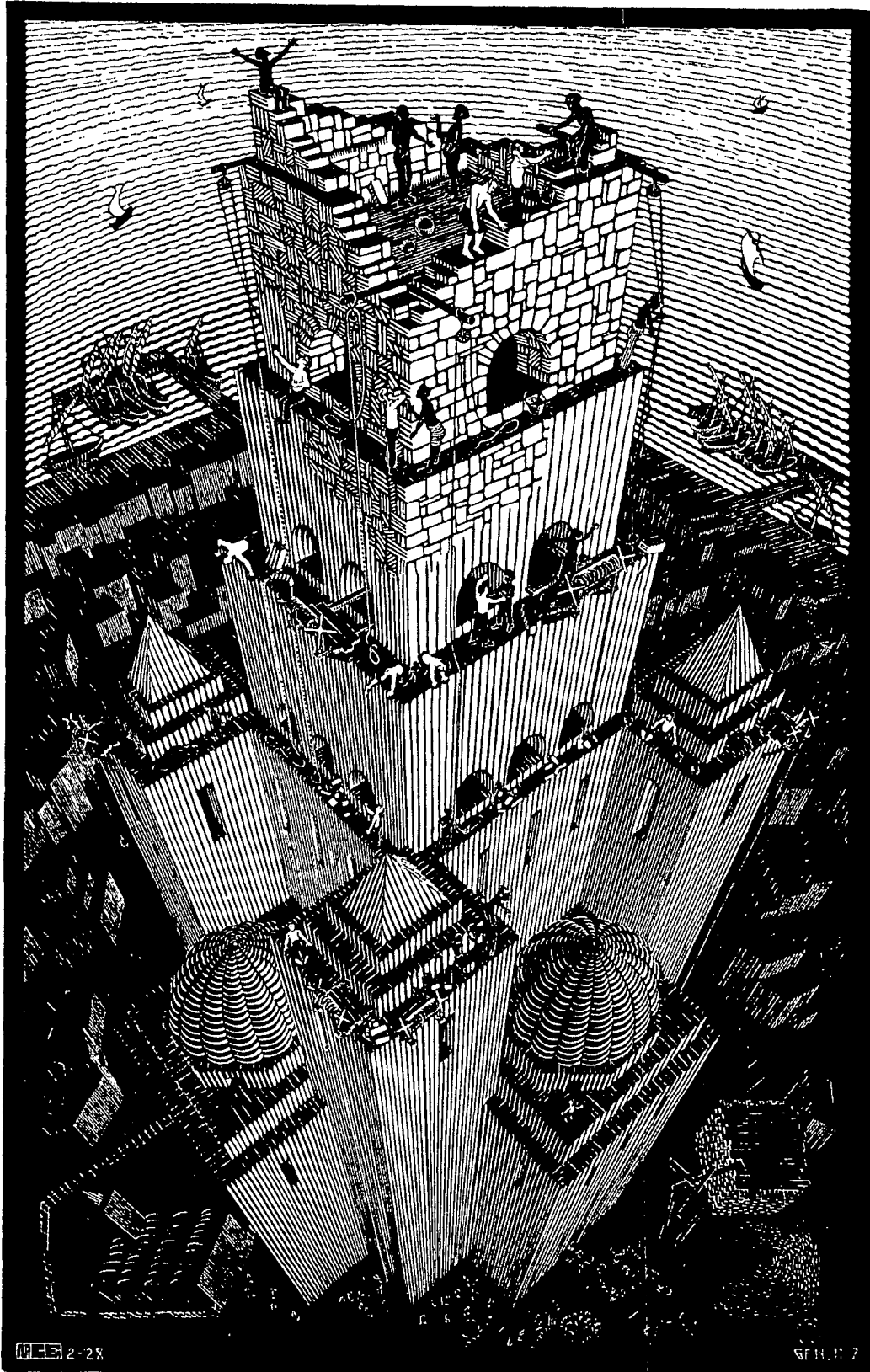
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*And the Lord said, "Behold,
the people is one, and they
have all one language; and
this they begin to do: and
now nothing will be restrained
from them, which they have
imagined to do."*

Genesis 11:6

TOWER OF BABEL
Maurits Cornelis Escher
National Gallery of Art
Washington
Gift of Mr. C.V.S. Roosevelt

Library of Congress catalogue number 75-29022



FOREWORD

This monograph grows out of efforts of the Special Action Office for Drug Abuse Prevention and the National Institute on Drug Abuse to achieve greater comparability across socio-behavioral research studies conducted in the field of drug abuse.

The field of drug abuse is in many respects plagued with the same difficulties as are the other fields of study concerned with social problems. There is a constant struggle in attempting to compare the results of one research effort with another. This derives partly from the fact that we, as others, are still in the early stages of development and there has not as yet been sufficient time and opportunity for our scientists to discuss and agree upon research terms. We in the federal establishment, therefore, asked several leaders in the field to meet and begin the necessary dialogues to hasten this development.

This document represents the labors of a few who invested a measure of their time and effort so that we can all now take a substantial step forward toward creating a firmer base on which to conduct our future work.

Robert L. DuPont, M.D.

Director

National Institute on Drug Abuse

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INTRODUCTION

WHY

It seems reasonable to ask social scientists and epidemiologists to estimate the prevalence of (non-medical, non-legal) drug use, and to assess factors relating to such drug use. Indeed, in the past decade a number of systematic inquiries have been undertaken in an attempt to answer these questions. Simple as these questions seem, they have provoked a variety of answers, not wholly consistent with each other. One of the reasons for these inconsistencies is the lack of agreed-upon methods among investigators for estimating prevalence of drug use. If one agrees that comparability in drug use research is a desirable goal for both science and policy, then it would also seem reasonable for investigators to seek common definitions of terms and concepts and common ways of operationalizing and measuring them.

No one expects social scientists and epidemiologists to define their terms as precisely as physicists define theirs, such as distance and mass, nor to come to as much scientific agreement in measurement as what a meter or a kilogram is. At the same time it does appear necessary for the advancement of the field to be able to relate the findings of one social scientific or epidemiologic investigation to another, such that each study is not totally immune from comparability, and at least the minimal communication among investigators is fostered.

It was with these kinds of thoughts that a group of researchers on drug use, called together by the Special Action Office for Drug Abuse Prevention (SAODAP), began reviewing the ways terms and concepts in drug use research were currently being defined and operationalized, and deliberating on how this idiosyncratic muddle of definitions might be clarified. In examining the scientific literature we found that there is more agreement with respect to some of the terms than others. For example, there is more agreement with respect to so-called "objective" reporting of experience, such as frequency of use, than with reporting of subjective phenomena such as reasons for use or non-use of drugs. Even in the case of objective experiences, however, it is remarkable how many different ways concepts or terms are reported. It would seem that at least in such cases a greater degree of consensus among investigators could be relatively easily achieved without sacrifice of either concepts or findings. In other cases, especially those which attempt to get at "motivation," it is fairly obvious that a consensus will be more difficult to achieve.

We recognize that notions of standardization, consensus, and comparability are sometimes repugnant to the artistic sensibility. At the same time we must

acknowledge the benefit that can accrue to science, policy and public communication if a common language can be found among drug use researchers. It is in this spirit that the results of our deliberations on this issue have been put together in this form to be shared with the larger body of social scientists, epidemiologists and potential research investigators.

It should be noted that the concerns, admonitions and recommendations expressed in this document are limited to the kind of research on human populations that takes the form of surveys--questions are asked of respondents, and the data produced are self-reports of behavior, experience, attitudes and values. None of what is written here is intended to cover clinical and laboratory research, although here and there a clinical or laboratory scientist may find something of interest.

It will be noted further that, for the most part, the essays pertain to general populations, that is, populations that include non-users as well as users of drugs. Again, some of what is written here may be applicable to addict populations, but the intent was to discuss methods of questioning that were meaningful primarily for non-addict populations.

A number of important issues with respect to operational definitions have not been touched upon in the papers of the committee. For example, the question of quantity (or dosage) of drug use has yet to be dealt with somehow. Use of drugs for medical reasons without a physician's prescription has been only lightly treated. Constructing typologies of users, while highly useful potentially, was not done here for lack of time.

Potential investigators using this monograph and intending to embark on drug use research will have before them a considered set of essays on problems they might encounter and how they might be met, authored by some of the most experienced investigators in this field. In addition, they will find (in the Appendix), in classified form, the ways in which investigators who have preceded them have phrased questions in survey research. If similar errors in drug use research are to be made in the future as they have in the past, potential investigators will now be able to make them somewhat more deliberately.

HOW

The Special Action Office for Drug Abuse Prevention has had several meetings with scientists in the field of drug abuse in order to learn more precisely the extent and characteristics of recent research in this area. At one of these meetings, the issue of the lack of comparability between studies was introduced by Jack Elinson and further discussed by Dave Nurco.

The idea of dealing with this problem in order to promote the greater generalizability of research findings was appealing to SAODAP. Therefore, a committee, representative of leaders in the field, and co-chaired by Elinson and Nurco began work in April, 1974 with the hope that the committee's work would help researchers in this area define their terms and concepts

and determine their classification and measurement in more comparable ways, This committee consisted of the following persons:

John Ball, Ph.D.
Temple University

Denise Kandel, Ph.D.
Columbia University

Mildred Bateman, M.D.,
West Virginia Department
of Mental Hygiene

Roger E. Meyer, M.D.
McLean Hospital/Harvard
Medical School

Gail A. Crawford, Ph.D.
University of Chicago

David N. Nurco, D.S.W.
SAODAP/Maryland Psychiatric
Research Center

Ira Cisin, Ph.D.
George Washington University

John O'Donnell, Ph.D.
University of Kentucky

Robert H. Eichberg
University of California

Louise Richards, Ph.D.
National Institute on Drug Abuse

Jack Elinson, Ph.D.
Columbia University

Lee N. Robins, Ph.D.
Washington University

Lloyd Johnston, Ph.D.
University of Michigan

Charles Winick, Ph.D.
City University of New York

A total of five meetings were held, with committee members assuming responsibility for work assignments between meetings. The first two meetings were devoted to a definition of the problem areas to be addressed and the working procedures to be followed. The next two meetings focused on specific work assignments for individual committee members, general methods of proceeding, and clarification of issues and ideas involved in each of the papers presented in this document. At the last meeting the committee as a whole completed its discussion on each concept. The authors of draft papers then returned to their offices to complete their essays, keeping in mind committee members' comments.

Bringing together such a diverse group of individuals with a broad range of research experiences and having them work together towards a "pay-off" for each other, as well as for the research community, proved stimulating. From the beginning, the group expressed interest in exploring the possibility of reaching agreement on a set of useful, operational definitions. At the very least it was felt that if problems of standardization could be more thoroughly elucidated and dealt with, the field would be moving toward a firmer scientific foundation.

A number of members felt that the committee's primary task was not to answer specific questions or predetermine research design, but rather to clarify issues and hopefully provide guidance for the field as a whole. The committee felt that it should not move toward establishing federal dogma, nor did it believe it would be possible to agree on specific definitions of concepts such as "level of significant drug use vs. experimentation." Indeed, there was some fear that hard and firm recommendations could lead to specific requirements for grantees, and that this would be undesirable in the long run.

In subsequent meetings the committee began to refine its approach. For example, it was suggested that both a measure of the objective availability of drugs and a measure of the respondent's subjective perception of availability were needed. At this point, committee discussion began to focus on the various areas of concern regarding availability, i.e., what information should be collected, how to collect it, and how it should be analyzed after it is collected.

At another point, the committee faced squarely the issue of whether questions regarding conditions of use should vary according to the individual drug under consideration. It was emphasized that although investigations of alcohol and tobacco usage required different questions, separating out the conditions of use for each of many chemical agents seemed to be an inexhaustible task.

In discussing implications of the use of the committee's work, some members stressed that any typology decided upon by the committee might be used in policy-making decisions. The committee agreed that the execution of policy decisions frequently led to program intervention, and it was feared that ongoing prognostic typology research might be prematurely abandoned. Thus it was emphasized that the committee must be aware of policy implications in all of its deliberations. In essence, it was felt that the published findings of the committee could have a great impact on future research in drug abuse.

As this group of scientists gained experience in working together, they began to focus on such issues as whether addiction is inextricably bound up with crucial events in drug history, such as the age and period of time when the person was first offered a drug. Attention was also given to medical vs. non-medical use of drugs, with particular concern being focused on the issue of whether ingestion of drugs in the amounts and at the intervals ordered by a physician might be considered medical use, while any other use might be considered non-medical.

The committee next considered the need to look at conditions of drug use within the context of level of use. Outcome was considered, and it was felt by most that it would be useful for the researcher to know whether the drug was used in the manner prescribed by a physician, and the condition for which the drug was prescribed. The committee further considered the possibility of more far-reaching effects and how these could be set forth, such as the facilitation of social interaction, change in life style, and increases in "awareness."

As the committee's work progressed and became even more specific, discussion moved into areas such as the effects of drugs, as classified under the categories physiological, psychological, and sociological. It was felt that physiological effects were best studied from self-reports, while sociological and psychological effects could be approached through correlational analyses. Other points considered were the two dimensions of effects, namely, demonstrable consequences, both positive and negative, and consequences discerned by the user, again both positive and negative. In the process of focusing on specific questions, the committee discussed the issue of whether "lifetime frequencies" are helpful, i.e., do such frequencies distinguish between users who took the drug 30 times in three years and those who took the drug 30 times in one month? Linked to this was the problem of measurement of consecutive

and simultaneous drug use, together with the very specific issue that typified the last meeting of the committee, namely, is the second drug used to enhance the effect of the first drug, and/or is the second drug used to counteract the effect of the first drug?

Subsequent to this type of questioning and discussion, the committee made its recommendations to each author. In the process of making these recommendations, several members found immediate rewards: one with regard to constructing a questionnaire and dealing with the concepts of frequency of drug use and the "cutting points" he might use; another with respect to developing the concept of current drug use for inclusion in a forthcoming publication.

J.E.
D.N.N.

July, 1975

Acknowledgments

We wish to thank Phyllis Starner-Maher and Eunice Corfman for editorial assistance in the preparation of this manuscript. For keeping comprehensive minutes of the committee meetings, we are grateful to Loretta Hervey and Raymond Goldsteen. Ms. Hervey with Paul Haberman and Andrea Allyn initially reviewed published reports and questionnaires and established an early classification of content. To the committee members, especially those who undertook the writing of the essays included here, we owe a special debt for their cooperation. Marilyn E. Katatsky of the Pan American Health Organization attended several committee meetings.

We would like also to call attention to the article by M. Duncan Stanton on "Drug Use Surveys: Methods and Madness" (*International Journal of the Addictions*, in press), which expresses some of the same concerns that engaged the committee.

Most of what we know about the history of drug use comes from intensive studies of special populations, e.g., persons who come to the attention of police or who are in treatment for drug abuse. In the population as a whole, however, the relatively low incidence of heavy drug use seriously limits the utility of "one-shot" general population sample surveys as a means of understanding this phenomenon.

Therefore, along with new methods of inquiry needed to explore the history of drug use in general populations, we also need improved methods of data collection and analysis so that information from a sizeable number of respondents in general population surveys can be pooled and correlated. Dr. Lee N. Robins, using the model of the natural history of narcotic addiction, makes specific recommendations as to the kind of data needed for this purpose.

HISTORY OF DRUG USE

Lee N. Robins

RATIONALE FOR ITEMS TO BE INCLUDED

Drug use is a function not only of the predisposition of the individual to use but also of his opportunities to do so. Thus, the drug-taking history can be understood only when the opportunities to use are known. These opportunities have been found to vary markedly with geographical location, occupational role, historical period, sex, and age. There are, of course, also idiosyncratic sources of variation, but the above are sufficiently general and well-documented that one can infer with some certainty that the opportunities of, say, a 20-year-old male student in New York City in 1969 to use a variety of illicit drugs was high while the opportunities for a 50-year-old housewife in rural Oklahoma in 1947 were minimal. As a consequence, surveys should report dates and locations of interviews as well as the customary demographic data about subjects.

Initiation to first illicit drug use has found to occur chiefly between ages 12 to 25. Those who have had no experience during this age span seem relatively immune from beginning use later even when opportunities increase markedly. Therefore, histories of drug use should account for the location, occupation, and historical era in which this vulnerable age span was spent. Differences in rates of current use among older people may be a

function of their exposure during these critical years as much or more than a function of their current ease of access to drugs.

Because age appears to play a critical role in drug behaviors, the age at which drug behaviors began and ended are necessary, so that age-specific and age-adjusted rates can be calculated to allow comparing studies in which samples have different age distributions.

The drug history of narcotic addicts, the only group for whom we have considerable information about the natural history of use, often shows a peaking of use and subsequent spontaneous decline. At present, we do not know to what extent this decline in use over time is a function of aging and to what extent it is a function of the passage of time since initiating heavy use (i.e., analogous to the recovery time found in infectious disease processes). While the relatively good prognosis of late onset addiction suggests that recovery is a function of aging rather than of the duration of addiction, this is not a necessary inference, since late onset addictions may be milder and persons with late onset almost always have more resources in terms of skills, financial stability, and social support to aid

in their recovery. To disentangle the natural course of the addictive process from the effects of aging and of pre-addiction assets requires dating the onset of heavy use and learning the demographic characteristics of the user at the time he first began using heavily. These demographic characteristics can be used to hold constant assets such as job, marriage, education, etc. present at the beginning of heavy use while we compare the effects of age with the effects of duration.

Research in alcoholism has indicated that there is a progression of levels of involvement or "stages." Such stages probably exist for all other addictive drugs as well, but drugs may vary greatly in the risks of progressing from one stage to the next and in the typical interval between entry into one stage and progression to the next. Some of the events that have been seen as indicators of moving from one stage of drug abuse to the next are: first trial, first weekly use, first daily use, first injection, use during working hours, concern about possible dependence, attempts to reduce doses or frequency of use, arrest for drug-related offenses, withdrawal from the labor market, seeking treatment, and decline in use. What little we know about the order of these events and intervals between them comes almost exclusively from studies of hospitalized addicts. These studies can tell us nothing about the risks of progression to the next stage from any given level, since all subjects have gone the whole route. If we begin to include questions in general population surveys about whether these events occurred and the ages at which they occurred, we will soon be able to estimate whether there is an orderly progression, the risks of progression from one stage to the next, and the average interval between stages.

Knowing these facts about the natural history of drug use will provide the baseline data, against which efforts to prevent or treat abuse can be judged. Only when we know the risks of progression, can we decide whether application of a new policy has successfully aborted the addictive process for a significant proportion of people. Studies of the progression of involvement need to be made for various classes of drugs and for some important sub-classes, since there is no reason to assume that the same patterns hold across drug classes.

Similarly, we need to know the expected intervals between abstinence and relapse in order to judge what should constitute a "cure." It is conventional now to use three-year or five-year cure rates, based only on analogy with chronic and progressive illnesses

like cancer. If surveys were to obtain information about ages at first abstinence and first relapse, we could estimate not only the interval beyond which the chance of relapse is less than 10%, but also whether these intervals are of different lengths for persons of different ages, with different durations of heavy use, and at different stages of involvement.

Drug treatment goals have usually been abstinence rather than moderation. Recently there have been arguments for control and reduction of use as more realistic goals, despite doubts that moderate use can be maintained without reescalating into addiction. These doubts might be allayed if it were shown that spontaneous remissions commonly follow gradual reductions in use. At present, we do not know whether addiction, having arisen out of a progression through stages, usually remits spontaneously via sudden abstinence or via a reversal down the ladder of stages to milder and milder involvement. Collecting ages at last heavy use, last light use, last arrest, last treatment, etc. would enable us to learn whether drug use usually ends spontaneously "not with a bang but a whimper."

Ascertainment of the individual's status at time of changes in levels of use (either progression to more involvement or to less involvement) should include not only the demographic variables noted above, but also his recent entry into or exit from treatment and/or confinement. This would help on separating those whose marked changes in use followed forced change in access to drugs from those who changed behavior spontaneously.

We know something now about the order in which drugs are used--at least alcohol, marijuana, glue, and tobacco are usually used before barbiturates and heroin. To learn the order of progression from one drug class to another, surveys often ask subjects to put the drugs they have used in order of first trial. Our suggestion that ages at each change in drug status be ascertained obviates the need for doing this. Computers can simply order the drug classes by age of first trial. There will, however, be tied ages--when two drugs were begun in the same year. To reduce the number with indeterminate orders, respondents should be asked to put in order those drugs with "tied" ages of first use.

Many of the items of drug histories suggested here will be applicable to only a small proportion of subjects in most general surveys. Except in unusual settings (e.g., Harlem, Vietnam), subjects who have taken

illicit drugs will usually have used them only occasionally. This will be especially true in school surveys, where even heavy users are too young to have progressed to treatment or spontaneous remissions. The researcher will have a natural disinclination to include the detailed questions suggested here, since they are likely to apply to less than 5% of his sample. With such a small yield, valid analyses will be impossible. However, it is only by accumulating these infrequent cases from many surveys conducted in general samples that we will ever have sufficient cases to learn the natural history of drug abuse and its relation to social factors. Rare events can be studied only in very large samples or in samples selected for high risk of the event. "High risk" samples, such as prisoners and persons in treatment, have serious drawbacks. Comparison of relapse rates in the few general samples studied with rates in cases known to treatment agencies suggests that drug users who come to treatment are a highly biased subsample of all heavy users, and that studies restricted to them produce an incorrect and overly pessimistic view of the intractability and permanence of drug dependence.

Adding questions applicable only to the heavy users will add little to the overall time required for interview surveys because they will be used only infrequently. The main costs will be in designing the questions, printing them, and training interviewers to ask them for those few subjects for whom they will be relevant.

A more serious problem arises with written questionnaires, since much of the questionnaire booklet would be irrelevant to non-users or occasional users. This would be less serious in mailed questionnaires than in group administrations, where the time required to fill in the questionnaire would be a clue to user status, thus violating confidentiality. One solution would be to ask a set of questions of approximately equal length only of the low and no use groups. These questions could constitute a second survey unrelated to drug use or could ask about rejected opportunities to progress to heavier use. The disadvantage of such a plan, of course, is a long survey for all and thus problems in finding time for administration.

If the technological problems of administering detailed questions to heavy users can be solved, properly assembling their data from a number of surveys should be possible. The background demographic, historical, and geographical data suggested here will allow

grouping cases representing comparable eras and regions.

FORMAT OF QUESTIONS

The most complete information about drug history can be obtained by using a life history chart which accounts for each year of life with respect both to background data and to drugs used, degree of use, dependency, and treatment experience. The disadvantage of this method for interview surveys is that it requires highly skilled interviewers (since individual questions cannot be spelled out in detail) and coding it is tedious and complex. It is unknown how accurately such life charts are filled in when presented in questionnaire format, but a large matrix of ages vs. behaviors and backgrounds would probably appear so complex to the respondent as to discourage accurate completion.

The only alternative appears to be specific questions about the beginning and ending of drug related behaviors and, for each positive response, collecting background data locating the event by time, place, and those characteristics of the respondent that are subject to change over time. This method also has disadvantages. It requires a long interview, a complex pattern of subsets of questions, where the applicability of each new topic depends on answers to a prior question. In questionnaire form particularly, there are likely to be errors in following the flow pattern from each answer to its appropriate subset of questions. If respondents are not highly motivated, they may begin to underreport use once they discover that a positive answer involves them in a tedious subset of further questions. In addition, when background questions are asked only after a positive answer to questions about changes in drug behavior, one fails to note changes in background events that were not associated with changes in drug behavior. Despite these disadvantages, the format of specific questions, with positive answers leading to further questions, can be successfully administered by average, carefully trained interviewers and can be coded in a standard fashion. Information produced by this format comes reasonably close to the level of detail provided by a life history chart and can certainly add substantially to our current knowledge about drug history.

DRUG HISTORY TOPICS

Information listed below should be obtained separately for each class of drugs. Each positive response should be scored with respect to age at its occurrence, geographical location (state and city size, with city

size treated in sufficient detail to at least distinguish SMSAs of 1,000,000 or more, SMSAs of less than 1,000,000, and others), and according to those statuses held at the time which are known to affect opportunity to obtain drugs and freedom to use drugs: a) occupation: soldier, student, employee, unemployed; b) marital status (M,S,W,D); c) independent residence or in parents' home; d) free or confined in hospital or jail; e) associations mainly with users or with non-users.

1. First used drug
2. First used drug regularly (see Chapter 3 for definitions)
3. First injected
4. First used daily or almost daily
5. First felt he needed the drug or thought he might be dependent on it
6. First tried to stop or reduce drug use
7. First sought treatment for drug
8. Last time used
9. Last time used daily
10. Last time used regularly
11. Last time he felt he needed the drug or thought he might be dependent on it
12. Beginning of first abstention (defined as no use for more than three weeks following weekly use for more than three weeks or daily use for at least ten days)
13. End of first abstention
14. Started first treatment for drug
15. Left last treatment for drug
16. First arrest due to use of drug
17. Last arrest due to use of drug
18. Beginning of last abstention
19. End of last abstention (if currently using)

ITEMS OF BACKGROUND DATA

Included here are items necessary to combine data for respondents in this study with data for respondents in other studies. These are questions that do not need to be repeated with each change in drug use.

1. Sex
2. Year of birth
3. Race
4. Age at interview (or date of interview)
5. Location of interview (city size, state)
6. Status at interview by occupation (student, employed, unemployed, soldier), marital status, independent residence or

in parent's home, confinement status
Locations and statuses each year between ages 12 to 25

ANALYSIS PLANS

The drug topics and background data listed here provide answers to the specific questions about drug use in a historical, geographic, agegraded, and opportunity-graded context. In addition, a great variety of composite variables describing drug history can be produced by computer. These composite variables can also be contrasted by historical period and geographic areas. Among composite variables of special interest are the following:

1. Combinations of drugs used prior to any given age or change in status
2. Order in which drugs were first used
3. Order in which drugs were first used regularly
4. Order in which drugs were first used daily
5. For which drugs dependency ended without treatment
6. For which drugs dependency ended following treatment
7. Drug of first dependency
8. Interval between first trial and regular use of a specific class of drugs and across classes of drugs
9. Interval between first trial and daily use
10. Interval between first trial and dependency
11. Length of regular use prior to dependency
12. Interval between onset of daily use and seeking treatment

CONCLUSION

The charge to the group drafting these guidelines for definitions to be used in drug survey research, was to try to bring some consistency into Current practices of interviewing and questionnaire construction so that comparisons can better be made between studies. In attempting to apply this charge to the section on history of drug use, it seemed that more was needed than simply choosing wisely or arbitrarily among current survey practices. Instead, it seemed necessary to innovate methods that might allow solving a major problem in epidemiological research on drug abuse. That problem is that extensive and problematic drug use is a sufficiently rare phenomenon in our society

that any general population survey of moderate size produces only a few cases. Because of the rarity of cases of serious drug abuse, current practice has usually been to avoid detailed exploration of the course of drug abuse in general populations. We have instead relied either on populations of drug patients in treatment or of drug users known to the police or have used some technique to sample a high risk segment of the general population, such as young urban blacks. The result of these concentrations on special populations to learn the natural history of drug abuse is that our information is of doubtful generalizability. It is hoped that the guidelines here may make it possible for survey researchers studying general populations to collect information systematically and comparably about those few cases with more serious drug involvement who turn up in their samples. Then, after a few

years, we would have amassed a reasonably substantial group of randomly selected drug abusers. Studying their histories should add substantially to our knowledge of the natural history of drug use and abuse.

In deriving recommendations for data to be collected, this section has had to draw on the very few studies which have explored serious drug involvement in general populations and on studies of special populations. Thus, suggestions here are based on less survey experience than are suggestions in some other sections. They must, therefore, be recognized as tentative. It is hoped that with these suggestions as a beginning, we will soon amass further experience and can gradually improve and simplify the methods through which these data on drug history can be obtained.

Ed. Note:

To see the various ways the terms and concepts referred to in Dr. Robin's paper have been formulated in recent drug use studies, see APPENDIX A, "Operational Definitions Used in Recent Socio-Behavioral Research on Drugs," Classifications:

8. *History of Drug Use*

Also:

11. *Interest in Trying, Maintaining, Changing Use of Drugs (particularly change in use)*
14. *Effects of Drug Use (particularly those dealing with dependency)*

Drug abuse studies often use different classification systems for the substances under investigation, thereby making it difficult, and sometimes impossible, to achieve comparability across research findings. Though the focus of each study may differ, if the findings can be pooled it will become necessary to have a taxonomy of drugs which includes major drug categories. And this would deal with the diverse phenomena of the medical and non-medical use or misuse of these drugs, while adhering to their pharmacological integrity. Dr. Mildred Bateman's efforts in this direction can be viewed as a starting point.

FUNCTIONAL TAXONOMY OF DRUGS

Mildred Bateman

INTRODUCTION

Developing a functional taxonomy of drugs in the context of "drug abuse" considerations has as its first problem deciding which property can supply the common thread, in view of the fact that the patterns of abuse have taken us beyond the arena of addicting properties. The committee recognized that the inclusion in a questionnaire of the entire list of drugs which may be abused would seldom be feasible or even necessary. However, if there is agreement among researchers as to the grouping of drugs, comparisons of survey results with respect to substances abused could be more easily accomplished. After considering several axes upon which to build a taxonomy for common use by researchers, the pharmacological basis for establishing broad classifications was sustained.

Investigators are cautioned, however, that exclusive use of broader categories should be avoided when it is important to delineate data relative to specific interest-laden substances; e.g., the socio-economic and medical implications of heroin vs. methadone, vs. other narcotic substances are so great that these should be specified in survey instruments and in research designs, rather than addressed simply as "narcotics."

Similarly, there are some substances of abuse which clearly have medical indications for use while others have none, or at the least questionable necessity as a prescriptive drug. It is quite possible that investigators may have as a specific goal, researching only those substances which are being "medically" abused, or misused. In this case, the specific drug can be singled out while still adhering to the pharmacological classification base for comparability across projects.

Finally, the committee has developed a list of special interest substances with abuse potential which are cross-referenced to the pharmacological-functional taxonomy. Certainly this list should be reviewed periodically for additions as new substances are discovered either in terms of medical or non-medical experience.

In the classification outline that follows, the numbers in the left-hand column represent a coding sequence which could be used by researchers for ease of comparability. This is not an official coding. The roman numerals on the right hand side represent the Bureau of Narcotics' schedule and code numbers for controlled substances, as of July 2, 1975.

1.000	<u>GROUP I ANALGESICS</u>		2.000	<u>GROUP II HYPNOTICS SEDATIVES, DEPRESSANTS, AND OTHER ANTI- ANXIETY AGENTS</u>	
1.100	<u>Narcotics</u>		2.100	<u>Long-Acting Barbiturates</u>	
1.101	Codeine	II-9050	2.101	Butisol Butibarbital Sodium	IV-2145
1.102	Demrol Maperidine HCL		2.102	Luminal Phenobarbital	IV-2285
1.103	Dilaudid Hydromorphone	II-9194	2.103	Amytal Amobarbital	III-2100
1.104	Heroin	I-9200	2.200	<u>Short-Acting Barbiturates</u>	
1.105	Leritine Anileridine	II-9020	2.201	Aberate Aprobarbital	III-2100
1.106	Levo-Dromoran Levorphanol tartrate	II-9220	2.202	Nembutol Pentobarbital	III-2100
1.107	Dolophine HCL Methadone	II-9250	2.203	Seconal Secobarbital Sodium	III-2100
1.108	Morphine Purified Alkaloid of Opium	II-9300	2.204	Tuinal-Sodium Sodium Amobarbital	
1.109	Nisentil Alphaprodine HCL	II-9010	2.300	<u>Non-Barbiturates</u>	
1.110	Numorphan Oxymorphone HCL	II-9652	2.301	Chloral Hydrate	IV- 2465
1.111	Opium	II-9600-9640	2.302	Doriden Glutethimide HCL	III-2550
1.112	Pantopon Hydrochlorides of Opium Alkaloids		2.303	Noludar Methyprylon	III-2550
1.200	<u>Non-Narcotic; Prescription</u>		2.304	Paraldehyde	IV-2585
1.201	Darvon Propoxyphene HCL		2.305	Placidyl Ethchlorvynol	IV-2585
1.202	Levoprome Phenothiazine Derivative Methotrimeprazine		2.306	Quaalude/Sopor Methaqualone	
1.203	Talwin Pentazocine		2.307	Valmid Ethinamate	IV-2545
1.300	<u>Non-Narcotic; Non-Prescription Mild Analgesics</u>		2.400	<u>Alcohol</u>	
1.301	Aspirin Acetylsalicyclic Acid		2.401	Beer	
1.302	Tylenol Acetaminophen		2.402	Liquor	
1.303	Phenacetin Acetophenetidin		2.403	Wine	
			2.500	<u>Benzodiazepines</u>	
			2.501	Librium Chlordiazepoxide	

2.502	Valium Diazepam	4.000	<u>GROUP IV ANTIPSYCHOTIC AGENTS</u>
2.503	Serax Oxazepam	4.100	<u>Phenothiazines</u>
2.600	<u>Other Sedatives</u>	4.101	Compazine Prochlorperazine
2.601	Atarax/Vistaril Hydrochloride Hydroxyzine Hydrochloride	4.102	Dartal Thiopropazate
2.602	Equanil/Miltown Meprobamate	4.103	Mellaril Thioridazine
2.603	Tybatran Tybamate	4.104	Permitil/Prolixin Fluphenazine
2.604	Trancopal Chlormezanone	4.105	Proketazine Carphenazine
3.000	<u>GROUP III ANTIDEPRESSANTS</u>	4.106	Serentil Mesoridazine
3.100	<u>Tricyclic Compounds</u>	4.107	Sparine Promazine
3.101	Tofranil Imipramine HCL	4.108	Stelazine Trifluoperazine
3.102	Elavil Amitriptyline HCL	4.109	Thorazine Chlorpromazine
3.103	Norpromin/Pertofrane Desipramine HCL	4.110	Tindal Acetophenazine
3.104	Sinequan Doxepin HCL	4.111	Trilafon Perphenazine
3.105	Aventyl Nortriptyline	4.112	Vesprin Triflupromazine
3.106	Vivactil Protriptyline	4.200	<u>Thioxanthines</u>
3.200	<u>Monoamine Oxidase Inhibitors</u> <u>Hydrazine Type</u>	4.201	Navane Thiothixene
3.201	Marplan Isocarboxazid	4.202	Taractan Chlorprothixene
3.202	Niamid Nialamide	4.300	<u>Butyrophenones</u>
3.203	Nardil Phenelzine Sulfate	4.301	Haldol Haloperidol
3.300	<u>MAO Inhibitors</u> <u>Non-Hydrazine Type</u>	4.400	<u>Miscellaneous</u> Serpasil Reserpine
3.301	Parnate Tranlycypromine		

5.000	<u>GROUP V STIMULANTS</u>	8.000	<u>GROUP VIII SOLVENTS AND OTHER INHALANTS</u>
5.100	<u>Cocaine</u>	8.100	Amyl Nitrite
5.200	<u>Amphetamines</u>	8.200	Gasoline
5.201	Benzedrine Amphetamine Sulphate	8.300	Glue
5.202	Desoxyn/Methedrine Methamphetamine	8.400	Nitrous Oxide
5.203	Dexedrine Dextroamphetamine	8.500	Other
5.300	<u>Non-Amphetamines</u>	9.000	<u>GROUP IX NICOTINE</u>
5.301	Ritalin Methyl Phenidate	9.100	<u>Nicotine</u>
5.302	Preludin Phenmetrazine	9.101	Cigarettes
5.303	Tenuate/Tepanil Diethylpropion	9.102	Cigar
		9.103	Pipe
		9.104	Chewing
6.000	<u>GROUP VI CANNABIS</u>	10.00	<u>Not Classifiable; Drugs From More Than One Class</u>
6.101	Marihuana	10.01	Dexamyl Purple Hearts (contains Dexedrine and Amobarbitol)
6.102	Hashish		
6.103	Hash Oil	10.02	Deprol Benactyzine HCL Meprobamate
7.000	<u>GROUP VII HALLUCINOGENS</u>		
7.101	Lysergic Acid Diethylamine		
7.102	Mescaline		
7.103	Peyote		
7.104	Psilocybin		
7.105	Psilocyn		
7.106	STP (DOM)		
7.107	DMT (Dimethyl Tryptamine)		
7.108	DET (Diethyl Tryptamine)		
7.109	PCP (Phencyclidine)		

Special Interest Substances
With Abuse Potential

(Common Names in parentheses)

1.100 Narcotics

1.101 Codeine, ETH c Codeine,
(Turps)

1.104 Heroin
("H," Hard Stuff, Smack,
Dynamite, Horse, Scag)

1.107 Methadone

1.108 Morphine
("M")

2.000 Sedatives, Depressants

2.100 Barbiturates
(Downers, Barbs)

2.103 Amytal
(Blue Angels, Blue Heaven)

2.202 Nembutol
(Yellow Jackets)

2.203 Seconal
(Red Devils)

2.204 Tuinal
(Rainbows)

2.400 Alcohol

2.401 Beer

2.402 Liquor

2.403 Wine

2.501 Librium/Libritabs

2.502 Valium

2.600 Minor Tranquilizers

2.602 Equanil/Miltown

5.000 Stimulants

5.200 Amphetamines
(Uppers, Jolly Beans)

5.201 Benzedrine
(Bennies)

5.202 Methedrine
(Speed, Meth, Crystal)

5.203 Dexedrine
(Dexies, Hearts)

6.000 Cannabis

6.101 Marihuana,
(Grass, Weed, Hay, Pot,
Cigarettes, Joint, Roach,
Reefer)

6.102 Hashish

6.103 Hash Oil

7.000 Hallucinogens
(Psychedelics)

7.101 Lysergic Acid
(LSD, Acid)

7.102 Mescaline
(kc)

7.103 Peyote
(Buttons)

7.109 PCP (Phencyclidine)

7.110 Tetrahydrocannabinols-THC

8.000 Solvents

8.200 Gasoline
(Huffer)

8.300 Glue

9.101 Cigarettes

Acknowledgment

Thanks for help and cooperation in the preparation of this taxonomy is gratefully given to Dr. Jerome Jaffe, Professor of Psychiatry, Columbia University, and to Dr. Roger E. Meyer, Director of the Harvard-Boston University Center for Biobehavioral Studies in the Addictions.

Drug addiction is a major social concern of our times. But the study of this problem is complicated, for different patterns of drug use are required for persons to become liable to addiction to different drugs, while some drugs, regardless of frequency or duration of use, do not lead to dependency at all.

On the basis of current pharmacological knowledge Dr. Roger E. Meyer details the patterns of use required for addiction liability to each of a number of drug categories currently of interest to researchers. In addition he suggests questions that can be used in surveys, deriving largely from the work of Dr. Lee N. Robins in her studies of Vietnam veterans, as an approach to defining episodes of drug dependence.

DEFINITION OF ADDICTION LIABILITY ASSOCIATED WITH DIFFERENT PATTERNS OF DRUG USE

Roger E. Meyer

It is best to consider risk of addiction as it applies to each of the separate categories of drug.

OPIATES

Relative to the opiates, patients who have been given doses of morphine in the context of a treatment program for pain over a one to two week period will experience mild symptoms when the drug is stopped. If the narcotic is a longer-acting drug (such as methadone), the symptomatic distress will be less because the drug is excreted slowly. If a narcotic antagonist is administered, withdrawal will be acute and the discomfort will be greater. Translating these pharmacological data (reported by Jaffe in Goodman and Gilman's The Pharmacological Basis of Therapeutics)¹ into data which may have some usefulness in surveys of drug abuse is another matter. Duration of daily use should be one factor in assessing the degree of risk associated with a pattern of drug use. Another factor should be subjective experience of discomfort when the drug has been stopped. Daily use of heroin for

a period of ten to fourteen days or longer strongly suggests the possibility of drug dependence, whereas daily use of a prescribed analgesic being used appropriately might result in mild withdrawal symptoms but no overt continuing interest in drug-seeking behavior. Certainly, daily use of an illicit narcotic more than once a day for a period of ten to fourteen days or more should imply drug dependence unless proven otherwise. The argument is strengthened by subjective reports of some discomfort when the drug is stopped.

With the above degree of drug use as a kind of bench mark, it should be possible to move to greater and lesser degrees of drug use to define greater and lesser degrees of involvement. For example, it might be possible for some individuals to experience several episodes of heroin use extending for periods of two to three weeks of daily use over the course of one or more years. This person may be intermittently dependent, but there may be other factors which mitigate the severity of his involvement with drug use. On the

other side of the mark, weekend use of heroin may be found in "true chippers" who never seem to progress to a full blown dependent state.

The following questions, provided by Dr. Lee Robins, appeared in the Vietnam Veterans Questionnaire and serve as one possible format for defining current and historical episodes of opiate dependence.

Which narcotic drugs have you used (not on prescription) daily, or almost daily, for at least a couple of weeks during the past two years?

Heroin
Opium or OJ's
Codeine or Robitussin AC
Methadone or Dolophine
Demerol
Morphine
Paregoric
Dilaudid
None

(a) What's the longest run of daily use (of any narcotics) you've had within the last two years?

Less than 2 weeks
2 weeks - < 1 month
1 month - < 3 months
3 months - < 6 months
6 months - < 9 months
9 months or more

Have you felt strung out or addicted within the last two years?

Yes
Possibly
No

Did you use narcotics enough in the last two years so that you began to feel you needed them; that is, you would feel uncomfortable when you couldn't get them?

Yes
No

when you were coming down off narcotics-- that is, not taking any for a day or more--what's the most trouble you've had during the last two years: did you ever get really sick, or were you

just uncomfortable, or didn't it bother you much?

Sick
Uncomfortable
Didn't bother much
Never stopped for a day or more
Didn't use enough to get sick coming off

If sick or uncomfortable:

(A) How long did those feelings last?

Less than 12 hours
12 hours to < 2 days
2 days to 4 days
5 days to 10 days
11 days or more

(B) Did your symptoms stop by themselves then, or did they stop only because you went back on the stuff or received medicine?

Stopped by themselves
Back on
Medicine

When you were coming down (that worst time) (Ask each item):

A. Did you have chills?
B. Did you have stomach cramps?
C. Did you have any other pain, besides headaches (or stomach cramps)?
D. Did you have trouble sleeping?
E. Any other problems?
IF YES: What were they?

Which of the narcotic drugs have interfered with your life in the last two years--either by getting you into trouble, keeping you from working, hurting your health, or any other way?

Heroin
Opium or OJ's
Codeine or Robitussin AC
Methadone or Dolophine
Demerol
Morphine
Paregoric
Dilaudid
None

Have you ever seen a doctor or been to a Clinic treatment center because of using narcotics?

Yes (ask A & B)
No

If yes:

(A) How many times have you been in treatment for narcotics, altogether?
Episodes of treatment _____

(B) Have you seen a doctor or been in treatment because of narcotics in the last two years?

Yes

No (ask [1] and [2])

(1) When was the last time?

2 - < 3 years

3 - < 4 years

4 years or more

(2) In the last two years, have you ever thought of getting any treatment for narcotics?

Yes

No

BARBITURATES

The issue with regard to the barbiturates is somewhat more complex. To quote Jaffe¹: "The amount of (short-acting) barbiturates required to produce physical dependence in man . . . has been found to be 0.4 gms daily for three months." In this condition, abrupt withdrawal produces paroxysmal BEG changes without other significant symptoms in approximately one third of the subjects. In contrast, 0.2 gms of pentobarbital per day can be ingested over many months without the development of tolerance or physical dependence. After 0.6 gms per day for one to two months, half of the patients will show minor withdrawal symptoms such as insomnia, anorexia, tremor, and EEG changes and ten percent may have a single seizure. To complicate matters further, ten percent of patients who are kept deeply intoxicated (semicomatose) for sixteen to twenty hours per day for ten to twelve days are so physically dependent that they develop seizures and delirium on abrupt withdrawal. In contrast to the effects of short-acting drugs, abrupt discontinuation of long-acting hypnotics and sedatives (such as phenobarbital and chlordiazepoxide) when contrasted with pentobarbital or meprobamate will show generally slower onset of withdrawal symptoms and milder withdrawal syndromes. Type of drug, duration of use, dose, and perceived effects become crucial determinants of whether physical dependence develops

with the barbiturates. The following questions would seem to be important in this regard:

- (1) What drugs are being consumed?
- (2) Are the barbiturates being consumed in conjunction with any other central nervous depressant such as alcohol?
- (3) Is the desired effect intoxication or anxiety relief?
- (4) Are the drugs being used on a daily basis?

Under these criteria, it should be possible to factor out two different kinds of dependency patterns:

- (1) High intoxicating doses of short-acting barbiturates over fourteen to twenty-one days of daily use as opposed to
- (2) Moderate to high doses of short-acting barbiturates (with or without alcohol) over a period of three months or more.

A history of irritability, tension, anxiety, restlessness, seizures, and/or other physical complaints associated with discontinuation of the drug would be important confirmatory evidence of physical dependence.

The following questions (again, courtesy of the Vietnam follow-up study) can serve as a possible framework for defining current and historical episodes of hypnotic-sedative drug dependence.

The drugs on this list are sedatives or downers. Look it over and tell me, in the last two years have you taken any of the drugs on this list without a prescription or more than was prescribed? (Research investigator should provide a sample list.)

Yes

No

Have you used them mainly to enjoy their effects or for some other reason(s)?

- To enjoy effects
- To come down from uppers
- To ease narcotic withdrawal
- To sleep
- To calm nerves
- To see what it was like
- Other (Specify)

When you were taking them, in the last two years, did you get so you had to take more of them to get the same effect?

Yes
No

If you didn't take them would you get so that you felt weak or nervous?

Yes
No

In the last two years, did you ever have a seizure or convulsion when you stopped using them?

Yes
No

Did you use them enough at any time in the last two years so that you began to feel you needed them; that is, you would feel uncomfortable when you couldn't get them?

Yes
No

Has using any of the downers interfered with your life in the last two years-- either by getting you in any trouble, keeping you from working, hurting your health, or in any other way?

Yes (IF YES: How?)
No

When was the last time you used any downers?

Within last 2 weeks
2 weeks - < 1 month
1 month - < 3 months
3 months - < 6 months
6 months - < 2 years
2 years - < 4 years
4 years ago or longer

Did you ever get any treatment because of using downers?

Yes
No

If yes, have you gotten treatment for downers in the last two years?

Yes
No

If no, have you ever thought of getting treatment because of downers?

Yes
No

AMPHETAMINES

With regard to the amphetamines, there are distinctly different patterns associated with oral and intravenous self-administration. The patterns associated with intravenous self-administration involve very high dosages over relatively brief duration followed by a "crash" and abrupt cessation of drug use for a period of time before its resumption in the same pattern. The period of intravenous amphetamine use generally is accompanied by psychotic manifestations. The drug-free period is usually characterized by prolonged sleep, general fatigue, lassitude, depression, and a tendency to overeat, as well as a feeling of drug craving.

Oral self-administration generally involves much smaller doses of amphetamine which can be consumed daily for long periods of time or in conjunction with intermittent recreation or an attempt to avoid sleep over weekends or for certain jobs or for studies. There is an increasing tendency to identify the period of prolonged sleep, drug craving, lassitude, and depression as symptoms of withdrawal from amphetamine. There are no pharmacological data, however, relating dose and duration of use to extent of these signs and symptoms manifest in a drug-free period (following prolonged drug consumption). Route of administration, plus duration of daily self-administration over any single drug-taking episode (as well as generally over time), would be important factors in defining the extent of drug dependence to this class of drugs.

Any tendency toward increasing dosage consumption over time, the function of use, and the presence of unpleasant symptoms during a period of use (or upon cessation of use) are also important for the survey research investigator to define. Again, a possible list of questions has been provided as a framework by Dr. Lee Robins from the Vietnam follow-up questionnaire.

Here is a list of uppers or stimulants. Some of these are different common names for amphetamines, and others

are stimulant drugs that have effects somewhat like amphetamines. I want you to look the list over and tell me, in the past two years have you taken any of the drugs on this list without a prescription or more than was prescribed?

Yes, used
No use

Have you used them mainly to get high, or for some other reason?

To get high
To lose weight
To stay awake
To perform better
To see what it was like
Other (Specify)

Did you use them enough at any time in the last two years so that you began to feel you needed them; that is, you would feel uncomfortable when you couldn't get them?

Yes
No

Has there been any time in the last two years when you got so you had to take more of them in order to get the same high?

Yes
No

In the last two years, did they ever make you hear voices?

Yes
No

In the last two years, did they ever make you feel, for no good reason, that someone was out to hurt you?

Yes
No

Has using any uppers on this card interfered with your life in the last two years--either by getting you in trouble, keeping you from working, hurting your health, or in any other way?

Yes (IF YES: How?)
No

When was the last time you took any?

Within last 2 weeks
2 weeks to < 4 weeks
1 month to < 3 months
3 months to < 6 months
6 months to < 2 years
2 years to < 4 years
4 years or more

Have you ever injected any of them?

Yes
No

Over the course of time, what has been the frequency of injections of uppers compared with taking them orally?

Always inject
76 - 99% injections
51 - 75% injections
26 - 50% injections
1 - 25% injections

Did you ever get any treatment because of using uppers?

Yes
No

At any time since you began using uppers, have you ever considered getting treatment for: (Check all that apply)

An uncomfortable reaction to the drug
Uncomfortable reactions when not on the drug
Unpleasant moods (sadness, anger)
Unusual or frightening thoughts
A loss of interest in work or school
Deterioration in relationships with friends

HALLUCINOGENS AND MARIHUANA

There is no evidence of physical dependence associated with use of hallucinogens and marihuana. For this reason, the survey research investigator should be interested in the number of times of hallucinogen use and especially any reports of psychological adverse reactions. There does not appear to be any data which relates usage pattern to specific adverse reactions, with the exception that some chronic unremitting psychoses have been associated with extreme frequencies of LSD consumption over relatively short periods of time (e.g., daily use for one month).

With regard to marihuana, frequency of use is important, but frequency of use over a period of time. In other words, has the subject used marihuana daily over the last year or has the use been somewhat less frequent? The same categories of adverse reactions have been described for the various hallucinogenic drugs, marihuana, and more potent cannabis preparations (e.g., hashish). As a general rule, the frequency of adverse reactions appears to be more common with more potent drugs and drugs unfamiliar to the user.

I. Acute Reactions

- (a) Panic reactions in which a user fears losing his mind or dying as a consequence of anxiety in the face of a drug reaction.
- (b) Toxic reactions in which the individual is confused and misinterprets his powers or his environment on the basis of toxic disorientation. An example of this type of disturbance would be an individual who thinks that he can fly under the influence of LSD and leaps out a window. Toxic reactions are very much less common than panic reactions; there is some evidence that high levels of anxiety may be associated with the hallucinogenic drug experience with some frequency, although requests for help in a full-blown panic reaction are considerably less common now than five to ten years ago.

It is believed that most acute reactions are more a function of set, setting, and personality, although toxic reactions (which are the least common variant) are more drug-related. Under conditions where the individual does not know he has taken a hallucinogenic drug, or when he is cared for in an environment which he does not trust (e.g., police headquarters), or where the individual is in his teenage years or early twenties rather than older, the likelihood of panic reactions is greater.

II. The Flashback Experience

The flashback experience has been described for both marihuana and hallucinogenic drugs. Some people believe that flashbacks with marihuana are induced by a subsequent hallucinogenic drug use, but there are others who believe that such flashbacks occur with or without subsequent hallucinogenic drug abuse. The mechanism of the flashback is unknown. It is a transitory replay of aspects of the hallucinogenic drug experience. The frequency of flashbacks diminishes with time and continued duration of an abstinent state. There is no evidence that flashbacks are

related to any particular pattern of use. As with acute reactions and chronic reactions, flashbacks are more common with the more potent hallucinogenic drugs than with marihuana.

III. Chronic Reactions

(a) Acute psychotic reactions which resemble schizophreniform psychosis (being of relatively short duration, one to two weeks) have been described. Bowers has reported evidence that these appear characterized by different patterns of biochemical metabolism in the central nervous system than one finds in acute schizophrenic patients. There is no known relationship between pattern of use and the acute psychotic episode; moreover, Bowers' work was only reported for LSD--there is no known biochemical correlation with marihuana-induced acute psychoses.

(b) Chronic schizophrenic-like psychoses have been precipitated in individuals who were felt to be pre-schizophrenic or with a prior history of acute psychotic episodes.

(c) Some people believe that an amotivational syndrome may result from use of marihuana and hallucinogenic drugs. Hard evidence in this regard is not there; and it would appear that the time is ripe to carry out more systematic epidemiological evaluations in this area.

(d) Chronic anxiety states and depression have been reported as a consequence of hallucinogenic and marihuana drug use. The exact relationship to a pattern of use, again, has not been described.

The following questions, provided by Dr. Lee Robins relative to an inquiry about marihuana use, may also be modified to inquire about the use of different hallucinogenic drugs. In general, questions regarding frequency of hallucinogen use will rarely encounter daily users or persons who use very frequently over a period of time. These patterns do occur among marihuana users.

Have you, yourself, smoked marihuana or hash at all in the last two years?
(IF NO, PROBE: Not even once?)

Yes, used
No use

In the past two years, has there been a time when you were smoking marihuana at least three times a week?

Yes
No

IF YES: How many months altogether, in the past two years, did you use it three times a week or more?

Months _____

How many times would you say you've used it altogether in your life-- five times or more, or less than that?

5 + times
< 5 times

Has there been a time during the last two years when you've smoked marihuana every day for a while?

Yes
No

IF YES: How long did that last (altogether)?

Months _____
or
Weeks _____

Have you used marihuana or hash enough at any time in the last two years so that you began to feel you needed it; that is you would feel uncomfortable when you couldn't get it?

Yes
No

When you've smoked marihuana in the last two years, how many hours out of the day (24 hours) have you usually stayed high?

Hours _____

How many joints or pipes in a day did you usually smoke then?

PROBE: On an average day?
(IF SHARES WITH FRIENDS: How many joints would your share amount to?)

Number _____

At any time in the last two years, have you felt you were using marihuana or hash too much?

Yes
No

IF YES: What did it do to you that made you feel that way?

Has using marihuana interfered with your life in the last two years-- either by getting you into trouble, or keeping you from working, or hurting your health, or in any other way?

Yes
No

IF YES: How?

When was the last time you ever used any pot (if you ever did use any)?

Within last 2 weeks
Two weeks - < 4 weeks
1 month - < 3 months
3 months - < 6 months
6 months - < 2 years
2 years - < 4 years
4 years or more
Never

As you look back over the years since you first tried marihuana, was there one particular period of time, either in the past or more recently, when you were using marihuana or hash the most?

Yes, particular period
No particular period

IF PARTICULAR PERIOD:

(a) When did this period of heavier use begin? (PROBE: How old were you then?)

BEGAN: _____
month/year

(b) During this period when you were using it the most, were you smoking marihuana or hash every day?

Yes
No

IF NO TO (b): Were you using it several times a week?

Yes
No

IF NO: At least once a week?

Yes
No

(c) Where were you living during the period you were smoking marihuana or hash the most? (Use all that apply)

Parents' home
Own home
Away at school
Amy, not in Vietnam
Vietnam
Traveling
Other (Specify)

(d) When did that period of heavier use end (or is it still going on)?
(PROBE: How long did it last?)

ENDED: _____
 month/year
Still going on

IF ENDED: Why do you think you cut down/stopped your marihuana smoking then?

At any time since you began using marihuana or hash, have you considered getting treatment for: (Check all that apply)

An uncomfortable reaction to marihuana or hash
Uncomfortable feelings when not on marihuana
Unpleasant moods (sadness or anger)
Unusual or frightening thoughts
A loss of interest in work or school
Deterioration in relationships with friends
Flashbacks
Other (Specify)

REFERENCES

Jaffe, J. H.: "Drug Addict ion and Drug Abuse", in The Pharmacological Basis of Therapeutics (Goodman, L.S. and Gilman, A., eds.), 4th Edition, New York, 1970, pp. 276 - 313.

Ed. Note:

To see the various ways the terms and concepts referred to in Dr. Meyer's paper have been formulated in recent drug use studies, see APPENDIX A, "Operational Definitions Used in Recent Socio-Behavioral Research on Drugs," selected items in Classifications:

2. *Frequency-Quantity of Drug Use, "Ever"*
5. *Route of Administration and Dosage*
8. *History of Use (C. Change in Type of Drug Used, Quantity Used)*
12. *Reasons for Drug Use*
14. *Effects of Drug Use*

"Current Use" a seemingly simple concept, reveals unexpected complexities when attempts are made to define it operationally for survey research. Because there has been little agreement on what constitutes the "present" (is it past week? past month? past year?), the question of whether the respondent is "currently" using drugs has presented a major problem to those attempting to compare findings of one study with another in respect to "today's" prevalence.

Dr. Louise Richards and Dr. Ira Cisin discuss the concepts of "Currency" and "Recency" and recommend specific ways to deal with the problems they present.

MEASURES OF CURRENCY OR RECENCY OF DRUG ABUSE

Louise Richards and Ira Cisin

The aspect of drug use referred to as "currency" or "recency" can be defined as some period preceding the survey and including the day of survey when one or more substances was or were used. Although the words "last used" or "most recent use" are often employed, the point in time does not seem as important as the fact that some or any use occurred during that recent time period. The aim apparently is to produce data that distinguishes use at the present time from use that may have gone on or terminated in the past. Since the practice of asking the respondent whether he or she has "ever used" the substance produces data that include both past and current use, there is need to distinguish these varieties. In epidemiologic terms, data on "ever used" could be thought of as measures of "lifetime prevalence". (Those who used for the first time within a specified recent period could constitute "incidence" data).

VARIETIES OF ITEMS EMPLOYED

Items have appeared in two basic types, depending on whether it was the drug type or the time period that was "anchored" in the item. That is, if the drug type was mentioned, the question required an answer in several cate-

gories of time periods (plus the negative category "never" or "no"). If the time period was mentioned, the question required an answer in terms of one or more drug types (plus a negative category).

The time periods varied considerably, occurring in all of the following forms:

1 week	6 months
1 month	6 months - 1 year
1-2 months	academic year
2 months	12 months
3-5 months	more than one year

All of the above periods were mentioned in the context of the time the question itself was asked: "within the last _____," "_____ before (or prior to) survey," "since beginning of _____," "in the past _____," etc.

PROBLEMS

One problem of assessing currency or recency is related to the cyclical nature of use. Use of a specific drug or type of drug usually occurs in fairly predictable patterns; even a heavy user cannot consume more than one dosage unit in a specified time period. Beyond this physical limitation, there appear to be typical

cycles of use for regular or heavy users. Thus, an LSD user may not have used the substance for six months but still considers himself a "current user". This means that the time period included as response categories must encompass the longest possible cycle that a user might consider "current".

Another problem is evident in the above listing of time period categories: the large variety of periods used in available reports, and the inconsistency among results that is created by this situation. Furthermore, if the most recent use falls within the arbitrarily designated time period, the user is counted as a "current user" even if he "tried it once and didn't like it." Perhaps the difficulty is inherent in the word "current", which implies a continuing and perhaps habitual use. Thus, we are trying to use a behavioral measure and to infer from it a mental state or condition of the individual.

RECOMMENDATIONS

1. The decision as to whether the time period or the drug type should be designated probably should be made by the investigator according to the needs and purposes of the research. If the data are being collected on each substance and the respondent needs to be reminded of each one in turn, the substances can be mentioned first and an answer asked for in terms of time periods. If, however, the wish is to obtain more superficial data, the time period can be mentioned first and answers asked for in terms of substances. The latter is less likely to produce informative data, however.
2. In designating time periods, the investigator should make it as convenient as possible for the respondent to recall use; the conven-

tional weekly, monthly and annual periods seem best for this reason. The following model is recommended:

Within the past seven days
Within the past 30 days
Within the past six months
More than six months ago but less than
a year ago
A year ago or longer*

(*Since this category is open-ended, it could not represent "current" use but could provide the cutting point between "current" and "past").

3. If the investigator wishes to measure current use, he must make sure that the time period(s) employed in the question is (are) long enough to capture use that may occur in long cycles.
4. A conservative position would suggest abandonment of the concept of "current use" in favor of a prevalence statement with a bounded time frame. Thus, we can refer to "one year prevalence," "six month prevalence," "one month prevalence" or whatever, reflecting the behavioral report rather than the inference of continuity.
5. If the concept "current use" is to be retained, what is needed is a measure of psychological set, which may take the form, "I am a user non-user) now," or which may supplement the questions with a statement of intended future use. In the current GWU-RAC study, a "current user" is defined as one who reports use within the past month and who does not indicate that he will never use again.

Ed. Note:

To see the various ways the terms and concepts referred to in Dr. Richards' and Dr. Cisin's paper have been formulated in recent drug use studies, see APPENDIX A, "operational Definitions Used in Recent Socio-Behavioral Research on Drugs, Classifications:

3. *Drug Use, Recent or Current*
4. *Frequency-Quantity of Drug Use, Recent or Current*
6. *Polydrug Use (B. Recent or Current)*

The concepts of "Ever Use" and "Frequency-Quantity" associated with drug usage, like the concept of "Currency" dealt with in the previous paper, are more complicated than they seem. They raise many intricate questions and present us with considerable challenge in regard to standardization and comparability. In her paper, Dr. Denise Kandel reviews for us how these issues have been empirically treated by several researchers, offers us some conceptual and methodological considerations concerning them, and makes specific recommendations as to the construction of questions and question sets. The problem of cutting points with respect to frequency is dealt with here, in detail. Practical recommendations are made to drug use researchers who wish to measure these variables in general populations which contain many non-users as well as infrequent users.

THE MEASUREMENT OF "EVER USE" AND "FREQUENCY-QUANTITY" IN DRUG USE SURVEYS

Denise Kandel

More so perhaps than for other concepts, the questions to measure "ever use" and "frequency-quantity", especially the latter, will depend upon the aims of the research, the nature of the study population (in particular its age and degree of drug experience), the types of drugs under investigation and the methods of data collection (e.g., questionnaires, interviews or institutional records). However, certain issues must be solved regardless of the specifics of an individual study. In this paper, I attempt to identify the major issues and problems which every researcher faces regarding the measurement of ever use and frequency-quantity when designing a drug research instrument. Issues are mentioned, whether or not they were resolved in the course of committee discussions. Indeed, while I suggest certain solutions which appear to have general applicability, it did not prove possible to make recommendations in every specific instance.

The concepts under review here obviously overlap with several others considered

by the committee, in particular, "Currency or Recency of Use" by Louise Richards and Ira Cisin, "History of Use" by Lee Robins, and "Definition of Addiction Liability in Different Patterns of Drug Use" by Roger Meyer. In view of the importance of hard liquor and tobacco in the process of involvement with drugs (see for instance Johnston, 1973; Kandel and Faust, 1975; Robins, Darvish and Murphy, 1970; Single, Kandel and Faust, 1974), it is assumed that socially accepted substances, such as tobacco, wine/beer and hard liquor will be considered along with illicit drugs in any drug research. A great deal of work has already been done on how to measure the use of the legal substances, especially alcohol (see Cahalan, Cisin and Crossley, 1969; Cahalan, 1970; Jessor, Graves? Hansen and Jessor, 1968). Thus, while the discussion in this paper is directed principally toward the illicit drugs, this should not be construed as denying the importance of the legal drugs in a drug research inquiry.

The issues to be solved in developing a set of standard questions on "Ever Use" and "Frequency-Quantity" are (1) conceptual, (2) methodological, and (3) stylistic.

I-CONCEPTUAL ISSUES

A. EVER USE: What constitutes "illicit use" of a particular substance?

1. Specification of Effects

Should use be defined in terms of the effects being sought and should the questions include the purpose for which a drug is used? For instance, should questions specify consumption for the specific aim of getting "high"? This issue was not resolved.

2. Non-medical Use

For substances which can be used under medical prescription (e.g., stimulants, barbiturates or tranquilizers), should questions specifically refer to non-medical use? How should non-medical use be defined? Does it mean: Not prescribed by a physician? Not prescribed for self but for someone else in the household? Used more frequently than directed? Prescribed by a physician but used for non-medical reasons? At least, two dimensions are crucial in order to identify the nature of use involving medically prescribed drugs:

- source of drug: physician or non-physician
- function of use: e.g., for self-medication, such as daytime sedation, or for intrapsychic experience, such as curiosity or getting high. It is often difficult, however, to distinguish self-medication from getting high.

Committee members reported different strategies. John O'Donnell, in a recent national survey of adult males 21-29, emphasized the function for which the drugs are used (e.g., for the purpose of getting high) and abandoned any attempt to get information about the source of the drugs. Pretest indicated that too many questions were required to differentiate self-medication from use under prescription by a physician. Ira Cisin, in another national survey of adults, also neglected the source and emphasized the function of use. Lloyd Johnston, however, in "Monitoring the Future," an ongoing national

study of senior high school students, is neglecting the function and is emphasizing the source of drugs. In our own study of New York State adolescents, we inquired about use for medical reasons under a doctor's prescription prior to asking about use for non-medical reasons. We found in pre-test interviews that the questions on medical use helped respondents to keep clearly in mind the distinction between medical and non-medical use.

B. FREQUENCY-QUANTITY

This concept obviously subsumes two different dimensions: (a) frequency and (b) dosage. This distinction has been emphasized in alcohol research where an attempt is often made to measure both the number of drinking occasions and the number of drinks per occasion (e.g., Cahalan, 1970). Dose is a particularly difficult variable to measure, especially for illicit drugs, since great variability exists in the purity of a particular compound and users are not always sure of the strength of the substances available to them. The same phenomenon has been observed in investigations on the use of psychotropic drugs: it is impossible to collect information on the number of units of a drug used by respondents, for often they are unaware of dosage levels (personal communication by Ira Cisin). The committee's consensus is that it is more profitable to measure frequency breaks which would discriminate heavy and light users of various drugs, than dose per se. Thus, the concept of "quantity" or "dosage" is not discussed further here.

1. Frequency Count Versus Schedule of Use

Should involvement in drug use be assessed in terms of the total number of times a particular substance has been used, or in terms of the schedule of use, as daily or on weekends, within a specified period of time? Empirically, measures of frequency and of schedule of use produce similar results. Almost identical groups are obtained whether respondents are classified according to frequency or schedule of use, and the same relationships obtain with criteria variables, such as personal or social attributes.

Recommendation: Both frequency count and schedule of use should be assessed.

(a) Since questions on frequency of ever use (lifetime prevalence) have been asked in almost all existing drug surveys, they should continue to be included in every study in order to provide for replication and continuity in drug use research. (b) Questions on schedule of use should be restricted to current use.

2. Period of Time Over Which Frequency of Use is Assessed

Should frequency-quantity refer to:

- total drug experience?
- experience over a specific and limited period of time?
- current experience?
- period of highest use?

There is a long tradition in drug research to measure extent of use by relying on the total number of times a particular substance has ever been used, i.e., total lifetime prevalence. Since most studies have been carried out on high school or college populations, the total history of use is relatively short, and most individuals who ever used a particular drug are still using it currently. Data on total lifetime prevalence are less useful with older populations. Furthermore, lifetime frequencies do not distinguish total reported consumption spread over a long period of time from usage concentrated within a short interval. Meaningful interpretation of frequency of use requires knowledge about duration of use, so as to differentiate irregular from regular use.

A great deal of time was spent by the committee in consideration of this issue. The set of recommendations which derives from these discussions is the most important concerning the concepts which are the subject of this paper.

Recommendation: The following set of funneling questions should be used:

- (a) ask everybody:
 - (1) total number of times ever used a particular drug
 - (2) year of last use
- (b) ask only those respondents who reported a minimum life time prevalence of use of the substance. Six (or ten) or more instances have been suggested as cutting off points for branching. The cutting points at

which branching will occur may vary by drug and according to the population included in the study. Questions should inquire about:

- (1) number of times used during the year of highest use (year to be specified)
- (2) frequency of use in the month of highest use within that year
- (3) frequency of current use (i.e., within the past month)
- (4) schedule of current use (e.g., on week-ends only, daily, etc...
Note: the above scheme implies that the month of highest use occurs in the year of highest use, which is not necessarily true. However, it would be too complicated to ask the information both ways and to require respondents repeatedly to shift their frame of reference.

- (c) ask only those respondents who report using the drug more than 20 days in the past month or in the month of highest use:

- (1) frequency of use per day

3. Time Period Defined as Current

What specific time span should be encompassed by the term "current" or "recent" use: 30 days, 60 days, or some other period? Should "currency" encompass different periods for different drugs, shorter ones (1-2 months) for marihuana, longer ones (5-6 months) for LSD? These issues are discussed in Louise Richards' and Ira Cisin's statement on "Measures of Currency or Recency."

4. Patterns of Use: Cutting Points and Criteria for Degree of Involvement in Drug Use

Since it is not possible, nor even desirable, to record the exact number of times a particular substance has been used, it is necessary to use preselected categories. These categories should be selected so as to permit the classification of respondents as to their degree of involvement in the use of the particular substance under consideration. The numbers themselves become interesting only insofar as they stand as indicators of patterns and degree of involvement in drug use. However, the definition of what types of drug behaviors should represent various degrees of involvement in drug use, ranging from non-

use to experimental, moderate, and heavy use, is a most crucial but most difficult issue, and the one most in need of standardization. Review of the research collated by Elinson et al. (1974) and of additional studies indicates strikingly that a range of behaviors has been selected by different investigators as representing varying degrees of involvement in drug use. Some of the definitions and criteria used to describe patterns of use include:

experimental 1-2 times (Mizner)
 1-2. times (Josephson, 1973)
 1-9 times (Josephson, 1972)
 less than once a month (Johnson)

occasional, 3-9 times (Mizner)
 casual user 1-20 times (Stanton)
 3-59 times (Josephson, 1973)
 10-59 times (Josephson, 1972)

(casual user) at least once a month (Johnson)
 10 times in past year; twice a week for past 3 years (Hochman and Brill, 1973)

moderate use 10-29 times (Mizner)
 once or more a month, less than once a week (Johnson)

regular, at least once a week (Johnson)
 heavy users 21-199 times (Stanton)
 30+ times (Mizner)
 60+ times (Josephson)
 3 times a week or more for more than one month (Robins)

habitual, 200+ times (Stanton)
 chronic 3 times a week for 3 or more years, or 2 years if almost daily use (Hochman and Brill, 1973)

Table 1

Cutting-Off Points in Frequency of Marihuana Use and Classification as to Pattern of Use
 Reported by Various Investigators
 (Source: Elinson et al., 1974)

<u>Blum</u>	<u>Grupp</u>	<u>Hindmarch</u> ¹	<u>Irgen-Jensen</u>	<u>Josephson</u>	<u>Kandel</u>	<u>King</u>	<u>Mizner</u>	<u>Scherer</u> ²	<u>Stanton</u>
N=1,239 College students 1966-67	N=239 College students 1969	N=1,126 High school students	N=16,000 Swedish military 1968	N=35,000 High school students 1971	N=8,206 High school 1971	N=576 Male college 1967	N=26,019 College & graduate 1968	N=100 College students	N=2,547 Vietnam U.S. Army 1969
0		0	0	0	0				0
1-25	a { 1-2	1-9	1-10	a { 1-2	1-2	1-2	a { 1-2	1-5	a { 1-20
26-50	3-5	10-19	11-50	a { 3-9	3-9	3-5	b { 3-9	6-20	b { 21-199
51-75	6-9	20 +	50 +	b { 10-19	10-39	6-10	c { 10-29	21-50	c { 200 +
76-100	10-14			b { 20-39	40-59	11-15	d { 30 +	50 +	
101-125	15-19			b { 40-59	60 +	16-20			
126-150	b { 20 +			c { 60 +		21-25			
151-175						26-50			
						50 +			

Classification of pattern use:

a = novice	a = experimenter	a = experimental	a = casual
b = extensive	b = occasional	b = casual	b = heavy
	c = frequent	c = moderate	c = habitual
		d = heavy	

¹Article published in 1972 - date of data collection not specified

²Article published in 1971 date of data collection not specified

It is obvious that the degree of involvement and the criteria for-inclusion in each group vary from investigator to investigator: some investigators include in the heavy category respondents (e.g., have used 21 times) who are included as occasional users by others.¹ The total range of frequencies considered by one investigator (1-20+, Hindmarch) is included into the lowest category by another (1-25, Blum).

The patterns listed above do not exhaust the patterns described in the literature.² Three degrees of involvement are generally distinguished within any one study: experimental, occasional and heavy use. Differentiation of degree of involvement has been established almost exclusively on the basis of frequency of use. Rarely are other criteria included such as schedule of use, e.g., less than once a week (Johnson), duration of use, e.g., 3 times a week or more for more than one month (Robins), availability, and the experience of being "stoned" (Jessor). While committee members agreed that both frequency and duration of use must be known in order to classify patterns of use, the discussion focussed exclusively on the issue of what criteria could be used to discriminate dependent, heavy or light users of various drugs. Despite lengthy discussions, no set of criteria was developed. Several questions need answers:

What criteria and cutting points should be used to define various degrees of involvement in drug use? Does it make sense, for instance, to differentiate used "twice" from used "3 times"? Should the individual who has used a particular substance even once be classified as a user or a nonuser?

How should these criteria vary from substance to substance? Most investigators use the same criteria for different drugs. Lee Robins' (1973, 1974) work represents a notable exception, different quantities being specified for each class of drug. Frequent (or heavy) drug use was defined as 3 times a week or more for a month, for marihuana; twice a week or more for at least a couple of weeks, for amphetamines; several days a week, for barbiturates; more than once a week for more than one month for narcotics.

How should the criteria vary from population to population? For instance, different criteria will apply to a treatment population and to a general population. Sample cutting points and criteria should be specified at least with respect to:

- type of drug
- general involvement of study population in drugs
- age of respondents
- historical period when study conducted

The identification of the point at which one would expect dependency requires clinical and pharmacological data. (See Roger Meyer's paper.)³ However, dependence may be defined according to social as well as physiological criteria. The specification of criteria for various degrees of involvement of use should be based on a systematic review of empirical studies so as to compare the characteristics of respondents classified according to differentiated patterns and/or frequencies of use for each drug, e.g., comparison of respondents whose frequency of use increases successively from zero to 200 times. The raw data required for such an analysis are not readily available in the drug literature.

It may be useful to consider the results of an analysis we carried out on a sample of New York State high school students in order to identify cutting points in frequency of use which would reflect different degrees of involvement in the use of various substances by these adolescents. We compared adolescents with different lifetime prevalences of use of specific drugs on a variety of personal and attitudinal attributes (Paton and Kandel, 1975). Lifetime prevalence was ascertained on the basis of pre-coded frequency categories (0, 1-2, 3-9, 10-39, 40-59 and 60+). We examined the discrepancies in scores on the attributes between adolescents in adjacent frequency categories, i.e., the percentage differences on a particular value of the attribute between those who never used the drug and those who used once or twice ever; or the differences between those who used once or twice and those who used 3-9 times. We assumed that meaningful cutting points for frequency of use would be characterized by discontinuity and larger (positive or negative) percentage differences than non-meaningful cutting points. Data from these analyses are presented in Table 2 for hard liquor, in Table 3 for marihuana and in Table 4 for three other illicit drugs: LSD, amphetamines and heroin.

Table 2

Differences in Percentage Points of Adolescents Showing Each Characteristic From One Level of Participation in Hard Liquor Use to Another Level (Total Weighted N.Y. State Adolescent Sample - Wave 1, Fall 1971)

Characteristic	Never to 1-2 times	1-2 times to 3-9 times	3-9 times to 10-39 times	10-39 times to 40-59 times	40-59 times to 60+ times
Male	+7	+2	+5	-1	+11
Most friends have used hard liquor	+15	+27	+21	+13	+3
High level of peer activity	+6	+6	+11	+7	+9
Thinks infrequent alcohol use is not harmful	+15	+5	+1	+2	0
Thinks regular alcohol use is not harmful	+6	+5	+8	0	+9
Close to neither parent	+9	+4	+1	+2	+8
High score on depression index	+8	+4	+1	-1	+1
Radical political attitude	+3	+5	+3	+8	+3
Attends church rarely	+7	+4	+6	+4	+7
Absent 7 or more days	+5	+7	+5	+13	+8
D or F grade average	-	+1	+1	+4	+6
Total N _≥	(1340)	(1278)	(1130)	(287)	(430)

*N is that for higher category of ever use in each column

Table 3

Differences in Percentage Points of Adolescents Showing Each Characteristic From One Level of Participation in Marihuana Use to Another Level (Total Weighted N.Y. State Adolescent Sample - Wave 1, Fall 1971)

Characteristic	Never to 1-2 times	1-2 times to 3-9 times	3-9 times to 10-39 times	10-39 times to 40-59 times	40-59 times to 60+ times
Male	+4	-5	+1	-2	+18
Most friends have used marihuana	+24	+13	+24	+12	+14
High level of peer activity	+19	+2	+3	+2	+9
Thinks infrequent marihuana use is not harmful	+37	+5	0	0	0
Thinks regular marihuana use is not harmful	+41	+7	+18	+8	-2
Close to neither parent	+13	-	+5	+6	+2
High score on depression index	+9	+2	+1	-2	-3
Radical political attitude	+12	+2	+7	+2	+9
Attends church rarely	+12	+9	+4	+8	+3
Absent 7 or more days	+15	+8	+1	+7	+6
D or F grade average	+4	+2	0	+1	+3
Total N _≥	(362)	(404)	(393)	(143)	(509)

*N is that for higher category of ever use in each column

Table 4

Differences in Percentage Points of Adolescents Showing Each Characteristic From One Level of Participation in Various Illicit Drugs to Another Level (Total Weighted N.Y. State Adolescent Sample - Wave 1, Fall 1971)

Characteristic	LSD			Amphetamines			Heroin		
	Never to 1-2 times	1-2 times to 3-9 times	3-9 times to 10+ times	Never to 1-2 times	1-2 times to 3-9 times	3-9 times to 10+ times	Never to 1-2 times	1-2 times to 3-9 times	3-9 times to 10+ times
Male	+4	+3	+10	-6	-2	-2	+12	-3	0
Most friends have used particular drug	+23	+23	+19	+14	+19	+18	+15	+5	+41
High level of peer activity	+28	-1	+14	+32	+5	+5	+29	+20	-11
Close to neither parent	+15	-4	+12	+21	+2	+6	+28	-25	+20
High score on depression index	+14	+2	-14	+12	+5	+7	+16	+7	-11
Radical political attitude	+21	+3	+11	+15	+5	+8	+22	+20	-4
Attends church rarely	+18	0	+17	+23	+1	-	+27	+9	+4
Absent 7 or more days	+24	+6	+6	+25	+8	+3	+32	+3	+4
D or F grade average	+6	-2	+12	+7	-1	+6	+9	+7	+2
Total N _≥	(234)	(164)	(191)	(427)	(294)	(262)	(94)	(22)	(60)

*N is that for higher category of ever use in each column

It is immediately apparent that clearer cutting points appear for illegal than for legal drugs. The changes from one category of use of hard liquor to another are pretty much the same, no clear cut pattern appearing in the data (Table 3). The same trends characterize the use of cigarettes (data not presented). For marijuana, by contrast, a sharp break appears between those who have never used it and those who have used it but once or twice. The next jump, although much less dramatic and only suggestive, appears between 3-9 times and 10-39 times. A third jump can also be discerned in the last column. For each of the illicit drugs we considered, adolescents who have used the drug even once are very different from those who have never used it. The following cutting points are suggested on the basis of data from this one sample of adolescents:

marihuana : 0, 1-9, 10-59, 60+ times
LSD : 0, 1-9, 10+
amphetamines: 0, 1+
heroin : 0, 1-2, 3+

It is essential that comparable analyses be replicated on different populations to assess the generality of the findings. A careful review of the available literature on correlates of various frequencies of drug use need to be carried out to identify consistent breaking points for high school, as well as other types of populations. The cutting points suggested by social psychological criteria need to be compared with those suggested by clinical data. Eventually, we should be able to recommend criteria representing various degrees of involvement specific to (a) each drug and (b) different populations. Thus, different cutting points would be required for heroin use by addicts in treatment facilities and by populations of high school students, for younger respondents as compared to older ones.

Recommendation: (a) In the absence of accepted criteria, the data must be collected with fine enough detail to permit collapsing of responses into identical larger categories for comparisons among several surveys. At the very least, there should be differentiation of those who have never used, those who have used 1-5 times, those who have used 6-9 times, and those who have used 10 times or more. (b) Further differentiation should parallel the categories used in current large scale surveys such

as Johnston's "Monitoring the Future". Suggested categories would include: 0; 1-2; 3-5; 6-9; 10-39; 40+. The last category has the advantage that when used in connection with current use during the past month, it identifies respondents who have used more than daily. (c) The same pre-coded categories should be used for all drugs. (d) Provision should be made to identify respondents who have engaged in daily use of a drug during a specific period of time.

5. Differentiation Among Nonusers

Differentiation as to degree of involvement in drug use has traditionally focussed on users. However, nonusers themselves can be differentiated in terms of their commitment to continued nonuse or possible interest in future use (see paper by Robert Eichberg). Nonusers can be differentiated according to whether or not they intend to try a particular substance in the future, such as Eric Josephson and Jack Elinson have done in their teenage study.

Recommendation: Since this type of differentiation represents a very specialized interest, it should not be routinely included in every study.

II - METHODOLOGICAL ISSUES

A. Open-Ended Questions Versus Pre-Coded Frequency Categories in Measures of Frequency

From a statistical point of view, open-ended frequency questions which allow respondents to specify the exact number of times they have used a particular substance are preferable to pre-coded frequency categories. An open-ended question prevents the bunching of cases in the highest category; it permits treating frequency of drug use as a continuous variable and thus the use of more rigorous statistical techniques than are possible with categorical variables; it can also provide more sensitive measures of change in drug use over time in those cases in which an increase, because it falls within the range provided by the same pre-coded category, would be erroneously classified as no change. In practice, however, such open-ended questions are to be avoided since respondents are often unable to specify the number of times they have used a drug and tend to answer in terms of "many" or a "few" times.

Recommendation: Use pre-coded frequency categories.

B. Validity of Drug Use Responses

Two problems are of particular concern: underreporting and overreporting of drug use. A common technique to check on the validity of answers is to include a fictitious drug in the list of substances inquired about. The proportion of respondents checking such fictitious drugs has been found to be uniformly low (1%-5%). To handle underreporting, some investigators have asked similar questions in slightly different forms throughout the questionnaire. However, few inconsistent cases, suggestive of concealment, are uncovered that way. Inconsistency over time occurs much more frequently than inconsistency at one point in time (Single, Kandel and Johnson, 1975).

Recommendation: Omit fictitious drugs.

III - STYLISTIC ISSUES: FORMAT AND WORDING

A. Separate Versus Combined Questions to Measure "Ever Use" and "Frequency-Quantity"

Most drug use questionnaires tend to be very long, repetitious and tedious for respondents because the very same questions have to be repeated in connection with each drug and potentially for each of the concepts related to the drug use experience, such as conditions of use, effects and so on. Whatever techniques can be devised to reduce the number of questions and the repetitiveness of the instruments should be encouraged.

Recommendation: Use a question format which combines the "ever" and "frequency" concepts. This can be easily done since respondents who answer "never" or "zero" can be classified as nonusers, and all others as users. Those who check "5 or more times" can be asked a more extensive battery of questions about their patterns of use.

B. Inclusive Versus Repeated Stems for Each Drug

Recommendation: To further reduce respondent boredom and for parsimony in the instrument, whenever possible, consideration should be given to questions with a single stem covering a variety of drugs, the separate drugs listed underneath.

C. Wording

1. As It Refers to Using a Drug

Recommendation: If the question asks exclusively about "ever use", the term "tried" should be employed, because many respondents interpret the term "use" as referring to regular use. If the question includes frequency as a concept, the term "taken" should be employed.

2. Specification of Time Period

Recommendation: To avoid confusion, time periods should be defined as precisely as possible in terms of the subunits contained within the period of interest. For example, "12 months" is preferable to "year"; "past 30 days" preferable to "past month"; "past 7 days" to "past week".

CONCLUSION

The major recommendation pertaining to the measurement of "ever use" and "frequency of use" concerns the specification of a series of funnelling questions. A question is to be asked of everyone about lifetime prevalence. More detailed questions would be asked only of those having used the drug 6 times or more and would inquire about: total frequency in year of heaviest use, frequency in the month of heaviest use in that year, and frequency and schedule of current use.

The cutting points and criteria for defining pattern of use and degree of involvement in the use of different drugs is the major issue left unresolved. Many other issues also remain unsolved. This is as it should be, lest the creative aspect of the researcher's task be completely eliminated.

FOOTNOTES

¹The very same point has now also been made in a recent review by Sadava (1975). "With respect to cannabis use, for example, the lightest pattern of use may be limited to one experience, two experiences, or up to 20 episodes of use. On the other hand, the minimum number of experiences defining the category of heaviest use ranges from five up to 30 and even 81 experiences" (Sadava, 1975:7).

²Sadava (1975) culled the following descriptions from the literature: "casual, occasional, experimental, light, recre-

ational, tasters, once, irregular, first use, infrequent, heavy, light-moderate, moderate-heavy, interstitial, psychedelic subcultural, chronic, professional pothead, seldom, intensive, often, early use, 'head', addictive, moderate mixed-drug, extreme, seekers, fairly heavy, continuing heavy, prolonged heavy, and regular heavy." (Sadava, 1975:7). To these, others can be added, such as "regular casual" user.

³Meyer's paper was not prepared early enough in our meetings to permit inclusion of clinical criteria in the present discussion.

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Ed. Note:

To see the various ways the terms and concepts referred to in Dr. Kandel's paper have been formulated in recent drug use studies, see APPENDIX A, "Operational Definitions Used in Recent Socio-Behavioral Research on Drugs," Classifications:

1. Drug Use "Ever"
2. Frequency-Quantity of Drug Use, "Ever"
6. Polydrug Use (A. By Respondent, "Ever")

Multiple drug use, multi-drug use, multihabituation, pan-addiction, and multiple dependency, are terms which at one time or another have been used synonymously with the currently popular term "polydrug" use. Dr. Lloyd Johnston tries to distinguish between the various patterns of multiple drug use and suggest terms which more clearly differentiate them. Measurement issues are focused upon in an effort to operationally define the different concepts encompassed by the term polydrug use, and particular attention is paid to the difficulty of measuring use of more than one drug for overlapping or enhancing effects. Included is an ingenious systematic method of inquiring about polydrug use, requiring a minimum effort on the part of the respondent, from the Johnston-Bachman study, "Monitoring the Future."

DEFINING THE TERM "POLYDRUG USE"

Lloyd Johnston

In the recent literature a number of different definitions have been accorded to the term "polydrug use." The fact that it is a relatively new term may explain why a single common definition has yet to emerge.

DIFFERENT CONCEPTS

Among the definitions which have been used, at least implicitly, are the following:

- (1) Any use of more than one mood-altering drug by an individual at any time in the past.
- (2) Any use of more than one mood-altering drug during some relatively delimited recent time period (i.e. a year or less).
- (3) Any use of more than one mood-altering drug within a sufficiently delimited time period that their mood-altering effects overlap in time. Such use might reflect:

a. . . . an attempt to increase effects through potentiation (e.g. alcohol with barbiturates) or known additive effects from the drugs,

b. . . . an attempt to offset, reduce, or smooth the effects (or side effects) of one drug with another, or

c. . . . a somewhat indiscriminate or unpatterned mixing of drugs.

Attempts to offset the effects (or side effects) of one drug with another are most likely to occur with a time lag between ingestion of the drugs (e.g., sequential use of uppers and downers). This is sometimes called consecutive use or sequential use. However, drugs might also be taken simultaneously for certain offsetting or smoothing effects.

(4) Any use of non-opiate illicit drugs.

Other terms which have been used at times synonymously with polydrug use include:

--multiple drug use
 --multi-drug use
 --multihabituation
 --panaddiction
 --multiple dependency

The last three terms, with their references to habituation, addiction, and dependency suggest some continuation of a particular pattern of multiple drug use by an individual across time, whereas multiple drug use and multi-drug use do not, necessarily.

DIFFERENTIATING LABELS

From the point of view of our trying to clarify terms used in the field, it seems that what we need to do is distinguish between the various patterns of multiple drug use described above and then suggest terms or phrases which label them differentially. The following defining phrases are suggested by the Committee:

- (1) "Ever use" or past use of multiple drugs
- (2) Recent Use of multiple drugs
- (3) Overlapping use of multiple drugs
 - a. . . . for enhanced effects
 - b. . . . for offsetting or smoothing effects
 - c. . . . for indeterminate effects

Note that the fourth general pattern cited earlier was not assigned a single defining phrase. Probably the *most* appropriate would have been "non-opiate polydrug use," but we would then have been left with the original problem of making distinctions among the various types of polydrug use. Therefore, it is suggested that whenever someone wants to refer to non-opiate multiple-drug users, the word "non-opiate" simply be inserted into whichever of the other phrases best fits the situation. For example, the increasing proportion of drug clinic recruits who are not using opiates might be referred to as, "recent users of multiple, non-opiate drugs," or perhaps, "abusers of multiple non-opiate drugs."

OVERLAP AMONG 'THE PATTERNS

The patterns of multiple drug use described at the beginning of this paper are obviously not mutually exclusive. Patterns (2) through (4) are all subsets of the most general pattern -- past use of multiple drugs (pattern 1). Patterns (3) and (4) are specific cases within pattern (2), recent use of multiple drugs, if they have occurred within the preceding period delimiting recent use. Finally, the three variations under pattern (3), drug use for overlapping effects, are exclusive of one another in concept, but certainly many users exhibit more than one of these patterns of multiple use.

Insofar as people need to use the term "polydrug use" without further qualification, I suggest that it be used in its most general concept ion -- past use of more than one drug -- of which the remaining patterns are all specific types. However, it seems that the field would be best served if the general terms "polydrug use" or "multiple drug use" were not used unless qualified to indicate which of the several possible definitions is intended by the user.

OTHER CONCEPTUAL QUESTIONS

The discussion thus far has finessed a few issues which are of relevance to the use of terms like polydrug use or multiple drug use. First, there is the question of whether legal mood altering drugs (alcohol, nicotine, caffeine, over-the-counter drugs, and so on) should be included in determining whether someone is a polydrug user and in empirically investigating patterns of multiple use. My own bias is to include them where feasible, and at our last meeting there seemed to be particular support for the idea of including alcohol, probably the strongest of the licit mood-altering drugs.

Another question is whether to consider the user of two or more drugs within the same class (different amphetamines, for example) as constituting polydrug use. Sentiment generally ran against that idea on the grounds that such drugs tend to be functionally interchangeable.

Finally, there is the question of whether there are major syndromes of polydrug use. Halikas and Rimmer (1974) report having identified a number of antecedent and concomitant behavioral events which differentiated "polydrug" users of a more limited number of drugs in a population of 100 regular marijuana smokers. While it seems useful to explore for particular patterns of multiple drug use and to try to determine their causes and effects, it would probably be unwise to start using a general term like polydrug use to describe specific patterns. Halikas and Rimmer, for example, defined polydrug use as the use of three or more drugs (including marijuana) and at least two categories of drugs. While such a definition may have proven particularly functional for the particular piece of work they were doing, it would undoubtedly provide a bad starting point for research on other populations,

MEASUREMENT ISSUES

Multiple drug use, where defined as ever having used more than one drug (definition 1) or as recently having used more than one drug definition (definition 2) is relatively easy to measure. If respondents have been asked whether they ever used each of a number of individual drugs (or classes of drugs), then the investigator need only look at the answers from each respondent in combination to determine how many drugs the respondent has used in the past. Recent multiple drug use can be determined in a similar manner, by examining each respondent's answers concerning his recent use of the various individual drugs (or classes of drugs).

The hardest of the concepts to measure, however, are those listed under definition 3 -- polydrug use for overlapping effects. The reason is that there is a very large number of drug combinations possible. For example, if seven drugs (or classes of drugs) are under investigation, there are 120 possible combinations of two or more drugs which might have been taken for overlapping effects. Obviously investigators are not prepared to devote that many questions to the subject, so alternative methods to a full set of specific closed-ended questions need to be devised. Among the possibilities which might be considered are the following:

(a) Closed-ended questions about a pre-selected set of drug combinations

If the investigator can specify those patterns in which he or she is most interested, (or expects to occur with greatest frequency), that provides one method of preselection.

A more comprehensive technique, which asks about all pairwise combinations (but not about combinations involving three or more drugs), is one being used now in the Johnston-Bachman study, Monitoring the Future. If seven drugs are being investigated, 21 pair-wise combinations are possible and, therefore, 21 questions cover all possibilities. However, the questions can be incorporated in a way that minimizes the number of those 21 questions that the average respondent will get. The procedure is as follows:

- (1) Order the drugs investigated into a list from most frequently used to least frequently used (e.g., start with marijuana and end with hero in.)

- (2) In the marijuana section ask no questions about multiple drug-use combinations.
- (3) In the section dealing with the second drug (say amphetamines), ask about its use in combination with marijuana, but only if the respondent indicates that he uses amphetamines.
- (4) For the third drug, ask about its use in combination with marijuana and with amphetamines, but only if the respondent indicates that he uses the third drug; and so on.

Under this procedure, the longest lists of auestions about multiple drug use occur for those drugs which are used the least. Therefore, the majority of the respondents are never asked most of these questions, because they have skipped around them by the filter question when they indicate that they don't use a drug.

A sample question, taken from the Monitoring the Future questionnaire, is given below. A respondent would only get to this question if he had indicated that he used heroin in the previous year.

During the last year how often have you taken any of the following drugs along with heroin--that is, so that their effects overlapped? (Mark one circle for each line.)

	<i>Not At All</i>	<i>1-5 Times</i>	<i>More Than 5 Times</i>
a. Alcohol.....	X	X	X
b. Marijuana	X	X	X
c. LSD.....	X	X	X
d. Psychedelics other than LSD ..	X	X	X
e. Amphetamines	X	X	X
f. Quaaludes	X	X	X
g. Barbiturates	X	X	X
h. Tranquilizers.....	X	X	X
i. Cocaine.....	X	X	X

An advantage of the method described above is that the questionnaire is laid out in sections (one for each drug), and a drug is defined for the respondent in its respective section, A respondent, therefore, is not asked about any drug in the drug-combination questions until he has already completed the section which defines that drug.

(b) Open-ended questions to determine the specific drug combinations

● Polydrug use for enhanced effects

"Do you ever take (or have you ever taken) two or more drugs together so that their effects will be even stronger than any one taken by itself? If so, what drugs have you taken for this purpose? On how many occasions?"

● Polydrug use for offsetting effects

"Have you ever taken a drug for the purpose of reducing (or reversing) the effects of another drug, or to offset the side effects of another drug? If so, what drug have you taken for this purpose? On how many occasions? Which were you using to offset the effects of the other? What effects were you trying to offset? Which drug did you take first?"

● Indiscriminate, concurrent polydrug use

"Did you ever find yourself taking whatever drugs were available, without knowing what they were?"

● Polydrug use for overlapping effects (nature of the effects unspecified)

"Have you ever taken two or more drugs near enough together in time that their effects overlapped -- that is, so that you were feeling some of the effects of two or more drugs at the same time? If so, what drugs were they? If there is more than one combination of drugs you've taken together, please indicate what the other combinations were."

(Sequel questions to get at the nature of the effects)

"Were you taking these drugs together so that their effects would be stronger than any one taken separately, or so that one would offset some of the effects of the other(s), or just to see what they would be like together?"

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Ed. Note:

To see the various ways the terms and concepts referred to in Dr. Johnston's paper have been formulated in recent drug use studies, see APPENDIX A, "Operational Definitions Used in Recent Socio-Behavioral Research on Drugs," Classification:

6. Polydrug Use

Devising a similar set of questions for use in describing conditions of drug use at various times and places is a desirable goal. However, when we consider the diversity of settings in which drugs are taken, and by whom they are taken, we come up against a most complex problem.

Dr. Gail A. Crawford believes that the widest possible latitude should be given to the focus of the research study, and the interests of the researcher, in determining whether and how questions on conditions of use are to be included in general population surveys. Rather than recommending specific questions, she approaches the issue of comparability by presenting a set of dimensions to be considered under conditions of use, and offering a number of categories in which to code respondents' answers.

CONDITIONS OF DRUG USE

Gail A. Crawford

It is neither feasible nor desirable to talk about conditions of drug use, that is, the social context and setting of use, without at the same time considering the objectives and hypotheses of the individual researcher, the nature of his study population, and the research methods to be employed. Some researchers will not be interested in looking at conditions of use, and I do not suggest that such questions be routinely included in all questionnaires. Furthermore, a detailed examination of conditions of use is probably beyond the scope of most general population surveys and inappropriate for a household sample that contains relatively few heavy users of a variety of illicit drugs. These kinds of questions may be most relevant in studies of special populations, such as heroin or polydrug users, where one objective may be to assess subjects' involvement in a deviant subculture or to compare the extent of involvement of heavy users versus occasional users. Finally, there is some disagreement on whether rich descriptive data regarding conditions of use can best be elicited with a series of open-ended interview questions or with self-administered, fixed-response questions; and this decision, I think, must be left up to the researcher.

With these reservations in mind, I have not attempted to develop a set of questions that would be equally applicable in any kind of research setting or to any kind of population. Instead I have set forth a number of dimensions which might be included under conditions of drug use - whether the focus is "current" use, first use, or period of heaviest use - and a range of categories which might be used in codifying subjects' responses. For example, under section IA., "With whom does subject take drugs," I have listed some of the major categories which might be used in classifying responses to the question "Who do you get high with?"

Some dimensions, e.g., "Copping channels," "Drug dealing," are geared primarily toward studies of polydrug users or heavy illicit users in which a major research thrust may be to determine how conditions of use vary among subjects depending on the nature and extent of their drug use; how conditions of use vary within subjects depending on their frequency of use of different drugs; the extent to which drug use is socially sanctioned or reinforced by the subject's peers; or the extent to which the subject is involved in a drug using subculture or a deviant life style. Other

dimensions, e.g., "With whom does subject take drugs," "Drug use among subject's friends!" are generally applicable to other kinds of populations as well. The specific dimensions and coding categories selected, the exact wording of questions, and the use of drug-specific questions versus general questions applicable across drugs are issues that should be decided by the individual researcher, depending on his own interests and the characteristics of his sample.

I. SOCIAL CONTEXT OF DRUG USE:

A. With whom does subject take drugs...

- 1) Alone
- 2) With spouse (husband/wife)
- 3) With friends (same sex, opposite sex; same age, younger, older)
- 4) With siblings (same sex, opposite sex; younger, older)
- 5) With other relatives (same sex, opposite sex; same age, younger, older)
- 6) With parents (same sex, opposite sex)
- 7) Other _____

B. Drug use among subject's friends

- 1) Number of close friends (same sex, opposite sex; same age, younger, older)
- 2) Number of close friends who use drugs (same sex, opposite sex; same age, younger, older)
- 3) Amount of time spent with friends who use drugs/do not use drugs

C. Where does subject take drugs. . .

- 1) At home
- 2) At friends' houses
- 3) At school
- 4) At workplace
- 5) At other "hangouts" or meeting places (e.g., parks, forest preserves, restaurants, bars)
- 6) "On the street" (e.g., shooting galleries, alleys, hallways)
- 7) Other _____

II. FREQUENCY OF DRUG USE:

A. How often does subject take drugs

- 1) Only during the week
- 2) Both during the week and on weekends
- 3) Only on weekends

B. When does subject take drugs (time of day or night) during the week/on weekends. . .

- 1) As soon as he gets out of bed
- 2) (Before/after) work
- 3) During working hours
- 4) (Before/after) school
- 5) During school hours
- 6) (Before/during/after) meals
- 7) Just before going to bed
- 8) Other _____

III. CONCOMITANT ACTIVITIES (activities that occur within specified period following drug ingestion or while subject still perceives the effects of the drug):

A. "Solitary" activities. . .

- 1) Work
- 2) Study
- 3) Listen to music
- 4) Watch TV
- 5) Attend movie
- 6) Read
- 7) Take other drug(s) _____
- 8) Other solitary activity _____

B. "Social" activities...

- 1) Work
- 2) study
- 3) Listen to music with others
- 4) Dance
- 5) Talk
- 6) Watch TV with others
- 7) Attend movie with others
- 8) Attend concert, night club, etc. with others
- 9) Play cards or games
- 10) Sports
- 11) Sexual activity
- 12) Take other drug(s) _____
- 13) Other social activity _____

IV. ROUTE OF ADMINISTRATION:

- 1) Oral
- 2) Inhale
- 3) Skin pop (subcutaneous)
- 4) IM (intramuscular)
- 5) IV (intravenous)
- 6) Other _____

V. INVOLEMENT IN DEVIANT LIFE STYLE:

A. Subject obtains drugs from...

- 1) Legally with doctor's pre-
scription or over the counter
- 2) Home medicine (or liquor)
cabinet
- 3) Directly from parents (same
sex, opposite sex)
- 4) Siblings (same sex, opposite
sex; younger, older)
- 5) Spouse (husband/wife)
- 6) Other relatives (same sex,
opposite sex; same age,
younger, older)
- 7) Friends (same sex, opposite
sex; same age, younger, older)
- 8) Illegally from drugstore or
pharmacy
- 9) Drug dealers on the street
- 10) Other _____

B. "Copping" channels. . .

- 1) Subject buys drugs himself
- 2) Subject is dependent on
others to buy drugs for him
- 3) Subject does not buy drugs
but is "turned on" free by
others
- 4) Other _____

C. Drug dealing.. .

- 1) Subject has/has not sold
drugs to others
- 2) Subject has/has not "turned
on" or given (free) drugs to
others

D. Subject obtains money for drugs
from...

- 1) Subject does not pay for drugs
- 2) Parents
- 3) Siblings
- 4) Spouse
- 5) Other relatives
- 6) Friends
- 7) Working
- 8) Selling drugs
- 9) Illegal activities other than
selling drugs
- 10) Other _____

Ed. Note:

To see the various ways the terms and concepts referred to in Dr. Crawford's paper have been formulated in recent drug use studies, see APPENDIX A, "Operational Definitions Used in Recent Socio-Behavioral Research on Drugs," Classifications:

9. Conditions of Drug Use

Also:

1. Drug Use "Ever" (B. By Friends of Respondent)
2. Frequency-Quantity of Drug Use "Ever" (B. By Friends of Respondent)
3. Drug Use, Recent or Current (B. By Friends of Respondent, C. By Parents of Respondent, D. By Population Base)
4. Frequency-Quantity of Drug Use, Recent or Current (B. By Parents of Respondent, C. By Population Base)
5. Route of Administration and Dosage
10. Availability of Drugs
12. Reasons for Drug Use

Validity of data gathered under the concepts of "Interest in Trying, Maintaining or Changing Use," "Reasons for Use," and "Reasons for Non-Use," are likely to be low, since we must rely on respondents' subjective feelings and personal interpretation of motives. Nevertheless, these questions have interested researchers, and some guidelines seem appropriate in order to maximize the possibility of cross-study comparability. Robert H. Eichberg discusses various dimensions of each concept, noting what has been done in past studies, and offering both cautionary and constructive remarks for future research efforts.

SOME WORDS OF CAUTION ON SUBJECTIVE CONCEPTS: "INTEREST IN TRYING, MAINTAINING OR CHANGING USE"; "REASONS FOR USE", "REASONS FOR NON-USE"

Robert H. Eichberg

This paper deals with three seemingly similar, though independent topics: 1) "interest in trying, maintaining or changing use"; 2) "reasons for use"; and 3) "reasons for non-use". They are included in this one concept paper because it was originally thought that it might be possible to operationalize them in a similar manner. After struggling with these concepts, however, it was decided that clear recommendations as to items to be included in sections of drug use questionnaires which address these issues should not be made at this time. Rather, the committee consensus indicated that some words of caution are in order with respect to measuring these three primarily subjective concepts.

Most of the concepts dealt with in other sections of this report are objective. They involve reported past behavior and/or methods of classifying past behavior. Examples are: "frequency-quantity of use", "history of use", and "poly-drug use". The reliability and validity of data on these concepts are dependent on the respondent's honesty, memory, and ability to understand the questions and/or their format as well as

on the clarity and precision of the guidelines which are used for classifying the behavior. Some of the other concepts include both objective and subjective elements. While often being restricted to reporting past behavior, the respondent is sometimes asked to interpret the circumstances or results of his drug use. These concepts are: "pathology of use", "conditions of use", and "effects of use".

In contrast, the concepts covered in this section require the respondent to interpret the question in terms of his interpersonal and/or intrapersonal dynamics. The focus is not on the respondent's past behavior, but rather on his feelings about, or motivations for his behavior. The time frame may be past, present or future, still further confusing the issue. The questionable assumption seems to be made that the respondent has a considerable amount of insight about what motivates his drug use. It seems quite likely that the reliability and validity of data on these concepts will be low. Answers may vary over time depending on the respondent's degree of involvement with drugs or the drug culture, the particular drugs he uses as his point of

reference for each question, the proximity in time to his last drug experience, his attitude toward the questionnaire, and his attitude toward self while completing the questionnaire.

Regardless of these problems, several investigators have asked questions regarding interest in trying, maintaining or changing use; reasons for use; and reasons for non-use. For the researcher who wishes to include items about these concepts, an array of possible questions and response options can be found elsewhere in this committee report (Elinson, Haberman, Hervey and Allyn). The committee feels it is inappropriate to endorse any particular items at this time, as such a selection would be based on little more than intuition.

Though it might be desirable to recommend particular items in order to increase the chances of replicating and comparing results across studies, the selection of items in this case is left up to the individual researcher. This reflects the committee's concern with making the greatest breadth of material available to other researchers to be used at their discretion. While these subjective concepts may be important in understanding drug use, they present some methodological difficulties for survey research which are quite far from being resolved. The following considerations are relevant to assessing the motivations for using drugs or altering one's drug use pattern.

INTEREST IN TRYING, MAINTAINING, OR CHANGING USE

Questions about interest in trying, maintaining or changing use seem to focus on four interrelated concepts: 1) intentions, plans, and expectations; 2) desire; 3) willingness; and 4) motivation. Most of the surveys looked at in the preparation of this section are concerned with the first two concepts enumerated above. This may reflect some of the more obvious methodological problems relating to the measurement of motivation and willingness, which are typically considered to represent deeper levels of personality functioning. Motivation to try, maintain, or change drug use is very close conceptually to reasons for use, and will be discussed under that heading below.

Regarding intentions, plans and expectations, the respondent is typically asked in a variety of ways what he thinks he "will do" in the future in terms of drug usage. The future orientation of such questions is likely to make the reliability of responses generally low. In addition to the situa-

tional determinants which might affect responses to these questions, several psychodynamic factors may also affect them. Methodological artifacts, associated for example with social desirability, may also influence responses to such items. Adolescents may give the easiest response or the response which they have learned is expected of them. Under some circumstances of questionnaire administration, it is possible that responses might be manipulative or rebellious. In general, self reports on intentionality leave a lot of room for skepticism. One is reminded of the statement, "The road to hell is paved with good intentions." Data about future plans and intentions ought to be taken with a relatively large grain of salt.

In the case of desires, the respondent is asked what he "would like to do" in respect to his future drug usage. Desires may be more accurately reported on than intentions since they are a somewhat straightforward statement of feelings that the respondent currently holds. Furthermore, since no commitment is implied by statements of this type, the respondent might be more willing to answer honestly. The issue remains, will knowledge of a person's desires and/or plans accurately predict actual behavior? There is typically a low correlation between verbalized desires and behavior.

It might be interesting to know who is willing to use a particular drug under given circumstances. This seems to be the main manner in which willingness is addressed in drug use questionnaires. For example, one may be interested in a person's reported willingness to use a drug providing it were to become legal or easily accessible. In this sense, willingness might reflect attitudes toward drug usage as well as attitudes toward obeying laws. In a more general sense, however, willingness to use drugs might be measured by tests of openness to new experience or rigidity versus flexibility. In such cases, scales measuring personality constructs or cognitive styles might be valuable adjuncts to drug use surveys. These scales would measure some of the more conscious, verbalized aspects of willingness.

If an investigator does wish to include questions about interest in trying, maintaining, or changing drug use in the questionnaire, it is recommended that: 1) He should be clear about which dimension of interest he is seeking information. 2) Regardless of whether he is interested in intentions, desires or even motivation or willingness, it is suggested that the answers to these questions be drug specific. An individual may be interested in trying, maintaining, or changing his

use of one or more particular drugs, but not of others; so that understanding the pattern of his interest might be of considerable value. 3) The questions ought to be phrased simply to make them applicable to the broadest possible population and to increase the likelihood that they are understood similarly by all respondents. 4) If an investigator writes a very specific question dealing with only one drug, or the use of a drug or drugs given certain hypothetical situations, it is suggested that the investigator briefly explain his rationale so that the reader will know how to interpret the data.

REASONS FOR USE/REASONS FOR NON-USE

Subsumed under the topic of "reasons for use" investigators have asked:

- reasons for use by others
- reasons for first personal use
- reasons for personal use ever
- reasons for continued personal use.

The response options on any one questionnaire are generally limited, with many investigators including several of the same choices. The number and quality of the choices provided may affect the responses given. A forced-choice item, where the respondent is asked to select one out of five reasons, may yield different data than an item asking the respondent to select all that apply out of 30 or more possibilities. It ought to be kept in mind that the respondent may not, in fact, know the reasons for his drug use. What the investigator is really getting is his "attributed reasons for use", which may differ significantly from the "psychodynamic reasons for use". As already stated, such questions assume that the respondent has a considerable amount of insight, and one ought to be skeptical about the quality of the responses. While a report on the behavior of others may provide useful information about social norms, with reference to reasons for use, the respondent is asked to speculate about the behavior of others, thus eliciting projective responses. As stated earlier, the committee was particularly skeptical about the usefulness of reported reasons for use.

In some cases, however, the verbalized reasons for use may yield some additional understanding of the nature of one's drug usage. For example, a person may have first used barbiturates because they were prescribed for a sleeping problem. On the other hand, he might report first using barbiturates because his friends were using them, and he thought that they would be fun. These responses, coupled with the frequency-quantity data, might provide one with additional information about the nature of an individual's drug use patterns. The clinician, for example, might be particularly interested in the respondent's imputed reasons for first using a drug, as well as his reasons for continuing to use. It might be most appropriate to ask such questions while taking the drug history. Once again, questions about reasons for use ought to be drug specific.

In seeking information about reasons for non-use, investigators have asked about:

- reasons for never use personally
- reasons for discontinued use personally
- reasons for current non-use personally.

The same criticism advanced previously holds here; it must be remembered that the respondent may not be in touch with his reasons for non-use. If it is assumed, however, that as one continues to use a drug he may become less and less aware of the reasons for use, it might conversely be assumed that those who have never used, or stopped using, would be more aware of their reasons for these decisions. Thus at times the reported reasons for non-use might be very helpful. It would, of course, be interesting to know whether people report non-use of a drug because it is illegal, because of a fear of the possible physical or psychological effects, or because of a lack of availability of a particular drug. Such information might be particularly helpful in planning intervention strategies.

Ed. Note:

To see the various ways the terms and concepts referred to in Mr. Eichberg's paper have been formulated in recent drug use studies, see APPENDIX A, "Operational Definitions Used in Recent Socio-Behavioral Research on Drugs," Classifications:

11. *Interest in Trying, Maintaining, Changing Use of Drugs*
12. *Reasons for Drug Use*
13. *Reasons for Non-Use, Discontinuing Use of Drugs*

Single dose effects; effects over time; physiological, psychological, social effects. Surveys have inquired about effects of drug use in a number of ways, and from a number of different perspectives.

Dr. John O'Donnell reviews many past approaches to this difficult area of measurement, as well as providing a framework for future research. By carefully sorting out two principal meanings of "effects," perceived and imputed, and several meanings of "drug use," he arrives at several combinations of dimensions underlying the concept of effects, and suggests that different sets of questions be used to explore each of them. A reminder is given to include, in lists of effects, those that are beneficial as well as adverse.

EFFECTS OF DRUG USE

John O'Donnell

Several dimensions underlie the various concepts of "effects" of drug use which have been used in epidemiological surveys, and the first task of the investigator is to identify the intersections in which he is interested so that he can choose appropriate measures.

1. The meaning of "effect"

- a) "Perceived effects". This phrase will be used to indicate the answers one gets to such questions as the reasons for use, cessation of use, or avoidance of use, as well as to questions about effects of a drug. It thus includes both the effects the user hopes or fears he will experience and those he is aware of experiencing. Since these are not necessarily identical, some studies will want to distinguish them.
- b) "Imputed effects". This phrase will be used to indicate the conclusions reached by the investigator, by established procedures of causal analysis, that drug use has produced some effect, whether or not the user is aware of its existence, and whether or not he acknowledges it as produced by drug use.

A given effect may well fall in both classes, as when heroin addicts report

that drug use led to criminal behavior, and data show an increase in, or the beginning of, criminal behavior in heroin users as contrasted with an appropriate comparison group. But perceived effects include some which could not be imputed by any scientific procedure, such as "it made me come closer to God." They will also include some which could conceivably be demonstrated to be effects, like "improved creativity", but where the investigator's interest does not include whether or not creativity was actually improved, by some objective procedure, but merely such questions as what proportions of users report improved creativity, or how such reports vary by the drugs used.

2. The meaning of "drug use"

- a) Sometimes the investigator is interested in the effects of a single administration of a drug, like getting high, or nausea. A common area of interest is the effects of the first use of a drug. Another refers to single administrations, but with no specified occasion, as when one asks whether bad trips have ever occurred, or overdoses. "Single administration" should probably be defined differently for different drugs; for alcohol, for example, it might refer to an episode of drinking, which leads

- to an arrest for drunk driving.
- b) A much different meaning of "drug use" refers to the way of life of a user who uses the drug with some continuity over a period of time, as when we see crime as an effect of heroin addiction.
 - c) Between these two falls a third meaning, when the effect is conceptualized as produced by continued use of the drug, without reference to an associated way of life. Most examples are physiological, like constipation as an effect of continued opiate use, or brain damage as a possible effect of prolonged use of speed. The amotivational syndrome in marijuana users might belong here or in (b), but certainly not in (a).

These two dimensions of meaning define six combinations, all of which are legitimate areas for study. Several are combined below.

I. Perceived effects of single administrations of a drug.

For comparability of findings across studies, reports must include how the questions were asked, and how probes were used. In Robins' Vietnam study, it was striking how responses volunteered to open-ended questions differed from those given to specific questions. When open-ended questions were asked about reasons or effects, there was a wide variety of spontaneous responses, but few were given by more than 10 percent of respondents. When this was followed by specific questions about pre-selected responses, many more respondents endorsed them. The increase in the percentage reporting a specific reason or effect was 40 to 72, for more than half of the items.

In interview studies, it would seem wise to consider using open-ended questions first, to pick up any new responses or peculiarities of the sample being studied, and specific questions next, to overcome the tendency of respondents to volunteer only one or two responses out of the many that apply. Those to be included as specific questions might be those effects which appeared fairly frequently in earlier studies on similar samples.

Studies have varied on whether they ask for the primary reason or effect, or for all that apply, and vary on the time reference. Thus some ask about

the first occasion of use, others about current use, and still others get answers from all respondents, rather than users only, by asking in general why people (or teenagers or other appropriate limitation) use a drug, or how it affects them.

The effects inquired about can be grouped into three categories, physiological, psychological, and social, with a fair degree of consensus on broad areas, like mood changes, but little or none on the specific effects to be asked about, or the form of the questions.

The investigator has another problem when he wishes to study simultaneously the effects of a number of drugs. Some effects are drug-specific; for example, the effect of staying awake or alert will presumably be endorsed by many users of stimulants and few users of sedative-hypnotics. Lists of possible effects can be kept smaller by asking about different effects for different drugs, but if the goal is to compare the effects of different drugs the questions must be identical.

II. Perceived effects of continued use, or of associated way of life.

The remarks of I above seem to apply equally here. It seems to be true, however, that previous studies tend to be interested in physiological and psychological effects of single administrations of a drug, while social effects more often refer to continued use. There are exceptions; "losing weight" and "becoming withdrawn and introverted" are physiological and psychological effects which presumably are attributed to continued use rather than single doses.

Many of the reasons for non-use of a drug, and especially feared effects of drug use, seem to relate to continued use rather than to a single administration, as in fear of becoming addicted, or fear of arrest. But the proper question to elicit such responses may well refer to a specific occasion, as when respondents are asked why they did not use a drug the first time they were offered a chance to do so.

Some effects of continued use are dealt with in IV below, because most investigators will want to demonstrate that they actually are effects, whether or not so perceived by respondents. But it

is of course legitimate to treat them as perceived effects only.

III. Imputed effects of single administrations of drugs.

One example of this area might be the McAuliffe-Gordon study of "getting high" on doses of heroin, but there are few others. One reason may be that the survey is a less efficient research method, for questions in this area, than experimental studies.

IV. Imputed effects of continued use, or of associated way of life.

Early surveys (aside from alcohol studies) seem to have neglected this area. Current studies are paying more attention to it, in the form of identifying problems arising from drug use.

Depending on his theoretical interests, a researcher could properly hypothesize any variable as an effect of drug use, and investigate it. But it is suggested that researchers give high priority to the effects of drug use on social functioning; obvious variables are those concerned with appropriate role performance. For adult males, this would suggest the following areas as sources of variables:

1. Work performance. The simplest measure might be whether or not engaged in legitimate employment. Others might be the percentage of time so employed, job difficulties (being fired, absenteeism, etc.), and, with increasing measurement problems, the level of employment in light of qualifications, and the quality of work performed. Ideally, the measures would be of changes, from pre-drug performance or some baseline expectation to performance during (and after?) periods of drug use.

2. Interpersonal relations. The simplest would be marital status, with focus on divorces and separations after drug use. If appropriate measures can be devised, this could be expanded to include marital problems of less severe nature, or go beyond marriage to examine effectiveness in the father role, and relationships with other relatives and friends.

3. Criminal behavior. Some studies might obtain objective data from records on arrests and convictions, but surveys probably will be limited to self-report data.

4. Treatment, directly for drug use, for physical conditions associated with use, and for emotional problems,

modifications for women, and for children or adolescents, are self-evident.

Researchers should keep one point in mind. It is easy to fall into the trap of thinking only of adverse effects, of problems associated with drug use. If the instrument used implies this, some users will see it as evidence of a bias against drug use on the part of the investigator. For these, it is useful to include some questions about possible benefits of drug use, even if the investigator has little interest in these.

REFERENCES

- Robins, L. A follow-up of Vietnam drug users. Final report, Special Action Office for Drug Abuse Prevention, Washington, D.C., 1973.
- McAuliffe, W. and Gordon, R. A test of Lindesmith's theory of addiction: the frequency of euphoria among long-term addicts. *American Journal of Sociology*, 79:795-840, 1974.

Ed. Note:

To see the various ways the terms and concepts referred to in Dr. O'Donnell's paper have been formulated in recent drug use studies, see APPENDIX A, "Operational Definitions Used in Recent Socio-Behavioral Research on Drugs," Classifications:

14. *Effects of Drug Use*

Also:

12. *Reasons for Drug Use*

13. *Reasons for Non-Use, Discontinuing Use of Drugs*

APPENDIX A
OPERATIONAL DEFINITIONS USED
IN
RECENT SOCIO-BEHAVIORAL RESEARCH ON DRUGS

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INTRODUCTION

A review of operational definitions of terms in drug use research was conducted by Elinson, Haberman, Hervey and Allyn at the Columbia University School of Public Health, Division of Sociomedical Sciences. A report of this review, "Operational Definition of Terms in Drug Use Research," was issued in May, 1974.

This Appendix is substantially a reprinting of this report, in a slightly revised form, and with abstracts from five additional studies amended.

The overall objective of the original report was to provide base information for an ad hoc committee of the Special Action Office on Drug Abuse Prevention concerned with working toward consensus among sociological and psychological researchers in their use of operational definitions in the measurement and assessment of drug-use behavior.

METHOD

Published and selected unpublished reports in contemporary social-behavioral research were reviewed, as were questionnaires and other data-collection instruments. Emphasis was on non-legal, non-medical drug use with respect to such drug types as opiates, hallucinogenics, "barbitoids," amphetamines, etc.

Over fifty studies met the criteria for inclusion in the original report. Another fifty related studies were also reviewed but did not meet the criteria; these were not listed. Operational definitions of terms, as reported, were excerpted. They appear in this Appendix, along with excerpts from the amended studies, grouped under fourteen major classifications, covering roughly thirty different terms.

Criteria for inclusion

There were two criteria for inclusion of studies in the original report:

- 1) the results of the study must have been published as an article in a professional journal, monograph or bound report with distribution outside of the study staff and institution; 2) the study sample must have included non-users of drugs as well as drug users. Thus, studies of hospitals in-patients, clinic out-patients, or correctional institution inmates, all of whom used drugs, for example, were excluded.

Most of the studies had samples of high school or college students some of whom reported never having tried drugs; and most others used national samples of adults, or adults in a specified geographic area.

A significant group of studies dealing only with current or past drug users were not included in the original report, mainly because the terms in such studies are necessarily much more refined and detailed with respect to actual drugs used and to usage, and such terms would not ordinarily be applicable to studies of general population groups containing large numbers of persons who have never used drugs or have used them only infrequently. Two studies of this type (Nurco, and Robins and Davis) were included along with the added studies in this Appendix, but the material excerpted from them was selected because of its generalizability to population samples containing non-users of drugs,

One recommendation which might be considered for the future is that a review similar to the "Operational Definition of Terms. . ." report be done for studies restricted to current or past drug users.

SOURCE DOCUMENTS

Source documents for the original report and appended material were obtained from federal government agencies and the Columbia University Center for Socio-Cultural Research on Drug Use. Federal government source persons were David Nurco of the Special Action Office for Drug Abuse Prevention, and Louise Richards of the National Institute on Drug Abuse.

Note: If further information is desired on these studies it may be obtained by contacting the individual authors.

- Adler, P. T. and Lotecka, L. Drug use among high school students: patterns and correlates, *International Journal of the Addictions* 8:537-548, 1973.
N = 1,600 high school students, grades 10-12, 5 mill-town communities in Pennsylvania. Marijuana, amphetamines, barbiturates, psychedelics, LSD, narcotics.
- Belsasso, G. and Rosenkranz, R. Incidencia del uso de tabaco, alcohol y drogas psicotropicas en obreros de la zona metropolitana de la Ciudad de Mexico, reporte preliminar ("Incidence of the use of tobacco, alcohol, and psychotropic drugs among factory workers in Mexico City"), *Revista del Instituto Nacional de Neurologia V (2)*, 1971.
N = 226 factory workers and soldiers less than 30 years old, in Mexico City metropolitan area. Marijuana, glue, barbiturates, stimulants, tranquilizers, opiates, hallucinogens.
- Blum, R. *Students and Drugs*, San Francisco: Jossey-Bass, 1969.
N = 1,239 students in 5 western colleges or universities, 1966-1967 academic year. Amphetamines, marijuana, hallucinogens, opiates, barbiturates, glue, other inhalants, tranquilizers.
N = 5,480 students in 4 San Francisco Bay area high schools, 1968. Marijuana, hallucinogens, heroin, amphetamines, inhalants.
- Cisin, I. and Parry, H. J. Research project: Public Experience with Psychoactive Substances: A Nationwide Study Among Adults and Youth. Social Research Group, The George Washington University, Wash., D.C. Sub-contractor: Response Analysis Corp., Princeton, N.J., Dr. Herbert I. Abelson. U.S. Public Health Service grant. From study questionnaire, 1975.
N = 3,071 adults ages 18 and up, and 952 youths ages 12 through 17 drawn from the same households as the adults. Marijuana, glue and other inhalants, cocaine, LSD or other hallucinogens, heroin, methadone, opiates, pills and medicines used non-medically.
- Cross, H. and Davis, G. College students' adjustment and frequency of marijuana use, *Journal of Counseling Psychology* 19:65-67, 1972.
N = 178 University of Connecticut college students, 1971. Marijuana.
- Eells, K. Marijuana use and LSD, a survey of one college campus, *Journal of Counseling Psychology* 15:459-467, 1968.
N = 1,288 undergraduate and graduate students at the California Institute of Technology, 1967. Marijuana, LSD.
- Elinson, J., Josephson, E. and Zanes, A. Research project: Teen-Age Drug Study, Columbia University School of Public Health, Division of Sociomedical Sciences, New York, N.Y. National Institute on Drug Abuse grant. From study questionnaire (Wave II), 1971.
N = 40,000 students in 18 senior high schools and 12 junior high schools, nationwide sample. Glue, gas and other inhalants, cocaine, marijuana, LSD, psychedelics, tranquilizers, heroin, barbiturates, amphetamines, methadone, opiates.
-- A comparable study was one in Puerto Rico using a Spanish-language questionnaire. Material from this questionnaire does not appear in this Appendix, however, readers interested in the phrasing of questions in Spanish may contact the investigators: Robles, R., Martinez, R. and Martinez, V. Research project: Educational Transition and Drug Use, University of Puerto Rico, School of Public Health, San Juan, P.R. National Institute on Drug Abuse grant. Study questionnaire (Wave I), April 1975.
N = 18,340 students in 19 public and private high schools and 31 public and private junior high schools, islandwide sample. Glue and other inhalants, cocaine, marijuana, LSD, psychedelics, tranquilizers, heroin, barbiturates, amphetamines.
- Fejer, F., Smart, R. and Whitehead, P. Changes in the patterns of drug use in 2 Canadian cities, *International Journal of the Addictions* 7:467-480, 1972.
N = 16,024 junior and senior high school students, in Toronto and Halifax: Toronto, 1968 and 1970; Halifax, 1969 and 1970. Marijuana, glue, stimulants, opiates, barbiturates, tranquilizers, LSD, other hallucinogens.
- Garfield, M. D. and Garfield, E. F. A longitudinal study of drugs on a campus, *International Journal of the Addictions* 8:599-611, 1973.
N = 100 undergraduates at a large private western university, 1970-1971. Marijuana, LSD, hallucinogens.
- Gelineau, V. A., Johnson, M. and Pearsall, D. A survey of adolescent drug use patterns,

- Massachusetts Journal of Mental Health 3: 31-41, 1973.
N = 14,127 high school students, grades 9-12, Massachusetts statewide sample, 1969. Marijuana, amphetamines, barbiturates, hallucinogens, glue, other narcotics, cocaine, heroin.
- Goldstein, J. W., Gleason, T. C. and Kom, J. H. Whither the epidemic? Psychoactive drug use career patterns among college students, Dept. of Psychology-Carnegie Mellon University, Report 74-2, 1974.
N = 3,100 students at Carnegie-Mellon University, Pittsburgh, 1968. Freshman (class of 1972) resurveyed in spring 1969, fall 1970 and spring 1972. Marijuana or hashish, tranquilizers or barbiturates, amphetamines, hallucinogens, heroin or opium.
- Goldstein, G. S. and Getting, E. R. Research project: Drug Abuse Among Indian Adolescents. Western Behavioral Studies, Colorado State University, Fort Collins, Colo. National Institute on Drug Abuse grant. From study questionnaire, April 1975.
N = 2,000 Indian adolescents (Pueblos of New Mexico), junior high and high school age. Glue, gas, paint and other inhalants, cocaine, amphetamines, heroin, barbiturates, LSD, other psychedelics, marijuana.
- Goode, E. Cigarette-smoking and drug use on a college campus, *International Journal of the Addictions* 7:133-140, 1972.
N = 565 undergraduates in a course on sociology of deviance, at a large state university, 1970. Marijuana, other drugs.
- Gosset, J. et al. Extent and prevalence of illicit drug use as reported by 56,745 students, *Journal of the American Medical Association* 216:1464-1470, 1970.
N = 56,745 junior and senior high school students, in nation's 10th largest public school system - Dallas, 1969. Cocaine, amphetamines, methedrine, inhalants, marijuana, barbiturates, psychedelics, LSD, heroin, opiates, tranquilizers.
- Groves, N. E. Patterns of college student drug use and life styles. Paper presented at Conference on the Epidemiology of Drug Use, San Juan, Puerto Rico, February 1973.
N = 7,948 college students, 48 colleges in U.S., 1970. Marijuana, methedrine, other amphetamines, barbiturates, tranquilizers, cocaine, LSD, other psychedelics, heroin, other narcotics.
- Grupp, S. Marijuana use in a small college: a midwest example, *International Journal of the Addictions* 6:463-485, 1971.
N = 239 college students, college in a central midwest community with population of 2,500, 1969. Marijuana.
- Haberman, P. W. et al. High school drug behavior: a methodological report on pilot studies, in S. Einstein and S. Allen, Eds., *Proceedings of the First International Conference on Student Drug Surveys*, Farmingdale, N.Y.: Baywood Publishing Co., 103-121, 1972.
N = 1,110 students in one suburban and one inner city school in east coast metropolitan area, 1970. Marijuana, glue, LSD, other hallucinogens, heroin, cocaine, methedrine, amphetamines, barbiturates.
- Hemminki, E., Rissanen, A. and Mattila, A. Drug use among school children in Helsinki, 1970, *British Journal of Addiction* 68:158-165, 1973.
N = 2,702 school children, ages 17, 15 and 14, from 34 secondary schools in Helsinki, Finland, 1970. Hashish, inhalants, amphetamines.
- Hindmarch, I. Patterns of drug use in a provincial university, *British Journal of Addiction* 64:395-402, 1970.
N = 153 admitted drug users and a comparison control group (all at some time university students). Marijuana, heroin, LSD, amphetamines,
- Hindmarch, I. Patterns of drug use and attitudes to drug issues in a school-age population, in S. Einstein and S. Allen, Eds., *Proceedings of the First International Conference on Student Drug Surveys*, Farmingdale, N.Y.: Baywood Publishing Co., 77-87, 1972.
N = 1,126 school children, ages 13-18. Amphetamines, marijuana, LSD, opiates.
- Holmes, D. and Holmes, M. *Drug Use in Matched Groups of Hippies and Non-Hippies*, New York City: Center for Community Research, 1971.
N = 465 East Village resident hippies, weekend East Village hippies, urban and suburban non-hippies, 1969-1970. Marijuana, LSD, other psychedelics, heroin, opiates, cocaine, barbiturates, methedrine, other amphetamines.
- Hughes, P. W., Schaps, E. and Sandles, C. R. A methodology for monitoring adolescent drug abuse trends, *International Journal of the Addictions* 8:403-419, 1973.
N = 13,603 high school students enrolled in a suburban Chicago high school district,

1970. Marijuana, amphetamines, psychedelics, barbiturates, heroin, inhalants.
- Irgens-Jenson, O. and Brun-Gulbrandsen, S. Drugs in Norway - attitudes and use, *International Journal of the Addictions* 6:109-118, 1971.
N = 2,000 adult Norwegians, representative sample, 1968. Marijuana, opiates, barbiturates, amphetamines, LSD, tranquilizers.
- Jessor, R., Jessor, S. and Finney, J. A social psychology of marijuana use: longitudinal studies of high school and college youth, *Journal of Personality and Social Psychology* 26:1-15, 1973.
N = 949 high school students in one of the Rocky Mountain states, 1969, year 1 cohort.
N = 692 (same sample as above) 1970 year 2 cohort.
N = 605 (same sample as above) 1971 year 3 cohort.
N = 276 college students from a university in one of the Rocky Mountain states, 1970 year 1 cohort.
N = 248 (same sample as above) 1971 year 2 cohort.
Marijuana.
- Johnson, B. D. *Marijuana Users and Drug Subcultures*, New York: John Wiley & Sons, 1973.
N = 3,309 undergraduate students, 21 colleges in northeast U.S., 1970.
Opiates, heroin, cocaine, marijuana, hallucinogens, methedrine, amphetamines, barbiturates, tranquilizers.
- Johnson, L. *Drugs and American Youth*, Ann Arbor: Institute for Social Research, University of Michigan, 1973.
N = 2,200 10th grade high school students, 87 high schools nationwide, 1966-1970 (4 data collections). Marijuana, amphetamines, barbiturates, heroin, hallucinogens.
- Johnson, K. et al. Survey of adolescent drug use, (1) sex and grade distribution, *American Journal of Public Health* 61:2418-2431, 1971.
N = 2,752 high school students, Portland and Multnomah County, Oregon, 1968.
Marijuana, amphetamines, inhalants, tranquilizers, barbiturates, cocaine, hallucinogens, narcotics.
- Johnston, L., Bachman, J. Research project: Monitoring the Future, Institute for Social Research, University of Michigan, Ann Arbor, Mich. Special Action Office for Drug Abuse Prevention and National Institute on Drug Abuse grants. From study questionnaire, 1975.
N = 20,000 high school seniors, nationally representative sample from public and private U.S. high schools. Marijuana, LSD, other psychedelics, cocaine, amphetamines, quaaludes, barbiturates, tranquilizers, heroin, other narcotics.
- Josephson, E. Indicators of change in adolescent marijuana use. Paper presented at Conference on the Epidemiology of Drug Use, San Juan, Puerto Rico, February 1973.
N = 35,000 high school students, 25 schools in U.S., 1971. Glue, cocaine, heroin, LSD, other psychedelics, barbiturates, methedrine, other amphetamines.
- Josephson, E. et al. Adolescent marijuana use: report on a national survey, in S. Einstein and S. Allen, Eds., *Proceedings of the First International Conference on Student Drug Surveys*, Farmingdale, N.Y.: Baywood Publishing Co., 1-8, 1972.
N = 498 youngsters, ages 12-17 years, 1971. Marijuana, heroin, LSD, barbiturates, amphetamines.
- Kandel, D. Adolescent marijuana use: role of parents and peers, *Science* 181:1067-1070, 1973,
N = 8,206 secondary school students and 5,574 parents in New York State, random representative, multiphasic sample, 1971. Marijuana.
- King, F. Marijuana and LSD usage among male college students: prevalence rate, frequency, and self-estimates of future use, *Psychiatry* 32:265-276, 1969.
N = 576 male graduates of Dartmouth College, 1967. Marijuana, LSD.
- Lavenhar, M. A. Survey of drug abuse in 6 New Jersey high schools: II. Characteristics of drug users and non-users, in S. Einstein and S. Allen, Eds., *Proceedings of the First International Conference on Student Drug Surveys*, Farmingdale, N.Y.: Baywood publishing Co., 33-53, 1972.
N = 5,614 high school students, 6 New Jersey suburban high schools, 1969-1970. Marijuana, hallucinogens, LSD, amphetamines, barbiturates, heroin, glue.
- Lipp, M. et al. Marijuana use by medical students, *American Journal of Psychiatry* 128:207-212, 1971.
N = 1,063 medical students, 4 U.S. medical schools, 1970. Marijuana.
- Luetgert, M. J. and Armstrong, A. H. Methodological issues in drug usage surveys: anonymity, recency and frequency, *International Journal of the Addictions* 8:683-

- 689, 1973.
N = 574 undergraduate students attending an urban commuter university. Marijuana.
- Manheimer, D. I. Marijuana use among urban adults, *Science* 166:1544-1545, 1969.
N = 1,104 men and women, representative cross-section of San Francisco, 1967-1968. Marijuana, LSD, tranquilizers, amphetamines, barbiturates.
- Mellinger, G. D. et al. Patterns of psychotherapeutic drug use among adults in San Francisco, *Archives of General Psychiatry* 25:385-394, 1971.
N = 1,104 residents of San Francisco, 18 years or older, 1967-1968. Tranquilizers, amphetamines, barbiturates, anti-depressants.
- Mizner, G. Patterns of drug use among college students: a preliminary report, *American Journal of Psychiatry* 127:15-24, 1970.
N = 26,019 undergraduates and graduates, Denver-Boulder metropolitan area, 1968. Marijuana, amphetamines, LSD.
- Myers, V. and Bates J. *Youth, Ethnicity and Drugs*, Los Angeles: J-Squared, B-Squared Consultants, Inc., 1973.
N = 1,797 staff and enrollees in Job Corp. centers, 19 centers in 17 states, 1972. Opiates, inhalants, hallucinogens, amphetamines, tranquilizers, barbiturates, marijuana.
- National Commission on Marihuana and Drug Abuse. *Drug Use in America: Problems in Perspective*, March 1973.
N = 2,411 adults, and 880 youths, nationwide sample, 1971-1972.
Heroin, cocaine, barbiturates, marijuana, amphetamines, tranquilizers, LSD, other hallucinogens, glue, other inhalants.
- Nurco, D. N. Research project: Analysis of a Community-wide Population of Narcotic Addicts, Psychiatric Research Center, Maryland Dept. of Mental Hygiene, Baltimore, Md. National Institute of Mental Health grant. From study questionnaire, July 1973.
N = 349 males entering narcotic abusing population in Baltimore City from 1952 through 1971. Glue and other inhalants, marijuana, LSD and other hallucinogens, amphetamines, barbiturates, codeine, heroin, methadone, cocaine, tranquilizers, sedatives, other narcotics.
- O'Donnell, J., Clayton, R., Slatin, H., Voss, H., Cahalan, D. and Room, R. Research project: A Study of Drug Use Among Young Men, Institute for Survey Research, Temple University, Phila., Pa. National Institute on Drug Abuse grant. From study questionnaire, Fall 1974.
N = 3,024 males, ages 20 to 30 in 1974, nationwide sample. Marijuana, psychedelics, stimulants, sedatives, heroin, opiates, cocaine, tranquilizers, inhalants.
- Parry, II. J. Use of Psychotropic drugs by U.S. adults, *Public Health Reports* 83:799-810, 1968.
N = 1,550 in 1957, 3,885 in February 1960, 1,440 in July 1960, 3,390 in September 1967, and 2,649 in May 1967, national sample of adults. Barbiturates, tranquilizers, amphetamines.
- Peled, T. The structure of motivation for the use of hashish: images and personal experiences of high school students in Israel, *Israel Institute of Applied Social Research*, Jerusalem. Paper presented at 2nd International Symposium of Drug Abuse, Jerusalem, May 1972.
N = 1,946 high school students in 4 main cities in Israel, 1971. Primarily hashish, marijuana.
- Peled, T. and Schimmerling, H. The drug culture among the youth of Israel: the case of high school students, *Israel Institute of Applied Social Research*, Jerusalem. Paper presented at International Conference of "Youth Unrest," Tel Aviv, October 1971.
N = 2,000 students randomly selected from 20 high schools in 4 main urban centers of Israel, 1971. Drugs in general, not specified.
- Robins, L. N. *A Follow-Up of Vietnam Drug Users*, Wash., D.C.: Special Action Office for Drug Abuse Prevention, Monograph Series A, No. 1, April 1973.
N = 900 army enlisted men leaving Vietnam in September 1971, 1972. Narcotics, amphetamines, barbiturates, marijuana.
- Robins, L. N. and Davis, D. H. Research project: Vietnam Veterans Three Years Later. Washington University School of Medicine, St. Louis, Mo. National Institute on Drug Abuse grant. From study questionnaire, September 1974.
N = 600 army enlisted men who left Vietnam in September 1971, 1972. Marijuana, stimulants, sedatives, narcotics.
- Robins, L. and Murphy, G. F. Drug use in a normal population of young negro men, *American Journal of Public Health* 57:1580-1596, 1967.

- N = 221 men born in St. Louis between 1930 and 1934 (Negro), 1964. Opiates, marijuana, barbiturates, amphetamines.
- Roffman, R. A. and Sapol, E. Marijuana in Vietnam, *International Journal of the Addictions* 5:1-42, 1970.
N = 584 army enlisted men, being processed through replacement center for return to U.S., 1967. Marijuana.
- Rosenberg, J. A., Kasl, S. V. and Berberian, R. N. Sex differences in adolescent drug use: recent trends, *Addictive Diseases: An International Journal* 1:73-96, 1974.
N = 4,427 in 1970-1971, and 4,273 in 1971-1972, students from 33 junior and senior high schools from 12 city and town areas in New England. Marijuana, amphetamines, barbiturates, glue, LSD, other hallucinogens, cocaine, heroin.
- Roth, R. Student drug abuse in southeast Michigan and profiles of the abusers, in S. Einstein and S. Allen, Eds., *Proceedings of the First International Conference on Student Drug Surveys*, Farmingdale, N.Y.: Baywood Publishing Co., 55-66, 1972.
N = 4,101 students, grades 6-12 in southeast Michigan, 1971. Inhalants, marijuana, amphetamines, barbiturates, narcotics, hallucinogens.
- Rouse, B. and Ewing, J. Marijuana and other drug use by graduate and professional students, *American Journal of Psychiatry* 129:415-420, 1972.
N = 169 graduate students, random sample from large state university in southeast U.S. Marijuana, amphetamines, LSD, psychedelics, opium, cocaine.
- Scherer, S. and Nukherjee, V. N. Moderate and hard drug users among college students: a study of their drug use patterns and characteristics, *British Journal of Addiction* 66:315-328, 1971.
N = 100 college students, Toronto area. Marijuana, LSD, barbiturates, amphetamines, tranquilizers, glue, inhalants.
- Smart, R. G. and Fejer, D. Drug use among adolescents and their parents - closing the generation gap in mood modification, *Journal of Abnormal Psychology* 79:153-160, 1972.
N = 8,865 students, grades 6,7,9,11,13 in Toronto, 1970. Marijuana, glue, inhalants, barbiturates, opiates, amphetamines, LSD, other hallucinogens, tranquilizers.
- Smart, R. G., Laforest, L. and Whitehead, P.C. The epidemiology of drug use in 3 Canadian cities, *British Journal of Addiction* 66:293-299, 1971.
N = 12,554 high school students in Toronto, Montreal, Halifax; 1968 - Toronto; 1969 - Montreal, Halifax. Marijuana, amphetamines, tranquilizers, glue, barbiturates, LSD, other hallucinogens, opiates.
- Smart, R. and Whitehead, P. C. A typology of high school drug use: medicinal usage, mood-modification, and tripping, *International Journal of the Addictions* 7:735-738, 1972.
N = 8,503 students, ages 7-13, in Halifax and Toronto. Marijuana, tranquilizers, barbiturates, amphetamines, LSD, other hallucinogens, glue, opiates.
- Stanton, M. Drug use in Vietnam, *Archives of General Psychiatry* 26:279-286, 1972.
N = 2,547 army personnel in Vietnam, 1969. Marijuana, amphetamines, heroin, opiates, barbiturates, hallucinogens.
- Suchman, E. The hand-loose ethic and the spirit of drug use, *Journal of Health and Social Behavior* 9:146-155, 1968.
N = 497 undergraduate and graduate students at a west coast university, 1967. Marijuana, LSD.
- Tec, N. Drugs among suburban teenagers, *Social Science and Medicine* 5:77-84, 1971.
N = 1,704 high school students, one suburban community near New York City, 1969. Marijuana.
- Tec, N. Differential involvement with marijuana and its sociocultural context: a study of suburban youths, *International Journal of the Addictions* 7:655-670, 1972.
N = 1,704 high school students, one suburban community near New York City, 1969. Marijuana.
- Ulf-Moller, B. and Jorgensen, F. The diffusion of cannabis among Danish school youth over the period 1968-1970, *Danish National Institute of Social Research*. Paper presented at 3rd International Conference on Social Science and Medicine, Elsinore, Denmark, August 1972.
N = 4,135 in 1968 and 3,097 in 1970, students in grades 8-12 in Denmark. Primarily marijuana.
- Whitehead, P. C. The epidemiology of drug use in a Canadian city at 2 points in time, *British Journal of Addiction* 66:301-314, 1971.
N = 1,606 and 1,526 high school students

in Halifax, 1969 and 1970 respectively. Marijuana, amphetamines, tranquilizers, glue, barbiturates, LSD, other hallucinogens, opiates.

Whitehead, P. C., Smart, R. and Laforest, L. Multiple drug use among marijuana smokers in eastern Canada, *International Journal of the Addictions* 7:179-190, 1972. N = 12,562 junior and senior high school students, Halifax, Toronto, Montreal. Amphetamines, tranquilizers, glue, barbiturates, LSD, other hallucinogens, opiates, marijuana.

Winslow, J. D-rug trying/use and social participation, in S. Einstein and S. Allen, Eds., *Proceedings of the First International Conference on Student Drug Surveys*, Farmingdale, N.Y.: Baywood Publishing Co., 67-76, 1972. N = 3,928 students, grades 6-12, in Roskilde, Denmark, 1971. Marijuana, amphetamines, opiates, LSD, glue.

Winslow, J. Drug use in Denmark, *International Journal of the Addictions* 7:305-319, 1972. Data from 7 surveys:
N = 318 16-20 year olds, Greater Copenhagen, 1967;
N = 1,359 school children, ages 14-20, suburban community near Copenhagen, April 1968,
N = 8,638 14-20 year olds, nationwide, June 1968;
N = 2,483 12-25 year olds, Aalborg, 1970;
N = 1,930 pupils, grades 6-10, Hjoiring, 1971;
N = 3,251 follow-up to Aalborg study, January 1971;
N = 3,928 12-20 year olds in Roskilde, February 1971. Marijuana, glue, LSD, amphetamines, opiates.

Wolfson, E. A. et al. Survey of drug abuse in six New Jersey high schools - I. Methodology and general findings, in S. Einstein and S. Allen, Eds., *Proceedings of the First International Conference on Student Drug Surveys*, Farmingdale, N.Y.: Baywood Publishing Co., 9-32, 1972. N = 5,614 students, 6 suburban New Jersey high schools, 1969-1970. Marijuana, hallucinogens, LSD, amphetamines, barbiturates, heroin, glue.

OPERATIONAL DEFINITIONS BY CLASSIFICATION

(data collected in surveys by self report)

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N.B.: An attempt was made to consider the intent of the researcher when assigning an operational definition to a particular classification, however, readers should bear in mind that:

- as an unavoidable consequence of quoting out of context, some of the definitions may appear to be misclassified
- precise classification was difficult in some cases because:
 - a) there is a substantive overlap between some types of operational definitions (e.g., reasons for use and effects)
 - b) researchers sometimes incorporate more than one term or concept in a question (e.g., "With what frequency have you ever used these drugs?")

For these reasons, readers are urged to review terms under more than one related classification.

OPERATIONAL DEFINITIONS RELATING TO THE PAPERS OF THE COMMITTEE

by Classification

It should be noted that not every term or concept discussed in the papers of the committee is matched by a section of operational definitions in this Appendix. The definitions were drawn from past and current research, while the papers confront the issues with greater breadth, and with an eye to future

research needs and objectives. Researchers have, therefore, in this one publication, both a review of past efforts, as well as recommendations, suggestions, and guidelines to be taken into consideration when new research instruments are being formulated.

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MEASURE OF CURRENCY OR RECENCY (IN DRUG USE SURVEYS), Richards & Cisin:		SOME WORDS OF CAUTION ON SUBJECTIVE CONCEPTS: "INTEREST IN TRYING, MAINTAINING, OR CHANGING USE," "REASONS FOR USE," "REASONS FOR NON-USE," Eichberg:	
3. Drug Use, Recent or Current	64	11. Interest in Trying, Maintaining, Changing Use of Drugs	81
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THE MEASUREMENT OF "EVER USE" AND "FREQUENCY-QUANTITY" (IN DRUG USE SURVEYS), Kandel:		EFFECTS OF DRUG USE, O'Donnell:	
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OPERATIONAL DEFINITIONS

KEY

TO COLUMN HEADINGS AND ARRANGEMENT OF DEFINITIONS MATERIAL

STUDY

Name of investigator(s) responsible for the study from which the operational definitions were drawn, and the year the study was conducted or the results reported. For a fuller description of these sources, refer to the Studies Excerpted section of this Appendix, pages 51-56.

QUESTIONNAIRE

Basic types of documents from which operational definitions were excerpted.

Questionnaire refers to the data collection instrument used in the study.

ARTICLE

Article refers to the report of the results of the study, published in either a professional journal, monograph, or bound report with distribution outside the study staff and institution.

The following should also be noted:

1. Under these two column headings there appears either A) direct quotes excerpted from the source material, and identified by use of quotation marks; or B) condensed/summarized versions of response categories, statements, etc., --with no quotation marks--intended to give the essence of the material while conserving space and enhancing overall readability.
2. To avoid repetition, if response categories were excerpted they were placed either under the Questionnaire column or the Article column, but not under both.
3. Use of either questionnaire, or article, or both, as source material was contingent primarily upon their availability at the time this review of terms was compiled.

(NA = not available)

OPERATIONAL DEFINITION AS IT APPEARED IN:

STUDY	Study QUESTIONNAIRE	ARTICLE reporting study results
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CLASSIFICATION: 1. DRUG USE "EVER"

I. A. BY RESPONDENT

Blum,
1969

(NA)

"percent reporting any experience with drugs"/"statement (by respondent) that he has had one or more experiences with any drug in the class of drugs inquired about"/"lifetime or one or more drug experiences"

STUDY

QUESTIONNAIRE

ARTICLE

DRUG USE "EVER" a. by respondent (continued)

Johnson, B.,
1973

"Which of these substances have you had prescribed for you by a physician or received during medical treatments...but you used in larger doses or more frequently than directed...you used with the specific intention of getting 'high'?"

Pattern of drug use:

never used
medical - legally prescribed drug only as directed by a doctor
marginal - responded positively to questions on frequency, but failed to indicate medical use or illicit use
illicit - ever used marijuana, hashish, LSD, hallucinogens, cocaine or heroin - used drug to get high or in larger doses or more frequently than prescribed

Johnson, K.,
1971

(NA)

"percent ever used"

Johnston
and Bachman,
1975

"Have you ever tried (selected drugs)?"
"Have you ever taken (selected drugs) because a doctor told you to use them?"
no
yes, but I had already tried them on my own
yes, and it was the first time I took any

(NA)

Josephson,
et al.,
1972

(NA)

"had tried"/"had experimented with"/"had used marijuana at least once;" "had ever tried marijuana"

King,
1969

"Please indicate the number of times you have used (selected drugs)."

number and percentage having smoked marijuana, or taken LSD, on one or more occasions

Lipp,
et al.,
1971

"Up until today, how many times have you used marijuana in any of its forms (grass, pot, hash, hemp, etc.)?" "How many times have you been present in a room or at an event where marijuana has been used by persons other than yourself?" "On the average, how often are you currently using marijuana (times per month)?" "If you ever used marijuana with greater frequency than you are now, please indicate your greatest frequency.. (times per month)?"

"experience with use of cannabis"
experimenter - used it in the past
user - using it currently
abstainer - never used it, present during cannabis use but abstained, never exposed to it

Manheimer,
1969

"Have you ever used this drug or class of drugs?"

"ever used drug at least once"/"one or more times"

Mimer,
1970

"During my lifetime I have used the following drugs without a medical prescription..."

"drug used at least once in lifetime without a prescription;" "have used selected drugs"

Cisin, Parry, and Abelson 1975	"Did you ever take any of these kinds of (prescription and non-prescription pills and medicines) just to see what it was like and how it would work? just to enjoy the feeling they give you? for some <u>other</u> non-medical reason, and not because you needed it?"	(NA)	National Commission, 1973	"(how would you describe) how you take this kind of pill?" "Do you take about the same number of pills each day or week or month, or do you take them in spurts?" "About how often have you used these pills within the last six months or so?"	<u>incidence</u> (ever used) - marijuana experience, but not current use <u>regular use</u> - use 'regularly' or 'whenever' I want to, same # pills each day, week or month, take them in spurts, take them more than once a week (sedatives, tranquilizers, stimulants) marijuana use ever, use now, no longer use
Elinson, Josephson and Zanes, 1973	"Have you ever tried, or would you like to try (selected drugs)?" I HAVE tried them I have NOT tried them, but would like to I have NOT tried them and would NOT like to	(NA)	Nurco, 1973	"Have you ever used (selected drugs) daily or almost daily for a month or longer?" (if no daily use) "...as often as once a week for a month or longer?" (if no daily or weekly use) "How many times have you used (selected drugs)?"	(NA)
Coldstein and Oetting, 1975	"Have you ever tried (selected drugs) to get high?"	(NA)			
Goode, 1972	(NA)	"drugs ever taken to become high at least once"	O'Donnell, <u>et al.</u> , 1974	"Please tell me which of (selected drugs) you have ever used <u>on our own</u> , even once. Do not include any (selected drug) you <u>only</u> used medically." "Have you ever taken any drugs like that that are not on the list?" (By medical use, we mean use according to a doctor's directions--pretty much in the amounts and at the times he directs. Anything else we define as use <u>on your own</u> .)	(NA)
Gosset, <u>et al.</u> , 1971	"How many total times have you used (selected drugs) to get high?"	"ever used any drug other than alcohol or tobacco" "used drug at least one time"			
Groves, 1973	"Did you ever use (selected drugs)?"	usage "ever" for selected substances			
Grupp, 1971	(NA)	"had used marijuana at least once in life time"			
Haberman <u>et al.</u> , 1972	(NA)	"It may be hard to say, but do you think you might like to try each of these drugs some time in the future?" tried and still using tried and stopped using <u>definitely</u> would like to try <u>might</u> like to try <u>definitely</u> would not like to try	Parry, 1968	(NA)	"ever used drug" "used at any time"
			Peled, 1972	(NA)	<u>users</u> - non-medical use of drugs at least once <u>potential users</u> - never tried, but would like to try <u>non-users</u> - never tried and claimed do not want to try
Holmes and Holmes, 1971	"Do you now or have you ever used (but do not use now) (selected drugs)?"	current or previous use of selected drugs	Robins and Muphy, 1967	"Have you ever taken (selected drugs)...have you ever tried marijuana?"	"ever tried drug"
Hindmarch, 1972	"Which drugs have you taken at least once when they were not prescribed for you by a doctor?"	"drugs taken at least once without a prescription"	Roffman and Sapol, 1970	"Have you ever used marijuana?"	"use of marijuana at some time during life"
			Rosenberg, Kasl and Berberian, 1974	(NA)	"have you ever used any of the following drugs to get high?" <u>ever used</u> - lifetime prevalence
			Winslow, 1972	(NA)	"have tried selected drugs"

STUDY

QUESTIONNAIRE

ARTICLE

DRUG USE "EVER" (continued)

I. B. BY FRIENDS OF RESPONDENT

Blum, 1969	(NA)	number of friends who "have used" selected drugs
Haberman, <i>et al.</i> , 1972	(NA)	"about how many of your close friends have tried selected drugs?" none, only a few, some, most
Johns ton and Bachman, 1975	"How often have you been around people who were taking each of the following (selected drugs) to get high or for 'kicks'?" never, once or twice, occasionally, often	(NA)
Kandel, 1973	"How often have you ever used (selected drugs)?"	<u>best school friend's use ever</u> "has never used marijuana" "has used marijuana" (reported by matched friend)
Winslow, 1972	(NA)	<u>friends' use ever</u> number of friends who "had tried hash." almost all friends several friends at least one friend none

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I. C. BY PARENTS OF RESPONDENT

Blum, 1969	(NA)	parents' use of selected drugs, as reported by respondents: percent of parents who "ave used" selected drugs
Kandel, 1973	"Have you ever used any pills or medicines to help you sleep at night - pills often called <u>sedatives</u> or <u>barbiturates</u> , such as seconal, phenobarbital, doriden, and the like?" "Have you ever used any pills or medicines to help you calm down or keep you from getting nervous and upset - pills that are often called <u>tranquilizers</u> , such as miltown, eouanil, librium, valium, and the like?" "Have you ever used any pills or medicines that help you stay awake, pep you up, help you lose weight or cheer you up - pills that are often called <u>stimulants</u> , such as dexamyl, benzedrine, dexedrine, elavil, precludin, ritalin and the like?"	<u>parents' use ever</u> "have used psychoactive drugs"/"have never used psychoactive drugs"
O'Donnell, <i>et al.</i> , 1974	Asked separately for father and mother for time when respondent was 10-15 years old: "Except for tobacco, did he/she use any other drugs on his/her own?" (Not according to doctor's directions)	(NA)

STUDY

QUESTIONNAIRE

ARTICLE

FREQUENCY-QUANTITY OF DRUG USE, "EVER" a. by respondent (continued)

Gelineau, Johnson and Pearsall, 1973	(NA)	<u>Rates and Frequency of drugs used statewide:</u> <u>experimental</u> - once <u>occasional</u> - 2-3 times a year, monthly <u>frequent</u> - weekly or daily
Goldstein, Gleason and Korn, 1974	(NA)	<u>Total number of times substance was used:</u> no response never or once 2 or more times
Gosset, <i>et al.</i> , 1971	"How many total times have you used (selected drugs) to get high?"	<u>Medium</u> - used any drug other than alcohol or tobacco more than 10 times
Grupp, 1971	"During your lifetime have you used marijuana?"	<u>Estimated times of marijuana use:</u> Once or twice 3-5 times 6-9 times 10-14 times 15-19 times 20 times or more
Haberman, <i>et al.</i> , 1972	(NA)	"Altogether, since you first started, about how many times have you ever used each of the following drugs?" never used, once or twice ever, 3-9 times, 10-19 times, 20-50 times, over 50
Hindmarch, 1972	"How many times have you taken (selected drugs)?"	<u>Frequency of drug use:</u> never 1-9 times 10-19 times 20 or more times
Hughes, Schaps and Sandles, 1973	(NA)	"Used drug to get high at least once"
Irgen-Jensen and Brun- Gulbrandsen, 1971	(NA)	<u>Degree of drug-taking:</u> non-use 1-10 times 11-50 times 50 or more times
Jessor, Jessor and Finney, 1973	"Have you ever tried marijuana?" never once more than once "Have you ever been very high or 'staned' on marijuana to the point where you were pretty sure you had experienced the drug's effects?" never once more than once	(NA)

STUDY

QUESTIONNAIRE

ARTICLE

CLASSIFICATION: 2. FREQUENCY-QUANTITY OF DRUG USE, "EVER"2.A. BY RESPONDENTAdler and
Lotecka,
1973

(NA)

non-users - never used any substance in question
lasters - tried one or more of substances but do not use any as often as once a week
heroin users - used heroin or other narcotics on one or more occasion

Blum,
1969

(NA)

Intensity score
developed for each respondent-- based on reported lifetime history of the use of each drug, duration of use, amount taken, and age of respondent

Scores:
0 (no drug use ever)

1-25
26-50
51-75
76-100
101-125
126-150
151-175

Collapsed:
0 (no drugs taken except alcohol and tobacco)

1-10
11-20
21-40
41 and over

Eells,
1968

"During my lifetime I have used (selected drugs):"

percent of students using selected drugs at any time during lifetime:

1 or more times
3 or more times
6 or more times
10 or more times
(cumulative percents)

Elinson,
Josephson
and Zanes
1973

"How many times have you EVER used (selected drugs) (NOT counting the times a doctor told you to)?"

I have never tried them,
once or twice,
3 to 9 times,
10 to 19 times,
20 to 39 times,
40 to 59 times,
60 or more times

"About how often have you...taken a drug when you didn't know what it was?"

never used drugs or never had this experience
once or twice
three or more times

(NA)

Johnson, B.,
1973

"Please indicate the greatest frequency (at any time) with which you have ever used each of the following substances:"

Frequency of cannabis use:

none - never
experimental - used marijuana or hashish less than once a month
moderate - not using as often once a week, but once a month or greater
regular - at least once a week
irregular - less than once a week

Johnson, K. ,
1971

(NA)

Frequency "ever" of selected drugs:

never used
used 1-5 times
used 6-15 times
used over 15 times

Johnson, L. ,
1973

(NA)

"Previous to this year (before last summer), how often have you done this for other than medical reasons?"
nearly everyday,
1-2 times a week,
1-2 times a month,
3-10 times a year,
1-2 times a year,
never

Johnston
and Bachman,
1975

"On how many occasions (if any) have you used (selected drugs)?" or "On how many different occasions have you used (selected drugs) on your own, that is, without a doctor telling you to take them?"

0 occasions
1-2 "
3-5 "
6-9 "
10-19 "
20-39 "
40 or more

(NA)

Josephson,
et al.,
1972

(NA)

non-user - not interested in trying
non-user - interested in trying
Low: experimenter - no more than 9 times
Med: occasional user - 01-59 times
High: frequent user - 60 or more times

Josephson,
1973

"How many times have you ever used (selected drugs)?"

I have never tried them,
once or twice
3-9 times
10-19 times
20-39 times
40-59 times
60 or more times

non-user - not interested in trying
non-user - interested in trying
Low: experimenter - no more than twice
Med: occasional user - 3-59 times
High: frequent user - 60 or more times

STUDY	QUESTIONNAIRE	ARTICLE
<u>FREQUENCY-QUANTITY OF DRUG USE, "EVER" a. by respondent (continued)</u>		
Kandel, 1973	"How often have you ever used (selected drugs)?" never used 1-2 times 3-9 times 10-39 times 40-59 times 60 or more times	Low: <u>experimenters</u> - tried marijuana once or twice and have not tried other drugs High: <u>extensive user</u> - have tried marijuana many times
King, 1969	"Please indicate the number of times you have used marijuana, LSD:" never 1-2 times 3 or more times (about _____ times)	<u>Frequency of use of marijuana and LSD:</u> 1-2 times 3-5 times 6-10 times 11-15 times 16-20 times 21-25 times 26-50 times 50 + times (median frequency range)
Mizner, 1970	"During my lifetime I have used the following drugs without a medical prescription:"	Low: <u>experimental user</u> - used one or more drugs, maximum of 2 times per drug Med: <u>casual user</u> - used one or more drugs maximum of 9 times per drug (3-9 times) Med: <u>moderate user</u> - used one or more drugs 10-29 times High: <u>heavy user</u> - used one or more drugs 30 or more times
Myers and Bates, 1973	(NA)	<u>experimental user</u> - having used once or twice <u>non-experimental user</u> - monthly mean use frequency of marijuana 11.05 times <u>currently using</u> - monthly mean frequency of marijuana 7.7 times
National Commission, 1973	"On the average, about how often do you use marijuana at the present time?" "If you did have the chance to try heroin...did you try it?"	<u>Marijuana:</u> have used don't use now once a month or less 2-3 times a month once a week a few times a week once a day more than once a day <u>Marijuana, hallucinogens, stimulants, depressants, opiates:</u> less than once a month once a month to less than once a week once a week or more
Nurco, 1973	"How often were you using it?" "How much of (selected drugs) were you using each time?"	(NA)

STUDY	QUESTIONNAIRE	ARTICLE
<u>FREQUENCY-QUANTITY OF DRUG USE, "EVER" a. by respondent (continued)</u>		
Ulf-Moller and Jorgensen, 1972	(NA)	<u>Use of cannabis, other drugs:</u> <u>non-user</u> - never, received no offer of drug <u>non-user</u> - never, received an offer of drug, but rejected <u>experimenter</u> - a single or few times, acceptance of offer and tried a drug <u>occasional users</u> - at least twice (few times) a month <u>regular users</u> - at least twice (few times) a week

2.B. BY FRIENDS OF RESPONDENT

Kandel, 1973	"How often have you ever used (selected drugs)?"	<u>Best school friends' frequency ever:</u> never 1-2 times 3-9 times 10-39 times 40-59 times 60 or more times
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STUDY	QUESTIONNAIRE	ARTICLE
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CLASSIFICATION: 3. DRUG USE, RECENT OR CURRENT

3.A. BY RESPONDENT

Belsasso and Rosenkranz, 1971	(NA)	6 months prior to survey
Blum, 1969	(NA)	percent reporting use of selected drugs
Cisin, Parry and Abelson, 1975	"Wwhen was the most recent time that you used (selected drugs)?" within the past week within the past month within the past six months six months to a year ago more than a year ago never	(NA)
Fejer, Smart and Whitehead, 1972	(NA)	6 months prior to survey

O'Donnell, et al., 1974	"We'd like to know, very roughly, about how many times in your life you have used these drugs on your own. For each, tell me - was it less than 10 times, less than 100, less than 1,000, or more than that?"		Goode, 1972	(NA)	6 months prior to survey
Robins, 1973	(NA)	<u>experimenters</u> - tried a narcotic, but used it less than 5 times <u>Frequency and duration of use:</u> used less than 10 times used 10 + times, but not more than once a week more than weekly for: less than 6 months 6-9 months 9 months or more <u>Duration of narcotic use (of those using at least 5 times):</u> less than one month one month to less than 6 months 6 months or more	Gosset et al., 1971	(NA)	1 week prior to survey
Robins and Davis, 1974	"How many times would you say you've used (selected drugs) altogether in your life--five times or more, or less than that?"	(NA)	Groves, 1973	(NA)	since beginning of academic year in fall (spring survey)
Robins and Murphy, 1967	"Have you ever used them regularly (without prescription)?" "How often were you taking them when you took them the most?"	<u>Low:</u> used heroin less than 6 times, used amphetamines rarely, used amphetamines for weight loss only <u>Med:</u> used heroin more than 6 times without addiction, ever used amphetamines regularly (several times weekly) without addiction, ever used barbiturates regularly (several times weekly) without addiction, used any drug regularly excluding marijuana <u>High:</u> ever been addicted to heroin, amphetamines, barbiturates	Grupp, 1971	"Was the last time you used marijuana... never used, within last week, within last month, 1-2 months ago, 3-5 months ago, 6 months - year ago, more than 1 year ago?"	<u>Recency of use:</u> one month before survey year prior to survey more than year prior to survey
			Jessor, Jessor and Finney, 1973	"In the past 6 months, on how many occasions did you use (selected drugs)?"	use of various drugs in the 6 months prior to survey
			Josephson, 1973	(NA)	2 months prior to survey
			Mellinger, et al., 1971	(NA)	12 months prior to survey
			O'Donnell, et al., 1974	"When was the last time you used any (selected drugs)?" "Was it within the last 24 hours, within the last 30 days, or earlier?" (If earlier): "In what month and year was that?"	(NA)
			Parry, 1968	(NA)	12 months prior to survey
			Robins and Davis, 1974	"When was the last time you ever used any pot (if you ever did use any? within last 2 weeks two weeks - < 4 weeks 1 month - < 3 months 3 months - < 6 months 6 months - < 2 years 2 years - < 4 years 4 years or more never	(NA)
Roffman and Sapol, 1970	"About how many times did you smoke marijuana before coming into the service...After you came into the service but before you came to Vietnam? ...since coming to Vietnam?"	"smoked marijuana 10 or more times at any time during life"	Robins and Murphy, 1967	(NA)	12 months prior to survey
Scherer, and Nukherjee, 1971	(NA)	<u>Frequency:</u> 5 or less times 6-20 times 21-50 times more than 50 times	Rouse and Ewing, 1972	(NA)	12 months prior to survey
Stanton, 1972	"Before coming to (Vietnam), about how many times did you use (selected drugs)?" "If you are leaving (Vietnam) about how many times (this tour) did you use (selected drugs)?"	<u>non-users</u> - 0 times <u>Low: casual user</u> - 1-20 times <u>Med: heavy user</u> - 21-199 times <u>High: habitual user</u> - 200 or more times	Smart and Whitehead, 1972	(NA)	6 months prior to survey
			Whitehead, Smart and Laforest, 1972	(NA)	6 months prior to survey
			Winslow, 1972	(NA)	one month prior to survey

STUDY	QUESTIONNAIRE	ARTICLE
DRUG USE, RECENT OR CURRENT (continued)		
<u>3.B. BY FRIENDS OF RESPONDENT</u>		
Blum, 1969	(NA)	percent respondents with good friends, casual acquaintances who use selected drugs
Elinson, Josephson and Zanes, 1973	"About how many of your close friends use (selected drugs)?" most, some, a few, none	(NA)
Goldstein and Oetting, 1975	"How many of your friends use drugs fairly regularly?" none one or two several most of them	(NA)
Johnston and Bachman, 1975	"How many of your friends would you estimate (take or use selected drugs)?" none, a few, some, most, all	(NA)
Josephson, 1973	"About how many of your close friends use (selected drugs)?" most, some, a few, none	"percentage of respondents who say that most of their close friends use marijuana"
Lavenhar, et al., 1972	"Do any of your close friends smoke marijuana or use any other drugs?" yes, a few; yes, many; no; don't know	"drug use by many close friends"
O'Donnell, et al., 1974	"As far as you know, how many of your <u>current</u> friends and acquaintances use each drug?" all or most, about half, less than half, a few, none	(NA)
Robins and Davis, 1974	"What proportion of your friends do you think smoke pot fairly regularly?" almost all more than one-half about half some, less than half none don't know	(NA)
Tec, 1972	"Do you know for a fact whether any of your close friends use marijuana?"	<u>Friends' involvement:</u> yes many yes, some may use, I don't know anything about it no, none of them
Tec, 1971	"Do you know for a fact whether any of your close friends use marijuana?" yes, many yes, some they may use it but I don't know anything about it no one of them uses it	use by close friends

STUDY	QUESTIONNAIRE	ARTICLE
FREQUENCY-QUANTITY OF DRUG USE, RECENT OR CURRENT a. by respondent (continued)		
Elinson, Josephson and Zanes, 1973	"How many times have you used (selected drugs) in the last 2 months (60 days) (NOT counting the times a doctor told you to?) I have never tried them haven't used them in last 2 months once or twice 3 to 9 times 10 to 19 times 20 to 39 times 40 to 59 times 60 or more times	(NA)
Garfield and Garfield, 1973	"How often do you <u>now</u> use marijuana on the average?"	<u>Current frequency (marijuana):</u> daily 4 times a week - daily 2-3 times a week one time a week approximately one time a month very infrequently - not regularly took only once or twice never used don't know
Goldstein and Getting, 1975	"How many times have you used (selected drugs) in the past two months?" none once or twice 3 to 6 times 10 or more times	(NA)
Goode, 1972	(NA)	<u>Frequency in past 6 months (marijuana):</u> never less than 3 times a month 2 times a week to 3 times a month at least 3 times a week = regular use
Gosset et al., 1971	"This past week, how many times have you used, (selected drugs) to get high?"	"frequency of drug use in past week"
Groves, 1973	"How often have you used (selected drugs) since school started in the fall?"	<u>Frequency since beginning of academic year:</u> have not used once or twice every week or two several times a week several times a day
Grupp, 1971	"On the average, how frequently do you use marijuana?"	<u>Current frequency:</u> daily or more once a week or more 1-3 times a month every 2 or 3 months

3.C. BY PARENTS OF RESPONDENT

Blum, (NA)
1969

percentage of respondents
who report relatives use of
selected drugs

3.D. BY POPULATION BASE

Tec,
1971

"Do you think that others in your
age group use marijuana regularly?"
no one uses
yes, about half
yes, about 25%
yes, less than 10%

use by other in age group

STUDY

QUESTIONNAIRE

ARTICLE

CLASSIFICATION: 4. FREQUENCY-QUANTITY OF DRUG USE, RECENT OR CURRENT

4.A. BY RESPONDENT

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Belsasso and (NA)
Rosenkranz,
1970

Frequency in past 6 months
marijuana/glue use:
not used
1-2 times a month
barbiturate/opiate use:
not used
3-4 times a month
7 or more times a month
tranquilizer use:
not used
less than 6 times a month
7 times or more a month
hallucinogenic drug use:
not used
1-2 times a month
7 or more times a month

Blum, (NA)
1969

Use of non-prescription mild
pain killers and mild tran-
quilizers:
none
intermittant - 4 times or less
per year
occasional - less than once
a week but more than inter-
mittant
regular - once a week or
more
considerable - daily

Cisin,
Parry and
Abelson,
1975

"During the past month, on about
how many different days did you
use (selected drugs)?" "How about
the month before that?"

(NA)

Hindmarch, (NA)
1970

Current frequency:
more than once a day
once a day
once a week
more than once a week
less than once a week

Holmes and (NA)
Holmes,
1971

"About how often do you smoke
marijuana?"

Current frequency:
6 times a week
3-5 times a week
1-2 times a week
3 times a month
once a month

Hughes, (NA)
Schaps and
Sandles,
1973

Current frequency:
less than once a month
1-3 times a month
1-2 times a week
3-7 times a week

Jessor, (NA)
Jessor and
Finney,
1973

"Do you use marijuana a couple
of times a week or more when
its available?"

(NA)

Johnson, L., (NA)
1973

"How often have you done this
during part or all of this
last year for other than medical
reasons?"

Marijuana:
regular use - nearly every
day
occasional use - 1-2 times a
month 3-10 times a year
experimental use - 1-2 times
a year
Hallucinogens, Amphetamines:
more than experimental use -
nearly once a day, 1-2 times
a week, 1-2 times a month,
3-10 times a year
Barbiturates, Heroin:
experimental use - 1-2 times
a year

Johns ton (NA)
and
Bachman,
1975

"On how many different occasions
have you used (selected drugs). . .
during the last 12 months? . . .
during the last 30 days?"

(NA)

Nyers and (NA)
Bates,
1973

experimental user - having
used once or twice
non-experimental user - monthly
mean use frequency of mari-
juana - 11.05 times
currently using - monthly
mean frequency of marijuana -
7.7 times

Nat ion al (NA)
Commission,
1973

"On the average, about how
often do you use marijuana
at the present time?"

"prevalence (use within past
year of marijuana) - current
use"

Marijuana:
used ever
used now
no longer use

STUDY	QUESTIONNAIRE	ARTICLE
<u>FREQUENCY-QUANTITY OF DRUG USE, RECENT OR CURRENT</u> a. by respondent (continued)		
Robins, 1973	(NA)	<u>regular use</u> - use more than weekly for at least a month Use of marijuana, amphetamines and barbiturates since Vietnam: any use heavy use tolerance or problems
Rosenberg, Kasl and Berberian, 1974	(NA)	<u>Current use:</u> "I never used it" "I used to use it" "I now use it"
Roth 1972	(NA)	<u>Current frequency:</u> never once a month or less once a week or less more than once a week daily
Suchman, 1968	"Wow frequently do you take (selected drugs)?"	<u>Frequency of drug use:</u> <u>frequent</u> - about every day, once or twice a week <u>occasional</u> - once or twice a month <u>seldom</u> - less than once a month do not use drugs
Tec, 1971	"Which of the following <u>applies best to you?</u> " have seen <u>marijuana</u> and tried once have been using once in a while have been using regularly have seen marijuana but never tried it never saw but it was described to me by others only read about it never seen and don't know anything about it	exposure to marijuana
	"White of the following <u>describes you best?</u> " I tried selected drugs only once I amusing once in awhile I am using once a week I am using more often than once a week I am using everyday I never tried but would like to try very much wan-ted to try but never got around to it never tried and never wanted to try	
	"Which of the following <u>describes you best?</u> " I took marijuana only once I take once in awhile	

STUDY	QUESTIONNAIRE	ARTICLE
<u>FREQUENCY-QUANTITY OF DRUG USE, RECENT OR CURRENT</u> (continued)		
<u>4-C. BY POPULATION BASE</u>		
King, 1968	... "Please estimate the percentage of Dartmouth undergraduates best described by each of the phrases regarding the use of (1) marijuana (2) LSD" never have and probably will not never have but might have experimented with it use occasionally to frequently use habitually	respondent estimates of undergraduate drug usage
Suchman, 1968	Wow frequently do most of the students youknowdo the following:" smoke marijuana take LSD	<u>Frequency of drug use by peers:</u> frequently occasionally seldom never
Stanton, 1971	"Estimate the percentage of men in your last unit who used the following drugs <u>at least once a month:</u> "	"estimation by respondent of the percentage of men in their previous military units who used selected drugs at least once a month, and marijuana at least twice a month
Tec, 1972	"Do you think others in your age group use marijuana regularly?"	<u>"estimated percentage of others in age group using marijuana regularly (once a week or more):</u> 50% or more 25% less than 10% very few no one
<u>CLASSIFICATION: 5. ROUTE OF ADMINISTRATION AND DOSAGE</u>		
Blum, 1969	(NA)	manner of drug administration (intravenous injection and sniffing link methanphetamines, heroin, volatile intoxicants)
Elinson, Josephson and Zanes, 1973	"About how often have you...taken any drug with a needle (other than from a doctor)?" never used drugs or never had this experience once or twice three or more times	(NA)

	I take whenever possible but without any regularity I don't take with any regularity, but when I do I liked to get stoned I take regularly once a week I take regularly everyday I take more often than once a day I never took marijuana			
Tec, 1972	(NA)	<u>Current frequency:</u> never tried and never wanted to try never tried, but would like to Low: tried once Med: <u>occasional use</u> - less than once a week High: <u>regular use</u> - once a week, more often than once a week, every day or more often		Goldstein and Oetting, 1975 "Have you ever taken (cocaine, "ups", heroin) with a needle?" (NA) "How often have you taken any drug with a needle (other than from a doctor)?" I have never used any kind of drug I have used drugs but never used a needle happened once or twice happened three or more times
Winslow, 1972	(NA)	<u>Current frequency:</u> at least once a week at least once every second day		Johnston and Bachman, 1975 "What methods have you used for taking (cocaine, heroin, other narcotics)?" (NA) sniffing or snorting smoking injection by mouth other
Wolfson, et al., 1972	"If you are using any of the following (selected drugs), how often do you use it?"	<u>Frequency in past 6 months (marijuana):</u> never less than 3 times a month 2 times a week to 3 times a month at least 3 times a week = regular use		Myers and Bates, 1973 (NA) <u>Routes of ingestion:</u> sniffing glue cleaning fluid, lighter fluid, paint thinner in a plastic bag "Skin-popping" heroin "mainlining" heroin pills by mouth smoking
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Whitehead, 1971	(NA)	<u>Frequency of drug use in last six months:</u> 0 1-2 times 3-4 times 5-6 times 7+ times		Nurco, 1973 "How have you taken it most of the time?" (usual) "How do you prefer taking it?" (prefer) mainline, skin pop, oral, snort, sniff, smoke, drink, other.
				O'Donnell, et al., 1974 "...tell me all the ways you <u>ever</u> took these drugs <u>on your own</u> (not under a doctor's directions)?" (NA) "How did you take (selected drugs) the <u>first</u> time you used it/them?" "How did you <u>usually</u> take (selected drugs)?" drank, ate, or swallowed smoked sniffed or snorted needle: mainlined needle: skinpopped other (specify)
<u>4.B. BY PARENTS OF RESPONDENT</u>				
Smart and Fejer, 1972	(NA)	Frequency of parents' drug use: never less than once a month every week nearly every day don't know		Robins, 1973 (NA) <u>heroin</u> - mixed with tobacco, smoking, sniffing, injection
				Robins and Davis, 1974 "Have you ever injected any (stimulants)?" (NA)

STUDY	QUESTIONNAIRE	ARTICLE
<u>ROUTE OF ADMINISTRATION AND DOSAGE (continued)</u>		
Johnson, K., 1971	(NA)	Dosage: "a time (as in used 1-5 times) defined as one exposure within a relatively circumscribed social-time-place situation"
O'Donnell, et al., 1974	"When you got some (selected drugs) for your own use, about how long would it usually last you?" number of days, weeks, months	(NA)
Robins and Davis, 1974	"When you've smoked marijuana in the last two years, how many hours out of the 24 hours in the day have you usually stayed high?" "How many joints or pipes in a day did you usually smoke then?" "When you were taking (selected drugs), in the last two years, did you get so you had to take more of them to get the same effect?"	(NA)
Rouse and Ewing, 1972	(NA)	Dosage: marijuana, selected other drugs Usual amount smoked: one or less 2 3 4 or more maximum amount smoked: one or less 2 3 4 5 or more

STUDY	QUESTIONNAIRE	ARTICLE
<u>POLYDRUG USE a. by respondent, "ever" (continued)</u>		
Nurco, 1973	"Have you ever used heroin and alcohol together (at the same time)?" "Did you usually start drinking before you used the heroin; did you use the heroin before the alcohol; or didn't it matter to you which you took first?"	(NA)
O'Donnell, et al., 1974	"Sometimes people use two or more drugs together, like marijuana and alcohol at the same time, because they like the effect. Have you used marijuana and alcohol that way at least five times?" "Except for tobacco, have you used any other combination of drugs at least five times?" "What combinations were they?"	(NA)
Robins, 1973	(NA)	<u>Number of different narcotic drugs tried:</u> 1, 2, 4, or more <u>Use of:</u> narcotics, amphetamines & barbiturates narcotics & amphetamines narcotics & barbiturates narcotics only barbiturates only amphetamines only
Roffman and Sapol, 1970	"Have you ever used marijuana?" "Have you ever used other drugs?" "What other drugs?"	"use of other drugs besides marijuana"
Suchman, 1968	(NA)	use of other drugs by marijuana users

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STUDY QUESTIONNAIRE ARTICLE

CLASSIFICATION: 6. POLYDRUG USE

6.A. BY RESPONDENT, "EVER"

Blum, 1969	(NA)	factor analysis of associations between use of various drugs - <u>factor 1</u> - marijuana and hallucinogens=illicit-exotic use (perhaps experimental) <u>factor 2</u> - sedative and tranquilizers = distress and activity-diminishing use <u>factor 3</u> - tobacco and alcohol=conventional social drug use <u>factor 4</u> - amphetamines, illicit opiates, special substances = illicit-exotic use (perhaps with immersion-multiple - functions for use) (components of factors 1 and 4 may be immersion in use, typology of users (reflecting
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6.B. BY RESPONDENT, RECENT OR CURRENT

Goldstein and Oetting, 1975	"In the past two months, have you taken any drug while drinking?" "Which of the following drugs have you used while drinking during the past two months?" have not used any drug while drinking marijuana glue barbiturates ("downs") amphetamines ("ups") others (please specify) "In the past two months have you used two or more drugs at the same time (not counting alcohol)?" "What drugs have you used in the past two months?" I have used _____ and _____ together I have also used _____ and _____ together	(NA)
Groves, 1973	"Below are listed 18 categories of drugs... for each one indicate whether you have ever used it	Current use correlations among selected substances - factor analysis of associated use

		personality and social circumstances), manner of drug administration (intravenous injection and sniffing link methamphetamine, heroin, volatile intoxicants) use of other drugs by users of selected drugs		(medical & non-medical use)...and how often (you have) used (it) since school started in the fall."	among drugs: index combining opium, methedrine, psychedelics, marijuana (MAPS) index combining barbiturates/ sedatives & tranquilizers (DOWNS) computed conditional probabilities of users of one drug using another
Cisin, Parry and Abelson, 1975	"When you use (selected drugs) do you sometimes take a pill, or alcohol (or marijuana) at about the same time?" "What do you use with it most often - another kind of pill, or alcohol, (or marijuana), or what?" "How often do you use these things together?" nearly every time about half the time less than half the time not sure	(NA)		Johnson, L., 1973	(NA) Frequency of marijuana use by frequency of <u>other selected drugs use</u> of: <u>marijuana</u> - regular, occasional or experimental <u>heroin</u> - more than experimental, experimental <u>amphetamines, barbiturates, hallucinogens</u> - more than experimental; 1, 2, and/or 3 of above; experimental 1, 2 or 3 of above
Elinson, Josephson and Zanes, 1973	"About how often have you...taken a combination of two or more different drugs at a time?" never used drugs or never had this experience once or twice three or more times	(NA)		Johnston and Bachman, 1975	(NA) "During the last year, how often have you used (selected drugs) along with (<u>other</u> selected drugs) - that is, so that their effects overlapped?" Users of psychedelics other than LSD, amphetamines, barbiturates, narcotics, asked if they had used any other drugs in the <u>same</u> category, during the last year.
Hughes, Schaps and Sandles, 1973	(NA)	<u>Variety of drug-use trends:</u> non-users marijuana 1, 2, 3 or 4 of solvents, psychedelics, barbiturates, amphetamines opiates		Mellinger, et al., 1971	(NA) "variety of drugs used during past year"
Johnson, B., 1973	"Please indicate the greatest frequency (at any time) with which you have ever used each of the following substances."	<u>Use of:</u> cannabis only 1-2 hard drugs 3 or more hard drugs use of other drug(s). illicitly by frequency of cannabis use		Robins and Davis, 1974	(NA) "Thinking about the (selected drugs) you've taken in the last two years, which have you used as a combination, that is, when you've taken one to add to the effects of another?" "Which have you taken in the last two years to help you get over the effects of another one?" none _____ to get over _____ _____ to get over _____
Josephson, 1973	"Have you ever tried...marijuana; other selected drugs?"	"percentage of respondents who had ever used marijuana, who had also ever 'tried' other drugs." "experimentation with other drugs by marijuana users"			"You've used (particular category of dogs) in the last two years. Which would you say is the <u>main</u> one you've been into in the last two years--or didn't you care more about one than another?"
Mizner, 1970	"During my lifetime I have used the following drugs without a medical prescription..."	<u>Use of:</u> amphetamines & marijuana marijuana & LSD amphetamines & LSD amphetamines, marijuana & LSD		Robins and Murphy, 1967	"Do you still take (selected drugs) some times?" "heroin addicts' current use (within last year) of other drugs" "drug users' (never addicted to heroin) current use of other drugs"
National Commission, 1973	"Did you ever take one of these kinds of pills and around the same time take something else, like another pill, or alcohol..." "What kind of pill was it or was it alcohol?" "Did you ever use marijuana and around the same time take something else like a pill or alcohol?" "What kind of pill was it, or was it alcohol?"	<u>Use of:</u> one pill alone multiple pills pills and alcohol marijuana & any sedative, tranquilizer or stimulant		Whitehead, Smart and Laforest, 1972	(NA) "frequency of other drug use among current marijuana smokers"
				Wolfson, et al., 1972	"If you are using any of the following, how often do you use it?" <u>Current marijuana users' use of:</u> LSD speed heroin

STUDY	QUESTIONNAIRE	ARTICLE
<u>CLASSIFICATION: 7. TYPOLOGY OF DRUG USE</u>		
Adler and Lotecka, 1973	(NA)	<u>non-user</u> - never used any substance in question <u>taster</u> - tried one or more of substances but do not use any as often as once a week <u>heroin user</u> - used heroin or other narcotic on one or more occasion
Blum, 1969	(NA)	<u>abstainers</u> - deny any use of drugs, including alcohol and tobacco "use of drugs" - any reported lifetime experience with designated classes of drugs <u>use of non-prescription mild pain killers and mild tranquilizers</u> : (see 6a, Blum, 1969) none intermittant use occasional use regular use considerable use (defined for each drug differently) <u>high-intensity users</u> - respondents who score above the median on a scale of intensity of use (based on reported lifetime history of use, duration of use, amount taken, and age) <u>low-intensity users</u> - respondents who score below the median on a scale of intensity of use (each drug has own scale)
Cisin, Parry and Abelson, 1975	"When it comes to using (selected drugs) (for non-medical reasons), do you think of yourself as a regular user or only a occasional user?"	(NA)
Cross and Davis, 1971	(NA)	<u>Typology of marijuana users</u> : <u>adamant non-users</u> - never considered using a drug and state that drug use should be prohibited <u>non-users</u> - seriously considered using a drug but have not actually done so - state drug use might be allowed with proper controls <u>fasters</u> - use marijuana less than once per month <u>recreational users</u> - 1-4 times per month <u>regular users</u> - more than once a week

STUDY	QUESTIONNAIRE	ARTICLE
<u>TYPOLOGY OF DRUG USE (continued)</u>		
Josephson et al., 1972	(NA)	<u>non-user</u> - not interested in trying <u>non-user</u> - interested in trying <u>experimenter</u> - ever used no more than twice <u>occasional user</u> - ever used 3-59 times <u>frequent user</u> - ever used 60 or more times
Josephson, 1973	(NA)	<u>non-user</u> - not interested in trying <u>non-user</u> - interested in trying <u>experimenter</u> - ever used no more than twice <u>occasional user</u> - ever used 3-59 times <u>frequent user</u> - ever used 60 or more times
Kandel, 1973	(NA)	<u>experimenter</u> - tried marijuana once or twice and have not tried other drugs <u>extensive user</u> - have used marijuana many times
King, 1969	(NA)	<u>user</u> - having smoked <u>marijuana</u> , or <u>LSD</u> on <u>one</u> or more occasions <u>experimenter</u> - one who used only 1 or 2 times and whose initial date of use was several months prior to this survey and who reports future use is inconceivably or unlikely <u>frequent user</u> - those who have used 11 or more times
Lavenhar et al., 1972	(NA)	<u>Typology of past or current marijuana users</u> : <u>past marijuana users</u> <u>occasional marijuana users</u> - less than once a month <u>moderate marijuana users</u> - 1-3 times a month <u>regular marijuana users</u> - at least once a week <u>Typology of users of other drugs (selected)</u> : <u>current users of LSD</u> <u>current regular users of amphetamines</u> - at least once a week <u>current users of methedrine by vein</u> <u>current regular users of barbiturates</u> - at least once a week <u>current heroin users</u>
Mellinger, et al., 1971	(NA)	<u>regular psychotherapeutic drug use</u> - daily user for minimum of one month or longer

Eells, 1968	(NA)	<u>non-drug users</u> - never used any drugs surveyed <u>casual users</u> - use of selected drugs once or twice only <u>steady and current users</u> - use of selected drugs 3 or more times and last time less than 6 months ago <u>heavy users</u> - use of marijuana 10 or more times; LSD 6 or more times	Mizner, 1970	(NA)	<u>experimental user</u> - ever used one or more drugs maximum of 2 times per drug <u>casual user</u> - ever used one or more drugs maximum of 9 times per drug (3-9 times) <u>moderate user</u> - ever used one or more drugs 10- 29 times <u>heavy user</u> - ever used one or more drugs 30 or more times
Goldstein and Oetting, 1975	"I'm using (selected drugs), are you..." a non-user a very light user a light user a merate user a heavy user a very heavy user	(NA)	National Commission, 1973	(NA)	<u>experimental drug use</u> - maximum frequency of 10 times per drug - singly or in combination <u>social-recreation use</u> - voluntary, tends not to escalate in frequency or intensity - socially' rather than personally motivated, to share acceptable, pleasurable experience, no dependence <u>circumstantial-situational use</u> - motivated by perceived need or desire to achieve known or anticipated effect deemed desirable to cope; regular use of one or combination of drugs, escalating to dependence, but users remain socially and economically integrated in the life of the community <u>intensified drug use - long term</u> - patterned use at minimum level of at least once daily; motivated by perceived need and relief from persistant problem, stressful situation or self-prescribed performance level; used in social and non-social settings; often recurrent, self-medication escalating to dependence; users remain socially and economically integrated in community life, but some decrement in functioning <u>compulsive drug use</u> - high frequency and intensity levels of relatively long duration producing physiological or psychological disruption; significantly reduced individual and social functioning
Groves, 1973	(NA)	"regular use of selected drugs at least every week or two"			
Hindmarch, 1970	(NA)	<u>drug users</u> - students who admitted to taking drugs at least once in other than medically prescribed conditions <u>soft drug user</u> - user of cannabis, LSD-25, mescaline - no proved physical addictive properties <u>hard drug user</u> - user of herion, morphine, opium, and cocaine; amphetamines, barbiturates - physiologically addictive drugs			
Holmes and Holmes, 1971	(NA)	<u>drug-user</u> - any one who used marijuana or hasish once a month or who reported using any other drug on more than two occasions			
Jessor , Jessor and Finney, 1973	(NA)	scale of marijuana involvement based on whether tried marijuana once or more than once, whether got stoned once or more than once, whether have a steady supply of marijuana, whether use it a couple of times a week when available: <u>junior high sample:</u> no involvement any involvement <u>senior high sample:</u> no involvement minimal to mild involvement relatively heavier - moderate involvement <u>college sample</u> - as high school, but slightly different cutting points - also: no involvement moderate involvement heavy involvement	Robins and Murphy, 1967	(NA)	<u>regular use</u> - several times weekly
			Roth, 1972	(NA)	<u>drug user</u> - any student who uses marijuana once a month or more <u>non-user</u> - students who do not use marijuana

STUDY	QUESTIONNAIRE	ARTICLE
<u>TYPOLOGY OF DRUG USE (continued)</u>		
Scherer and Nukherjee, 1971	(NA)	<u>soft drug user</u> - no apparent deterioration to career and social life <u>heavy drug user</u> - both detrimental examination performance and withdrawal from social existence
Smart and Fejer, 1972	(NA)	<u>experimenter</u> - used 1-2 times in last 6 months <u>moderate user</u> - used 3-6 times in last 6 months <u>maximum category</u> - used 7 or more times in last 6 months
Smart and Whitehead, 1972	(NA)	<u>medicinal user</u> - use of one psychoactive drug only (stimulants, barbiturates, tranquilizers) <u>mood modifiers</u> - use of 2 or more psychoactive drugs (stimulants, barbiturates, tranquilizers) <u>cautious trippers</u> - use of marijuana only <u>incautious trippers</u> - use of one or more illicit drugs with or without psychoactives
Stanton, 1972	(NA)	<u>non-user</u> - used 0 times <u>casual user</u> - ever used drugs 1-20 times <u>heavy user</u> : ever used drugs 21-199 times <u>habitual user</u> - ever used drugs 200 or more times
Suchman, 1968	(NA)	<u>frequent user</u> - once a week or more <u>occasional user</u> - once or twice a month <u>seldom user</u> - less than once a month
Tec, 1971	(NA)	<u>regular users</u> - once a week or more <u>occasional users</u> - tried once never tried but would like to never wanted to and never did try
Tec, 1972	(NA)	<u>occasional use</u> - use (currently) less than once a week <u>regular use</u> - (currently) once a week or more often

STUDY	QUESTIONNAIRE	ARTICLE
<u>HISTORY OF DRUG USE a. onset of use -- age, time (continued)</u>		
Fejer, Smart and Whitehead, 1972	(NA)	"rates of increase or decrease in drug use at each grade level in 2nd wave of longitudinal study"
Goldstein, Gleason and Korn, 1974	(NA)	Time (class year in school) of beginning use
Goldstein, and Getting, 1975	"How old were you when you first tried (selected drugs)?" I have never used them, 10 or under, 11, 12, 13, 14, 15, 16, 17, 18 or older	(NA)
Hindmarch, 1972	"How old were you when you first took (selected drugs)?"	<u>Age at first taking of drugs:</u> before 14 years 14 15 16 17
Holmes and Holmes, 1971	"At what age did you first begin to use marijuana?" "At what age did you first begin to use a drug other than marijuana?"	"mean age at which respondents first used marijuana" "mean age at which respondents first used drug other than marijuana"
Johnston and Bachman, 1975	"When did you first try (selected drugs)?" or "When did you first try (selected drugs) without a doctor's orders?" grades: 6 or below, 7 or 8, 9 (freshman), 10 (sophomore), 11 (junior), 12 (senior)	(NA)
Josephson, 1973	"How old were you when you first used (selected drugs)?" 10 or under, 11, 12, 13, 14, 15, 16, 17, 18, or older	<u>Age of onset reported by respondents:</u> 13 or under 14 15 16 17 or over
King, 1969	"When did you first use marijuana/ LSD?" (approximate date _____)	<u>Initial use - time:</u> April - June, 1967 January - March, 1967 September - December, 1966 prior to September, 1966
Nurco, 1973	"When was the first time you tried (selected drugs)?"	(NA)
O'Donnell, et al., 1974	"In what year did you first use (selected drugs). . . for the first time?"	(NA)

Ulf-Moller and Jorgensen, 1972

(NA)

Use of cannabis, other drugs:
non-user - never, received no offer of drug
non user - never, received Offer of drug, but rejected
experimenter - a single or few times, acceptance of offer and tried a drug
occasional users - at least twice (few times) a month
regular users - at least twice (few times) a week

Robins and Murphy 1967

"How old were you when you first got (selected drugs on prescription)?" How old were you when you first tried (selected drugs) without prescription?"

Age of first use of selected drugs:
 before 16 years
 16-19
 20-23
 24 or older

Robins and Davis, 1974

"How old were you the very first time somebody ever offered you (selected drugs)?" or "How old were you the first time you ever tried any, not on prescription (if you ever did)?"

(NA)

Roffman and Sapol, 1970

"When did you first use marijuana?"

Period of first use:
 before military service after service but before arriving in Vietnam
 after arriving in Vietnam

Stanton, 1972

"Before coming to (Vietnam) about how many times did you use (selected drugs)?" "If you are leaving (Vietnam) about how many times (this tour) did you use (selected drugs)?" "During which quarter(s) of the past 12 months did you use (selected drugs)?"

Onset of use:
 before Vietnam in Vietnam
Point during preceding 12 months of Vietnam service at which drug use began (even if used before Vietnam):
 preceding 1-3 months
 preceding 4-6 months
 preceding 7-9 months
 preceding 10-12 months

Suchman, 1968

(NA)

Onset of use of marijuana:
 before college
 freshman year in college
 (after freshman year)

STUDY

QUESTIONNAIRE

ARTICLE

CLASSIFICATION: 8. HISTORY OF DRUG USE

8.A. ONSET OF USE (AGE, TIME)

Blum, 1969

(NA)

age of onset of use

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Cisin, Parry and Abelson 1975

"About how old were you when you first had the chance to try (selected drugs) if you wanted to?" "If you did have the chance to try (selected drugs) at that time, did you try it?" "If you did not try (selected drugs) at that time, did you try it at a later date?"
Prescription and non-prescription pills/medicines:

(NA)

"About how long age was the first time you took any of these things for non-medical reasons?"
Non-prescription drugs: "About how long ago was the first time you tried (selected drugs)?"

five years ago or longer
 more than a year ago, less than five years ago
 six months to a year ago
 more than one month ago, less than six months ago
 within the past month
 not sure
 (never did)

8.B. SEQUENCE OF INITIAL USE

Blum, 1969

(NA)

order of first use

Elinson, Josephson and Zanes, 1973

Which (selected) drug did you try first? Which second and which third?"

Goldstein, Gleason and Korn, 1974

(NA)

Order of beginning use of substance in relation to other drugs used

Eells, 1968

"The first time I used the drug was: prior to senior high school years during senior high school years as an undergraduate at a college other than Cal Tech as an undergraduate at Cal Tech as a graduate student at a college other than Cal Tech as a graduate student at Cal Tech at a time after high school graduation when I was not enrolled in a college

Time of starting drug usage:
 high school or earlier
 after high school - not in college
 college undergraduates

Holmes and Holmes, 1971

"Of those drugs already mentioned, please list them, numerically, in the order in which you were exposed to them"

"sequence of exposure to (selected) drugs"

King, 1969

"When did you first use (selected drugs)?" (date open-ended)

order of initial use of marijuana/LSD

O'Donnell, et al., 1974

"In what year did you use (selected drugs) for the first time?"

(NA)

STUDY	QUESTIONNAIRE	ARTICLE
<u>HISTORY OF DRUG USE b. sequence of initial use (continued)</u>		
Robins and Murhpy, 1967	"How old were you when you first got them (on prescription)?" or "How old were you when you first tried them (without prescription)?" (for each drug asked)	use of marijuana, amphetamines, barbiturates by hemion users: before heroin use same year as heroin use following heroin use
Wofson et al., 1972	"If you have used any of the following, when did you first try it...?"	<u>Order of selected drug use in respondents who have used or are using marijuana:</u> tried marijuana before other drugs used marijuana and other drugs during the same period tried other drugs before marijuana
<u>B.C. CHANGE IN TYPE OF DRUG USED, QUANTITY USED</u>		
Blum, 1969	(NA)	in following, change in prevalence of use of selected drugs
Elinson, Josephson and Zanes, 1973	"Do you use each of the following... more often or less often now than you did months ago?"	(NA)
Groves, 1973	(NA)	<u>Drug use changes over time:</u> linked responses at 2 points in time from the same individual in a matched sub-sample percentage students in matched subsample: ever used 1970-1971 used this year 1969-1970 1970-1971 used at least every week or two this year 1969-1970 1970-1971 <u>equilibrium</u> - when approximately same fraction of population are users of drug at two different points in time <u>transition probability</u> - chances taht individuals will change their user status from one year to the next: probability of use 1969-1970 1970-1971 probability of changing from use to non-use probability of changing from non-use to use
Holmes and Holmes, 1971	"Are there any drugs that you have used that you would not use again?" "which ones?" (open-ended) "Before coming to this communit, had you already been using all the drugs you mentioned so far?" "Which ones did you start to use?"	"frequency with which respondents report that they would not again use specific drugs" subjects' responses to question of what drugs they had begun to use after coming to the East Village

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STUDY	QUESTIONNAIRE	ARTICLE
<u>HISTORY OF DRUG USE c. change in type of drug used, quantity used (continued)</u>		
O'Donnell, et al., 1974	"Did you use (selected drugs) at least once during each of the years between (year of first use) and the last time you used it?" "In which years didn't you use any?" Which of the statemnts...best describes the way you used any form of (selected drugs) during each of the years you used it. Pick the one that comes closest, even though it may not be exactly right for you?" Almost every day: usually in large amounts sometimes in large amounts never in large amounts About once or twice a week: sometimes in large amounts never in large amounts About once or twice a month: sometimes in large amounts never in large amounts Less than a month "When was the period you used (selected drugs) the most?"	(NA)
Robins, 1973	(NA)	<u>Drug use before Vietnam:</u> never once or twice 3-9 times 10-24 times 25 times or more <u>Drug use in Vietnam:</u> narcotics drugs other than narcotics
Robins and Davis, 1974	"As you look back over the years since you first tried (selected drugs), was there one particular period of time, either in the past or more recently when you were using (selected drugs) the most?" "When did this period of heavier use begin?...were you taking them every day?...several times a week?...at least once a week?" "Where were you living during the period you used (selected drugs) the most?" parents' home own home away at school army, not in Vietnam Vietnam traveling other (specify)	(NA)
	"When did that period of heavier use of (selected drugs) end (or is it still going cm?)" "Why do you think you (cut down/ stopped) your use of (selected drugs) then?"	

Jessor, Jessor and Finney, 1973	(NA)	<u>In follow-up, change in marijuana use:</u> non-users who remained non-users a year later non-users who became more-than-once users a year later
Johnson, B.,	(NA)	present vs. high school cannabis use by few or many of peer group
Johnson, L., 1973	(NA)	<u>changes in frequency of drug-use in the year after high school:</u> non-users who remain non-users non-users who start users who stop users who decrease usage users who maintain usage users who increase usage
Josephson, 1973	"Are you using (selected drugs) more often or less often than you did a year ago?" never tried haven't used in past year use more often now use less often now use about as often as a year ago	discontinued use of selected drugs by repondents: "have tried but not in past year"
77		
Mizner, 1970	"Please indicate your usage (not including any usage under the direction of a physician) or non-usage of each of the drugs listed below: have never used (except possibly under a physician's supervision) have used it more than once or twice, but not currently using use currently, but not more often than once a month on the average use currently, from once a week to once a month on the average use currently, more often than once a week on the average	<u>current user</u> - number of individuals reporting that they have discontinued use subtracted from number of individuals reporting a history of drug use
Nurco, 1973	"What was the longest stretch you used it daily?" "Were those times that you used (selected drugs) pretty much spread out or did they tend to fall together in groups of days?" "What was the longest stretch of time that passed <u>between</u> the times you used (selected drugs)?"	(NA)

8.D. MOST RECENT USE

Eells, 1968	"The last time I used the drug was:" have never used within the last week within the last month (but not within the last week) one to two months ago three to five months ago six months to a year ago more than a year ago	<u>recency of use:</u> last week last month last 2 months more than 6 months ago more than a year ago
Goldstein, Gleason and Korn, 1974	(NA)	Last time substance was used
Grupp, 1971	"was the last time you used marijuana..."	<u>most recent use:</u> one month before survey year prior to survey more than year prior to survey
National Commission, 1973	"When was the most recent time you tried (selected drugs)?"	<u>most recent use:</u> over year ago more than 6 months ago within past 6 months with in past week
Nurco, 1973	"When was the last time you used (selected drugs)?"	(NA)
O'Donnell, et al., 1974	"In what year did you use (selected drugs) most recently?"	(NA)
Robins and Davis, 1974	"Whenw as the last time you used (selected drugs)?" within last 2 weeks two weeks - < 4 weeks 1 month - < 3 months 3 months - < 6 months 6 months - < 2 years 2 years - < 4 years 4 years or more never "In the past two years, has there been a time wheny you were somking marijuana at least three times a week? (if yes:) "How many months altogether, in the past two years, did you use it three times a week or more?" "Has there been a time during the last two years when you've smoked marijuana every day for a while?" (if yes:) "How long did that last (altogether)?"	(NA)

CLASSIFICATION: 9. CONDITIONS OF DRUG USE9.A. FIRST USEHindmarch,
1970

(NA)

most frequent situational origin for initiation of soft drug user:
 at party - request drug at party in order to conform
 by friend in private alone to satisfy curiosity
 by micky-finn
 by accident
initiation of a hard drug user:
 alone, taking initiative to locate source
 by friend belonging to a group of 3-4 hard drug users

Holmes and
Holmes,
1971

"Just before you took your first illegitimate drug, how would you describe your frame of mind?"

Mood at first use
 subject's description of their frame of mind just before taking their first illegitimate drug:
 miserable - many problems
 fairly good - some problems
 feeling good
 "on top of the world"

"Were your problems, if any, at the time you first took an illegal drug of a sort describable as...?"

Respondents' description of "problems" when first took an illegal drug:
 feelings of detachment from society
 feelings of inferiority
 difficulty making decisions
 lack of meaningfulness/direction in life
 lack of attachment to one person
 feelings of hostility to others
 feelings of futility in material rewards
 psychiatric and/or physical illness

"At the time you first decided to take an illegal drug, were you aware of any crisis in your life related to...?"

Respondents asked if "aware of any crisis in their life at the time first decided to take an illegal drug:
 crisis in life relating to school
 crisis in life relating to job trouble or loss
 reported crisis relating to disappointment in friendship or love
 reported crisis in life relating to emotional problems
 crisis relating to difficulties with the law
 reported inability to get along with own family

CONDITIONS OF DRUG USE b. use in general (continued)Goldstein
and Oetting,
1975

"How do your parents feel about your using drugs (whether you use drugs or not)?"
 forbid it
 wouldn't mind if once or twice okay if not heavily
 I can do what I want
 don't know how they feel

(NA)

Goldstein
and Oetting,
1975

"When do you usually use (selected drugs)?"
 never
 just a weekends or holidays during the week as well as weekends or holidays
 almost daily

(NA)

Hindmarch,
1972

(NA)

Alone, with peers, siblings, parents
 number of people in drug-taking situation:
 on my own
 with 1 or 2 friends
 in a group (3 or more people)
Place - home, school, friends' house, street, etc.
 location of drug use:
 at a party
 in a pub
 at a club or dance
 at school
 other specified place (flat, someone else's house, at home)

Holmes and
Holmes,
1971

"Do you usually smoke marijuana alone or in a group?"
 alone
 with one person
 small group (2-4 persons)
 large group (>4 persons)

Alone, with peers, siblings, parents
 "number of individual with whom respondents report typically smoking marijuana"

Jessor,
Jessor and
Finney,
1973

"How do you think the following people would feel about your using marijuana?"
 parents
 girlfriend/boyfriend
 most of your friends'
 would approve
 wouldn't care
 would disapprove
 would disapprove strongly

social support for drug use

Johnston
and
Bachman,
1975

"During the last year how often (not at all, 1-5 times, more than 5 times) have you...used (selected drugs) when you were alone?...used selected drugs along with the following people (date or spouse, other friend, brother(s) or sister(s), people over 30 years old)?...used (selected drugs) in the following places (home, school, friend's house, parties, parked car, riding in car, public place outside/inside)?"

(NA)

		serious physical illness or injury reported crisis relating to serious mental disorder <u>Reported problems:</u> relating to sexual difficulties inability to find a "fit in society" crisis relating to upheaval in the family, such as divorce, illness, death, drastic financial setback crisis relating to alcoholism or drug addiction among family members and/or self	
King, 1968	"Where did you first use marijuana/LSD?"	<u>place of initial use:</u> Dartmouth home community elsewhere	
Mizner, 1970	"Just before using the drug the first time, my primary or predominant mood was: depressed bored happy relaxed disillusioned anxious lonely sexually inhibited angry	<u>Mood at first use:</u> happy or relaxed anxious lonely sexually inhibited angry	
79 O'Donnell, et al., 1974	"As far as you know, when you first started taking each drug, about how many of your friends were using it? All or most, about half, less than half, a few or more?"	(NA)	
Suchman, 1968	"How did you begin?" _____ (open-ended)	alone, with peers ("almost all be an to use drugs through the personal influence of a friend who was already smoking marijuana")	

9.B. USE IN GENERAL

Cisin, Parry and Abelson, 1975	"When you use (selected drugs) are you usually alone or with one or more other people?" "Are you usually at a party or not at a party?"	(NA)
Elinson, Josephson and Zanes, 1973	"How would MOST of your friends feel if someone they knew..." tried marijuana took a drug with a needle made money from selling drugs wouldn't care would disapprove somewhat would disapprove strongly	(NA)

"How do you think your parents... your close friends...feel (or would feel) about you doing each of the following things?" (9-item list including drug use activities)
not disapprove
disapprove
strongly disapprove

Scherer and Mukherjee, 1971	(NA)	<u>Parental knowledge, approval, friends' approval</u> parents' awareness: don't know don't know it's as frequent as it is how and want me to stop okayed it no parents
Suchman, 1968	"When and where do you usually take drugs?" _____ (open-ended)	place, time, with peers ("drug use usually took place at night as social activity with other people in student's or friend's room")
Tec, 1971	"If your father/mother thought that you used marijuana regularly how would he/she react?" anger and, punishment anger, but no punishment would not care at all disappointment and hurt	parental approval
Tec, 1972	"If your friends thought that you used marijuana regularly, how would they react?"	<u>Parental knowledge, approval, friends' approval</u> expected attitude of friends if knew of use: approve not care disapprove, but remain friends disapprove and stop being friends

STUDY

QUESTIONNAIRE

ARTICLE

CLASSIFICATION: 10. AVAILABILITY OF DRUGS

10.A. AT FIRST USE

Blum, 1969	(NA)	<u>Source of drug at initial use:</u> parents physician friends opportunity of respondents to try selected drugs constructed scale of drug availability
Elinson, Josephson and Zanes, 1973	"How often have you...been offered a drug that you never tried before?" often, sometimes, seldom or never	(NA)

STUDY	QUESTIONNAIRE	ARTICLE
<u>AVAILABILITY OF DRUGS a. at first use (continued)</u>		
O'Donnell et al. 1974	"How did you get (selected drugs) the first time you used it/them?" free, as a gift bought from friend or dealer own prescription forged prescription stole grew or made own supply other (specify)	(NA)
Roffman and Sapol, 1970	"How did you get your first marijuana cigarette or pipe-full?" a friend gave it to me bought it some other way (please describe)	<u>Initial acquisition of marijuana:</u> friend bought it
Winslow, 1972	(NA)	<u>Source of first hash:</u> parents siblings friends stranger at school stranger, in restaurant stranger, other place
Wolfson, et al. 1972	"If you have ever used marijuana or other drugs, was the person who first introduced them to you...?"	<u>Introductory source of drugs:</u> high school girlfriend high school boyfriend sibling other
<u>10.B. USE IN GENERAL</u>		
Blum, 1969	(NA)	difficulty in getting drug
Elinson, Josephson and Zanes, 1973	"How easy is it to get the following drugs (marijuana, hashish, ups or downs, heroin) around here?" very easy, fairly easy, not easy at all	(NA)
Goldstein and Oetting 1975	"If you wanted to get some (selected drugs), how easy would it be to get some?" impossible difficult fairly easy very easy	(NA)
Gosset et al. 1971	"Where do you usually obtain your supply of (selected drugs)?"	<u>Sources of most-used drugs:</u> home grocery drug store hardware or hobby shop liquor store or tavern peer ("from someone near my own age") adult pusher grow or make my own

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STUDY QUESTIONNAIRE ARTICLE

AVAILABILITY OF DRUGS b. use in general (continued)

Robins and Davis, 1974	"Do you know someone or someplace where you could go right now to buy heroin or opium, if you wanted to?" "How far would you have to go from where you are living right now?" less than a mile one mile to less than 10 ten miles to less than 100 100 miles or more don't know how far "If someone wanted to buy heroin there, would he be likely to get good stuff, without too much danger of being picked up by the police or being beaten up?" "What about codeine or codeine cough syrups-do you know where you could buy that without a prescription?"	(NA)
<u>10.C. SALE OF DRUGS TO OTHERS</u>		
Holmes and Holmes, 1971	"Have you ever sold (selected drugs)?" "Do you turn on other people?" "Among the people you've turned on, were they generally previous users or not?"	"number of respondents reporting having sold, or not sold selected drugs" "number of respondents reporting turning others on to selected drugs" "status of people turned on by respondent"
Johnson, B., 1973	(NA)	<u>Illicit marketing:</u> none buy cannabis sell cannabis sell 1-2 hard drugs sell 3 or more hard drugs <u>sellers</u> - respondents who had ever sold cannabis, regardless of whether they had ever bought it <u>buyers</u> - respondents who have bought but not sold marijuana <u>none</u> - respondents who had never bought or sold marijuana
Nurco, 1973	"Were you involved in the distribution of drugs during this time, either through dealing or delivering?"	(NA)
O'Donnell, et al. 1974	"Have you ever sold any drugs illegally - even as a favor or just to pay for your own supply?" "Which drugs?"	(NA)

			STUDY	QUESTIONNAIRE	ARTICLE
Groves, 1973	Where have you primarily obtained (selected drugs)?"	<u>Drug source:</u> primary source - doctors non-medical sources over-the-counter friend or acquaintance			
<u>CLASSIFICATION: 11. INTEREST IN TRYING, MAINTAINING, CHANGING USE OF DRUGS</u>					
Holmes and Holmes, 1971	"How much do you usually spend on grass per month?"	"amounts usually spent per month for marijuana as reported by various study groups"	Belsasso and Rosenkranz, 1971	(NA)	<u>Use of intention to use:</u> have used have not used and don't intend to have not used and intend to have not used and perhaps could have used them
Jessor, Jessor and Finney, 1973	"Do you or someone very close to you usually keep a supply of marijuana so that it's available when you want to use it?"	(NA)			
Johnston and Bachman, 1975	"Has anyone ever offered to give (or sell) (selected drugs) to you?" or "Has anyone, except a doctor, ever offered to give (or sell) (selected drugs) to you?" "How difficult do you think it would be for you to get each of the following types of (selected) drugs, if you wanted some?" probably impossible very difficult fairly difficult fairly easy very easy	(NA)	Blum, 1969	(NA)	<u>Future intentions:</u> intend to start do not intend to use again intend to continue <u>Respondents' self-rating of willingness to take drugs under 2 conditions:</u> (1) medical-research experiment (2) social situation where drug is free definitely unwilling, neutral, definitely willing constructed social willingness scale based on previous experience, also had scores for experimental willingness follow-up of very small sample; compared prediction table (using variables of willingness, experience, drug sources, friends' and leaders' actual use, and friends' and leaders' willingness and future plans) with respondents' drug-taking behavior during follow-up period
18 Mellinger et al., 1971	(NA)	<u>Drug source:</u> medical (prescription drugs) non-medical (prescription drugs) any (over-the-counter drugs) more than one source (for prescription drugs, or for prescription and over-the-counter drugs)			
O'Donnell, et al., 1974	"Suppose you had the money and wanted to get each of these drugs now. How hard do you think it would be for you to get some within a day?" easy, difficult but possible, almost impossible "How did you usually get (selected drugs)?" free, as gift bought from friend or dealer own prescription forged prescription stole grew or made own supply other (specify)	(NA)	Cisin, Parry and Abelson, 1975	"How likely are you to use (selected drugs) (for non-medical reasons) again? Would you say..." definitely will do it again might do it again under certain circumstances definitely will <u>not</u> do it again no opinion, not sure "Regardless of what you are doing now, please read over the list and tell me which of the following you would use if they were <u>legal</u> and available."	(NA)
Parry, 1968	(NA)	<u>Sources of the psychotropic drugs:</u> medical quasi-medical extra-medical	Eells, 1968	"My plans for the possible use of the drug in the next year may be described as..."	<u>Plans for future use of selected drugs:</u> plan to use more than once or twice will use, but not more than once or twice might use, but not sure no plans to use, but might do so sure will not use

STUDY	QUESTIONNAIRE	ARTICLE
INTEREST IN TRYING, MAINTAINING, CHANGING USE OF DRUGS (continued)		
Eells, 1968 (contd)	"If I am currently using this drug:" I would like to stop using it, but have not been able to do so I would like to cut down on my use of it without completely eliminating it, but have not been able to do so I am in the process of eliminating or reducing my use of it and think will be successful in doing so I have no particular desire to cut down on my use of it	Plans for cutting down on drug usage
Elinson, Josephson and Zanes, 1973	"The you ever tried, or would you like to try (selected drugs)?" I HAVE tried them I have NOT tried them, but would like to I have NOT tried them and would NOT like to "If marijuana were legal, I would probably..." try it, use it <u>more</u> often than I do now use it <u>less</u> often than I do now use it about as often as I do now not use it even if it were legal	(NA)
82 Goldstein, Gleason and Korn, 1974	(NA)	Probability of future use of substance, assuming availability: no response definitely of probably would (proregressing toward usage, if total use never or once) don't know definitely or probably would not (regressing from usage, if total use 2 or more times and not within previous 6 months)
Grupp, 1971	"In the next year do you expect to use marijuana:" definitely more than once or twice definitely once or twice but probably not more than that perhaps once or twice, not sure not at all now, but might change your mind definitely not at all	definitely expect to use drug in next 12 months might smoke once or twice in next 12 months do not expect to smoke, but might change mind
Holmes and Holmes, 1971	"Are there any drugs that you have used that you would not use again?" "Which ones?" (open-ended) "Do you intend to use any drugs you have not already tried?" "Which one drug other than marijuana do you like most?"	"frequency with which respondents report that they would not again use specific drugs" "reported intentions to use 'new drugs'" "responses to questions asking subjects which drug other than marijuana they like the most"

STUDY	QUESTIONNAIRE	ARTICLE
INTEREST IN TRYING, MAINTAINING, CHANGING USE OF DRUGS (continued)		
Mizner, 1970	"My plans for possible use of the drug in the next year may be de- scribed as: I definitely expect to use it more than once (1) I definitely expect to use it once or twice, but probably will not continue using it beyond that (2) I might use it once or twice, but I'm not very sure (3) I have no present plans for using it, but I might change my mind (4) I am quite sure that I will not use it" (5)	plan to use - (1) & (2) from questionnaire may use - (3) & (4) from questionnaire will not use - (5) from questionnaire
National Commission, 1973	"Would you like to try heroin once to see what it is like?" "Would you like to try sniffing glue to see what it is like?"	desire to try heroin, glue
Nurco, 1973	"Of all the drugs you have used, which (is/was) your drug of choice?" "Why (do/did) you prefer it?"	(NA)
O'Donnell, <u>et al.</u> , 1974	"What would you say the chances are that you will be using each drug, even occasionally, three years from now?" no chance, slight chance, good chance, very good chance "Do you feel you have quit using (selected drugs) or have you just not used any lately?"	(NA)
Peled, 1972	(NA)	<u>Intensity of motives for use of hashish and inclination toward use:</u> very much somewhat slightly not at all <u>Relationship between 11 motives in 5 groups and inclination toward use:</u> self-enrichment (raising intellectual ability, sociability) escape (freedom/release of inhibitions, escape from reality, escape from lonli- ness, escape from self- control) social relations (peer group affiliation, rebellion against parents) hedonism (fun/pleasure) self-extension (new experience, curiosity)
Peled and Schimmerling, 1971	(NA)	Would you like to try a drug: from very much to not at all Relationship between 23 other questions and inclination to- ward drugs

Johnston and Bachman, 1975	"Do you think you will be using (selected drugs) (without a doctor's orders) five years from now?" I definitely will I probably will I probably will not I definitely will not	(NA)	Roffman and Sapol, 1970	"Do you think you will smoke marijuana in the future?"	<u>Intention regarding future marijuana use:</u> will use will not use don't know
	"If marijuana were legal to use and legally available, which of the following would you be most likely to do?" not use it, even if it were legal and available try it use it about as often as I do now use it more often than I do now use it less than I do now don't know		Tec, 1971	"Which of the following describes you best?" (answers for non-users) I never tried marijuana but would like to try very much wanted to try but never got around to it never tried and never wanted to try	(NA)
Josephson, 1973	"Have you ever tried, or would you like to try (selected drugs)?" have tried have <u>not</u> tried, but would like to have <u>not</u> tried, and would not like to	<u>non-users of selected drugs divided into two categories:</u> non-users who said they would like to try it non-users who said they would not like to try it	Tec, 1972	(NA)	<u>non-users divided into two categories:</u> never tried and never want to try never tried, but would like to
	"If marijuana were legal, I would probably . . . try use more often than now use about as often as now not use even if it were legal"	reported intentions of using marijuana if legal	Wolfson, et al., 1972	"If you are still using any of the following substances, do you plan to stop or to continue to use them?" I have never used or am no longer using I plan to stop soon I plan to continue I don't know "If you have not used any of the following substances, do you think that you might use them in the future?" I have used it I think so I think not I don't know	<u>users:</u> plan to continue undecided definitely plan to discontinue <u>non-users:</u> likely to use might possibly use undecided
King, 1969	"How probable is it that you will use marijuana/LSD in the future?" inconceivable unlikely 50-50 chance very probable undoubtedly will	self-estimates of future use			
Lipp et al., 1971	"Assuming the legal status of marijuana remains unchanged and marijuana is found to be as good a euphoriant as alcohol, (with long-term effects identical to those of cigarette smoking;) with what frequency (times per month) could you reasonably expect yourself to use marijuana?"	"If marijuana is found to be not totally harmless with long-term effects identical with those of cigarette smoking, would you expect your use of marijuana to change? How?"	STUDY	QUESTIONNAIRE	ARTICLE
	"Assuming <u>your</u> medical opinion of marijuana remains unchanged, and the legal penalty for marijuana use is reduced to the level of a misdemeanor, with what frequency could you reasonably expect yourself to use marijuana?"	"Would you expect your use of marijuana to change? How?" (frequency = times per month)	Blum, 1969	(NA)	<u>Functions of drugs</u> <u>Mood change:</u> to make you feel less afraid or more courageous to relieve your boredom to make you feel less depressed or sad to relieve tension or nervousness to make a good mood last longer or to make a fine feeling into an even better one to relieve or counteract anger or irritability to make you more friendly or loving toward others to kill yourself
	"Assuming <u>your</u> medical opinion of marijuana remains unchanged, and legal sanction against marijuana are reduced to penalize only illegal behavior while under the influence (e.g., similar to laws concerning alcohol); with what frequency (times per month) could you reasonably expect yourself to use marijuana?"	"Would you expect your use of marijuana to change? How?"			
					<u>CLASSIFICATION: 12. REASONS FOR DRUG USE</u>

STUDY

QUESTIONNAIRE

ARTICLE

REASONS FOR DRUG USE (continued)

Blum,
1969 (contd)

Mind change:
to find out more about your-
self
to have a religious experience
or to come closer to God
to keep your self from going
into a panic or perhaps to
keep you from going crazy
to make you smarter or im-
prove your ability to learn
or to remember things
to shut things out, to help
your mind or keep something
from intruding

Physical change:
to satisfy a strong craving
or a compulsion
to change your appetite for
food, either to increase
it or decrease it
to make you feel stronger
or healthier
to make you feel less dull
or sluggish
to improve your sexual
appetite, sensitivity or
sexual capacities
to reduce sexual desires or
sexual sensitivities
to improve your performance
in something physical
(athletics or work)
to get you ready or put "up"
for some stress (exam,
meeting)

Principles and reasons for use

Mood change:
curiosity

Mind Change:
desire for self-exploration
compatibility with own
philosophy

Social pressure, influence:
recommendation by authority
figures
please a friend, be in the
spirit of a party, respond
to recommendation of friends
as to beneficial effects,
facilitate moods

(NA)

Cisin,
Parry and
Abelson,
1975

"Did you ever take any of these
kinds of (prescription and non-
prescription pills and medicines)?"
just to see what it was like
and how it would work?
just to enjoy the feeling
they give you?
for some other non-medical
reason, and not because you
needed it?

STUDY

QUESTIONNAIRE

ARTICLE

REASON FOR DRUG USE (continued)

Johnson, B.,
1973

"Regardless of your use or non-use
of pot, what are (or might be) the
most important reasons for using pot
(or beginning marijuana use):
general curiosity
feel good, get high
relieve tension, sadness, or
depression
aid in socialization or communi-
cation with others
pot has no bad after effects like
alcohol, no hangover, not
addicting, etc.
the "in thing" to do
improve my creativity or per-
formance, to better understand
people or my inner self
my friends offer or urge me
to try it
to have a new and different
experience

Johnston
and
Bachman,
1975

"What have been the most important
reasons for your using (selected
drugs) (without doctors' orders)?"
(asked of all drugs):
to experiment - to see what
it's like
to relax or relieve tension
to feel good or get high
to seek deeper insights and
understanding
to have a good time with my
friends
to fit in with a group I like
to get away from my problems or
troubles
because of boredom, nothing
else to do
because of anger or frustration
because some people don't want
me to
to get through the day
to increase the effects of some
other drug(s)
to decrease (offset) the effects
of some other drug(s)
(asked of specific drugs):
to get sleep
to stay awake
to get more energy
to help me lose weight
because I am "hooked". I feel I
have to have them

Mellinger
et al.,
1971

(NA)

Mood change

euphoria - feeling good, get
high
benefits - aid in socialization
or communication with others,
improve creativity or per-
formance

Social pressure, influence

peer group cannabis use
exposure - intimates, friends,
none

(NA)

Mood change:

tension

Physical change:

sleep
stimulation ("stay awake,"
"keep from feeling tired")

Medial:

weight
somatic

Eells, 1968	"If I have used this drug, it has been primarily for the following reasons:"	<u>Reasons for using marijuana and LSD</u> <u>Mood change:</u> interesting and worthwhile experience for own sake curiosity - to find out what it is like "kicks" - increased excitement and interest escape from problems help with personal problems boredom - nothing else to do <u>social pressure, influence:</u> social pressure - others were using it	Mizner, 1970	"The first time I used the drug, I did so for the following <u>primary</u> reason"	<u>Reason for first time use</u> <u>Mood change:</u> to help with personal problems for kicks because was curious <u>Mind change:</u> thought would be worthwhile for its own sake to help study or get through exams <u>Social pressure, influence:</u> to defy people who said I should not to please my friends or not to be thought afraid <u>Reasons for continuing</u> <u>Mood change:</u> is pleasureable (fun) <u>Mind change:</u> gives me greater insight into myself helps me to study makes me more creative <u>Physical change:</u> pep me up <u>Social pressure, influence:</u> helps me to understand others brings me closer to people
Elinson, Josephson and Zanes, 1973	"What is your MAIN reason for using (selected drugs)?" curiosity, friends use them, to be relaxed in social situations, to forget my problems for awhile, to understand myself better, to help me study, to be independent, to rebel, to enjoy myself	(NA)		"The <u>primary</u> reason I am still using th drug after the first time is..."	
Goldstein and Oetting, 1975	"Why do you or might you use drugs?" to go along with friends make my problems go away it's part of being at a party just to see what it is like I like the feeling I get makes me feel better nothing else to do around here helps me get along with others it's part of being an adult because I don't care what happens to me just for fun other (specify) "Have any of your friends encouraged you to try drugs?" never once or twice several times often	(NA)	Myers and Dates, 1973	(NA)	<u>Mood change:</u> hope to solve personal problems pleasant feelings while under influence of drugs because was curious <u>Social pressure, influence:</u> considered thing to do fashionable among peers
85			National Commission, 1973	"Have you ever taken any of these kinds of pills: to help you get along with your family or other people, to help you get ready for some big event, or to help you accomplish something, just to see what it was like and how it would work, before going out so that you could enjoy yourself more withotherpeople, just to enjoy the feeling they give you?"	<u>Mood change:</u> enjoy feeling <u>Mind change:</u> accomplish something, see how they work <u>Social pressure, influence:</u> help get along with people enjoy people
Heminki, Rissanan and Mattila, 1973	(NA)	<u>Mood change</u> curiosity personal problems <u>Social pressure, influence</u> unemployment society parents group conformity	O'Donnell, et al., 1974	"At any time have the following been <u>fairly important</u> reasons for your using (selected drugs)?" to sleep or relax, to forget worries, because it was expected, to stay awake, to get high, force of habit, heighten senses, boredom, help get through work day	(NA)
			Nurco, 1973	"Have you ever used any other drugs that I have not mentioned or already asked you about for non-medical reasons, in other words, to get high?"	(NA)

STUDY	QUESTIONNAIRE	ARTICLE
<u>REASONS FOR DRUG USE (continued)</u>		
Rouse and Ewing, 1972	(NA)	<u>Reasons for use first time</u> <u>Mood change:</u> wanted feelings curiosity <u>Social pressure, influence:</u> at urging of friends people said marijuana produced good feelings <u>Reasons for continuing</u> <u>Mood change:</u> because of pleasurable feelings achieved
Scherer and Nukherjee, 1971	(NA)	<u>Reasons for initial use</u> <u>Mood change:</u> just or fun curiosity <u>Social pressure, influence:</u> friends were taking it other
Suchman, 1968	"How much pressure do you feel to engage in any of the following: smoke marijuana, take LSD, drink alcoholic beverages?" a great deal some, but not much very little	social pressure for use
Tec, 1971	(NA)	<u>Reasons for marijuana use</u> <u>Mood change:</u> makes you feel good and does no harm makes you feel good <u>Social pressure, influence:</u> helps you get along with people friends take and it makes you feel like one of them all these reasons
Tec, 1972	(NA)	<u>Mood change:</u> to feel happy to feel free to kill boredom to forget difficulty <u>Social pressure, influence:</u> to be in fashion to be a sport

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STUDY	QUESTIONNAIRE	ARTICLE
<u>REASONS FOR NON-USE, DISCONTINUING USE OF DRUGS (continued)</u>		
Elinson, Josephson and Zanes, 1973	"Have any of the following kept you from using marijuana, or from using it as often as you'd like?" it was hard to get I was afraid of getting arrested my parents disapproved I was afraid I might get addicted it's against my beliefs I was afraid I'd lose my energy or ambition it might make me sick I might lose control of myself I know of someone who had a bad experience some other reason _____ "I've used marijuana as often as I've liked	(NA)
Garfield and Garfield, 1973	"If you are a non-user of marijuana, why don't you use?" (open-ended) "If you have stopped using marijuana, why have you stopped?" (open-ended)	<u>Mind change:</u> no desire to try it fear of harmful effect <u>Social pressure, influence:</u> illegality
Grupp, 1971	(NA)	<u>Reasons for stopping</u> <u>Mood change:</u> dislike for the experience <u>Social pressure, influence:</u> risk because of illegality <u>Availability:</u> lack of access expense
Hemminki, Rissanen and Mattila, 1973	(NA)	<u>Mind change:</u> lack of interest <u>Physical change:</u> afraid of becoming addicted <u>Medical:</u> afraid of health
Holmes and Holmes, 1971	"If you have used one of the drugs listed, but have stopped, please list which reason(s) best explain why?"	<u>Reasons for termination of selected drugs</u> <u>Mood change:</u> lost interest <u>Physical change:</u> bad trip fear of dependence fear of physical damage fear of genetic damage <u>Social pressure, influence:</u> influence of parents influence of friends fear of legal action <u>Availability:</u> no access to supply
Josephson, 1973	"Have any of the following kept you from using marijuana or from using it as often as you'd like?"	<u>Reasons for not using or limiting use of marijuana</u> <u>Mood change:</u> "I might lose control of myself" <u>Physical change:</u> "I was afraid I might get addicted" "I know of someone who had a bad experience"

Wolfson,
et al.,
1972

"What are the major reasons that you think teen-agers are using selected drugs:"
it's pleasurable
it's the thing to do (others are doing it)
for "kick" or to get "high" to solve personal problems because of curiosity because of boredom
to be more creative and to understand things more clearly to understand others and relate better to them
to ease depression or to relieve tension
for the experience of it
"If you have ever used any of the following substances listed below what was the primary reason for your trying each one?"
to stay awake, lose weight, or to pep yourself up

Major reasons cited for the illicit use of drugs by users and non-users
Mood change:
pleasure
kicks
"to get high"
curiosity
to ease depression and boredom
to solve problems
Mind change:
experience
to be more creative
Social pressure, influence:
thing to do
to relate better

Mizner,
1970

"I have discontinued use of this drug because (check only the most applicable response for each drug)."

Social pressure, influence:
"it's against my beliefs"
"my parents disapproved"
"I was afraid I might get arrested"
Medical:
"It might make me sick"
Availability:
"It was hard to get

Reason discontinued
Mood change:
felt guilty about using it
Mind change:
have had a bad trip (emotionally bad experience)
became convinced it might be psychologically harmful to me getting too dependent upon it
Physical change:
had to be hospitalized as a result of its use
became convinced that it might be physically or genetically harmful to me
Social pressure, influence:
afraid of possible legal consequences
Availability:
no access to the drug

STUDY

QUESTIONNAIRE

ARTICLE

CLASSIFICATION: 13. REASONS FOR NON-USE, DISCONTINUING USE OF DRUGS

Blum,
1969

(NA)

Mind change:
risk or undesirable changes in self
sheer disinterest in taking drugs
incompatibility with respondent's morality
Physical change:
danger of physical harm
Social pressure, influence:
inappropriateness in terms of respondent's view of himself and his position or responsibility
disapproval of others
risk of changes in social relations (loss of friends, or becoming a member of a "druggie" group)
Availability:
lack of opportunity to take drugs

Myers and
Bates,
1973

(NA)

Reasons for non-use (1)/motives for terminating drug use (2)
Mood change:
generally harmful to mental function (1)
loss of desire (2)
no longer experiencing need(2)
Physical change:
generally harmful to physical function(1)
unpleasant reactions (2)
afraid of liking it (1)
afraid of becoming addicted (1)
Social pressure, influence:
religious and family influence (1)
fear of how others might react (1)
respect for law, fear of law (1) (2)
enrollment in Job Corp (2)
Availability:
excessive expense (2)
difficulty in obtaining (2)

Eells,
1968

"If I have decided not to use this drug, or if I have used in the past but have decided to discontinue using, my decision has been primarily for the following reason:"

Mind change:
just not particularly interested
Social pressure, influence:
avoiding risk of legal or security - clearance problems
avoiding doing what is illegal, as matter of principle
Medical:
afraid of medical or health dangers
Availability:
have not known how to get

Nurco,
1973

"What was the reason you stopped that time?"
jailed, military, hospitalized, treatment, illness, switched, voluntary abstinence, other.

(NA)

REASONS FOR NON-USE, DISCONTINUING USE OF DRUGS (continued)

O'Donnell, <u>et al.</u> , 1974	"Why did you never use these drugs, or use them less than 10 times? Was that at least in part: family or friends' disapproval; fear of dependency; cost; health risk; fear of trouble with police; religious and moral reasons; loss of self control; dislike it or its effects or thought they would. "Why did you decide to quit?" using (selected drugs) (open-ended)	(NA)
Robins and Davis, 1974	"Why do you think you (cut down/ stopped) your marijuana smoking then (at end of period of heavier use)?" (open-ended)	(NA)
Rouse and Ewing, 1972	(NA)	<u>Reason for non-use (1)/reason for discontinued use (2)</u> <u>Mood change:</u> low level of gratification from use(2) <u>Mind change:</u> fear of psychological effects (1) no desire or interest in drug (1) <u>Physical change:</u> fear of physical change (1) <u>Social pressure, influence:</u> legal prohibitions, consequences (1) (2) <u>Availability</u> unavailability of drug (1) (2)
Scherer and Nukherjee, 1971	(NA)	<u>Reasons for stopping drug use</u> <u>Mood change:</u> no longer interested <u>Physical change:</u> harmful or addictive <u>Social pressure, influence:</u> friends want me to stop
Wolfson <u>et al.</u> , 1972	"If you have never used marijuana or any other drugs (except on medical advice), what major reasons do you have for abstaining?"	<u>Major reasons cited for abstaining from illicit drug use</u> <u>Mind change:</u> not curious or interested <u>Physical change</u> risk of physical or genetic damage risk of dependence <u>Social pressure, influence:</u> risk of 'being caught' parents' influence friends' influence <u>Availability:</u> no access

EFFECTS OF DRUG USE (continued)

Elinson, Josephson and Zanes, 1973	"Have any of the following happened to you as a result of using drugs, including marijuana?" (never used drugs) enjoyed myself got sick got arrested felt closer to people got into fights trouble at home trouble in school felt depressed other none of these things happened "About how often have you: . . . felt really high on drugs (including marijuana) . . . had a bad trip or experience on drugs" never used drugs or never had this experience once or twice three or more times "There are a lot of different views on drugs. Do you agree or disagree with the following statements?" 11-item list including questions on non prescription use of sleeping pills; effects of marijuana use; possible physical or psychological impairment resulting from drug use; personal control over drug usage; dependency	(NA)
Goldstein and Oetting, 1975	"How often have you had a bad trip or experience on drugs?" I have never used any kind of drugs I have used drugs but never had a bad trip happened once or twice happened three or more times "Has drug use ever. . . caused you problems with the principal or other school officials? kept you from doing something you wanted to do? (gotten you) in trouble with the law?" never once or twice several times often "Do you feel that using drugs would harm you?" yes, a great deal somewhat not too much not at all	(NA)

EFFECTS OF DRUG USE (continued)

Holmes and Holmes, 1971 (contd)	"various reasons have been offered for the use of the substances noted below. For each substance, in regard to its use, what reasons do you consider most relevant?"	<u>Frequency with which subjects reported each of the specified properties as being characteristic of selected drugs</u> <u>Mental:</u> improve studying improve thinking intensify perceptions satisfy curiosity deepen self-understanding increase creativity <u>Emotional:</u> relieve tensions, facilitate relaxation ease depression get high for kicks resolution of personal problems intensify feelings <u>Physical:</u> heighten sexual experience stay awake <u>Social:</u> sharpen religious insight challenge values of society
8 Jessor, Jessor and Finney, 1973	"Of the drugs you have taken, which one(s) have given you bad trips?" (NA)	"number and percentage of subjects reporting 'bad trips' from each of the specified drugs" <u>Positive, negative functions of marijuana</u> (list of 28 items; not at all, somewhat very important to me by mental, emotional, physical, social, and life functioning effects)
Johnston and Bachman, 1975	"When you use (selected drugs) how high do you usually get?" not at all high, a little high, moderately high, very high "When you use (selected drugs) how long do you usually stay high?" one to two hours three to six hours seven to 24 hours more than 24 hours "Have you ever had a bad trip on (LSD, psychedelics other than LSD)?" "The next question asks for your opinions on the effects of using certain drugs and other substances. First, how much do you think people risk harming themselves (physically or in other ways)...harming others or society in general...if they:" list of 19 items, with drug use items indicating varying degrees of frequency/intensity of use no risk slight risk moderate risk great risk can't say, drug unfamiliar	(NA)

EFFECTS OF DRUG USE (continued)

Robins and Davis, 1974	"Do you think some people can use heroin on a regular basis and stay in control of it?" "Is it possible to use heroin once in a while without getting addicted to it?" "Do you think someone taking it just once gets addicted?" "Have you used marijuana or hash enough at any time so that you began to feel you needed it; that is, you would feel uncomfortable when you couldn't get it?" "At any time have you felt you were using marijuana or hash too much?" (if yes) "What did it do to you that made you feel that way?" "Have you ever been arrested for possession of marijuana?" "Have you used (stimulants, sedatives) mainly to get high, or for some other reason?" "...did (use of stimulants) ever make you hear voices? ...ever make you feel, for no good reason, that someone was out to hurt you?" asked of users of sedatives (non-medical usage): "If you didn't take them, would you get so that you felt weak or nervous?" ... did you ever have a seizure or convulsion when you stopped using them?" "Did your taking (uppers, downers) ever lead to your being arrested--either directly or indirectly?" "Have you felt strung out or addicted to narcotics..." "When you were coming down off narcotics--that is, not taking any for a day or more--what's the most trouble you've had... did you ever really sick, or were you just uncomfortable, or didn't it bother you much?" "Has using (selected drugs) interfered with your life...either by getting you into trouble, or keeping you from working, or hurting your health, or in any other way?" (if yes:) "How?" (open-ended)	(NA)
------------------------------	---	------

"Has your use of (1) alcohol, (2) marijuana, or (3) other drugs ever caused any of the following problems for you?"

14 response categories inquiring about: behavior; relationships with family, friends, teachers, employers; involvement with bad influences; school and work performance; loss of interest in previously enjoyed activities; lessened energy; confused thinking; reduced emotional stability plus other "bad psychological effects"; poor physical health; unsafe driving

"Have you ever tried to stop using (selected drugs) and found that you couldn't stop?"

O'Donnell
et al.,
1974

(As a result of using specific drugs) (NA)

"Have you ever:"

gotten into a physical fight
stayed up or high for more than
a day at a time
found you couldn't remember what
had happened to you
been physically or psychologically
dependent on any of the drugs
turned anyone on to any drugs for
their first time
sold any drugs illegally
year of first occurrence
year of last occurrence

"Did your use of any of the drugs
cause you:"

any health problems or injuries
to have problems at work
to have (interpersonal) problems
to have problems with the law
to have any problems besides
those mentioned
year of first occurrence
year of last occurrence
most serious problem of that

type
"Did your use of any of the drugs
...help or benefit you in any way?"

"How would you rate the effects your
use of each drug has had on your life?"

very bad
more bad than good
more good than bad
very good

"...tell me which (selected drug) you
think are addictive. That is, anybody
who uses it regularly becomes physically
and psychologically dependent on it and
can't get along without it."

Rouse and
Ewing,
1972

"Would you risk what you think to
be the physical and psychological
hazards associated with (selected
drug) use in order to feel the
following ways?"
"Would you risk what you think
would be the chances of arrest
and penalty associated with (select-
ed drug) use in order to feel any
of the following ways?"

Tec,
1972

(NA)

Types of experience with
marijuana

Mental:

increased sensory awareness
seeing things wavering
seeing colors or signs
seeing things distorted
dreamlike state
unusual thoughts

Emotional:

having a good time
sense of happiness
sense of well-being
euphoria
self-insight
fear of police raid
feeling confused
feeling anxious
feeling sad, depressed
convinced of a police raid
feeling puzzled about where-
abouts

User's desired effects by risk
willing to take for it - legal
health

Mental:

sensory awareness
rapid, logical thought
inner awareness
unusual thoughts
hallucination

Emotional:

freedom from worries
freedom from depression
less concern about future
exhilaration
mystical, religious experience
ability to express anger
less sexual inhibition

Social:

social facility
less self-consciousness

Opinions about effects of
marijuana

Emotional and physical:

harmful and does not make
feel good
not harmful and makes feel
good
harmful and makes feel good
not harmful and does not
make feel good

1. BRAND AND GENERIC NAMES

2. STREET AND POPULAR NAMES

AMPHETAMINES

1. benzedrine
- deanol
- desbutal*
- desoxyn
- dexamyl
- dexedrine
- dextroamphetamine
- do-do
- methamphetamine
- methedrine
- MDA
- no-do
- pentylenetetrazol
- preludin
- wyamine

2. bennies
- "bombitas"
- dex
- dexies
- diet pills
- greenies
- pep pills
- speed
- splash
- stimulants
- uppers
- "ups"
- whites

COCAINE:

2. "coke"
- crystals
- snow

GLUE, INHALANTS:

1. aerosol sprays
- amyl nitrite
- ether
- freon
- gasoline
- lighter fluid
- liquid metal
- nail polish remover
- nitrous oxide
- paint thinner
- solvents

2. poppers
- snappers

BARBITURATES

(sedatives, hypnotics)

1. alurate
- amobarbital
- amytal
- buticaps
- butisol
- bromisovalum
- butabarbital
- carbital
- chloral &
 derivatives
- dalmane
- desbutal*
- donnotal
- doriden
- ethchlorvynol
- glutethimide
- luminal
- methaqualone
- nembutal
- nitrazepan
- noctec
- noludar
- paraldehyde
- pentobarbital
- phenobarbital
- placidyl
- plexonal
- quaalude
- secobarbital
- seconal
- tuinal
- valmid
- veronal

2. barbs

- blues
- cibas
- "downers"
- downs
- goofballs
- quads
- rainbows
- red devils
- reds
- sleeping pills
- soapers
- sopors
- yellow jackets
- yellows

OTHER CENTRAL NERVOUS SYSTEM DEPRESSANTS

1. asthmador
- belladonna
- jimson weed
- stramonium

LSD AND OTHER PSYCHEDELICS

1. DET
- DMT
- DPT
- hallucinogens
- MDA
- mescaline
- PCP
- peyote
- psilocybin
- sernyl
- STP (DOM)
- THC

2. acid
- angel dust
- hog
- magic mushrooms
- moring glory
 seeds
- peace pill

MARIJUANA

1. cannabis
- hash oil
- hashish
- THC-tetrahydro-
 cannabinol

2. dope
- grass
- hash
- hemp
- joints
- pot
- reefers

ANTIDEPRESSANTS

1. armtriptylme
- elavil
- imipramine
- isocarboxazid
- MAO inhibitors
- methylphenidate
- phenelzine
- ritalin
- tofranil
- tricyclics

SALICYLATES

MAJOR TRANQUILIZERS

1. butyrophenones
- chlorpromazine
- chlorprothixene
- compazine
- haloperidol
- marplan
- mellaril
- phenothiazine derivatives
- reserpine
- serpasil
- sparine
- stelazine
- thioridazine
- thorazine
- thiothixene
- thioxanthen

MINOR TRANQUILIZERS

1. benzodiazepine
- buclizine
- chlorodiazepoxide
- compoz
- diazepam
- equinal
- hydroxyzine
- libritabs
- librim
- meprobamate
- miltown
- oxazepam
- sleep-eze
- sominex
- substituted diols
- tybamate
- valium

METHADONE

NARCOTICS

1. codeine
- darvon
- demerol
- dilaudid
- dolophine
- empirin compound
- heroin
- hycodan
- laudanum
- morphine
- opiated hashish
- opium
- paregoric
- percordan
- robitussin a/c
- syrettas
- talwin
- terpin hydrate

2. "H" scagg stuff
- horse skag
- junk smack

*Desbutal combines the appetite-suppressing action of Desoxyn (methamphetamine hydrochloride) and the sedative effect of Nembutal Sodium (sodium pentobarbital). Methamphetamine, previously know as d-desoxyephedrine is a member of the amphetamine group of sympathomimetic amines. Nembutal Sodium is a short-acting barbiturate, chemically designated as sodium 5-ethyl-5-(1-methylbutyl) barbiturate

APPENDIX B

EXAMPLES OF QUESTIONNAIRES

We present here excerpts from three examples of recent questionnaires used for large sample studies in socio-behavioral research on drug use. The excerpts consist of drug-related questions bearing on the issues discussed in this monograph.* The questionnaires have been developed by three different groups of social researchers in three different studies. They are not presented as model questionnaires--if only for the reason that there is no such thing as a model questionnaire without reference to the specific purposes of a given study.

Of the numerous questionnaires dealing with the social aspects of drug use that we have examined, these three were selected to illustrate the degree of comprehensiveness that can be attained in studies of large general populations. The Cisin-Parry-Abelson questionnaire was intended for personal interviews with adults (a similar one for youths was also used in the same study but is not shown in this Appendix). The Johnston-Bachman questionnaire (one of five from a project called "Monitoring the Future") was

prepared for self-administration by a national sample of high school seniors. The Robins-Davis questionnaire was intended for more restricted populations, i.e., Vietnam veterans.

All three are among the most recent questionnaires developed for large-scale studies funded by the National Institute on Drug Abuse or by the Special Action Office on Drug Abuse Prevention. Each in its own way illustrates adaptations to the type of population studied and the mode of administration of the questionnaire. While not presented in any sense as "models," they are nevertheless instructive as to the kinds of questionnaires that have been used to cover many of the subjects dealt with in this monograph.

** Readers interested in seeing the complete questionnaires from which these excerpts were taken should request them directly from the authors.*

QUESTIONNAIRE 1

Cisin, I., Parry, H.J. Research Project: *Public Experience with Psychoactive Substances: A Nationwide Study among Adults and Youth*. Social Research Group, The George Washington University, Wash., D.C. Sub-contractor: Response Analysis Corp., Princeton, N.J., Dr. Herbert I. Abelson. U.S. Public Health Service Grant.

N = 3,071 adults (ages 18 and up).

From study questionnaire , June 1975: pages 5-28 excerpted

LAY OUT SORTING BOARD, SHUFFLE AND HAND RESPONDENT DECK OF CARDS.

24. Please read each of the cards to see what is on it. Then place the card in one of the boxes on this board to show how much you feel you know about it. If you never heard of it, put it here. (PAUSE) If you know something about it, put it here. (PAUSE) Use the in-between box when it fits.

	<u>NEVER HEARD OF</u>	<u>HEARD THE NAME BUT KNOW ALMOST NOTHING ABOUT IT</u>	<u>KNOW SOMETHING ABOUT IT</u>	<u>NOT SURE</u>	
a. Alcohol	1	2	3	4	146
b. Aspirin	1	2	3	4	
c. Heroin	1	2	3	4	148
d. LSD	1	2	3	4	
e. Barbiturates	1	2	3	4	150
f. Marijuana	1	2	3	4	
g. Methadone	1	2	3	4	152
h. Cocaine	1	2	3	4	
i. Amphetamines	1	2	3	4	154
j. Tranquilizers	1				
k. Opium	1	2	3	4	156

RECORD EACH PILE ABOVE. AFTER YOU HAVE PICKED UP ALL THE SMALL CARDS, HAND RESPONDENT CARD A.

25a. Please look at the names on this card. About how many of them have you heard of from experience or advertising or anything? _____ ESTIMATED NUMBER 157-58
X NONE

TAKE BACK CARD A AND HAND RESPONDENT CARD B.

25b. About how many of these have you heard of from experience or advertising or anything? _____ ESTIMATED NUMBER 159-60
X NONE

TAKE BACK CARD B AND HAND RESPONDENT CARD C.

25c. About how many of these have you heard of from experience or advertising or anything? _____ ESTIMATED NUMBER 161
X NONE

TAKE BACK CARD C AND HAND RESPONDENT CARD D.

25d. About how many of these have you heard of from experience or advertising or anything? _____ ESTIMATED NUMBER 162-63
X NONE

TAKE BACK CARD D AND HAND RESPONDENT CARD E.

26. You may think of some of these as drugs and others as not being drugs. Read over the list and tell me which ones you think of as drugs. Just tell me the numbers. (CIRCLE NUMBERS FOR AS MANY AS APPLY.)

1 HEROIN
2 ALCOHOL
3 MARIJUANA
4 TOBACCO 164
5 BARBITURATES
6 AMPHETAMINES
7 COCAINE
8 METHADONE
9 NO OPINION

27. Now please use the card again. This time tell me which things you think are addic-tive. That is, anybody who uses it regularly becomes physically and psychologically dependent on it and can't get along without it. (CIRCLE NUMBERS FOR AS MANY AS APPLY)

1 HEROIN
2 ALCOHOL
3 MARIJUANA
4 TOBACCO 165
5 BARBITURATES
6 AMPHETAMINES
7 COCAINE
8 METHADONE
9 NO OPINION

TAKE BACK CARD E.

28. These next questions are about some different pills and drugs that you can buy in a drugstore without a prescription. In the past year, did you ever take any aspirin, or Alka-Seltzer, or other things that people take for headaches or fever or upset stomach?

1 YES
2 NO 166
3 DON'T REMEMBER

HAND RESPONDENT CARD A.

29. Here are some other kinds of pills or drugs that you can get without a prescription. As you can see, they include cough syrups and sleeping pills like Sleep-eze, and stimulants like No-doz for helping people stay awake. Besides taking these kinds of pills as medicine, some people also take them for other reasons.
- | | <u>YES</u> | <u>NO</u> | <u>NOT SURE</u> | |
|---|------------|-----------|-----------------|-----|
| a. Did you ever take any of these kinds of things just to see what it was like and how it would work? | 1 | 2 | 3 | 167 |
| b. Did you ever take any of these kinds of things just to enjoy the feeling they give you? | 1 | 2 | 3 | 168 |
| c. Did you ever take any of these things for some <u>other</u> non-medical reason, and not because you needed it? | 1 | 2 | 3 | 169 |

INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO Q. 41 ON PAGE 9,
IF ANY YESES OR NOT SURES, GO ON TO THE NEXT QUESTION.

30. About how long ago was the first time you took any of these things for non-medical reasons?
- | | |
|---|-----|
| 1 FIVE YEARS AGO OR LONGER | |
| 2 MORE THAN A YEAR AGO, LESS THAN FIVE YEARS AGO | |
| 3 SIX MONTHS TO A YEAR AGO | |
| 4 MORE THAN ONE MONTH AGO, LESS THAN SIX MONTHS AGO | 170 |
| 5 WITHIN THE PAST MONTH | |
| 6 NOT SURE | |
31. About how long ago was the most recent time you took any of these for non-medical reasons?
- | | |
|------------------------------|-----|
| 1 WITHIN THE PAST WEEK | |
| 2 WITHIN THE PAST MONTH | |
| 3 WITHIN THE PAST SIX MONTHS | |
| 4 MORE THAN SIX MONTHS AGO | |
| 5 MORE THAN A YEAR AGO | |
| 6 NOT SURE | 171 |
- (Skip to Q. 41 on page 9)
32. During the past month, on about how many different days did you use any of these things for non-medical reasons? NUMBER OF DAYS _____ 172-73
33. How about the month before that? On about how many different days did you use any of these things for non-medical reasons? NUMBER OF DAYS _____ 174-75

34. How likely are you to use any of these things again for non-medical reasons?
(READ FIRST THREE CHOICES TO RESPONDENT.)

Would you say you. . .

- 1 Definitely will do it again
- 2 Might do it again under certain circumstances
- 3 Definitely will not do it again-(Skip to Q. 41) 205
- 4 NO OPINION

35. When it comes to using these things for non-medical reasons, do you think of yourself as a regular user or only an occasional user?

- 1 REGULAR USER
- 2 REGULAR USER ("BUT CAN'T ALWAYS GET IT" VOLUNTEERED) 206
- 3 OCCASIONAL USER
- 4 NON-USER (VOLUNTEERED) - (Skip to Q. 41 on page 9)
- 5 NOT SURE

36. When you take these things, are you usually alone or with one or more other people?

- 1 ALONE
- 2 WITH OTHERS
- 3 SOMETIMES ALONE, SOMETIMES WITH OTHERS 207
- 4 NO ANSWER

(IF "WITH OTHERS" OR "SOMETIMES WITH OTHERS" ON Q. 36, ASK):

37. Are you usually at a party or not at a party?

- 1 AT A PARTY
- 2 NOT AT A PARTY
- 3 SOMETIMES AT A PARTY, SOMETIMES NOT 208
- 4 NO ANSWER

38. When you use these things, do you sometimes take some other kind of pill, or alcohol, or marijuana at about the same time?

- 1 YES
- 2 NO - (Skip to Q. 41, page 9) 209
- 3 NOT SURE

(IF "YES" OR "NOT SURE" ON Q.38 ASK):

39. What do you use with it most often -- another kind of pill, or alcohol, or marijuana?

- 1 ANOTHER KIND OF PILL
- 2 ALCOHOL
- 3 MARIJUANA 210
- 4 SOMETHING ELSE

(What?) _____

40. How often do you use these together? (READ FIRST THREE CHOICES.)

- 1 Nearly every time
- 2 About half the time 211
- 3 Less than half the time
- 4 NOT SURE

TAKE BACK CARD A AND HAND RESPONDENT CARD B.

Please look at the pills and read what it says at the top of the card. (PAUSE)
Now please look at Group One. These are barbiturates that doctors prescribe to calm people down during the day, or for high blood pressure and other things.

41. About how long ago was the first time you had any of these pills or other pills like them prescribed for you by a doctor?

- 1 FIVE YEARS AGO OR LONGER
2 MORE THAN ONE YEAR AGO, LESS THAN FIVE YEARS AGO
3 WITHIN THE PAST YEAR
4 NEVER – (Skip to Q. 46 on the next page)
- 212

42. About how long ago was the most recent time you took any of these pills or other pills like them prescribed for you by a doctor?

- 1 WITHIN THE PAST MONTH
2 WITHIN THE PAST YEAR
3 MORE THAN ONE YEAR AGO
4 DON'T REMEMBER
- 213
- (Skip to Q. 46 on the next page)

43. Still looking at Group One, what are the names of the pills you took that were prescribed by a doctor? Just give me the number from the card. Or, if it's not on the card, do you know its name?

- | | | |
|---------------------|-----------------|-----------|
| 1 BUTISOL, BUTICAPS | 6 PHENOBARBITAL | |
| 2 CARBRITAL | 7 AMOBARBITAL | |
| 3 AMYTAL | 8 NOT SURE | |
| 4 ALURATE | 9 OTHER: _____ | |
| 5 PLEXONAL | | (Specify) |
- 214

44. While you were taking these pills that the doctor prescribed, was there any period during the last twelve months when you took them every day?

- 1 YES
2 NO
3 NOT SURE
- 215

IF "YES" ON Q. 44, ASK:

45. What was the longest period of time during the last twelve months that you took them every day?

- 1 SIX MONTHS OR MORE
2 TWO MONTHS, BUT LESS THAN SIX MONTHS
3 ONE MONTH, BUT LESS THAN TWO MONTHS
4 LESS THAN ONE MONTH
5 DON'T REMEMBER, NOT SURE
- 216

46. Now look at Group Two. These are barbiturate sleeping pills that doctors prescribe to help people fall asleep at night.

About how long ago was the first time you had any of these pills or other pills like them prescribed for you by a doctor?

- 1 FIVE YEARS AGO OR LONGER
 - 2 MORE THAN A YEAR AGO, LESS THAN FIVE YEARS AGO
 - 3 WITHIN THE PAST YEAR
 - 4 NEVER (Skip to Q. 51 on next page)
- 217

47. About how long ago was the most recent time you took any of these pills or other pills like them prescribed for you by a doctor?

- 1 WITHIN THE PAST MONTH
 - 2 WITHIN THE PAST YEAR
 - 3 MORE THAN ONE YEAR AGO
 - 4 DON'T REMEMBER
- 218
- (Skip to Q. 51 on next page)

48. What are the names of the pills you took that were prescribed by a doctor? Just tell me their numbers from the card.

- 8 SECONAL
 - 9 NEMBUTAL
 - 10 TUINAL
 - 11 PENTOBARBITAL
 - 12 SECOBARBITAL
 - 13 NOT SURE
 - 14 OTHER: _____
- 219
- (Specify)

49. While you were taking these pills that the doctor prescribed, was there any period during the last twelve months when you took them every day?

- 1 YES
 - 2 NO
 - 3 NOT SURE
- 220

(IF "YES" ON Q. 49, ASK):

50. What was the longest period of time during the last twelve months that you took them every day?

- 1 SIX MONTHS OR MORE
 - 2 TWO MONTHS, BUT LESS THAN SIX MONTHS
 - 3 ONE MONTH, BUT LESS THAN TWO MONTHS
 - 4 LESS THAN ONE MONTH
 - 5 DON'T REMEMBER, NOT SURE
- 221

51. Now look at Group Three. These are also common sleeping pills, but they are not barbiturates. They are also prescribed by doctors to help people fall asleep at night.

About how long ago was the first time you had any of these pills or other pills like them prescribed for you by a doctor?

- 1 FIVE YEARS AGO OR LONGER
 - 2 MORE THAN A YEAR AGO, LESS THAN FIVE YEARS AGO
 - 3 WITHIN THE PAST YEAR
 - 4 NEVER -(Skip to Q. 56 on next page)
- 222

52. About how long ago was the most recent time you took any of these pills or other pills like them prescribed for you by a doctor?

- 1 WITHIN THE PAST MONTH
 - 2 WITHIN THE PAST YEAR
 - 3 MORE THAN ONE YEAR AGO
 - 4 DON'T REMEMBER
- (Skip to Q. 56 on next page)
- 223

53. What are the names of the pills you took that were prescribed by a doctor? Just tell me their numbers from the card.

- 13 DORIDEN
 - 14 NOLUDAR
 - 15 QUAALUDE
 - 16 SOPOR
 - 17 PLACIDYL
 - 18 DALMANE
 - 19 METHAQUALONE
 - 20 NOT SURE
 - 21 OTHER: _____
- (Specify)
- 224

54. While you were taking these pills that the doctor prescribed, was there any period during the last twelve months when you took them every day?

- 1 YES
 - 2 NO
 - 3 NOT SURE
- 225

(IF "YES" ON Q. 54 ASK):

55. What was the longest period of time during the last twelve months that you took them every day?

- 1 SIX MONTHS OR MORE
 - 2 TWO MONTHS, BUT LESS THAN SIX MONTHS
 - 3 ONE MONTH, BUT LESS THAN TWO MONTHS
 - 4 LESS THAN ONE MONTH
 - 5 NOT SURE, DON'T REMEMBER
- 226

56. Now please look at all the pills on the whole card, all three groups. People sometimes use there on their own, to help relax or just to feel good. These pills are sometimes called "downs" or "downers."

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?	1	2	3	227
b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?	1	2	3	228
c. Did you ever take any of these pills for some <u>other</u> non-medical reason, and not because you needed it?	1	2	3	229

INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO Q. 69 ON PAGE 14.
IF ANY YESES OR NOT SURES, GO ON TO THE NEXT QUESTION.

57. About how long ago was the first time you took any of these pills (or other pills like them) for any of the reasons just mentioned?

- 1 FIVE YEARS AGO OR LONGER
 - 2 MORE THAN A YEAR AGO, LESS THAN FIVE YEARS AGO
 - 3 SIX MONTHS TO A YEAR AGO
 - 4 MORE THAN ONE MONTH AGO, LESS THAN SIX MONTHS AGO
 - 5 WITHIN THE PAST MONTH
 - 6 NOT SURE
- 230

58. When was the most recent time you took any of these for non-medical reasons?

- 1 WITHIN THE PAST WEEK
 - 2 WITHIN THE PAST MONTH
 - 3 WITHIN THE PAST SIX MONTHS
 - 4 MORE THAN SIX MONTHS AGO
 - 5 MORE THAN A YEAR AGO
 - 6 NOT SURE
- 231
- (Skip to Q. 69 on page 14)

59. Which of the pills on the whole card did you take for non-medical reasons during the past month? Just tell me their numbers.

- | | | | |
|---------------------|------------------|-----------------|--------|
| 1 BUTISOL, BUTICAPS | 8 SECONAL | 15 QUAALUOE | |
| 2 CARBRITAL | 9 NEMBUTAL | 16 SOPORS | |
| 3 AMYTAL | 10 TUINAL | 17 PLACIDYL | 232-34 |
| 4 ALURATE | 11 PENTOBARBITAL | 18 DALMANE | |
| 5 PLEXONAL | 12 SECOBARBITAL | 19 METHAQUALONE | |
| 6 PHENOBARBITAL | 13 DORIDEN | 20 NOT SURE | |
| 7 AMOBARBITAL | 14 NOLUDAR | 21 OTHER | |
- (Specify)

60. During the past month, on about how many different days did you use any of these things for non-medical reasons?

NUMBER OF DAYS _____ 235-36

- 61 How about the month before that? On about how many different days did you use any of these things for non-medical reasons? NUMBER OF DAYS _____ 237-38
- 62 How likely are you to use them for non-medical reasons again? (READ FIRST THREE CHOICES TO RESPONDENT.)
Would you say you. . .
- 1 Definitely will do it again
 - 2 Might do it again under certain circumstances 239
 - 3 Definitely will not do it again
 - 4 NO OPINION
63. When it comes to using these pills for non-medical reasons, do you think of yourself as a regular user or only an occasional user?
- 1 REGULAR USER
 - 2 REGULAR USER ("BUT CAN'T ALWAYS GET IT" VOLUNTEERED)
 - 3 OCCASIONAL USER 240
 - 4 NON-USER (VOLUNTEERED) -(Skip to Q. 69 on the next page)
 - 5 NOT SURE
64. When you take these pills, are you usually alone or with one or more other people?
- 1 ALONE
 - 2 WITH OTHERS
 - 3 SOMETIMES ALONE, SOMETIMES WITH OTHERS 241
 - 4 NO ANSWER
- (IF "WITH OTHERS" OR "SOMETIMES WITH OTHERS" ON Q. 64 ASK):
65. Are you usually at a party or not at a party?
- 1 AT A PARTY
 - 2 NOT AT A PARTY
 - 3 SOMETIMES AT A PARTY, SOMETIMES NOT 242
 - 4 NO ANSWER
66. When you use these pills, do you sometimes take some other kind of pill, or alcohol, or marijuana at about the same time?
- 1 YES
 - 2 NO-(Skip to Q. 69, on next page) 243
 - 3 NOT SURE
- (IF "YES" OR "NOT SURE" ON Q. 66, ASK):
67. What do you use with it most often -- another kind of pill, or alcohol, or marijuana?
- 1 ANOTHER KIND OF PILL
 - 2 ALCOHOL
 - 3 MARIJUANA 244
 - 4 SOMETHING ELSE (What?) _____
68. How often do you use these together? (READ FIRST THREE CHOICES.)
- 1 Nearly every time
 - 2 About half the time
 - 3 Less than half the time 245
 - 4 NOT SURE

TAKE BACK CARD B AND HAND RESPONDENT CARD C.

These are tranquilizers, and doctors sometimes prescribe them to calm people down, quiet their nerves, or relax their muscles.

69. About how long ago was the first time you had any of these pills or other pills like them prescribed for you by a doctor?

- 1 FIVE YEARS AGO OR LONGER
 - 2 MORE THAN ONE YEAR AGO, LESS THAN FIVE YEARS AGO
 - 3 WITHIN THE PAST YEAR
 - 4 NEVER-(Skip to Q. 74)
- 246

70. About how long ago was the most recent time you took any of these pills or other pills like them prescribed for you by a doctor?

- 1 WITHIN THE FAST MONTH
 - 2 WITHIN THE PAST YEAR
 - 3 MORE THAN ONE YEAR AGO
 - 4 DON'T REMEMBER
- 247
- (Skip to Q. 74)

71. What are the names of the pills you took that were prescribed by a doctor? Just tell me their numbers from the card. Or if it's not on the card, do you know its name'?

- | | | |
|----------------------|---------------------------------|-----------|
| 1 VALIUM | 7 VISTARIL | |
| 2 LIBRIUM, LIBRITABS | 8 MILTOWN, MEPROSPAN, MEPROTABS | |
| 3 EQUANIL | 9 MEPROBAMATE | 248 |
| 4 SERAX | 10 NOT SURE | |
| 5 ATARAX | X OTHER: _____ | |
| 6 TRANXENE | | (Specify) |

72. While you were taking these pills that the doctor prescribed, was there any period during the last twelve months that you took them every day?

- 1 YES
- 2 NO
- 3 NOT SURE

249

(IF "YES" ON Q. 73, ASK):

73. What was the longest period of time during the last twelve months that you took them every day?

- 1 SIX MONTHS OR MORE
- 2 TWO MONTHS, BUT LESS THAN SIX MONTHS
- 3 ONE MONTH, BUT LESS THAN TWO MONTHS
- 4 LESS THAN ONE MONTH
- 5 DON'T REMEMBER, NOT SURE

250

74a. Did you ever take any of these kinds of pills just to see what it was like and how it would work?

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>	
	1	2	3	251

b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you?

	1	2	3	252
--	---	---	---	-----

c. Did you ever take any of these kinds of pills for some other non-medical reason. and not because you needed it?

	1	2	3	253
--	---	---	---	-----

INTERVIEWER: IF "NO" ON ALL THREE ABOVE, -SKIP TO Q. 87 ON PAGE 17
IF ANY YESES OR NOT SURES, GO ON TO Q. 75 ON THE NEXT PAGE.

75. About how long ago was the first time you took any of these pills (or other pills like them) for any of the reasons just mentioned?

- 1 FIVE YEARS AGO OR LONGER
 - 2 MORE THAN A YEAR AGO, LESS THAN FIVE YEARS AGO
 - 3 SIX MONTHS TO A YEAR AGO
 - 4 MORE THAN ONE MONTH AGO, LESS THAN SIX MONTHS AGO
 - 5 WITHIN THE PAST MONTH
 - 6 NOT SURE
- 254

76. About how long ago was the most recent time you took any of these pills for non-medical reasons?

- 1 WITHIN THE PAST WEEK
 - 2 WITHIN THE PAST MONTH
 - 3 WITHIN THE PAST SIX MONTHS
 - 4 MORE THAN SIX MONTHS AGO
 - 5 MORE THAN A YEAR AGO
 - 6 NOT SURE
- 255
- (Skip to Q. 87 on page 17)

77. Which of these tranquilizers did you take for non-medical reasons during the past month? Just tell me their numbers from the card.

- | | | |
|----------------------|---------------------------------|-----|
| 1 VALIUM | 7 VISTARIL | |
| 2 LIBRIUM, LIBRITABS | 8 MILTOWN, MEPROSPAN, MEPROTABS | |
| 3 EQUANIL | 9 MEPROBAMATE | 256 |
| 4 SERAX | 10 NOT SURE | |
| 5 ATARAX | X OTHER: _____ | |
| 6 TRANXENE | (Specify) | |

78. During the past month, on about how many different days did you use any of these things for non-medical reasons?

NUMBER OF DAYS _____ 257-58

79. How about the month before that? On about how many different days did you use any of these things for non-medical reasons?

NUMBER OF DAYS _____ 259-60

80. How likely are you to use them for non-medical reasons again? (READ FIRST THREE CHOICES TO RESPONDENT.)

Would you say you. . .

- 1 Definitely will do it again
 - 2 Might do it again under certain circumstances
 - 3 Definitely will not do it again
 - 4 NO OPINION
- 261

81. When it comes to using these pills for non-medical reasons, do you think of yourself as a regular user or only an occasional user?

- 1 REGULAR USER
 - 2 REGULAR USER ("BUT CAN'T ALWAYS GET THEM" VOLUNTEERED)
 - 3 OCCASIONAL USER
 - 4 NON-USER (VOLUNTEERED) - (Skip to Q. 87 on page 17)
 - 5 NOT SURE
- 262

82. Are you usually alone when you take these pills, or with one or more other people?

- 1 ALONE
- 2 WITH OTHERS
- 3 SOMETIMES ALONE, SOMETIMES WITH OTHERS
- 4 NO ANSWER

263

(IF "WITH OTHERS" OR "SOMETIMES WITH OTHERS" ON Q. 82 ASK):

83. Are you usually at a party or not at a party?

- 1 AT A PARTY
- 2 NOT AT A PARTY
- 3 SOMETIMES AT A PARTY, SOMETIMES NOT
- 4 NO ANSWER

264

84. When you use these pills, do you sometimes take some other kind of pill, or alcohol or marijuana at about the same time?

- 1 YES
- 2 NO -(Skip to Q. 87 on next page)
- 3 NOT SURE

265

(IF "YES" OR "NOT SURE" ON Q. 84 ASK):

85. What do you use with it most often -- another kind of pill, or

- 1 ANOTHER KIND OF PILL
- 2 ALCOHOL
- 3 MARIJUANA
- 4 SOMETHING ELSE (What?) _____

266

86. How often do you use these together? (READ FIRST THREE CHOICES)

- 1 Nearly every time
- 2 About half the time
- 3 Less than half the time
- 4 NOT SURE

267

TAKE BACK CARD C AND HAND RESPONDENT CARD D.

87. These are pills that doctors sometimes prescribe for losing weight. Please look at Group One. They also make people feel more wide-awake, peppy, energetic or alert. These are amphetamines.

About how long ago was the first time you had any of these pills or other pills like them prescribed for you by a doctor?

- 1 FIVE YEARS AGO OR LONGER
 - 2 MORE THAN ONE YEAR AGO, LESS THAN FIVE YEARS AGO
 - 3 WITHIN THE PAST YEAR
 - 4 NEVER —(Skip to Q. 92 on the next page)
- 268

88. About how long ago was the most recent time you took any of these pills or others like them prescribed for you by a doctor?

- 1 WITHIN THE PAST MONTH
 - 2 WITHIN THE PAST YEAR
 - 3 MORE THAN ONE YEAR AGO
 - 4 DON'T REMEMBER
- 269
- (Skip to Q. 92 on next page)

89. What are the names of the pills you took that were prescribed by a doctor? Look just at Group One and tell me the numbers from the card.

- | | | |
|---------------|-----------------------|-----------|
| 1 ESKATROL | 8 BAMADEX | |
| 2 DEXAMYL | 9 AMBAR | |
| 3 BIPHETAMINE | 10 BENZEDRINE | |
| 4 DEXEDRINE | 11 METHADRINE | 270-71 |
| 5 DESOXYN | 12 DEXTRO-AMPHETAMINE | |
| 6 DESBUTAL | 13 NOT SURE | |
| 7 OBEDRIN | 14 OTHER: _____ | |
| | | (Specify) |

90. While you were taking these pills that the doctor prescribed, was there any period during the last twelve months when you took them every day?

- 1 YES
 - 2 NO
 - 3 NOT SURE
- 272

(IF "YES" ON Q. 90, ASK):

91. What was the longest period of time during the last twelve months that you took them every day?

- 1 SIX MONTHS OR MORE
 - 2 TWO MONTHS, BUT LESS THAN SIX MONTHS
 - 3 ONE MONTH, BUT LESS THAN TWO MONTHS
 - 4 LESS THAN ONE MONTH
 - 5 DON'T REMEMBER, NOT SURE
- 273

92. Now look at Group Two. This is another group of stimulant drugs that are used mainly for weight loss, but they do not contain amphetamine. About how long ago was the first time you used any of these pills or others like them prescribed for you by a doctor?

- 1 FIVE YEARS AGO OR LONGER
 2 MORE THAN ONE YEAR AGO, LESS THAN, FIVE YEARS AGO
 3 WITHIN THE PAST YEAR
 4 NEVER -(Skip to Q. 97 on the next page) 305

93. About how long ago was the most recent time you took any of these pills or others like them prescribed for you by a doctor?

- 1 WITHIN THE PAST MONTH
 2 WITHIN THE PAST YEAR
 3 MORE THAN ONE YEAR AGO
 4 DON'T REMEMBER] -(Skip to Q. 97 on the next page) 306

94. What are the names of the pills you took that were prescribed by a doctor? Look just at Group Two and tell me the numbers from the card.

- 13 RITALIN
 14 TENUATE
 15 IONAMIN
 16 PRELUDIN
 17 TEPANIL
 18 PRE-SATE
 19 NOT SURE
 20 OTHER: _____
 (Specify) 307

95. While you were taking these pills that the doctor prescribed, was there any period during the last twelve months when you took them every day?

- 1 YES
 2 NO
 3 NOT SURE 308

(IF "YES" ON Q. 95 ASK):

96. What was the longest period of time during the last twelve months that you took them every day?

- 1 SIX MONTHS OR MORE
 2 TWO MONTHS, BUT LESS THAN SIX MONTHS
 3 ONE MONTH, BUT LESS THAN TWO MONTHS
 4 LESS THAN ONE MONTH
 5 DON'T REMEMBER, NOT SURE 309

97. Now please look at all the pills on the whole card, both groups. They are sometimes called "ups" or "uppers," "speed," or "bennies."
- | | <u>YES</u> | <u>NO</u> | <u>NOT</u> | <u>SURE</u> | |
|---|------------|-----------|------------|-------------|-----|
| a. Did you ever take any of these kinds of pills just-to see what it was like and how it would work? | 1 | 2 | 3 | | 310 |
| b. Did you ever take any of these kinds of pills just to enjoy the feeling they give you? | 1 | 2 | 3 | | 311 |
| c. Did you ever take any of these kinds of pills for some <u>other</u> non-medical reason, and not because you needed it? | 1 | 2 | 3 | | 312 |

INTERVIEWER: IF "NO" ON ALL THREE ABOVE, SKIP TO Q. 110 ON PAGE 21.
IF ANY YESES OR NOT SURES, GO ON WITH THE NEXT QUESTION.

98. About how long ago was the first time you took any of these pills (or other pills like them) for any of the reasons just mentioned?
- | | |
|---|-----|
| 1 FIVE YEARS AGO OR LONGER | |
| 2 MORE THAN A YEAR AGO, LESS THAN FIVE YEARS AGO | |
| 3 SIX MONTHS TO A YEAR AGO | 313 |
| 4 LESS THAN SIX MONTHS AGO, MORE THAN A MONTH AGO | |
| 5 WITHIN THE PAST MONTH | |
| 6 NOT SURE | |

99. When was the most recent time you took any of these pills for non-medical reasons?
- | | |
|------------------------------|-----|
| 1 WITHIN THE PAST WEEK | |
| 2 WITHIN THE PAST MONTH | |
| 3 WITHIN THE PAST SIX MONTHS | |
| 4 MORE THAN SIX MONTHS AGO | 314 |
| 5 MORE THAN A YEAR AGO | |
| 6 NOT SURE | |

100. Which of these pills did you take for non-medical reasons during the past month? Just give me the number from the card. Or if it's not on the card, do you know its name?
- | | | |
|---------------|-----------------------|--------|
| 1 ESKATROL | 11 METHADRINE | |
| 2 DEXAMYL | 12 DEXTRO-AMPHETAMINE | |
| 3 BIPHETAMINE | 13 RITALIN | |
| 4 DEXEDRINE | 14 TENUATE | |
| 5 DESOXYN | 15 IONAMIN | 315-16 |
| 6 DESBUTAL | 16 PRELUDIN | |
| 7 OBEDRIN | 17 TEPANIL | |
| 8 BAMADAX | 18 PRE-SATE | |
| 9 AMBAR | 19 NOT SURE | |
| 10 BENZEDRINE | 20 OTHER: _____ | |
| | (Specify) | |

101. During the past month, on about how many different days did you use any of these things for non-medical reasons?
- NUMBER OF DAYS _____ 317-18

102. How about the month before that? On about how many different days did you use any of these things for non-medical reasons?
- NUMBER OF DAYS _____ 319-20

103. How likely are you to use them again for non-medical reasons? (READ FIRST THREE CHOICES TO RESPONDENT.)

Would you say you. . .

- 1 Definitely will do it again
- 2 Might do it again under certain circumstances 321
- 3 Definitely will not do it again-(skip to Q. 110)
- 4 NO OPINION

104. When it comes to using these pills for non-medical reasons, do you think of yourself as a regular user or only an occasional user?

- 1 REGULAR USER
- 2 REGULAR USER ("BUT CAN'T ALWAYS GET THEM" VOLUNTEERED)
- 3 OCCASIONAL USER 322
- 4 NON-USER (VOLUNTEERED) - (Skip to Q. 110 on next page)
- 5 NOT SURE

105. Are you usually alone when you take these pills, or with one or more other people?

- 1 ALONE
- 2 WITH OTHERS 323
- 3 SOMETIMES ALONE, SOMETIMES WITH OTHERS
- 4 NO ANSWER

IF "WITH OTHERS" OR "SOMETIMES WITH OTHERS" ON Q. 105 ASK):

106. Are you usually at a party or not at a party?

- 1 AT A PARTY
- 2 NOT AT A PARTY 324
- 3 SOMETIMES AT A PARTY, SOMETIMES NOT
- 4 NO ANSWER

107. When you use these pills, do you sometimes take some other kind of pill, or alcohol, or marijuana at about the same time?

- 1 YES
- 2 NO - (Skip to Q. 110 on next page) 325
- 3 NOT SURE

(IF "YES" OR "NOT SURE" ON Q. 107 ASK):

108. What do you use with it most often -- another kind of pill, or alcohol, or marijuana?

- 1 ANOTHER KIND OF PILL
- 2 ALCOHOL
- 3 MARIJUANA 326
- 4 SOMETHING ELSE (What?) _____

109. How often do you use these together? (READ FIRST THREE CHOICES)

- 1 Nearly every time
- 2 About half the time
- 3 Less than half the time 327
- 4 NOT SURE

110. These next questions are to get your opinions about another substance, marijuana, which is sometimes called grass or pot. I'm going to read you five statements about marijuana. After I read each one, please tell me if you mostly agree with it or mostly disagree with it. (ASK AFTER EACH ONE AS NEEDED: Do you mostly agree or mostly disagree with that statement?)

	<u>MOSTLY AGREE</u>	<u>MOSTLY DISAGREE</u>	<u>OTHER ANSWER</u>	<u>NOT SURE</u>	
a. You can try marijuana once or twice with no bad effects.	1	2	3	4	328
b. You can use marijuana without ever becoming addicted to it.	1	2	3	4	329
c. Marijuana makes people want to try stronger things like heroin.	1	2	3	4	330
d. Marijuana is probably used a lot in this neighborhood.	1	2	3	4	331
e. Most marijuana users in this country are from minority groups.	1	2	3	4	332

HAND RESPONDENT SELF-ADMINISTERED QUESTIONNAIRE, LARGE RETURN ENVELOPE AND PEN.

TELL RESPONDENT: Now for a change of pace, I'm going to give you a brief questionnaire on marijuana to fill out yourself. You can answer some questions by writing in a number. For the rest, just draw a circle around the number of the answer which fits the best.

When you finish, I will ask you to put the questionnaire in the envelope. This interview is confidential. I will never know your answers, and no one else will ever know your answers. I have my own blank copy of the questions, in case you want to ask me about any of them. Just let me know when you are done.

(INTERVIEWER: WHILE RESPONDENT IS FILLING OUT THE QUESTIONNAIRE, PLEASE CHECK THE FIRST PAGE OF THE QUESTIONNAIRE. MAKE SURE THAT THE LOCATION NUMBER AND HOUSING UNIT NUMBER ARE WRITTEN DOWN.)

WHEN RESPONDENT IS FINISHED SAY: Do not tell me your answers, but let me ask you about filling out the questionnaire.

First, did you answer all the questions that apply to you? (IF NOT, WAIT WHILE RESPONDENT DOES IT.)

Second, just to check, how did you show your answers? Did you circle the numbers or what? (IF HE DID SOMETHING ELSE, LIKE CHECK MARKS, ASK HIM TO CIRCLE THE NUMBERS ALSO. WAIT WHILE RESPONDENT GOES BACK AND CIRCLES THE NUMBERS.)

WHEN YOU ARE SATISFIED THAT THE WORK WAS DONE RIGHT, ASK THE RESPONDENT TO PUT THE COMPLETED QUESTIONNAIRE IN THE ENVELOPE.

HAND RESPONDENT THE PINK ANSWER SHEET (#1) AND READ THE FOLLOWING:

The next questions are asked so that I do not know what your answers are. First, the answer sheet you have allows you to write your answers to my questions, without saying them out loud.

Second, there is a place for you to answer every question. That way people who do not use these things take the same amount of time to answer as the people who do use them.

Third, when you are through with the answer sheet, please put it in the envelope you have.

Now let's do the first one. These questions are about hashish, or hash, as many people call it. After I read the question, don't tell me the answer; just write it in the space.

Question 1. How old were you when you first knew someone who had tried hash?

Write your age in the space -- the age when you first knew someone who had tried hash. If you never knew anyone who tried hash, just draw a circle around the "X" in front of the words "NEVER KNEW ANYONE."

WAIT AND GIVE RESPONDENT TIME TO WRITE AN ANSWER. DO NOT LOOK DIRECTLY AT THE RESPONDENT OR APPEAR TO TRY TO SEE WHAT HE WRITES.

Here is Question 2. About how old were you when you first had the chance to try hash, if you wanted to?

AGAIN WAIT FOR RESPONDENT TO WRITE HIS ANSWER BEFORE GOING ON TO QUESTION 3.

Question 3. If you did have the chance to try hash at that time, did you try it?

Circle one of the numbers that goes with Question 3 - the number that comes closest to your answer.

CONTINUE IN THIS WAY WITH ALL THE REST OF THE QUESTIONS IN THIS SECTION.

4. If you did not try hash at that time, did you try it at a later time?
5. About how long ago was the first time you tried hash?
6. When was the most recent time you used hash?
7. During the past month, on about how many different days did you use hash?
 - a. How about the month before that? On about how many different days did you use hash?
9. How likely are you to use hash again? Would you say you definitely will do it again, might do it again under certain circumstances, definitely will not do it again, or are you not sure what you will do? There is also a number to circle if you never used hash.

INTERVIEWER: PLEASE REMEMBER TO SAY "QUESTION 10," "QUESTION 11," ETC. AND NOT JUST THE NUMBER OF THE QUESTION.

10. When you use hash, are you usually alone, or with one or more other people?
11. Are you usually at a party or not at a party, when you use hash?
12. When you use hash, do you sometimes take a pill, or alcohol at about the same time?
13. Which do you use most often with it -- a pill, or alcohol, or something else?
14. How often do you use these things together?

HAVE RESPONDENT PUT COMPLETED PINK ANSWER SHEET IN THE ENVELOPE. THEN GIVE HIM THE YELLOW (#2) ANSWER SHEET AND ASK HIM THE FOLLOWING QUESTIONS:

- G1. About how old were you when you first knew someone who sniffed glue or some other inhalant?
- G2. About how old were you when you first had the chance to sniff glue or some other inhalant if you wanted to?
- G3. If you did have the chance to sniff glue or some other inhalant at that time, did you try it?
- G4. If you did not try sniffing glue or some other inhalant at that time, did you try it at a later time?
- G5. About how long ago was the first time you tried sniffing glue or some other inhalant?
- G6. When was the most recent time you sniffed glue or some other inhalant?
- G7. During the past month, on about how many different days did you sniff glue or some other inhalant?
- G8. How about the month before that? On about how many different days did you sniff glue or some other inhalant?
- G9. How likely are you to sniff glue or some other inhalant again? Would you say you definitely will do it again, might do it again under certain circumstances, definitely will not do it again, or are you not sure what you will do?
- G10. When you sniff glue or some other inhalant, are you usually alone or with one or more other people?
- G11. Are you usually at a party or not at a party, when you sniff glue or something else?
- G12. When you sniff glue or some other inhalant, do you sometimes take a pill, or alcohol, or marijuana at about the same time?

INTERVIEWER: PLEASE REMEMBER TO SAY "QUESTION 13," "QUESTION 14," AND NOT JUST "13," OR "14" BY ITSELF.

G13. Which do you use most often with it -- a pill, or alcohol, or marijuana, or what?

G14. About how often do you use these things together?

HAVE RESPONDENT PUT THE YELLOW (#2) ANSWER SHEET IN THE ENVELOPE. THEN HAND HIM THE BROWN #3 ANSWER SHEET. ASK THE NEXT SET OF QUESTIONS AS BEFORE.

C1. About how old were you when you first knew someone who had tried cocaine?

C2. About how old were you when you first had the chance to try cocaine if you wanted to?

C3. If you did have the chance to try cocaine at that time, did you try it?

C4. If you did not try cocaine at that time, did you try it at a later time?

C5. About how long ago was the first time you tried cocaine?

C6. When was the most recent time you used cocaine?

C7. During the past month, on about how many different days did you use cocaine?

C8. How about the month before that? On about how many different days did you use cocaine?

C9. How likely are you to use cocaine again? Would you say you definitely will do it again, might do it again under certain circumstances, definitely will not do it again, or are you not sure what you will do?

C10. When you use cocaine, are you usually alone or with one or more other people?

C11. Are you usually at a party or not at a party when you use cocaine?

C12. When you use cocaine, do you sometimes take a pill, or alcohol, or marijuana at about the same time?

C13. Which do you use most often with it -- a pill, or alcohol, or marijuana, or what?

C14. How often do you use these things together?

HAVE RESPONDENT PUT BROWN (#3) ANSWER SHEET IN THE ENVELOPE. THEN HAND HIM THE GREEN (#4) ANSWER SHEET AND CONTINUE WITH THE NEXT SET OF QUESTIONS.

L1. About how old were you when you first knew someone who had tried LSD or other hallucinogens?

L2. About how old were you when you first had the chance to try LSD or other hallucinogens?

- L3. If you did have the chance to try LSD or other hallucinogens at that time, did you try it?
- L4. If you did not try LSD or other hallucinogens at that time, did you try it at a later time?
- L5. About how long ago was the first time you tried LSD or other hallucinogens?
- L6. When was the most recent time you tried LSD or other hallucinogens?
- L7. During the past month, on about how many different days did you use LSD or other hallucinogens?
- L8. How about the month before that? On about how many different days did you use LSD or other hallucinogens?
- L9. How likely are you to use LSD or other hallucinogens again? Would you say you definitely will do it again, might do it again under certain circumstances, definitely will not do it again, or are you not sure what you will do?
- L10. When you use LSD or other hallucinogens, are you usually alone or with one or more other people?
- L11. Are you usually at a party or not at a party, when you use LSD or other hallucinogens?
- L12. When you use LSD or other hallucinogens, do you sometimes take a pill, or alcohol, or marijuana at about the same time?
- L13. Which do you use most often with it -- a pill, or alcohol, or marijuana or what?
- L14. How often do you use these things together?

HAVE RESPONDENT PUT GREEN (#4) ANSWER SHEET IN THE ENVELOPE. THAN HAND HIM THE GRAY (#5) ANSWER SHEET.

- H1. About how old were you when you first knew someone who had tried heroin?
- H2. About how old were you when you first had the chance to try heroin if you wanted to?
- H3. If you did have the chance to try heroin at that time, did you try it?
- H4. If you did not try heroin at that time, did you try it at a later time?
- H5. About how long ago was the first time you tried heroin?
- H6. When was the most recent time you used heroin?
- H7. During the past month, on about how many different days did you use heroin?
- H8. How about the month before that? On about how many different days did you use heroin?

H9. How likely are you to use heroin again? Would you say you definitely will do it again, might do it again under certain circumstances, definitely will not do it again, or are you not sure what you will do?

H10. When you use heroin, are you usually alone or with one or more other people?

H11. Are you usually at a party or not at a party, when you use heroin?

H12. When you use heroin, do you sometimes take a pill, or alcohol, or marijuana at about the same time?

H13. Which do you use most often with it -- a pill, or alcohol, or marijuana, or what?

H14. How often do you use these things together?

HAVE RESPONDENT PUT THE GRAY (#5) ANSWER SHEET IN THE ENVELOPE. THEN HAND HIM THE GOLD (#6) ANSWER SHEET.

M1. About how old were you when you first knew someone who had tried methadone?

M2. About how old were you when you first had the chance to try methadone if you wanted to?

M3. If you did have the chance to try methadone at that time, did you try it?

M4. If you did not try methadone at that time, did you try it at a later time?

M5. About how long ago was the first time you tried methadone?

M6. When was the most recent time you used methadone?

M7. During the past month, on about how many different days did you use methadone?

M8. How about the month before that? On about how many different days did you use methadone?

M9. How likely are you to use methadone again? Would you say you definitely will do it again, might do it again under certain circumstances, definitely will not do it again, or are you not sure what you will do?

M10. When you use methadone, are you usually alone or with one or more other people?

M11. Are you usually at a party or not at a party, when you use methadone?

M12. When you use methadone, do you sometimes take a pill, or alcohol, or marijuana at about the same time?

M13. Which do you use most often with it -- a pill, or alcohol, or marijuana, or what?

M14. How often do you use these things together?

HAVE RESPONDENT PUT THE GOLD (#6) ANSWER SHEET IN THE ENVELOPE. THEN HAND HIM THE BLUE (#7) ANSWER SHEET AND ASK HIM THE LAST SET OF THE QUESTIONS IN THIS SECTION. THEY BEGIN WITH QUESTION 01 ON THE NEXT PAGE.

These next questions are about opium or other drugs containing opium and its derivatives. They are usually in the form of prescription cough syrups, pain killers, or stomach medicines -- things like morphine, codeine, dilaudid, demeral, and paregoric. Although these are frequently prescribed for medical reasons, these questions ask about the use of these drugs for non-medical purposes -- that is, for kicks or for highs, to gain insight, or for pleasure.

01. About how old were you when you first knew someone who had tried any of these opiates for non-medical reasons?
02. About how old were you when you first had the chance to try an opiate if you wanted to?
03. If you did have the chance to try an opiate for non-medical reasons at that time, did you try it?
04. If you did not try one of these opiates at that time, did you try it at a later time?
05. About how long ago was the first time you tried an opiate for non-medical reasons?
06. When was the most recent time you used any of these opiates for non-medical reasons?
07. During the past month, on about how many different days did you use any of these opiates for non-medical reasons?
08. How about the month before that? On about how many different days did you use any of these opiates?
09. How likely are you to use any of these opiates again? Would you say you definitely will do it again, might do it again under certain circumstances, definitely will not do it again, or are you not sure what you will do?
010. When you use an opiate, are you usually alone or with one or more other people?
011. Are you usually at a party, or not at a party when you use an opiate?
012. When you use an opiate, do you sometimes take a pill or alcohol or marijuana at about the same time?
013. What do you use with it most often - a pill, alcohol, or marijuana or what?
014. How often do you use them together?
015. Which of the things on that list have you used at some time for non-medical reasons? You may circle more than one.

HAVE RESPONDENT PUT THE LAST ANSWER SHEET (BLUE #7) IN THE ENVELOPE. MAKE SURE THE ENVELOPE STAYS OPEN AND IS NOT SEALED UNTIL THE VERY END, BECAUSE YOU STILL HAVE TO PUT THE QUESTIONNAIRE IN IT AT THE END OF THE INTERVIEW.

THEN GO ON TO QUESTION 111 ON THE NEXT PAGE.

HAND RESPONDENT CARD F.

111. Please answer this question as though everything on the list were legal and available. Regardless of what you are doing now, please read over the list and tell me which of the following you would use, if they were legal and available. (CIRCLE NUMBERS FOR AS MANY AS APPLY.)

- 1 MARIJUANA
- 2 HASH
- 3 COCAINE
- 4 LSD, Mescaline, Psilocybin, MDA
- 5 HEROIN
- 6 METHADONE
- 7 MORPHINE, OPIUM, OTHER OPIATES
- 8 NOT SURE
- 9 NONE OF THEM

333

TAKE BACK CARD F AND HAND RESPONDENT CARD G.

112. Please use this card to tell me what, if anything, you think should be done about someone who is convicted for the first time for possession or use of marijuana. Just give me the number on the card that comes closest to your opinion. (RECORD RESPONSES BELOW. ASK ABOUT EACH.)

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	NO OPINION	
a. First conviction, possessing or using marijuana.	1	2	3	4	5	6	7		334
b. What do you think should be done about someone who is convicted for the <u>second</u> time for possession or use of marijuana?	1	2	3	4	5	6	7		335
c. What do you think should be done about someone who is convicted for the first time for <u>selling</u> marijuana?	1	2	3	4	5	6	7		336
d. How about someone convicted for the <u>second</u> time for <u>selling</u> marijuana?	1	2	3	4	5	6	7		337

113. Now please use this card just one more time. This time please tell me what, if anything, you think should be done about someone who is convicted for the first time for possession or use of heroin. Just give me the number on the card that comes closest to your opinion.

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	NO OPINION	
a. First conviction, possessing or using heroin.	1	2	3	4	5	6	7		338
b. What do you think should be done about someone who is convicted for the <u>second</u> time for possession or use of heroin?	1	2	3	4	5	6	7		333
c. What do you think should be done about someone who is convicted for the first time for <u>selling</u> heroin?	1	2	3	4	5	6	7		340
d. How about someone convicted for the <u>second</u> time for <u>selling</u> heroin?	1	2	3	4	5	6	7		341

QUESTIONNAIRE 2

Johnston, L., Bachman, J. Research Project: *Monitoring the Future*. Institute for Social Research, The University of Michigan, Ann Arbor, Mich. Special Action Office for Drug Abuse Prevention and National Institute on Drug Abuse Grants.

N = 20,000 high school seniors, nationally representative sample from public and private U.S. high schools.

From study questionnaire, 1975: pages 5-20 excerpted

The following questions ask about how much you have to drink on the occasions when you drink alcoholic beverages. For these questions, a "drink" means any of the following:

- A 12-ounce can (or bottle) of beer
- A 4-ounce glass of wine
- A mixed drink or shot glass of liquor

The next questions are about MARIJUANA and HASHISH.

Marijuana is sometimes called:
Grass
Pot
Dope

Hashish is sometimes called:
Hash
Hash oil

41. Has anyone ever offered to give (or sell) marijuana or hashish to you?

- ① Yes
- ② No

42. Have you ever tried marijuana or hashish?

- ① No--GO TO QUESTION 53
- ② Not sure--GO TO QUESTION 53
- ③ Yes--GO TO NEXT QUESTION

43. When did you first try marijuana or hashish?

- ① Grade 6 or below
- ② Grade 7 or 8
- ③ Grade 9 (Freshman)
- ④ Grade 10 (Sophomore)
- ⑤ Grade 11 (Junior)
- ⑥ Grade 12 (Senior)

44. (Mark one circle for each line.)

On how many different occasions have you used marijuana or hashish. . .

- a. . . in your lifetime?.....
- b. . . during the last 12 months? ...
- c. . . during the last 30 days?.....

0 Occasions
1-2 Occasions
3-5 Occasions
6-9 Occasions
10-19 Occasions
20-39 Occasions
40 or More

IF YOU HAVE NOT USED MARIJUANA OR HASHISH IN THE LAST TWELVE MONTHS. GO TO QUESTION 53.

45. During the last year how often have you used marijuana or hashish when you were alone?

Not At All
1-5 Times
More Than 5 Times

46. During the last year how often have you used marijuana or hashish along with the following people? (Mark one circle for each line.)

- a. With a date or spouse
- b. With other friend(s)
- c. With brother(s) or sister(s)
- d. With people over 30 years old

47. During the last year how often have you used marijuana or hashish in each of the following places? (Mark one circle for each line.)

- a. At home
- b. At school
- c. At a freinds house
- d. At parties
- e. In a parked car
- f. Riding around in a car
- g. At a public place outside (parks, shopping centers)
- h. At a public: place inside (mall, restaurant, movies, sports events).....

48. During the last year, how often have you used marijuana or hashish along with alcohol--that is, so that their effects overlapped?

- ① Not at all
- ② One to five times
- ③ Six to nine times
- ④ 10 to 19 times
- ⑤ 20 to 39 times
- ⑥ 40 or more times

49. What have been the most important reasons for your using marijuana or hashish? (Mark all that apply.)

- To experiment--to see what it's like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- Because some people don't want me to
- To get through the day
- To increase the effects of some other drugs(s)
- To decrease (offset) the effects of some other drug(s)

50. When you use marijuana or hashish how high do you usually get?

- ① Not at all high
- ② A little high
- ③ Moderately high
- ④ Very high

51. When you use marijuana or hashish how long do you usually stay high?

- ① Usually don't get high
- ② One to two hours
- ③ Three to six hours
- ④ Seven to 24 hours
- ⑤ More than 4 hours

52. Have you ever tried to stop using marijuana or hashish and found that you couldn't stop?

- ① Yes
- ② No

53. Do you think you will be using marijuana or hashish five years from now?

- ① I definitely will
- ② I probably will
- ③ I probably will not
- ④ I definitely will not

The next questions are about LSD, the psychedelic drug which is sometimes called "acid".

54. Has anyone ever offered to give (or sell) LSD to you?

- ① Yes
- ② No

55. Have you ever tried LSD?

- ① No--GO TO QUESTION 67
- ② Not sure--GO TO QUESTION 67
- ③ Yes--GO TO NEXT QUESTION

56. When did you first try LSD?

- ① Grade 6 or below
- ② Grade 7 or 8
- ③ Grade 9 (Freshman)
- ④ Grade 10 (Sophomore)
- ⑤ Grade 11 (Junior)
- ⑥ Grade 12 (Senior)

57. (Mark one circle for each line.)

On how many different occasions have you taken LSD. . .

- 0 Occasions
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or More

- a. . . in your lifetime? ○ ○ ○ ○ ○ ○ ○ ○
- b. . . during the last 12 months?... ○ ○ ○ ○ ○ ○ ○ ○
- c. . . during the last 30 days? ○ ○ ○ ○ ○ ○ ○ ○

IF YOU HAVE NOT TAKEN LSD IN THE LAST TWELVE MONTHS, GO TO QUESTION 67.

58. During the last year how often have you taken LSD when you were alone? ○ ○ ○

Not At All
1-5 Times
More Than 5 Times

59. During the last year how often have you taken LSD along with the following people? (Mark one circle for each line.)

- a. With a date or spouse ○ ○ ○
- b. With other friend(s) ○ ○ ○
- c. With brother(s) or sister(s) ○ ○ ○
- d. With people over 30 years old..... ○ ○ ○

60. During the last year how often have you taken LSD in each of the following places? (Mark one circle for each line)

- a. At home ○ ○ ○
- b. At school ○ ○ ○
- c. At a friend's house ○ ○ ○
- d. At parties ○ ○ ○
- e. In a parked car ○ ○ ○
- f. Riding around in a car ○ ○ ○
- g. At a public place outside (parks, shopping centers) ○ ○ ○
- h. At a public place inside (mall, restaurant, movies, sports events) ○ ○ ○

61. During the last year how often have you taken any of the following drugs along with LSD--that is, so that their effects overlapped? (Mark one circle for each line.)

- a. Alcohol ○ ○ ○
- b. Marijuana ○ ○ ○

62. What have been the most important reasons for your taking LSD? (Mark all that apply.)

- To experiment--to see what it's like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- Because some people don't want me to
- To get through the day
- To increase the effects of some other drug(s)
- To decrease (offset) the effects of some other drug(s)

63. When you take LSD how high do you usually get?

- 1 Not at all high
- 2 A little high
- 3 Moderately high
- 4 Very high

64. When you take LSD how long do you usually stay high?

- 1 Usually don't get high
- 2 Two hours or less
- 3 Three to six hours
- 4 Seven to 24 hours
- 5 More than 24 hours

65. Have you ever had a "bad trip" on LSD?

- 1 No
- 2 Yes, once
- 3 Yes, more than once

66. Have you ever tried to stop using LSD and found that you couldn't stop?

- 1 Yes
- 2 No

67. Do you think you will be using LSD five years from now?

- 1 I definitely will
- 2 I probably will
- 3 I probably will not
- 4 I definitely will not

The next questions are about PSYCHEDELICS OTHER THAN LSD.

This group would include the following drugs:

- Mescaline
- Peyote
- Psilocybin
- THC

68. Has anyone ever offered to give (or sell) psychedelics other than LSD to you?

- 1 Yes
- 2 No

69. Have you ever tried any psychedelic other than LSD?

- 1 No--GO TO QUESTION 82
- 2 Not sure--GO TO QUESTION 82
- 3 Yes--(GO TO NEXT QUESTION)

70. When did you first try any of them?

- 1 Grade 6 or below
- 2 Grade 7 or 8
- 3 Grade 9 (Freshman)
- 4 Grade 10 (Sophomore)
- 5 Grade 11 (Junior)
- 6 Grade 12 (Senior)

71. (Mark one circle for each line.)

On how many different occasions have you taken psychedelics other than LSD. . .

- 0 Occasions
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or More

a. . . in your lifetime?

b. . . during the last 12 months?

c. . . during the last 30 days?

IF YOU HAVE NOT TAKEN ANY PSYCHEDELICS OTHER THAN LSD IN THE LAST TWELVE MONTHS, GO TO QUESTION 82.

Not At All
1-5 Times
More Than 5 Times

72. During the last year how often have you taken psychedelics other than LSD when you were alone?

73. During the last year how often have you taken any psychedelics other than LSD along with the following people? (Mark one circle for each line.)

a. With a date or spouse

b. With other friend(s)

c. With brother(s) or sister(s)

d. With people over 30 years old

74. During the last year how often have you taken psychedelics other than LSD in each of the following places? (Mark one circle for each line.)

a. At home

b. At school

c. At a friend's house

d. At parties

e. In a parked car

f. Riding around in a car

g. At a public place outside (parks, shopping centers)

h. At a public place inside (mall, restaurant, movies, sports events)

75. During the last year how often have you taken any of the following drugs along with psychedelics other than LSD-that is, so that their effects overlapped? (Mark one circle for each line.)

a. Alcohol

b. Marijuana

c. LSD

76. What have been the most important reasons for your taking psychedelics other than LSD? (Mark all that apply.)

- To experiment--to see what it's like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- Because some people don't want me to
- To get through the day
- To increase the effects of some other drug(s)
- To decrease (offset) the effects of some other drug(s)

77. When you take psychedelics other than LSD how high do you usually get?

- ① Not at all high
- ② A little high
- ③ Moderately high
- ④ Very high

78. When you take psychedelics other than LSD how long do you usually stay high?

- ① Usually don't get high
- ② One to two hours
- ③ Three to six hours
- ④ Seven to 24 hours
- ⑤ More than 24 hours

79. What psychedelics other than LSD have you taken during the last year? (Mark all that apply.)

- Mescaline
- Peyote
- Psilocybin
- THC
- Other
- Don't know the name of some I have used

80. Have you ever had a "bad trip" on any of these psychedelics other than LSD?

- ① No
- ② Yes, once
- ③ Yes, more than once

81. Have you ever tried to stop using some psychedelic other than LSD and found that you couldn't stop?

- ① Yes
- ② No

82. Do you think you will be using any of these psychedelics other than LSD five years from now?

- ① I definitely will
- ② I probably will
- ③ I probably will not
- ④ I definitely will not

The next questions are about AMPHETAMINES, which doctors sometimes prescribe to help people lose weight or to give people more energy. Drugstores are not supposed to sell them without a prescription.

Amphetamines are sometimes called:	They include the following drugs:
Uppers	Benzedrine
Ups	Dexedrine
Speed	Methedrine
Bennies	Ritalin
Dexies	Preludin
Pep Pills	Dexamyl
Diet Pills	Methamphetamine

83. Has anyone (except a doctor) ever offered to give (or sell) amphetamines to you?

- ① Yes
- ② No

84. Have you ever tried any amphetamines?

- ① No--GO TO QUESTION 97
- ② Not sure--CO TO QUESTION 97
- ③ Yes, but only under a doctor's orders--GO TO Q. 97
- ④ Yes--GO TO NEXT QUESTION

85. Have you ever taken amphetamines because a doctor told you to use them?

- ① No
- ② Yes, but I had already tried them on my own.
- ③ Yes, and it was the first time I took any

86. When did you first try amphetamines without a doctor's orders?

- ① Grade 6 or below
- ② Grade 7 or 8
- ③ Grade 9 (Freshman)
- ④ Grade 10 (Sophomore)
- ⑤ Grade 11 (Junior)
- ⑥ Grade 12 (Senior)

87. (Mark one circle for each line.)

On how many different occasions have you taken amphetamines on your own--that is, without a doctor telling you to take them. . .

0 Occasions
1-2 Occasions
3-5 Occasions
6-9 Occasions
10-19 Occasions
20-39 Occasions
40 or More

- a. . . in your lifetime? ○ ○ ○ ○ ○ ○ ○ ○
- b. . . during the last 12 months? .. ○ ○ ○ ○ ○ ○ ○ ○
- c. . . during the last 30 days? ○ ○ ○ ○ ○ ○ ○ ○

IF YOU HAVE NOT TAKEN AMPHETAMINES IN THE LAST TWELVE MONTHS, GO TO QUESTION 97.

THE FOLLOWING QUESTIONS REFER ONLY TO YOUR TAKING AMPHETAMINES WITHOUT A DOCTOR'S ORDERS.

Not At All
1-5 Times
More Than 5 Times

88. During the last year, how often have you taken amphetamines when you were alone?..... ○ ○ ○ ○

89. During the last year how often have you taken amphetamines along with the following people? (Mark one circle for each line.)

- a. With a date or spouse ○ ○ ○ ○
- b. With other friend(s) ○ ○ ○ ○
- c. With brother(s) or sister(s) ○ ○ ○ ○
- d. With people over 30 years old ○ ○ ○ ○

90. During the last year how often have you taken amphetamines in each of the following places? (Mark one circle for each line.)

- a. At home ○ ○ ○ ○
- b. At school ○ ○ ○ ○
- c. At a friend's house ○ ○ ○ ○
- d. At parties ○ ○ ○ ○
- e. In a parked car ○ ○ ○ ○
- f. Riding around in a car..... ○ ○ ○ ○
- g. At a public place outside (parks, shopping centers) ○ ○ ○ ○
- h. At a public place inside (mall, restaurant, movies, sports event) ○ ○ ○ ○

91. During the last year how often have you taken any of the following drugs along with amphetamines-that is, so that their effects overlapped? (Mark one circle for each line.)

- a. Alcohol ○ ○ ○ ○
- b. Marijuana ○ ○ ○ ○
- c. LSD ○ ○ ○ ○
- d. Psychedelics other than LSD ○ ○ ○ ○

92. What have been the most important reasons for your taking amphetamines without a doctor's orders? (Mark all that apply.)
- To experiment--to see what it's like
 - To relax or relieve tension
 - To feel good or get high
 - To seek deeper insights and understanding
 - To have a good time with my friends
 - To fit in with a group I like
 - To get away from my problems or troubles
 - Because of boredom, nothing else to do
 - Because of anger or frustration
 - Because some people don't want me to
 - To get through the day
 - To increase the effects of some other drug(s)
 - To decrease (offset) the effects of some other drug(s)
 - To stay awake
 - To get more energy
 - To help me lose weight
 - Because I am "hooked"--I feel I have to have them

93. When you take amphetamines, how high do you usually get?
- 1 Not at all high
 - 2 A little high
 - 3 Moderately high
 - 4 Very high
 - 5 I don't take them to get high

94. When you take amphetamines how long do you usually stay high?
- 1 Usually don't get high
 - 2 One to two hours
 - 3 Three to six hours
 - 4 Seven to 24 hours
 - 5 More than 24 hours

95. What amphetamines have you taken during the last year without a doctor's orders? (Mark all that apply.)
- Benzedrine
 - Dexedrine
 - Methedrine
 - Ritalin
 - Preludin
 - Dexamyl
 - Methamphetamine
 - Other
 - Don't know the names of some amphetamines I have used

96. Have you ever tried to stop using, amphetamines and found that you couldn't stop?
- 1 Yes
 - 2 No

97. Do you think you will be using amphetamines without a doctor's orders five years from now?
- 1 I definitely will
 - 2 I probably will
 - 3 I probably will not
 - 4 I definitely will not

The next questions are about QUAALUDES (Methaqualone), which are sometimes prescribed by doctors. Drugstores are not supposed to sell them without a prescription.

Quaaludes are sometimes called:
Soapers
Quads

98. Has anyone (except a doctor) ever offered to give (or sell) quaaludes to you?
- 1 Yes
 - 2 No

99. Have you ever tried quaaludes?
- 1 No--GO TO QUESTION 111
 - 2 Not sure--GO TO QUESTION 111
 - 3 Yes, but only under a doctor's orders--GO TO Q. 111
 - 4 Yes--GO TO NEXT QUESTION

100. Have you ever used quaaludes because a doctor told you to use them?
- 1 No
 - 2 Yes, but I had already tried them on my own.
 - 3 Yes, and it was the first time I took any

101. When did you first try quaaludes without a doctor's orders?
- 1 Grade 6 or below
 - 2 Grade 7 or 8
 - 3 Grade 9 (Freshman)
 - 4 Grade 10 (Sophomore)
 - 5 Grade 11 (Junior)
 - 6 Grade 12 (Senior)

102. (Mark one circle for each line.)

On how many different occasions have you taken quaaludes on your own--that is, without a doctor telling you to take them. . .

0 Occasions
1-2 Occasions
3-5 Occasions
6-9 Occasions
10-19 Occasions
20-39 Occasions
40 or More

- a. . . .in your lifetime?
- b. . . .during the last 12 months? ...
- c. . . .during the last 30 days?

IF YOU HAVE NOT TAKEN QUAALUDES IN THE LAST TWELVE MONTHS, GO TO QUESTION 111

THE FOLLOWING QUESTIONS ASK ONLY ABOUT YOUR TAKING QUAALUDES WITHOUT A DOCTOR'S ORDERS.

Not At All
 1-5 Times
 More Than 5 Times

103. During the last year how often have you taken quaaludes when you were alone?

104. During the last year how often have you taken quaaludes along with the following people? (Mark one circle for each line.)

a. With a date or spouse

b. With other friend(s)

c. With brother(s) or sister(s)

d. With people over 30 years old

105. During the last year how often have you taken quaaludes in each of the following places? (Mark one circle for each line.)

a. At home

b. At school

c. At a friend's house

d. At parties

e. In a parked car

f. Riding around in a car

g. At a public place outside (parks, shopping centers)

h. At a public place inside (mall, restaurant, movies, sports events)

106. During the last year how often have you taken any of the following drugs along with quaaludes--that is, so that their effects overlapped? (Mark one circle for each line.)

a. Alcohol

b. Marijuana

c. LSD

d. Psychedelics other than LSD

e. Amphetamines

107. What have been the most important reasons for your taking quaaludes without a doctor's orders? (Mark all that apply.)

- To experiment--to see what it's like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- Because some people don't want me to
- To get through the day
- To increase the effects of some other drug(s)
- To decrease (offset) the effects of some other drug(s)
- To get to sleep
- Because I am "hooked"--I have to have them

108. When you take quaaludes how high do you usually get?

- 1) Not at all high
- 2) A little high
- 3) Moderately high
- 4) Very high
- 5) I on't take them to get high

109. When you take quaaludes how long do you usually stay high?

- 1) Usually don't get high
- 2) One to two hours
- 3) Three to six hours
- 4) Seven to 24 hours
- 5) More than 24 hours

110. Have you ever tried to stop using quaaludes and found that you couldn't stop?

- 1) Yes
- 2) No

111. Do you think you will be using quaaludes without a doctor's orders five years from now?

- 1) I definitely will
- 2) I probably will
- 3) I probably will not
- 4) I definitely will not

The next questions are about BARBITURATES, which doctors sometimes prescribe to help people relax or get to sleep. Drugstores are not supposed to sell them without a prescription.

Barbiturates are sometimes called:	They include the following drugs:
Downs	Phenobarbital
Downers	Seconal
Goofballs	Tuinal
Yellows	Nembutal
Reds	Luminal
Blues	Desbutal
Rainbows	Amytal

112. Has anyone (except a doctor) ever offered to give (or sell) barbiturates to you?

- ① Yes
- ② No

113. Have you ever tried any barbiturates?

- ① No--GO TO QUESTION 126
- ② Not sure--GO TO QUESTION 126
- ③ Yes, but only under a doctor's orders--GO TO Q. 126
- ④ Yes--GO TO NEXT QUESTION

114. Have you ever taken barbiturates because a doctor told you to use them?

- ① No
- ② Yes, but I had already tried them on my own.
- ③ Yes, and it was the first time I took any

115. When did you first try barbiturates without a doctor's orders?

- ① Grade 6 or below
- ② Grade 7 or 8
- ③ Grade 9 (Freshman)
- ④ Grade 10 (Sophomore)
- ⑤ Grade 11 (Junior)
- ⑥ Grade 12 (Senior)

116. (Mark one circle for each line.)

On how many different occasions have you taken barbiturates on your own-that is, without a doctor telling you to take them...

0 Occasions
 1-2 Occasions
 3-5 Occasions
 6-9 Occasions
 10-19 Occasions
 20-39 Occasions
 40 or More

- a. . . .in your lifetime?..... ○○○○○○○○
- b. . . .during the last 12 months?.. ○○○○○○○○
- c. . . .during the last 30 days? ○○○○○○○○

IF YOU HAVE NOT TAKEN BARBITURATES IN THE LAST TWELVE MONTHS, GO TO QUESTION 126.

THE FOLLOWING QUESTIONS REFER ONLY TO YOUR TAKING BARBITURATES WITHOUT A DOCTOR'S ORDERS.

Not At All
 4-5 Times
 More Than
 5 Times

117. During the last year how often have you taken barbiturates when you were alone?..... ○○○○

118. During the last year how often have you taken barbiturates along with the following people? (Mark one circle for each line.)

- a. With a date or spouse ○○○○
- b. With other friend(s) ○○○○
- c. With brother(s) or sister(s)..... ○○○○
- d. With people over 30 years old ○○○○

119. During the last year how often have you taken barbiturates in each of the following places? (Mark one circle for each line.)

- a. At home ○○○○
- b. At school ○○○○
- c. At a friend's house ○○○○
- d. At parties ○○○○
- e. In a parked car ○○○○
- f. Riding around in a car ○○○○
- g. At a public place outside (parks, shopping centers) ○○○○
- h. At a public place inside (mall, restaurant, movies, sports events) ○○○○

120. During the last year how often have you taken any of the following drugs along with barbiturates-that is, so that their effects overlapped? (Mark one circle for each line.)

- a. Alcohol ○○○○
- b. Marijuana ○○○○
- c. LSD ○○○○
- d. Psychedelics other than LSD..... ○○○○
- e. Amphetamines ○○○○
- f. Quaaludes ○○○○

121. What are the most important reasons for your taking barbiturates without a doctor's orders? (Mark all that apply.)

- To experiment--to see what it's like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- Because some people don't want me to
- To get through the day
- To increase the effects of some other drug(s)
- To decrease (offset) the effects of some other drug(s)
- To get to sleep
- Because I am "hooked"--I have to have them

122. When you take barbiturates how high do you usually get?

- ① Not at all high
- ② A little high
- ③ Moderately high
- ④ Very high
- ⑤ I don't take them to get high

123. When you take barbiturates how long do you usually stay high?

- ① Usually don't get high
- ② One to two hours
- ③ Three to six hours
- ④ Seven to 24 hours
- ⑤ More than 24 hours

124. What barbiturates have you taken during the last year without a doctor's orders? (Mark all that apply.)

- Phenobarbital
- Seconal
- Tuinal
- Nembutal
- Luminal
- Desbutal
- Amytal
- Adrenocal
- Other
- Don't know the names of some that I have used

125. Have you ever tried to stop using barbiturates and found that you couldn't stop?

- ① Yes
- ② No

126. Do you think you will be using barbiturates without a doctor's prescription five years from now?

- ① I definitely will
- ② I probably will
- ③ I probably will not
- ④ I definitely will not

The next questions are about TRANQUILIZERS, which doctors sometimes prescribe to calm people down, quiet their nerves, or relax their muscles.

They include the following drugs:

- Librium
- Valium
- Miltown

127. Has anyone (except a doctor) ever offered to give (or sell) tranquilizers to you?

- ① Yes
- ② No

128. Have you ever tried any tranquilizers?

- ① No--GO TO QUESTION 140
- ② Not sure--GO TO QUESTION 140
- ③ Yes, but only under a doctor's orders--GO TO Q. 140
- ④ Yes--(GO TO NEXT QUESTION)

129. Have you ever taken tranquilizers because a doctor told you to use them?

- ① No
- ② Yes, but I had already tried them on my own
- ③ Yes, and it was the first time I took any

130. When did you first try tranquilizers without a doctor's orders?

- ① Grade 6 or below
- ② Grade 7 or 8
- ③ Grade 9 (Freshman)
- ④ Grade 10 (Sophomore)
- ⑤ Grade 11 (Junior)
- ⑥ Grade 12 (Senior)

131. (Mark one circle for each line.)

On how many different occasions have you taken tranquilizers on your own--that is, without a doctor telling you to take them. . .

- 0 Occasions
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or More

- a. . . in your lifetime? ○○○○○○○○
- b. . . during the last 12 months? ...○○○○○○○○
- c. . . during the last 30 days?○○○○○○○○

IF YOU HAVE NOT TAKEN TRANQUILIZERS IN THE LAST TWELVE MONTHS, GO TO QUESTION 140.

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THE FOLLOWING QUESTIONS REFER ONLY TO YOUR TAKING TRANQUILIZERS WITHOUT A DOCTOR'S ORDERS.

Not At All
1-5 Times
More Than
5 Times

132. During the last year how often have you taken tranquilizers when you were alone?

133. During the last year how often have you taken tranquilizers along with the following people? (Mark one circle for each line.)

a. With a date or spouse

b. With other friend(s)

c. With brother(s) or sister(s)

d. With people over 30 years old

134. During the last year how often have you taken tranquilizers in each of the following places? (Mark one circle for each line.)

a. At home

b. At school

c. At a friend's house

d. At parties

e. In a parked car

f. Riding around in a car

g. At a public place outside (parks, shopping centers)

h. At a public place inside (mall, restaurant, movies, sports events)

135. During the last year how often have you taken any of the following drugs along with tranquilizers--that is, so that their effects overlapped? (Mark one circle for each line.)

a. Alcohol

b. Marijuana

c. LSD

d. Psychedelics other than LSD

e. Amphetamines

f. Quaaludes

g. Barbiturates

136. What have been the most important reasons for your taking tranquilizers without a doctor's orders? (Mark all that apply.)

- To experiment--to see what it's like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- Because some people don't want me to
- To get through the day
- To increase the effects of some other drug(s)
- To decrease (offset) the effects of some other drug(s)
- To get to sleep
- Because I am "hooked"--I feel I have to have them

137. When you take tranquilizers how high do you usually get?

- ① Not at all high
- ② A little high
- ③ Moderately high
- ④ Very high
- ⑤ I don't take them to get high

138. When you take tranquilizers how long do you usually stay high?

- ① Usually don't get high
- ② One to two hours
- ③ Three to six hours
- ④ Seven to 24 hours
- ⑤ More than 24 hours

139. Have you ever tried to stop using tranquilizers and found that you couldn't stop?

- ① Yes
- ② No

140. Do you think you will be using tranquilizers without a doctor's orders five years from now?

- ① I definitely will
- ② I probably will
- ③ I probably will not
- ④ I definitely will not

The next questions are about COCAINE, which is sometimes called "coke".

141. Has anyone ever offered to give (or sell) cocaine to you?

- ① Yes
- ② No

142. Have you ever tried cocaine?

- ① No--GO TO QUESTION 154
- ② Not sure--GO TO QUESTION 154
- ③ Yes--GO TO NEXT QUESTION

143. When did you first try cocaine?

- ① Grade 6 or below
- ② Grade 7 or 8
- ③ Grade 9 (Freshman)
- ④ Grade 10 (Sophomore)
- ⑤ Grade 11 (Junior)
- ⑥ Grade 12 (Senior)

144. (Mark one circle for each line.)

On how many different occasions have you taken cocaine. . .

- 0 Occasions
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or More

- a. . . in your lifetime?○○○○○○○○
- b. . . during the last 12 months?.....○○○○○○○○
- c. . . during the last 30 days?○○○○○○○○

IF YOU HAVE NOT TAKEN COCAINE IN THE LAST TWELVE MONTHS, GO TO QUESTION 154.

145. During the last year how often have you taken cocaine when you were alone?..... *Not At All* ○○○
1-5 Times
More Than 5 Times

146. During the last year how often have you taken cocaine along with the following people? (Mark one circle for each line.)

- a. With a date or spouse ○○○
- b. With other friend(s)..... ○○○
- c. With brother(s) or sister(s) ○○○
- d. With people over 30 years old..... ○○○

147. During the last year how often have you taken cocaine in each of the following places? (Mark one circle for each line.)

- a. At home ○○○
- b. At school ○○○
- c. At a friend's house..... ○○○
- d. At parties ○○○
- e. In a parked car ○○○
- f. Riding around in a car ○○○
- g. At a public place outside (parks, shopping centers)..... ○○○
- h. At a public place inside (mall, restaurant, movies, sports events)..... ○○○

148. During the last year how often have you taken any of the following drugs along with cocaine-that is, so that their effects overlapped? (Mark one circle for each line.)

- a. Alcohol ○○○
- b. Marijuana ○○○
- c. LSD ○○○
- d. Psychedelics other than LSD ○○○
- e. Amphetamines ○○○
- f. Quaaludes ○○○
- g. Barbiturates ○○○
- h. Tranquilizers ○○○

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0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9

149. What have been the most important reasons for your taking cocaine? (Mark all that apply.)

- To experiment--to see what it's like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- Because some people don't want me to
- To get through the day
- To increase the effects of some other drug(s)
- To decrease (offset) the effects of some other drug(s)
- To get more energy
- Because I am "hooked"--I have to have it

150. When you take cocaine how high do you usually get?

- 1. Not at all high
- 2. A little high
- 3. Moderately high
- 4. Very high

- 5. I don't take it to get high

115. When you take cocaine how long do you usually stay high?

- 1. Usually don't get high
- 2. One to two hours
- 3. Three to six hours
- 4. Seven to 24 hours
- 5. More than 24 hours

152. Have you ever tried to stop using cocaine and found that you couldn't stop?

- 1. Yes
- 2. No

153. What methods have you used for taking cocaine? (Mark all that apply.)

- 1. Sniffing or "snorting"
- 2. Smoking
- 3. Injection
- 4. By mouth
- 5. Other

154. Do you think you will be using cocaine five years from now?

- 1. I definitely will
- 2. I probably will
- 3. I probably will not
- 4. I definitely will not

The next questions are about HEROIN.

Heroin is sometimes called:

- Smack
- Horse
- Skag

155. Has anyone ever offered to give (or sell) heroin to you?

- 1. Yes
- 2. No

156. Have you ever tried heroin?

- 1. No-GO TO QUESTION 168
- 2. Not sure-GO TO QUESTION 168
- 3. Yes-GO TO NEXT QUESTION

157. When did you first try heroin?

- 1. Grade 6 or below
- 2. Grade 7 or 8
- 3. Grade 9 (Freshman)
- 4. Grade 10 (Sophomore)
- 5. Grade 11 (Junior)
- 6. Grade 12 (Senior)

158. (Mark one circle for each line.)

On how many different occasions have you taken heroin.

0 Occasions
1-2 Occasions
3-5 Occasions
6-9 Occasions
10-19 Occasions
20-39 Occasions
40 or More

a. . . in your lifetime? ○○○○○○○○

b. . . during the last 12 months? ... ○○○○○○○○

c. . . during the last 30 days? ○○○○○○○○

IF YOU HAVE NOT TAKEN HEROIN IN THE LAST TWELVE MONTHS, GO TO QUESTION 168.

Not At All
1-5 Times
More Than
5 Times

159. During the last year how often have you taken heroin when you were alone?

160. During the last year how often have you taken heroin along with the following people? (Mark one circle for each line.)

a. With a date or spouse.....

b. With other friend(s)

c. With brother(s) or sister(s)

d. With people over 30 years old

161. During the last year how often have you taken heroin in each of the following places? (Mark one circle for each line.)

a. At home

b. At school

c. At a friend's house

d. At parties

e. In a parked car

f. Riding around in a car

g. At a public place outside (parks, shopping centers)

h. At a public place inside (mall, restaurant, movies, sports events)

162. During the last year how often have you taken any of the following drugs along with heroin—that is, so that their effects overlapped? (Mark one circle for each line.)

a. Alcohol

b. Marijuana

c. LSD

d. Psychedelics other than LSD

e. Amphetamines

f. Quaaludes

g. Barbiturates

h. Tranquilizers

i. Cocaine

163. What have been the most important reasons for your taking heroin? (Mark all that apply.)

- To experiment—to see what it's like
- To relax or relieve tension
- To feel good or get high
- To seek deeper insights and understanding
- To have a good time with my friends
- To fit in with a group I like
- To get away from my problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- Because some people don't want me to
- To get through the day
- To increase the effects of some other drug(s)
- To decrease (offset) the effects of some other drug(s)
- Because I am "hooked"—I have to have it

164. When you take heroin how high do you usually get?

- ① Not at all high
- ② A little high
- ③ Moderately high
- ④ Very high
- ⑤ I don't take it to get high

165. When you take heroin how long do you usually stay high?

- ① Usually don't get high
- ② One to two hours
- ③ Three to six hours
- ④ Seven to 24 hours
- ⑤ More than 24 hours

166. Have you ever tried to stop using heroin and found that you couldn't stop?

- ① Yes
- ② No

167. What methods have you used for taking heroin? (Mark all that apply.)

- ① Sniffing or "snorting"
- ② Smoking
- ③ Injection
- ④ By mouth
- ⑤ Other

168. Do you think you will be using heroin five years from now?

- ① I definitely will
- ② I probably will
- ③ I probably will not
- ④ I definitely will not

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The next questions are about NARCOTICS OTHER THAN HEROIN, which are sometimes prescribed by doctors. Drugstores are not supposed to sell them without a prescription.

These include:

- | | |
|-----------|-----------|
| Methadone | Demerol |
| Opium | Paregoric |
| Morphine | Talwin |
| Codeine | Laudanum |

169. Has anyone (except a doctor) ever offered to give (or sell) narcotics other than heroin to you?

- ① Yes
- ② No

170. Have you ever tried any of these narcotics?

- ① No--GO TO QUESTION 184
- ② Not sure--GO TO QUESTION 184
- ③ Yes, but only under a doctor's orders--GO TO Q. 184
- ④ Yes--GO TO NEXT QUESTION

171. Have you ever taken any narcotics other than heroin because a doctor told you to use them?

- ① No
- ② Yes, but I had already tried them on my own
- ③ Yes, and it was the first time I took any

172. When did you first try narcotics other than heroin without a doctor's orders?

- | | |
|----------------------|------------------------|
| ① Grade 6 or below | ④ Grade 10 (Sophomore) |
| ② Grade 7 or 8 | ⑤ Grade 11 (Junior) |
| ③ Grade 9 (Freshman) | ⑥ Grade 12 (Senior) |

173. (Mark one circle for each line.)

On how many different occasions have you taken narcotics other than heroin on your own-that is, without a doctor telling you to take them. . .

- 0 Occasions
- 1-2 Occasions
- 3-5 Occasions
- 6-9 Occasions
- 10-19 Occasions
- 20-39 Occasions
- 40 or More

- a. . . in your lifetime? ○○○○○○○○
- b. . . during the last 12 months? ..○○○○○○○○
- d. . . during the last 30 days? ○○○○○○○○

IF YOU HAVE NOT USED NARCOTICS OTHER THAN HEROIN IN THE LAST TWELVE MONTHS, GO TO QUESTION 184.

THE FOLLOWING QUESTIONS ASK ONLY ABOUT YOUR TAKING NARCOTICS OTHER THAN HEROIN WITHOUT A DOCTOR'S ORDERS.

174. During the last year how often have you taken narcotics other than heroin when you were alone? ○○○

- Not At All
- 1-5 Times
- More Than 5 Times

175. During the last year how often have you taken narcotics other than heroin along with the following people? (Mark one circle for each line.)

- a. With a date or spouse ○○○
- b. With other friend(s) ○○○
- c. With brother(s) or sister(s) ○○○
- d. With people over 30 years old..... ○○○

176. During the last year how often have you taken narcotics other than heroin in each of the following places? (Mark one circle for each line.)

- a. At home ○○○
- b. At school ○○○
- c. At a friend's house ○○○
- d. At parties ○○○
- e. In a parked car..... ○○○
- f. Riding around in a car ○○○
- g. At a public place outside (parks, shopping centers)..... ○○○
- h. At a public place inside (mall, restaurant, movies, sports events) ○○○

177. During the last year how often have you taken any of the following drugs along with a narcotic other than heroin-that is, so that their effects overlapped? (Mark one circle for each line.)
- Not At All*
1-5 Times
More Than 5 Times
- a. Alcohol
 - b. Marijuana
 - c. LSD
 - d. Psychedelics other than LSD
 - e. Amphetamines
 - f. Quaaludes
 - g. Barbiturates
 - h. Tranquilizers
 - i. Cocaine
 - j. Heroin

178. What have been the most important reasons for your taking narcotics other than heroin without a doctor's orders? (Mark all that apply.)
- To experiment--to see what it's like
 - To relax or relieve tension
 - To feel good or get high
 - To seek deeper insights and understanding
 - To have a good time with my friends
 - To fit in with a group I like
 - To get away from my problems or troubles
 - Because of boredom, nothing else to do
 - Because of anger or frustration
 - Because some people don't want me to
 - To get through the day
 - To increase the effects of some other drug(s)
 - To decrease (offset) the effects of some other drug(s)
 - Because I am "hooked"--I have to have it
 - As a substitute for heroin

179. When you take narcotics other than heroin how high do you usually get?
- ① Not at all high
 - ② A little high
 - ③ Moderately high
 - ④ Very high
 - ⑤ I don't take it to get high

180. When you take narcotics other than heroin how long do you usually stay high?
- ① Usually don't get high
 - ② One to two hours
 - ③ Three to six hours
 - ④ Seven to 24 hours
 - ⑤ More than 24 hours

181. What narcotics other than heroin have you taken during the last year without a doctor's orders? (Mark all that apply.)
- Methadone
 - Opium
 - Morphine
 - Codeine
 - Demerol
 - Paregoric
 - Talwin
 - Laudanum
 - Other
 - Don't know the names of some I have used

182. Have you ever tried to stop using some narcotics other than heroin and found that you couldn't stop?
- ① Yes
 - ② No

183. What methods have you used for taking any of these narcotics other than heroin? (Mark all that apply.)
- ① Sniffing or "snorting"
 - ② Smoking
 - ③ Injection
 - ④ By mouth
 - ⑤ Other

184. Do you think you will be using any narcotics other than heroin without a doctor's orders five years from now?
- ① I definitely will
 - ② I probably will
 - ③ I probably will not
 - ④ I definitely will not

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QUESTIONNAIRE 3

Robins, L.N., Davis, D.H. Research Project: *Vietnam Veterans Three Years Later*. Washington University School of Medicine, St. Louis, Mo.
National Institute on Drug Abuse Grant.

N = 600 army enlisted men who left Vietnam in September 1971, 1972.

From study questionnaire, September 1974: pages 30-58 excerpted

SECTION D--DRUG ATTITUDES AND EXPERIENCE

91. What do you think now about all the drugs the Vietnam soldiers were using; for instance, do you think most of the soldiers who got hooked on heroin in Vietnam are still using 'it, now that they are back--or do you think most have stopped?

Most still using (ASK A) . 1 54/9
Most stopped . . (ASK B) . 2
Don't know . . . (ASK B) . 8

- A. IF STILL USING: Do you think most of them are hooked on heroin again, now that they are back; or have they mostly used it without getting hooked again?

Hooked 1 55/9
Used only 2
Don't know 8

NOW GO TO Q. 92

- B. IF STOPPED OR DON'T KNOW: Do you think most of the soldiers who got hooked on heroin in Vietnam, but then quit using it, have shifted to other drugs now--or do you think they have stopped using drugs?

Shifted 1 56/9
Stopped 2
Other (SPECIFY) . 3
Don't know 8

92. Do you think some people can use heroin on a regular basis and stay in control of it?

Yes (SKIP TO Q. 94) . . 1 57/9
No 2
Depends (VOLUNTEERED) 3
Don't know 8

93. Is it possible to use heroin once in a while without getting addicted to it?

Yes 1 58/9
No (ASK A) . . . 2
Don't know . (ASK A) . . . 8

- A. IF NO OR DON'T KNOW: Do you think someone taking it just once gets addicted?

Yes 1 59/9
No 2
Depends (VOLUNTEERED) . . 3
Don't know 8

94. Would you, yourself, be willing to have people who use heroin as friends, or do you try to avoid being friends with them?

	Willing 1	60/9
	Avoid 2	
	Depends (SPECIFY) 3	

95. Are you willing to have people who smoke pot as friends, or do you avoid that as much as possible?

	Willing 1	61/9
	Avoid 2	
	Depends (SPECIFY) 3	

96. What proportion of your friends do you think smoke pot fairly regularly?

	Almost all (85-100%) 1	62/9
	More than one-half (60- 84%) 2	
	About half (40- 59%) 3	
	Some, less than half (1- 39%) 4	
	None 5	
	Don't know 8	

MARIJUANA

97. Have you, yourself, smoked marijuana or hash at all in the last two years?

IF NO, PROBE: Not even once? Yes, used (SEE BOX) 1 63/9

No use (SKIP TO Q. 106) 2

IF YES; CIRCLE "D" ON CUE 4, AND GO TO Q. 98.

98. In the past two years, has there been a time when you were smoking marijuana at least three times a week?

	Yes (SEE BOX) 1	64/9
	No (GO TO Q. 99) 2	

IF YES; CIRCLE "A" ON CUE 4, AND ASK A.

A. IF YES: How many months altogether, in the past two years, did you use it three times a week or more? Months: _____ 65-66/99

NOW GO TO Q. 100

99. How many times would you say you've used it altogether in your life--five times or more, or less than that?

	5 + times (SEE BOX) 1	67/9
	< 5 times (SEE BOX) 2	

IF 5 + TIMES; CIRCLE "A" ON CUE 4, AND SKIP TO Q. 102

IF < 5 TIMES; CIRCLE "B" ON CUE 4, AND SKIP TO Q. 106

100. Has there been a time during the last two years when you've smoked marijuana every day for a while?

Yes (ASK A) . . . 1 09/9
No 2

A. IF YES: How long did that last (altogether)?

Months: _____ 10-11/99
or
Weeks: _____ 12-13/99

101. Have you used marijuana or hash enough at any time in the last two years so that you began to feel you needed it; that is, you would feel uncomfortable when you couldn't get it?

Yes 1 14/9
No 2

102. When you've smoked marijuana in the last two years, how many hours out of the 24 hours in a day have you usually stayed high?

Hours: _____ 15-16/99

103. How many joints or pipes in a day did you usually smoke then? PROBE: On an average day? (IF SHARES EACH WITH FRIENDS: How many joints would your share amount to?)

Number: _____ 17-18/99

104. At any time in the last two years, have you felt you were using marijuana or hash too much?

Yes . (ASK A) . . 1 19/9
No 2

A. IF YES: What did it do to you that made you feel that way?
RECORD VERBATIM.

105. Has using marijuana interfered with your life in the last two years--either by getting you into trouble, or keeping you from working, or hurting your health, or in any other way?

Yes . (ASK A) . . 1 20/9
No 2

A. IF YES: How? RECORD VERBATIM.

106. How old were you the very first time somebody ever offered you marijuana?

Age: _____ 21-22/99
Never 97

107. When was the last time you ever used any pot (if you ever did use any)?

Within last 2 weeks (GO TO Q. 108). . . 01 23-24/99
Two weeks - < 4 weeks (GO TO Q. 108) . . 02
1 month - < 3 months (GO TO Q. 108) . . 03
3 months - < 6 months (GO TO Q. 108) . . 04
6 months - < 2 years (GO TO Q. 108) . . 05
2 years - < 4 years (ASK A) 06
4 years or more . . . (ASK A) 07
Never (SEE BOX) 08

IF NEVER; CIRCLE "C" ON CUE 4, AND SKIP TO Q. 111.

A. IF 2 YEARS AGO OR LONGER: How many times would you say you've used it altogether--five times or more, or less than that?

5 + times . (SEE BOX) . . . 1 25/9
< 5 times . (SEE BOX) . . . 2

**IF 5 + TIMES; CIRCLE "A" ON CUE 4, AND GO TO Q. 108.
IF < 5 TIMES; CIRCLE "E" ON CUE 4, AND GO TO Q. 108.**

108. Have you ever been arrested for possession of marijuana?

Yes . (ASK A) . . . 1 26/9
No 2

A. IF YES: When was the last time?

Within last 2 years 1 27/9
2 years - < 3 years 2
3 years - < 4 years 3
4 years or more 4

**SEE CUE CARD: IF CUE 4 = "B" (RARE); SKIP TO Q. 111
OTHERS; ASK Q. 109.**

109. Did you ever get any treatment for hashish or marijuana problems?

Yes . (ASK A) . . . 1 28/9
No 2

A. IF YES: Have you gotten any treatment for marijuana or hashish in the last two years?

Yes 1 29/9
No . . (ASK [1]) . . . 2

[1] IF NO TO A: When was the last time?

2 years - < 3 years . . . 2 30/9
3 years - < 4 years . . . 3
4 years or more 4

110. As you look back over the years since you first tried marijuana, was there one particular period of time, either in the past or more recently, when you were using marijuana or hash the most?

Yes, particular period . . (ASK A-D) . . 1 31/9
No particular period . (GO TO Q. 111) . 2

IF PARTICULAR PERIOD:

A. When did this period of heavier use begin? (PROBE: How old were you then?)

BEGAN: _____ 32-33/
MONTH / YEAR 34-35/

B. During this period when you were using it the most, were you smoking marijuana or hash every day?

Yes 1 36/9
No . . (ASK [1]) . 2

[1] IF NO TO B: Were you using it several times a week?

Yes 1 37/9
No . . (ASK [2]) . 2

[2] IF NO TO [1]: At least once a week?

Yes 1 38/9
No 2

C. Where were you living during the period you were smoking marijuana or hash the most? CODE ALL THAT APPLY. USE CATEGORIES AS PROBES, IF NECESSARY.

Parents' home 1 39/9
Own home. 2 40/9
Away at school 3 41/9
Army, not in Vietnam . . . 4 42/9
Vietnam 5 43/9
Traveling 6 44/9
_____ Other (SPECIFY) 7 45/9

D. When did that period of heavier use end (or is it still going on)? (PROBE: How long did it last?)

ENDED: _____ 46-47/
MONTH / YEAR 48-49/

Still going on
(GO TO Q. 111) 97

[1] IF ENDED: Why do you think you (cut down/stopped) your marijuana smoking then? RECORD VERBATIM.

STIMULANTS

111. Here is a list of uppers or stimulants. Some of these are different common names for amphetamines, and others are stimulant drugs that have effects somewhat like amphetamines.

CARD
A
UPPERS

I want you to look the list over and tell me, in the past two years, have you taken any of the drugs on this list without a prescription or more than was prescribed?

IF NO, PROBE: You haven't taken any speed, or splash, or pep pills, not prescribed for you, in the last two years, even once?

Yes, used . . (SEE BOX) . 1 50/9
No use (SKIP TO Q. 120) . 2

IF YES; CIRCLE "D" ON CUE 5, AND ASK Q. 112.

112. Have you used them mainly to get high, or for some other reason? CODE ALL THAT APPLY.

To get high 1 51/9
To lose weight 2 52/9
To stay awake 3 53/9
To perform better 4 54/9
To see what it was like . 5 55/9
Other (SPECIFY) 6 56/9

113. In the past two years, have there been at least a couple of weeks when you've taken them twice a week or more (not on prescription)?

Yes . . . (SEE BOX) . . . 1 57/9
No . . (GO TO Q. 114) . . 2

IF YES; CIRCLE "A" ON CUE 5, AND ASK A & B.

IF YES:

A. All in all, how many months of the last two years would you say you've taken one or more of these stimulant drugs at least twice a week?

Months: _____ 58-59/99

B. Have you taken them daily, for some period in the last two years?

Yes . . (ASK [1]-[4]) . . 1 60/9
No . . (SKIP TO Q. 115) . . 2

IF YES TO B:

[1] What was the longest run of daily use you had in the last two years?

Days: _____ 61-63/999

[2] How many runs of daily use have you had in the last two years?

Number: _____ 64-65/99

[3] How much do you figure you've spent on uppers for an average week when you were using daily?

\$. _____ 66-68/999

[4] In the last two years, have you had to steal or earn money illegally in order to pay for the uppers?

Yes (SKIP TO Q. 115) . . 1 69/9
No. (SKIP TO Q. 115) . . 2

114. How many times have you taken them altogether in your life--five times or more, or less than that?

5 + times. . (SEE BOX) . . 1 09/9
< 5 times . (SEE BOX) . . 2

**IF 5 + TIMES; CIRCLE "A" ON CUE 5, AND SKIP TO Q. 117.
IF < 5 TIMES; CIRCLE "B" ON CUE 5, AND SKIP TO Q. 117.**

115. Did you use them enough at any time in the last two years so that you began to feel you needed them; that is, you would feel uncomfortable when you couldn't get them?

Yes 1 10/9
No 2

116. Has there been any time in the last two years when you got so you had to take more of them in order to get the same high?

Yes 1 11/9
No 2

117. In the last two years, did they ever make you hear voices?

Yes 1 12/9
No 2

118. In the last two years, did they ever make you feel, for no good reason, that someone was out to hurt you?

Yes 1 13/9
No 2

119. Has using any uppers on this card interfered with your life in the last two years--either by getting you in trouble, keeping you from working, hurting your health, or in any other way?

Yes . . (ASK A) . 1 14/9
No 2

A. IF YES: How? RECORD VERBATIM.

120. How old were you the first time anyone ever offered you any of these uppers or stimulants not on prescription (if anyone ever did)?

Age: _____ 15-16/99
Never 97

121. HOW old were you the first time you ever tried them (if you ever did)?

Age: _____
(GO TO Q. 122)

17-18/99

Never . . (SEE BOX) . . 97

IF NEVER, CIRCLE "C" ON CUE 5, AND SKIP TO Q. 127.

122. When was the last time you took any?

- Within last 2 weeks . . (GO TO Q. 123) . 1 19/9
- 2 weeks to < 4 weeks . (GO TO Q. 123) . 2
- 1 month to < 3 months (GO TO Q. 123) . 3
- 3 months to < 6 months (GO TO Q. 123) . 4
- 6 months to < 2 years (GO TO Q. 123) . 5
- 2 years to < 4 years . . . (ASK A) . . 6
- 4 years or more (ASK A) . . 7

A. IF 2 OR MORE YEARS AGO: How many times have you taken them altogether in your life--five times or more, or less than that?

- 5 + times . (SEE BOX) . . 1 20/9
- < 5 times . (SEE BOX) . . 2

**IF 5 + TIMES; CIRCLE "A" ON CUE 5, AND GO TO Q. 123.
IF < 5 TIMES; CIRCLE "B" ON CUE 5, AND GO TO Q. 123.**

123. Have you ever injected any of them?

Yes . (ASK A) . . 1 21/9
 No 2

A. IF YES: When was the last time you injected an upper?

< 2 years ago 1 22/9
 2 years - < 3 years 2
 3 years - < 4 years 3
 4 years ago or longer . . . 4

124. Did taking uppers ever lead to your being arrested--either directly or indirectly?

Yes . (ASK A) . . 1 23/9
 No 2

A. IF YES: When was the last time?

< 2 years ago 1 24/9
 2 years to < 3 years 2
 3 years to < 4 years 3
 4 years ago or longer . . . 4

125. Did you ever get any treatment because of using uppers?

Yes . (ASK A) . . 1 25/9
 No 2

A. IF YES: Have you gotten any treatment for uppers in the last two years?

Yes 1 26/9
 No . . (ASK [1]) . 2

[1] IF NO TO A: When was the last time?

2 years - < 3 years 2 27/9
 3 years - < 4 years 3
 4 years ago or longer . . . 4

SEE CUE CARD: IF CUE 5 = "B" (RARE); SKIP TO Q. 127.
OTHERS; ASK Q. 126.

126. As you look back over the years since you first tried uppers, was there one particular period of time, either in the past or more recently, when you were using uppers the most?

Yes, particular period . . (ASK A-D) . . 1 28/9
No particular period . (GO TO Q. 127) . 2

IF PARTICULAR PERIOD:

A. When did this period of heavier use begin? (PROBE: How old were you then?)

BEGAN: _____ 29-30/
 MONTH / YEAR 31-32/

B. During this period when you were using uppers the most, were you taking them every day?

Yes 1 33/9
No . . (ASK [1]) . 2

[1] IF NO TO B: Were you taking them several times a week?

Yes 1 34/9
No . . (ASK [2]) . 2

[2] IF NO TO [1]: At least once a week?

Yes 1 35/9
No 2

C. Where were you living during the period you were using uppers the most?
CODE ALL THAT APPLY. USE CATEGORIES AS PROBES, IF NECESSARY.

Parents' home 1 36/9
Own home 2 37/9
Away at school 3 38/9
Army, not in Vietnam . . . 4 39/9
Vietnam 5 40/9
Traveling 6 41/9
_____ Other (SPECIFY) 7 42/9

D. When did that period of heavier use of uppers end (or is it still going on)?
(PROBE: How long did it last?)

ENDED: _____ 43-44/
 MONTH / YEAR 45-46/

Still going on (GO TO Q. 127) . 97

[1] IF ENDED: Why do you think you (cut down/stopped) your use of uppers at that time? RECORD VERBATIM.

SEDATIVES

127. The drugs on this list are sedatives or downers. Look it over and tell me, in the last two years have you taken any of the drugs on this list without a prescription, or more than was prescribed?

CARD
B
DOWNERS

IF NO, PROBE: You've never used any barbs, or yellow jackets, or reds, in the past two years, except by prescription?

Yes, used (SEE BOX) . 1 47/9
No use (SKIP TO Q. 136) . 2

IF YES; CIRCLE "D" ON CUE 6, AND ASK Q. 128.

128. Have you used them mainly to enjoy their effects or for some other reason(s)?
CODE ALL THAT APPLY.

To enjoy effects 1 48/9
To come down from uppers 2 49/9
To ease narcotic withdrawal 3 50/9
'To sleep 4 51/9
To calm nerves 5 52/9
To see what it was like 6 53/9
Other (SPECIFY) 7 54/9

129. In the past two years, has there been a time when you've taken them several days a week--not on prescription, or without a doctor's okay?

Yes . . (SEE BOX) 1 55/9
No . . (GO TO Q. 130) 2

IF YES; CIRCLE "A" ON CUE 6, AND ASK A & B.

IF YES:

A. All in all, how many months out of the last two years would you say you have taken them several days a week?
MONTHS: _____ 56-57/99

B. Have there been any periods in the last two years when you took them every day, or almost every day?
Yes . . (ASK [1]-[3]) 1 58/9
No . . (SKIP TO Q. 131) 2

IF YES TO B:

[1] How long a time was that altogether?
WEEKS: _____ 59-60/99
OR MONTHS: _____ 61-62/99

[2] How much did you spend on downers for an average week during those times?
\$: _____ 63-64/99

[3] In the last two years, have you had to steal or earn money illegally in order to pay for the downers?
Yes 1 65/9
No 2

NOW SKIP TO Q. 131

130. How many times have you taken them altogether in your life, without a prescription--five times or more, or less than that?

5 + times. . (SEE BOX) . . 1 09/9
 < 5 times . (SEE BOX) . . 2

IF 5 + TIMES; CIRCLE "A" ON CUE 6, AND SKIP TO Q. 136.
 IF < 5 TIMES; CIRCLE "B" ON CUE 6, AND SKIP TO Q. 136.

131. When you were taking them, in the last two years, did you get so you had to take more of them to get the same effect?

Yes 1 10/9
 No 2

132. If you didn't take them, would you get so that you felt weak or nervous?

Yes 1 11/9
 No 2

133. In the last two years, did you ever have a seizure or convulsion when you stopped using them?

Yes 1 12/9
 No 2

134. Did you use them enough at any time in the last two years so that you began to feel you needed them; that is, you would feel uncomfortable when you couldn't get them?

Yes 1 13/9
 No 2

135. Has using any of the downers on this card interfered with your life in the last two years--either by getting you in trouble, keeping you from working, hurting your health, or in any other way?

Yes . (ASK A) . . 1 14/9
 No 2

A. IF YES: How? RECORD VERBATIM.

136. How old were you the first time anyone offered you any downers, not on prescription (if they ever did)?

Age: _____ 15-16/99
 Never 97

137. How old were you the first time you ever tried any, not on prescription (if you ever did)?

Age: _____ 17-18/99
 (GO TO Q. 138)
 Never . . (SEE BOX) . . 97

IF NEVER; CIRCLE "C" ON CUE 6, AND SKIP TO Q. 142.

138. When was the last time you used any downers?

- Within last 2 weeks . . . (GO TO Q. 139) . 1 19/9
- 2 weeks - < 1 month . . . (GO TO Q. 139) . 2
- 1 month - < 3 months . . . (GO TO Q. 139) . 3
- 3 months - < 6 months . . . (GO TO Q. 139) . 4
- 6 months - < 2 years . . . (GO TO Q. 139) . 5
- 2 years - < 4 years (ASK A) . . . 6
- 4 years ago or longer . . . (ASK A) . . . 7

A. IF 2 OR MORE YEARS AGO: How many times have you taken them altogether in your life, not on prescription--five times or more, or less than that?

- 5 + times . . . (SEE BOX) . . . 1 20/9
- < 5 times . . . (SEE BOX) . . . 2

*IF 5 + TIMES; CIRCLE "A" ON CUE 6, AND GO TO Q. 139.
IF < 5 TIMES; CIRCLE "B" ON CUE 6, AND GO TO Q. 139.*

139. Did you ever get any treatment because of using downers?

- Yes . . (ASK A) . . . 1 21/9
- No 2

A. IF YES: Have you gotten any treatment for downers in the last two years?

- Yes 1 22/9
- No . . (ASK [1]) . 2

[1] IF NO TO A: When was the last time?

- 2 years - < 3 years . . . 2 23/9
- 3 years - < 4 years . . . 3
- 4 years ago or longer . . 4

140. Did your taking downers ever lead to your being arrested--either directly or indirectly?

- Yes . . (ASK A) . . . 1 24/9
- No 2

A. IF YES: When was the last time?

- Less than 2 years ago . . 1 25/9
- 2 years - < 3 years . . . 2
- 3 years - < 4 years . . . 3
- 4 years ago or longer . . 4

NARCOTICS

142. Here is a list of narcotics, Some of these are different common names for heroin; others are drugs that have effects similar to heroin or opium.

CARD
C
NARCOTICS

Look the list over and tell me, in the last two years has anyone offered you any of these drugs, for sale, or for free?

Yes 1 45/9
No 2

LEAVE CARD WITH R FOR REFERENCE,

143. How old were you the very first time anyone ever offered you one of them, not on prescription (if anyone ever did)?

Age: _____ 46-47/99
Never 97

144. As you know, it was very easy to get good heroin in Vietnam. Some veterans said it was also very easy to get heroin here, when they first got home.

Do you know someone or someplace where you could go right now to buy heroin or opium, if you wanted to?

Yes . . . (ASK A-C) . . . 1 48/9
No . . . (ASK C ONLY) . . . 2

IF YES:

A. How far would you have to go from where you are living right now?

Less than a mile 1 49/9
One mile to less than 10 . . . 2
Ten miles to less than 100 . . 3
100 miles or more 4
Don't know how far 8

B. If someone wanted to buy heroin there, would he be likely to get good stuff, without too much danger of being picked up by the police or being beaten up?

Yes (good & safe) 1 50/9
No to either 2
Don't know 8

C. IF YES OR NO: What about codeine or codeine cough syrups--do you know where you could buy that without a prescription?

Yes 1 51/9
No 2

145. Have you taken any of the drugs on the list in the last two years, without a prescription, even once?

Yes . . . (SEE BOX) . . . 1 52/9
No . . (GO TO Q. 146). . . 2

IF YES; CIRCLE "D" ON CUE 7, AND SKIP TO Q. 150.

146. When was the last time you ever took any of them (if you ever did)?

- 2 years - < 3 years (GO TO Q. 147) . 1 53/9
- 3 years - < 4 years (GO TO Q. 147) . 2
- 4 years or more . .(GO TO Q. 147) . 3
- Never (SEE BOX) 4

IF NEVER; CIRCLE "C" ON CUE 7, AND SKIP TO Q. 178.

147. Why didn't you use them after that? RECORD VERBATIM,

148. Have you ever taken any of them five times or more?

- Yes . . . (SEE BOX) . . . 1 54/9
- No (SEE BOX) . . . 2

*IF YES; CIRCLE "A" ON CUE 7, AND GO TO Q. 149.
IF NO; CIRCLE "B" ON CUE 7, AND SKIP TO Q. 164.*

149. Have you ever felt like taking any of these drugs in the last two years?

- Yes . . (ASK A & B) . . . 1 55/9
- No . . (SKIP TO Q. 164) . 2

IF YES:

A. When did you feel most like taking them--for instance, was it at parties, or when you were alone--to celebrate when things were going well, or to cheer you up when things were going badly--or what? RECORD VERBATIM.

B. When you felt like taking them, was it a real craving, or did it just cross your mind?

- Real craving . . . 1 56/9
- Crossed mind . . . 2

NOW SKIP TO Q. 164

	I	II	III	IV	V	VI	VII	VIII	
	HEROIN	OPIUM OF OJ'S	CODEINE OF ROBITUSSIN AC	METHADONE OF DOLOPHINE	DEMEROL	MORPHINE	PAREGORIC	DILAUDID	NONE
150. Which drugs on the list have you taken in the last two years without a prescription? CODE EACH USED.	09/9 1	10/9 1	11/9 1	12/9 1	13/9 1	14/9 1	15/9 1	16/9 1	
151. Which have you taken without a prescription at least 5 times in the last 2 years? CODE EACH NAMED.	17/9 2	18/9 2	19/9 2	20/9 2	21/9 2	22/9 2	23/9 2	24/9 2	25/9 7
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF ANY; CIRCLE "A" ON CUE 7, AND GO TO Q. 152. </div> <p>IF NONE; ASK A: A. Which have you taken 5 times or more ever, over your whole lifetime? CODE EACH.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> IF ANY; CIRCLE "A" ON CUE 7, AND SKIP TO Q. 161. IF NONE; CIRCLE "B" ON CUE 7, AND SKIP TO Q. 161. </div>									
26/9 3	27/9 3	28/9 3	29/9 3	30/9 3	31/9 3	32/9 3	33/9 3	34/9 7	
152. ASK FOR EACH TAKEN 5 OR MORE TIMES: How did you usually take (DRUG) in the last two years? CODE ONE METHOD ONLY FOR EACH DRUG.	35/9 1	36/9 1	37/9 1	38/9 1	39/9 1	40/9 1	41/9 1	42/9 1	
Smoking	1	1	1	1	1	1	1	1	
By mouth (orally)	2	2	2	2	2	2	2	2	
Skin-pop	3	3	3	3	3	3	3	3	
Snort	4	4	4	4	4	4	4	4	
Inject	5	5	5	5	5	5	5	5	
Other	6	6	6	6	6	6	6	6	
A. ASK FOR EACH NOT USUALLY INJECTED BY K: Have you ever injected (DRUG) in the last two years?	43/9 1	44/9 1	45/9 1	46/9 1	47/9 1	48/9 1	49/9 1	50/9 1	
Yes	1	1	1	1	1	1	1	1	
No	2	2	2	2	2	2	2	2	
153. Which ones, if any, have you taken more than once a week, for any period in the last two years? CODE EACH USED. IF ANY; GO TO Q. 154. IF NONE; SKIP TO Q. 161.	51/9 1	52/9 1	53/9 1	54/9 1	55/9 1	56/9 1	57/9 1	58/9 1	59/9 7

154. A. For how much of the last two years have you taken any narcotics at least once a week (altogether)?

Months: _____ 09-10/99

Less than 1 month
(GO TO C) . . . 97

B. What did you spend for narcotics in an average week, when you were taking them regularly?

\$: _____ 11-13/999

C. In the last two years, have you ever had to steal or earn money illegally in order to pay for narcotics?

Yes 1 14/9
No 2

155. Which ones have you used (not on prescription) daily, or almost daily, for at least a couple of weeks during the past two years? CODE EACH USED.

Heroin 1 15/9
Opium or OJ's 2 16/9
Codeine or Robitussin AC . . . 3 17/9
Methadone or Dolophine 4 18/9
Demerol 5 19/9
Morphine 1 20/9
Paregoric 2 21/9
Dilaudid 3 22/9
None (GO TO Q. 156). . . 7 23/9

IF ANY DAILY; ASK A:

A. What's the longest run of daily use (of any narcotics) you've had within the last two years?

Less than 2 weeks 1 24/9
2 weeks - < 1 month 2
1 month - < 3 months 3
3 months - < 6 months 4
6 months - < 9 months 5
9 months or more 6

156. Have you felt strung out or addicted within the last two years?

Yes 1 25/9
Possibly 2
No 3

157. Did you use narcotics enough in the last two years so that you began to feel you needed them; that is, you would feel uncomfortable when you couldn't get them?

Yes 1 26/9
 No 2

158. When you were coming down off narcotics--that is, not taking any for a day or more--what's the most trouble you've had during the last two years; did you ever get really sick, or were you just uncomfortable, or didn't it bother you much?

Sick (ASK A & B) . . . 1 27/9
 Uncomfortable (ASK A & B) . . . 2
 Didn't bother much . . . (ASK C) . . . 3
 Never stopped for a day or more
 (SKIP TO Q. 161) 4
 Didn't use enough to get sick coming
 off (SKIP TO Q. 161) 5

IF SICK OR UNCOMFORTABLE:

A. How long did those feeling last?

Less than 12 hours 1 28/9
 12 hours to < 2 days 2
 2 days to 4 days 3
 5 days to 10 days 4
 11 days or more 5

B. Did your symptoms stop by themselves then, or did they stop only because you went back on the stuff or received medicine?

Stopped by themselves . . . 1 29/9
 Back on 2
 Medicine , . . . 3

NOW GO TO Q. 159

C. IF DIDN'T BOTHER MUCH: Was that because you were not using much narcotics or because you were taking something else that kept you from getting sick?

Not using much . . (SKIP TO Q. 161) . . 1 30/9
 Using something else . . (ASK [1]) . . 2
 Other. . (SPECIFY & SKIP TO Q. 161) . . 3

[1] IF USING SOMETHING ELSE: What were you taking? RECORD VERBATIM.

159. In the last two years, have you used any self-medication or drugs or alcohol, to help you come down off narcotics?

Yes . . (ASK A)	1	31/9
No	2	

A. IF YES: What did you use? RECORD VERBATIM.

160. When you were coming down (that worst time) . . . ASK EACH ITEM.

	<u>Yes</u>	<u>No</u>	
A. Did you have chills?	1	2	32/9
B. Did you have stomach cramps?	1	2	33/9
C. Did you have any other pain, besides headaches (or stomach cramps)?	1	2	34/9
D. Did you have trouble sleeping?	1	2	35/9
E. Any other problems?	1	2	36/9
<u>IF YES</u> : What were they? RECORD VERBATIM			

161. Which of the drugs on this card have you taken at least once in the last two weeks, not on prescription--if any? CODE EACH TAKEN.

Within two weeks

	I	II	III	IV	V	VI	VII	VIII	
	HEROIN	OPIUM or OJ'S	CODEINE or ROBITUSSIN AC	METHADONE or DOLOPHINE	DEMEROL	MORPHINE	PAREGORIC	DILAUDID	NONE
	37/9	38/9	39/9	40/9	41/9	42/9	43/9	44/9	45/9
	1	1	1	1	1	1	1	1	7

SEE CUE CARD. IF CUE 7 = "B" (RARE); SKIP TO Q. 164. OTHERS; GO INSTRUCTIONS BEFORE Q. 162.

ASK Q. 162 FOR EACH DRUG USED AT LEAST 5 TIMES IN LAST 2 YEARS (Q. 151), BUT NOT IN LAST TWO WEEKS. IF NONE, SKIP TO Q. 163.

162. A. How long has it been since you took any (DRUG)?

Months:

I	II	III	IV	V	VI	VII	VIII
46-47	48-49	50-51	52-53	54-55	56-57	58-59	60-61
99	99	99	99	99	99	99	99
—	—	—	—	—	—	—	—

B. Why did you stop using (DRUG)? RECORD VERBATIM, SHOWING WHICH DRUG REFERRED TO BY ROMAN NUMERAL.

	I	II	III	IV	V	VI	VII	VIII	NONE
163. Which of the drugs on this card have interfered with your life in the last two years--either by getting you into trouble, keeping you from working, hurting your health, or any other way?	62/9	63/9	64/9	65/9	66/9	67/9	68/9	69,9	70/9
	1	1	1	1	1	1	1	1	7

164. Have you ever been arrested on a narcotics charge?

Yes . . . (ASK A) . . . 1 71/9
 No 2

A. IF YES: When was the last time?

Within the last 2 years 1 72/9
 2 years - < 3 years ago 2
 3 years - < 4 years ago 3
 4 years or more ago 4

SEE CUE CARD. IF CUE 7 = "B" (RARE); SKIP TO Q. 178.
OTHERS; ASK Q. 165.

165. As you look back over the years since you first used narcotics, was there one particular period of time, either in the past or more recently, when you were using narcotics the most?

Yes, particular period . . (ASK A-D) . . 1 09/9
 No particular period . (GO TO Q. 166) . 2

IF PARTICULAR PERIOD:

A. When did this period of heavier use begin? (PROBE: How old were you then?)

BEGAN: _____ 10-11/
 MONTH / YEAR 12-13/

B. During this period when you were using narcotics the most, were you taking them every day?

Yes 1 14/9
 No . . (ASK [1]) . 2

[1] IF NO TO B: Were you taking them several times a week?

Yes 1 15/9
 No . . (ASK [2]) . 2

[2] IF NO TO [1]: At least once a week?

Yes 1 16/9
 No 2

C. Where were you living during the period you used narcotics the most? CODE ALL THAT APPLY. USE CATEGORIES AS PROBES, IF NECESSARY.

Parents' home 1 17/9
 Own home 2 18/9
 Away at school 3 19/9
 Army, not in Vietnam . . . 4 20/9
 Vietnam 5 21/9
 Traveling 6 22/9
 _____ Other (SPECIFY) 7 23/9

D. When did that period of heavier use of narcotics end (or is it still going on)? (PROBE: How long did it last?)

ENDED: _____ 24-25/
 MONTH / YEAR 26-27/

Still going on
 (GO TO Q. 166). 97

(1) IF ENDED: Why do you think you (cut down/stopped) your use of narcotics then? RECORD VERBATIM,

166. Have you ever seen a doctor or been to a clinic or treatment center because of using narcotics?

Yes . . . (ASK A & B) 1 28/9
No . . (SKIP TO Q. 171) . . . 2

IF YES:

A. How many times have you been in treatment for narcotics, altogether?

EPISODES OF TREATMENT: _____ 29/9

B. Have you seen a doctor or been in treatment because of narcotics in the last two years?

Yes . . . (GO TO Q. 167) . . . 1 30/9
No . . (ASK [1] & [2]). . . . 2

IF NO TO B:

[1] When was the last time?

2 years - < 3 years 2 31/9
3 years - < 4 years 3
4 years or more 4

[2] In the last two years, have you ever thought of getting any treatment for narcotics?

Yes . . (SKIP TO Q. 169) . . . 1 32/9
No . . . (SKIP TO Q. 169) . . . 2

167. Are you still in a treatment program?

Yes 1 33/9
No 2

168. In the last two years, have you been treated with methadone for more than three weeks?

Yes . . (ASK A & B) 1 34/9
No 2

IF YES:

A. Are you still on methadone?

Yes 1 35/9
No 2

B. How many months of the last two years have you been on?

MONTHS: _____ 36-37/99

169. Rave you (ever) had any kind of treatment for narcotics that you thought helped you particularly?

Yes . . (ASK A) . . 1	38/9
No 2	

A. IF YES: What kind? CODE AS MANY AS APPLY. IF NOT SURE OF CODING, RECORD VERBATIM.

Methadone maintenance . . 1	39/9
Detoxification 2	40/9
Counseling 3	41/9
Psychotherapy 4	42/9
OT or RT 1	43/9
Group therapy 2	44/9
Narcotic antagonist . . . 3	45/9
Job training 4	46/9

170. Wave you (ever) had any kind of treatment for narcotics that you thought was not good for you?

Yes (ASK A) . . . 1	47/9
No . . . (SKIP TO Q. 172) . 2	

A. IF YES: What kind? CODE AS MANY AS APPLY. IF NOT SURE OF CODING, RECORD VERBATIM.

Methadone maintenance . . 1	48/9
Detoxification 2	49/9
Counseling 3	50/9
Psychotherapy 4	51/9
OT or RT 1	52/9
Group therapy 2	53/9
Narcotic antagonist . . . 3	54/9
Job training 4	55/9

NOW SKIP TO Q. 172

171. Have you ever thought of getting treatment for narcotics?

Yes . . . (ASK A & B) . . 1 56/9
No . . . (SKIP TO Q. 176) . 2

IF YES:

A. What happened that made you think maybe you should go into treatment?
RECORD VERBATIM.

B. Have you thought of getting treatment for narcotics in the last two years?

Yes 1 57/9
No 2

NOW SKIP TO Q. 173

172. ASK FOR EACH EPISODE OF TREATMENT (SEE Q. 166A): What happened that made you think you should go into treatment (the first/second/third/etc. time)? RECORD VERBATIM.

<u>FIRST TIME</u>	<u>SECOND TIME</u>	<u>THIRD TIME</u>	<u>FOURTH TIME</u>

173. Did you yourself want treatment, did you want to please someone else, did you just want to stay out of trouble, or didn't you have any choice?
CODE ALL THAT APPLY.

Wanted it 1 58/9
To please other(s) 2 59/9
To stay out of trouble 3 60/9
No choice 4 61/9
Other (SPECIFY) 5 62/9

174. A. At the time you first decided you might need treatment, how often were you using narcotics? USE CATEGORIES AS PROBES, IF NECESSARY.

More than once a day . . (ASK B) . . 1 63/9
Once a day (ASK B) . . 2
Almost every day (ASK B) . . 3
More than weekly (ASK B) . . 4
Less than weekly (ASK B) . . 5
None at all (GO TO Q. 175) 6

B. How long had you been using that much before you decided you might need treatment?

Months: _____ 64-65/99

175. Have you ever inquired about treatment in any program that didn't have room for you right then?

Yes . (ASK A) . . 1 66/9
No 2

A. IF YES: How recently did that happen (the last time)?

Less than 3 months ago . . 1 67/9
3 - < 6 months ago 2
6 - < 9 months ago 3
9 - < 12 months ago 4
One - < 2 years ago 5
Two - < 3 years ago 6
Three or more years ago . 7

176. Did anyone ever suggest to you that you ought to go into treatment?

Yes . (ASK A) . . 1 68/9
No 2

A. IF YES: Who suggested it--your wife or girlfriend, someone in your family, or who? CODE AS MANY AS APPLY,

Wife/girlfriend 1 69/9
Other family member 2 70/9
Other (SPECIFY RELATIONSHIP) . 3 71/9

SEE CUE CARD: IF CUE 7 = "D"; ASK Q. 177
OTHERS; SKIP TO Q. 178.

177. A. In the last two years, have you gone into detox at any time?

Yes 1 72/9
No 2

B. Have you overdosed at any time in the last two years?

Yes 1 73/9
No 2

178. What drugs other than those we've asked you about have you ever taken --without a prescription--at any time in your life? For instance, any on this card?

IF NO, PROBE: Any others that aren't listed?

CARD
D
OTHER
DRUGS

Yes, any . . (SEE BOX) . . 1 09/9
No, none . . (SEE BOX) . . 2

IF YES; CIRCLE "A" ON CUE 8, AND ASK A-D.

IF NO; CIRCLE "C" ON CUE 8, AND GO TO INSTRUCTIONS BEFORE Q. 179.

	A. Which have you ever tried? CIRCLE CODE FOR EACH NAMED. THEN ASK B-D FOR EACH BEFORE GOING TO NEXT ONE.		B. How old were you the first time you ever tried (DRUG)?		C. Has there ever been a month or more when you took (DRUG) more than once a week?	
	Tried:	Age:	Yes	No		
Cocaine	1	10/9	11-12	1	2	13/9
----- LSD, Acid	2	17/9	18-19	2	3	20/9
----- Librium, Valium	3	24/9	25-26	3	4	27/9
----- Darvon	4	31/9	32-33	4	5	34/9
----- Mescaline	5	38/9	39-40	5	6	41/9
----- Peyote	1	45/9	46-47	1	2	48/9
----- Quaalude, Sopors	2	52/9	53-54	2	3	55/9
----- STP	3	59/9	60-61	3	4	62/9
----- DMT	4	66/9	67-68	4	5	69/9
----- Others: (SPECIFY) BEGIN DECK 15	5	09/9	10-11	5	6	12/9
-----	6	16/9	17-18	1	2	19/9
-----	7	23/9	24-25	2	3	26/9

D. Have you taken (DRUG) at all in the last two years?		IF YES TO BOTH C & D, ASK (1): (1) In the last two years, have you used (DRUG) more than once a week, for a month or more?		IF YES TO (1), ASK (2): (2) Did (DRUG) interfere with your life in the last two years--either by getting you into trouble, or keeping you from working, or hurting your health, or in any other way?	
Yes	No	Yes	No	Yes	No
1*	2	1	2	3	4
	14/9		15/9		16/9
1*	2	1	2	3	4
	21/9		22/9		23/9
1*	2	1	2	3	4
	28/9		29/9		30/9
1*	2	1	2	3	4
	35/9		36/9		37/9
1*	2	1	2	3	4
	42/9		43/9		44/9
1*	2	1	2	3	4
	49/9		50/9		51/9
1*	2	1	2	3	4
	56/9		57/9		58/9
1*	2	1	2	3	4
	63/9		64/9		65/9
1*	2	1	2	3	4
	70/9		71/9		72/9
1*	2	1	2	3	4
	13/9		14/9		15/9
1*	2	1	2	3	4
	20/9		21/9		22/9
1*	2	1	2	3	4
	27/9		28/9		29/9

*NOTE: IF ANY ITEM CODED "YES" IN COL. D;
CIRCLE "D" ON CUE 8.

SEE CUE CARD, ITEMS 3-8.
 IF 2 OR MORE "D's" CIRCLED; ASK Q. 179.
 IF < 2 "D's" CIRCLED; SKIP TO Q. 182.

179. REFER TO ITEMS CIRCLED "D" ON CUE CARD.

Thinking about the (alcohol/marijuana/uppers/downers/narcotics/other drugs) you've taken in the last two years, which have you used as a combination, that is, when you've taken one to add to the effects of another?

None 7 30/9

LIST ANY COMBINATIONS NAMED.
 PROBE: Any others?

180. Which have you taken in the last two years to help you get over the effects of another one?

None 7 31/9

_____ to get over _____
 _____ to get over _____
 _____ to get over _____

181. REFER TO ITEMS CIRCLED "D" ON CUE CARD.

You've used (alcohol/marijuana/uppers/downers/narcotics/other drugs) in the last two years. Which would you say is the main one you've been into in the last two years--or didn't you care more about one than another? RECORD VERBATIM AND CODE ONE.

MAIN		
Alcohol	01	32-33/99
Marijuana or hash	02	
Uppers	03	
Downers	04	
Narcotics (SPECIFY WHICH)	05	
Other drug(s) (SPECIFY)	06	
Combination (SPECIFY)	07	
Cared about none	08	
Cared equally about all	09	

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