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An Investigation of High School Counselor Attitudes Toward Drug Problems as Related to Counselor Drug Knowledge

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AN INVESTIGATION OF HIGH SCHOOL COUNSELOR ATTITUDES TOWARD DRUG PROBLEMS AS RELATED TO COUNSELOR DRUG KNOWLEDGE

Dissertation

Presented in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in the Graduate School of Loyola University

by

M. Barbara Knoderer

Loyola University

1974
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I would like to express my deep gratitude to all who, by their interest and concern, have given me the confidence and determination to pursue this advanced degree.

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I wish to extend my personal appreciation to William, my husband, for his patience and to Bill and Bobbie, my children, for their understanding.
VITA

M. Barbara Knoderer received her Bachelors of Arts in biological sciences from Arizona State University in 1936 and Masters of Arts in administration from Roosevelt University in 1968. In 1970, she enrolled in the doctoral program at Loyola University of Chicago.

Her experience includes twenty-four years in various fields of education. The areas of teaching range from elementary to high school science and mathematics. Counseling experience includes vocational, college, personal, and academic counseling in the secondary school. At present she holds the position of counselor at Bremen High School in Midlothian, Illinois.
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The drug use and abuse phenomenon has shown an explosive increase in the past decade. It is a problem that no longer is restricted to certain economic, social, ethnic or educational groups but one that has permeated all levels of society. It is also one of the most controversial issues of the present: psychologists, sociologists, anthropologists, physicians, criminologists, lawyers, and journalists all feel that they are well equipped to express their opinion. Members of each discipline tend to view the problem from the perspective of their theoretical background, their experience, and their involvement. The literature concerning the extent, causes, and the solutions of drug abuse is varied due to the emphasis or bias of these different professionals.

The approach and reporting of research by these different disciplines is not representative since the term "drugs" varies in definition. Some researchers include alcohol, nicotine, and caffeine as drugs, while other researchers are concerned only with narcotics or hallucinogens.

The topic of drugs is an emotionally charged issue; it touches one's values, aspirations, and fears. It can be a threat to parents, school, or community. Some parents believe
that their children's use of drugs is a reflection on the parent's reputation and home environment. Educators do not like to admit that the social climate provided by the schools could foster the use of drugs. Community prestige can be threatened by publicity of drug use.

Concerned parents and the community have delegated the responsibility of solving the problem of drug use and drug abuse to the secondary school. Many state legislatures have directed public schools to present a unit on the dangers of narcotics. Even with the acceptance of drug education as a function of the public school, there is considerable controversy as to the designated level of this responsibility. Research and literature places the responsibility for drug education on the elementary, secondary, or college institution. There is also the question, regardless of the level, as to which personnel should assume the leadership in this education. Some authors, such as Cohen,¹ discuss the fact that from birth through adolescence there is a failure to provide goals, direct emotions and senses, and to provide structure for the youth of today. Parents and educators on all levels are responsible for this failure to provide direction for the child. The education and behavioral changes of the

student are still a responsibility of the secondary school regardless of the area of blame.

Drug use and drug abuse have always been a part of society. The extent of use, the age of the user, and the attitudes toward use have undergone a radical change in the past few years. This change of attitude has demanded that a leadership role be assumed by the counselor. More students who attend high schools are using drugs; therefore, the high schools must recognize and provide for this situation. The high school counselor working with students and teachers should assume a leadership role in drug education.

There is a diversity of opinion and controversy in school systems concerning the leadership for relieving the problem of drug use in the high school. The philosophy of the school district also determines the extent of the effort in implementing programs. In some areas the situation is minimized and the only program is part of the required health class. In other areas all factions of the school district wish to express their opinions and make suggestions for programs. The parents of the community, the board of education, administrators, individual teachers, and guidance personnel are all involved. The involved communities are responding to literature and news media which consider the use of drugs a paramount problem in the high school. Some districts overreact, forgetting that only a small per cent of the school
population are regular users of drugs.

Wiener,\textsuperscript{1} Blum,\textsuperscript{2} and Nowlis\textsuperscript{3} expressed reservations as to the value of the current drug programs. Wiener doubted the effectiveness of films, guest speakers, and classroom presentations. He referred to needed research in the appropriateness of the situations for presenting drug information and for drug counseling. Nowlis hypothesized that the majority of current drug programs are exclusively involved in presenting information and relating the consequences of drug use. This approach, she felt, was with the assumption that providing information would influence the behavior of the students.

Until more effective preventive drug education programs have been formulated and promulgated, the counselor must be vitally concerned with the drug problem in the high school, and provide the necessary counseling, direction and leadership.

Truax,\textsuperscript{4} and others have specified the functions of

\begin{itemize}
\item \textsuperscript{1}R. S. P. Wiener, \textit{Drugs and Schoolchildren} (London: Longman Group Limited, 1970), p. 166.
\end{itemize}
the counselor which would place him in this leadership role. The counselor is concerned with the growth, development, and maturation of the student. He helps the student to evaluate his experiences and his behavior in relationship to these experiences, to develop a positive self-concept, and to form a purpose and direction in life. He counsels with students on an individual and group basis, focusing on the needs of the student and problems of self-understanding, academic and social adjustment, and educational and vocational orientations.

The counselor acts as a liaison between school and home when consulting with parents, as well as between school and community, by becoming involved with the community and referring students to community agencies. Heilfron¹ and Swann² referred to the counselor working with the school staff by providing services to the teachers, discussing student behavior, and acting as a consultant to the teacher. The counselor takes a leadership role in coordinating school activities related to student guidance and contributes to the general school program.

The counselor in the American high school today faces an immense challenge and responsibility. The counselor has a


responsibility, albeit a conflicting one, to the student, to the school, to society, and to himself. Wrenn\textsuperscript{1} expressed the responsibility of the counselor with reference to the needs of society. The commitment to developing the abilities of the individual is also an expression of interest in developing a stronger nation.

Less cohesiveness in the family and community have deterred the inculcation of strong values in the student of today. The social expectations of the community, the family and the school are more diverse and less well defined than in the past. Webster\textsuperscript{2} commented that the counselor should not attempt to replace the functions of the community and the family. The counselor should assist the counselee in clarifying alternatives, in examining values and attitudes, and in understanding the confusion and conflicts inherent in the growth process.

Guidance has universally been concerned with values and attitudes. Parsons\textsuperscript{3} viewed guidance as a means to a mutualistic society. He denoted the counselor's role as one


\textsuperscript{2}Steven D. Webster, "Humanness: The One Essential," \textit{Personnel and Guidance Journal}, LXI, No. 6 (February, 1963), 378-379.

leading to social goals by offering prescriptive advice.

Peterson\(^1\) noted that historically there seemed to be three periods representative of changing approaches in the counseling and guidance movement. He remarked that the beginning of the guidance movement through the thirties characterized a period of active techniques. This approach, emphasizing vocational aspects, was known as directive counseling. The counselor was an authority with responsibility of guiding the counselee in a positive direction. Starting with Rogers, the second period advocated that the counselor should be neutral and nonjudgmental. The counselee was allowed to make his own choices without being influenced by the counselor. The present period is one of active involvement of the counselor. According to Peterson,\(^2\) this active involvement was precipitated by the recognition that counselors cannot remain neutral or avoid being an influence in the counseling relationship.

The counselor has a philosophy of life in which his values, his attitudes, and his goals are incorporated. These values are expressed either implicitly or explicitly in his approach to life and also in the counseling relationship. He conveys these values and attitudes either directly or

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\(^2\)Ibid.
indirectly to every counselee. Wrenn\textsuperscript{1} observed that counselors do not remain neutral in the presence of student's conflict and values. He asserted that counselors who believe strongly in letting students work out their own solutions also have strong attitudes and cannot help communicating them. The communication of values and attitudes is expressed in the counselor's behavior as well as verbally.

Williamson,\textsuperscript{2} Patterson,\textsuperscript{3} and Buhler\textsuperscript{4} concurred on the values and attitudes apparent in the counseling relationship and the counselor's influence on the client in the choice of value orientation.

Bratter\textsuperscript{5} strongly advocated the counselor communicating a conviction of the potentially destructive nature of drug abuse and also the counselor personally adopting a chemical-free life style. Conversely, even though the counselor's

\begin{itemize}
\end{itemize}
beliefs, attitudes and biases are a part of the counseling relationship, according to Pietrofesa\(^1\) the counselor should not impose his own standards upon others. He felt the counselor should be non-evaluative in his relationship with clients. Johnson and Vestermark\(^2\) referred to the hazards of the counselor's disclosure of emotional value orientation in the counseling relationship. They submitted that the counselor should be very aware of his own biases, attitudes and prejudices and understand his own motivation during the counseling interview.

It is evident that the counseling relationship is not devoid of the counselor's attitudes to drugs or other social problems. If a counselor is ambivalent about his own attitudes, he will not be much support or assistance to a student who has come for help. The counselor must be secure in his role, his values, and his attitudes in order to maintain a positive counseling relationship. The counselor should also examine his attitudes to be aware of the direction of his influence with the student.


Statement of the problem

Due to the magnitude of the drug problem, schools have become increasingly aware of the necessity for research or programs that could provide direction and prevention.

The purpose of this study is to investigate the relationship between high school counselor knowledge of drugs and the counselor attitude toward drug use and abuse. It will also examine the influence of sex, age, length of counseling experience, and academic preparation of the counselor with respect to counselors' attitudes toward drugs, drug use, and drug abuse. It will inquire into the relationship of sex, age, and academic preparation of the counselor with the drug knowledge of the counselor.

Counselors' attitudes will be defined as positive or negative responses to items which reflect the counselors' views of drugs and drug abuse. Counselors' drug knowledge will be a measurement of the counselors' physical, psychological, legal and pharmaceutical knowledge of drugs.

The counselor, due to his multidimensional role in the school structure, is in a unique situation to assume leadership in drug prevention. The counselor working with individual students maintains an excellent position to change student behavior and attitudes and to help alleviate drug abuse. Counselors with positive approaches to the question of drug use can communicate to students that there are better
ways to experience life than the ingestion of chemicals.

The counselors' attitudes toward drugs will be expressed verbally and non-verbally in the counseling relationship. The counselor should understand his motivations and be aware of his attitudes. He should be cognizant of the impact and influence of his attitudes in his relationships.

In this respect, this study seeks to examine the knowledge and attitudes that counselors hold in regard to drugs. The following hypotheses represent the major areas which this study investigates:

1. There is a positive correlation between counselors' attitudes toward drug problems and counselors' drug knowledge.

2. There is a positive correlation between the attitude of the counselor toward drug problems and the academic preparation of the counselor.

3. There is a positive correlation between the attitude of the counselor toward drug-related problems and the extent of counselor involvement in drug education programs and drug counseling.

4. There is a positive correlation between the attitude of the counselor toward drugs, drug use, and drug abuse and the
   a. sex of the counselor,
   b. age of the counselor,
   c. length of counseling experience.
There is a positive correlation between the drug knowledge of the counselor and the

- sex of the counselor,
- age of the counselor,
- academic preparation of the counselor.

Limitations of the study

The study is limited to full time counselors in the suburban Cook County high schools. This population is representative of counselors in suburban high schools surrounding a large metropolitan area. The study did not include the counselors in the parochial or private high schools in the area surveyed. The data from this study, therefore, cannot be considered representative of all Cook County high schools. The results will not reflect the difference among counselors in large metropolitan areas, small urban areas, or rural areas.

The study included the counselors involved in guidance functions in the public high schools but did not detail the specific functions of counselors. It did not investigate the type, extent and per cent of time devoted to drug counseling, providing drug information, curriculum planning and consulting. The study enumerated the source of the counselors' drug information, but did not quantify the number of courses or present descriptions of the courses.

The knowledge items on the Counselor Drug Opinion
survey measured pharmacological knowledge. The items related to physical, psychological, legal, and pharmaceutical learning relative to drugs. The knowledge items limited the type of drugs with only one item referring to alcohol. Other types of drug knowledge were not measured; therefore, the results for the extent of counselors' drug knowledge were limited to pharmacological knowledge.

The attitude items on the questionnaire were constructed to obtain attitude towards drugs, drug use, drug abuse, and people who use drugs. These items were not specifically directed to the counselors' attitudes relative to the secondary school and the counseling functions.

Organization of the dissertation

The introduction, the statement of the problem, and the limitations of the study were included in Chapter I. Chapter II is a review of literature pertaining to attitudes and counselors' functions relative to drugs. Chapter III included the description of the survey instrument, the selection of the population, the administration of the instrument, and the statistical computations for this study. Chapter IV is comprised of the responses of the population and an item analysis. Chapter V provides a statistical analysis of the data with correlations and mean differences. Chapter VI is a summary with a discussion of the findings, limitations of the study, recommendations and suggestions for future research.
CHAPTER II
REVIEW OF LITERATURE

Chapter II consists of a review of the literature and research with regard to attitudes towards drugs and the role of counselors as related to drug problems.

The general population's perception of drug users and drug abusers takes all forms ranging from fear to acceptance, depending on the person's frame of reference. Some people have a morbid fear of being violently accosted by drug users. This anxiety has been created and reinforced by the dramatic publicity depicting drug episodes.

A questionnaire administered to a small industrial town included the question, "What types of crime are the most serious menace to the community?" Major crimes held first position as a menace but the majority of responses signified drug abuse as the main threat. Other similar surveys indicated that drug use stands out as a problem, as a threat, and as a preoccupation in the public mind. The public has invested mind-altering drugs with qualities which are not directly linked to their visible or most probable effects. These drugs have been elevated to the status of a power

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deemed capable of tempting, possessing, corrupting and destroy­ing persons without regard to the prior conduct or condition of those persons. Blum\(^1\) observed that for some people the punishment of drug offenders takes precedence over rehabilit­itation efforts. Blum\(^2\) was of the opinion that a more re­sponsible attitude toward drug abuse must come about before the underlying causes can be dealt with in any effective manner.

Pattison and others\(^3\) offered a contrasting opinion of the public attitudes toward narcotic addiction. They investi­ gated articles dealing with public attitudes toward the nar­cotic addict. It was disclosed that in comparison with the public view in 1900, the addict is now seen as less responsible for his behavior. Public attitudes had shifted in emphasis from punitive methods to medical treatment and social rehabilit­itation for the addict.

Norway, in the 1960's, used the mass media to feature lurid descriptions of the grave effect of drugs, especially cannabis and to some extent LSD. The National Institute for


\(^2\)Ibid.

Alcohol Research in Norway\(^1\) attempted to assess the effect of the campaign in 1970. The attitude of the majority, of two thousand persons surveyed, was that cannabis was an extremely dangerous drug. The population was aware that buying, selling, and using cannabis was illegal. Ninety-six per cent were in favor of the legal restriction concerning cannabis. Only six per cent of the survey group expressed a desire to legally use cannabis. Irgens-Jensen and Brun-Gulbrandsen\(^2\) submitted that the entire population seemed to have heard of cannabis and many of LSD. They asserted that a strong negative attitude to these drugs had been created with the informative campaign.

Public attitudes about drug addiction, addicts and treatment for addiction were assessed by Doctor and Sieveking.\(^3\) Four reference groups comprised of law enforcement representatives, college student non-users, student users of marijuana, and post-withdrawal narcotic addicts were utilized. The police trainees reacted intensely to items that emphasized deviant behavior and society's rejection of the addicts. The drug


\[^2\] Ibid.

addicts' responses were diametrically opposite those of the police. The majority of the respondents tended to view the drug addict as socially distant and interpersonally aversive. The addict was characterized by respondents as responsible for his condition, potentially harmful, frightening, provoking, somewhat repulsive, untrustworthy and unpredictable. All respondents agreed that physical appearance of addicts does not differ from the non-addict. In the opinion of the respondents the determining factors in addiction were socio-psychological rather than medical, physical or hereditary. Doctor and Sieveking\(^1\) commented that some of their findings appear to reflect the attitude of the general public to addicts and drug addiction.

McKee\(^2\) conducted a study of attitudes and knowledge regarding drugs with a random sample of teachers, parents, police, mental health clinic workers, ministers, and high school students. One hundred and twenty-four white middle class citizens of a small community in the Eastern part of the United States were interviewed. The interviews included attitudinal questions and a drug knowledge test comprised of


marijuana, stimulants, depressants, narcotics and hallucinogens questions. The drug knowledge test scores, of all the respondents, were lower on the items regarding barbiturates, amphetamines, and hallucinogens than for the items regarding marijuana and opiates. The respondents' use of drugs and respondents' higher levels of education were reflected in high drug knowledge scores. On every section of the drug knowledge test the police scored consistently lower than the other groups.

On the attitudinal questions concerning the definition of drugs, "three types of responses were given:

a. something used for medicinal purposes by doctors to relieve pain;
b. something that is taken to alter an individual's mind or mood;
c. something that interrupts normal body chemistry."\(^1\)

Most of the respondents recognized distinction among drugs, putting marijuana at one end of the scale, as being least dangerous, and heroin at the other end, as being most dangerous. The drug users, in the population surveyed, made sharper distinctions among drugs than the non-users. There was general consensus among the respondents with regard to attitudes concerning anti-drug laws, estimates as to use of drugs, and the lack of effective drug education in the

\(^1\)Michael R. McKee, "Drug Abuse Knowledge and Attitudes in Middle America," (unpublished manuscript, 1972) p. 3.
community. Health problems caused by drug usage were emphasized by ministers and police, but this belief was deemphasized by mental health clinic personnel, teachers, and students.

McKee\(^1\) postulated that it is not broader or factual knowledge, but an understanding of the use of drugs that is needed in the educational efforts.

Three groups associated with a narcotic treatment facility of the District of Columbia Narcotics Treatment Administration\(^2\) participated in a survey of attitudes toward drug addicts. The survey included all staff at the treatment center, clients on methadone maintenance, and clients who had elected abstinence of drugs. Among the comparisons of the groups, no difference of attitude was demonstrated concerning the characteristics of addicts. Staff members and the clients viewed the addict using heroin as more non-achieving, more irresponsible, more dependent, and more aggressively anti-social than the addict using either methadone or no drug.

In a cross-cultural study of British and American

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\(^1\)Michael R. McKee, "Drug Abuse Knowledge and Attitudes in Middle America," (unpublished manuscript, 1972), p. 3.

student marijuana users, Doctor and Sklov\textsuperscript{1} encountered little
difference in attitude due to the country of origin. They
hypothesized that the British student would be more tolerant,
less socially rejecting, more inclined to view the marijuana
users' behavior as a medical problem than the American stu-
dent. The results of their study revealed that attitudes
about marijuana smokers were a function of the respondents'
use or nonuse of marijuana. The marijuana users were per-
ceived by the non-users as having psychological problems and
being interpersonally undesirable. The marijuana users were
more positive in their evaluations of other users of marijuana.

Ritter,\textsuperscript{2} in 1972, administered a drug questionnaire to
47 parents from 20 to 55 years of age. His purpose was to
examine parental attitudes toward drug abuse and the parents'
personal knowledge of physical and psychological effects of
drugs. The results of Ritter's survey revealed age as a
significant factor in the parents' knowledge of drugs. He
found the 20-25 age group and the 26-30 age group much more
knowledgeable about drugs than the other age groups in his
study. Chronological age was a less significant determinant

\textsuperscript{1}Ronald M. Doctor and Monny Sklov, "A Cross-cultural
Study of Attitudes about Marijuana Smokers," (unpublished
manuscript, 1971). ( Portions presented at California State
Psychological Association Convention, Los Angeles, 1972).

\textsuperscript{2}David R. Ritter, "Parental Awareness: Knowledge and
Attitudes Toward Drug Use," \textit{Journal of Drug Education}, II,
No. 4 (Winter, 1972), pp. 311-317.
in the parents' attitudes toward drugs, but it did present a
degree of variance. The 20-25, 26-30, and 46-50 age groups
presented a more liberal attitude than the other groups. The
most conservative attitude was exhibited by the 36-40 age
group. Ritter\textsuperscript{1} noted that the parents of elementary and
college age children tended to have more liberal views toward
drugs than the parents of junior high and high school students.

Bailey's\textsuperscript{2} study is among the few that deals with the
junior college segment of the student population. Eleven
private and six public junior college administrators and coun-
selors in Nebraska were surveyed as to their perceptions and
attitudes toward drug use and abuse in Nebraska junior
colleges. The study's conclusion reflected agreement among
administrators and counselors that a small segment of the
population of Nebraska junior colleges were using drugs. How-
ever, alcohol abuse appeared to be a more serious problem at
that time. The administrators and counselors noted the ab-
sence of drug programs and student involvement in planning
programs in the Nebraska junior colleges. Experimentation and

\textsuperscript{1}David R. Ritter, "Parental Awareness: Knowledge and
Attitudes Toward Drug Use," \textit{Journal of Drug Education}, II,
No. 4 (Winter, 1972), pp. 311-317.

\textsuperscript{2}Gerald Douglas Bailey, "Perceptions and Attitudes of
Administrative and Counseling Staffs toward Drug Use and Abuse
in Nebraska Junior Colleges," (unpublished manuscript, Feb-
ruary, 1971).
the desire to belong to the group were considered the important reasons for student use and abuse of drugs. Both administrators and counselors expressed uncertainty as to the availability of drugs and rebellion against parents and society as being causes of drug use. The counselors and administrators were not of the opinion that drug use in Nebraska junior colleges was a result of student dissatisfaction or disillusionment with the prevailing educational system. The administrators' and counselors' attitudes were similar concerning the scholastic ability of the students engaged in drug use at Nebraska junior colleges. They concurred that it was primarily a problem with the average student, rather than the high achieving or below average student. The administrators' and counselors' attitudes toward two drugs were comparable. Both groups agreed that marijuana could be harmful and LSD did not enhance creativity.

In a comparative study of opinions, attitudes and beliefs between high school students and counselors, Ognibene\(^1\) surveyed 541 tenth and twelfth grade students and 241 secondary school counselors in Ohio. He was interested in the difference between students' and counselors' opinions

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regarding drugs and their effects, motives for using drugs, drug users as people, the extent of drug use, drug education programs, and assistance available. He also made a comparison of the attitudes among the students and counselors in inner city, affluent suburban, and rural schools.

There were significant variations in student responses to the drug knowledge items. A comparison of students and counselors revealed that 46 per cent of the students and 56 per cent of the counselors responded in a manner consistent with preferred responses regarding drugs and their effects. Ognibene remarked that although the counselors responded in a more knowledgeable manner than the students, 44 per cent of the counselors lacked sufficient information to indicate the correct response.

A wide variety of opinions were reflected in the students' responses to the motive related items. The students generally exhibited greater agreement to the non-drug items than to the items customarily considered to be motives for drug use. There were significant differences between students' perceptions of motives for drug use and counselors' awareness of students' perceptions of these motives. The study revealed

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significant differences between students' attitudes and counselors' awareness of students' attitudes regarding drug users as people, the extent of drug use, drug education programs, and assistance available.

Ognibene\textsuperscript{1} was of the opinion that the student's perception of a situation is a very potent force of motivation even though such perceptions may be inaccurate or imagined. Focusing on attitudes would expand the potential of drug education and provide an opportunity for the students to share their perceptions and expectations of drugs with others.

Ognibene\textsuperscript{2} categorized the motives for drug abuse as overwhelming environmental stress and dissatisfaction with the social system. He also suggested that people with psychological problems tend to seek easy solutions to problems through the use of chemicals.

Several researchers have investigated attitudes toward drugs and drug abuse among junior high, high school, and college students. Stoessel\textsuperscript{3} explored the attitudes of 140 junior high students, half of whom admitted using drugs, and 15

\begin{itemize}
\item \textsuperscript{1}Gerald Loretto Ognibene, "The School Counselor in a Comprehensive Drug Education Program: A Comparative Study of the Knowledge and Attitudes of Secondary School Students and of School Counselors Toward Drugs." (dissertation, Ohio State University, 1971), pp. 157-158.
\item \textsuperscript{2}Ibid.
\end{itemize}
clinical patients. The users and non-users expressed the same opinions relative to peer group pressure motivating drug use. The responses to the majority of the items differentiated the user from the non-user. Stoessel\(^1\) suggested that rehabilitation programs should concentrate on attitude change if attitude differentiates the drug user from the non-drug user.

Two thousand seven hundred seventy-seven students were randomly selected from 57,000 students in Montgomery County Public Schools.\(^2\) These students from 45 secondary schools responded to questionnaires relating to perceptions and attitudes toward use of drugs by teenagers. The questionnaire contained items concerning use of marijuana, amphetamines, LSD, barbiturates, heroin, alcohol, cigarettes, and glue. The students responded with their perceptions concerning the dangers of drug use; their feelings about help needed by drug users; their attitudes about drug users; and their knowledge of terms associated with drugs. Most students supported the hazards of drug use and the addicting qualities of all the substances. A minority of students did not perceive drugs to be dangerous or consider marijuana, glue, and alcohol habit-forming. The


students favored psychological counseling for users of amphetamines, barbiturates, LSD, and heroin, but suggested family counseling for users of cigarettes, alcohol and glue. The students expressed that the desire for experiences, rather than the pressures of society, was the motivation for drug use.

The students were very conservative in their feelings about drug users, expressing approval of non-users. The results of the knowledge items indicated that the respondents were unfamiliar with both scientific and street knowledge of drugs.

Boardman\(^1\) used a social attitude questionnaire to compare drug use and related attitudes of 481 University of Houston and 470 University of Georgia freshmen. Freshmen on both campuses who used a drug more than once a month considered themselves to be using drugs. The freshmen did not report a personal commitment to the use of drugs even though their attitudes toward drug using contemporaries tended to be positive and permissive. Both campuses reported a similar low rate of drug use but a difference in patterns of drug use.

A 1968 survey of 12,000 students enrolled in colleges in the metropolitan New York area was reported on by

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Robbins. The survey was conducted to ascertain the students' perception of the attitudes and practices of their parents pertaining to drugs. The students tended to perceive a similarity between their parents' behavior and attitudes and the students' own attitudes toward drug use. The students showed a degree of certainty as to their parents' attitudes for the use of alcohol, cigarettes, and illicit drugs. For drugs, such as amphetamines and barbiturates, the students were uncertain as to their probable parental attitudes. Robbins hypothesized that there is a definite relationship between students' behavior and their perceptions of their parents' attitudes and practices.

Mueller and Ferneau mentioned that most investigations regarding attitudes toward alcoholism involved the medical professions or the general public. Mueller and Ferneau conducted a study with 35 general psychology students and compared them with a student norm group. They discovered that the student control group attitudes were somewhat more negative than the


2Ibid.


4Ibid.
norm group in the belief that alcohol is not a highly addicting substance. The control group exhibited a much more negative attitude than the norm group with regard to the alcoholic's control of his drinking. Mueller and Ferneau\textsuperscript{1} stated that student attitudes were similar to general public attitudes. They felt that both general public and student attitudes are a reaction to current literature supporting alcoholism as an illness.

A modified version of the Marcus Alcoholism Questionnaire\textsuperscript{2} was employed in a survey of students' and addicts' attitudes toward drug abuse and the drug abuser. One hundred twenty-two juniors enrolled in an undergraduate psychology class participated in the 1971 survey. The scores of these 122 students were compared with scores of 35 college students and with scores of 120 heroin addicts in a methadone treatment program.

Both groups of college students and the methadone treatment group believed that emotional difficulties and psychological problems are an important contributing factor in the development of addiction; the addict is unable to control his


use of drugs; the addict is a weak-willed person; and drugs are addicting substances. The students were more likely than the addicts to believe most addicts do and can be helped to recover from addiction. More often than the addicts the student identified addiction as an illness. The addicts believed more strongly, than the students, that the addict is a harmless heavy drug-user whose use of drugs is motivated only by his fondness for drugs. Ferneau and Mueller\(^1\) asserted that the student attitudes toward drug abuse and drug abusers suggested a definite failure in drug education.

Elementary education majors were surveyed for their attitudes toward college level drug education courses and elementary drug education programs at State University of New York at Stony Brook\(^2\) in 1971. The first section of the survey was designed to ascertain the number of students acquainted with drug users. Over 50 per cent of the students indicated knowing people who used drugs. Other sections of the questionnaire were constructed to determine the amount of drug use among students. The questionnaire items attempted to reveal


students' feelings toward drug use restrictions and drug programs at all levels of education. Although 92 per cent of the students agreed marijuana was easy to procure, there were differing opinions as to whether the sale and use of this drug should be legalized. The general attitude of the students suggested that if legalized, marijuana smoking would become as commonplace as drinking.

Haggerty and Zimering\(^1\) disclosed one important finding of the survey was college students' interest in drug education courses with an opportunity to organize their thinking in relation to drugs and drug use. Eighty-four per cent of the elementary education majors were not sufficiently confident in their drug knowledge to present elementary level drug programs.

Literature relative to drugs does not elucidate as to the functions of the counselor and the guidance department. When the role of the counselor is presented with reference to drug problems, it is in the context of an extension of the administrative procedures.\(^2\)

The truly involved counselor is concerned with the developmental aspects of the student, his values, his

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judgments, and his emotional growth. Wrenn¹ declared that the counselor's main concern is with personality development. He also maintained that realistic acceptance of the students' own capacities, motivations and attitudes is necessary for the students' mental health. The decision to use or abuse drugs is one of the issues that the high school student must solve. The use and abuse of drugs may lead to failure in school. A general attitude that one can escape the difficult problems of growing up by retreating into a drug-induced euphoria may develop. The counselor, not the academic program, will help the student to understand his behavior and motivations for drug use.

The counselor's function, in addition to providing services to the students as individuals or in groups, is also to maintain relationships with the school staff and the community, contribute to the general school program, and accept personal and professional responsibility, according to Wrenn.² Kremer³ described this same role when emphasizing the counselor's responsibility to help youth learn to cope


²Ibid.

successfully with life. He stressed the considerable concern regarding drug use and abuse among youth which has caused school counselors to reevaluate their role. He associated the demands of the communities and governmental involvement with the development of high school drug programs. He felt that school personnel reacted by initiating hastily contrived drug education programs which do little more than temporarily pacify the public. A more viable approach according to Kremer\(^1\) would be to have school personnel acquire more knowledge concerning drugs and drug abuse and obtain a greater understanding of what leads individuals to turn to drugs. He maintained that the inability to cope with anxiety producing situations is more of a determinant in youth drug abuse than inadequate knowledge about drugs. He also stated that providing facts about drugs will not necessarily alter student attitudes. Drug education programs and counseling goals should aim at meeting human needs and changing attitudes.

Tobias\(^2\) was convinced that the school counselor has a responsibility to learn as much as possible about narcotics.


He should attend seminars to discover the pharmacological factors and identity of drugs. Tobias indicated that familiarization with the symptomatic characteristics of the drug abuser is more important to the counselor than the acquisition of knowledge. He listed the symptomatic characteristics of personality changes as change in personal appearance, poor achievement and adjustment in school, change in character of school work, an expressed desire to leave school or home, failure to plan for the future, lack of goals, and little or no participation in sports or school projects and activities.

Cohen questioned the importance of symptomatic characteristics and stated that the physical effects and symptoms are rarely marked even when a student is under the influence of drugs.

Tobias asserted that the counselor is entirely responsible for drug education in the school. He suggested the counselor should disseminate drug information to the staff, students and parents, organize drug programs and group sessions, and be involved in the community.


Hott's position was similar to Tobias' philosophy in regard to the counselors' responsibility for drug education in the school. He stressed the counselors' responsibility to the school staff and the community. He suggested counselors must be fully aware of the drug problems from both the pharmacological and the sociological viewpoint.

According to Lewis there will be a demand for presumed drug experts if the incidence of drug abuse continues at its rate of growth. He remarked that America has become a chemically oriented society where a barrage of messages dictate that problems can be solved by chemicals. He voiced concern that while research on effects of certain drugs is being conducted, these drugs are in the process of being replaced by many new drugs. Lewis also indicated that research emphasized the chemical rather than the human or psychological aspect of vulnerability to drug dependence.

Much of the literature regarding the role of the counselor relative to drugs stresses the responsibility of the counselor to the community and the school staff. It also


3 Ibid.
emphasizes the importance of the acquisition of technical knowledge concerning drugs. Some authors expressed more concern with attitudes and values than with the responsibilities and knowledge of the counselor. Horan and Swisher\(^1\) suggested that counselors attempt to identify unknown or unverbalized values of students which are inconsistent with holding a liberal pro-drug attitude. They hypothesized that exposing a student to information designed to make him consciously aware of inconsistency that exist chronically within his own value and attitude system, below the level of conscious awareness, would influence student attitudes and possibly his behavior.

With 34 undergraduates enrolled in a drug problem seminar, Horan and Swisher\(^2\) deliberately attempted to modify students' attitudes toward drugs in a more conservative direction by inducing cognitive dissonance. The students completed an activities preference scale. The group leader then stated that drugs are mediators of experience, and those who favor drug use but also prefer direct experiences are being inconsistent. On a post test of drug attitudes, students who preferred direct experiences and who were made to feel


\(^2\) Ibid.
dissonant about holding liberal drug views, showed considerable more conservatism in their drug attitudes. Students not made to feel dissonant during the experimental treatment and those who preferred mediated experiences presented basically the same attitudinal posture as those in the control groups.

Horan and Swisher\(^1\) acknowledged that the changing of attitudes implied the modification of behavior, but they felt that a demonstration of modifying behavior in this area of drug abuse would be of value.

Swisher and Horan\(^2\) reported on the evaluation of Temple University's Retreat on the Hazards of Drug Abuse. Pre and post testing for knowledge gains and attitude changes were included in the evaluation design. A comparison of the knowledge scores of the participants and the controls showed a significant knowledge gain of 12 points for the participants. The control group scores showed only one-quarter point gain in information. A review of the data disclosed that the participants and the controls generally had conservative attitudes with regard to drugs. The significant attitude changes, on the


pre and post testing, were: a shift from agreeing with the legalization of marijuana to disagreeing with legalization; a shift from having no opinion about marijuana to disagreeing with its usefulness in achieving greater insight; and a shift from perceiving the drug abuser as not being alienated to seeing him as somewhat alienated. The results of the evaluation revealed that the conference was effective in increasing the level of information regarding drugs and had a positive impact on the students' attitudes relative to drugs.

The counseling relationship, according to Demos\(^1\) is a means of helping the student who is using drugs to find a less painful, more constructive, and healthier way to reach maturity and obtain a more positive self-concept.

Brayer\(^2\) formulated the theory that the counselor should be actively involved in the investigation and disposition of a student who has been identified as a drug abuser. In this capacity the counselor is acting for the administration, which would definitely impair his relationships with other students who wished to discuss drug related problems. Brayer\(^3\) suggested

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\(^3\)Ibid.
that another area for counselor involvement is an alternative continuing education program for the identified drug abuser.

While even one student who abuses drugs is one too many in the school system, the counselor must also be concerned with the entire population of the school in helping students make nonreversible decisions not to use drugs. To identify the counselor as one who is concerned with the incidence of drug use, rather than the growth and development of the student, limits his effectiveness with the majority of the students.

The chapter has been representative of selected research both published and unpublished. The abundance of literature pertaining to all facets of the drug culture predetermines a sampling of the literature.

The literature reviewed presented contrasting views of the public's attitude regarding drug users, drug abuse, physical effects of drugs, and legal implications of drug use. The differences in attitudes appeared to be more dependent on use or non-use of drugs than country of origin, level of education, age groups or occupations. Different opinions were revealed concerning user's and addict's responsibility for his present situation and condition. Opinions varied with support of medical help, rehabilitation, or punishment for the drug abusers.

A lack of drug knowledge was disclosed in the literature among counselors, college students, and high school
students. A conservative attitude was presented concerning the approval of drug use and drug users by the peers of the populations surveyed.

A review of the literature emphasized the role of the counselor in regard to drug counseling, drug education, responsibility to the institution, faculty and community. Incongruent positions were expressed as to the importance of counselor’s knowledge of drugs and symptomatic effects of drug use. The attitude of the counselor was invested with as much importance as the attainment of factual knowledge.
CHAPTER III
PROCEDURES OF THE STUDY

Chapter III is a presentation of the procedures used in this study. The procedures described were to obtain the amount of drug knowledge and the attitude embraced toward drugs by secondary school counselors. The description of the procedure is divided into the following sections:

1. Description of the survey instrument
2. Selection of the population
3. Administration of the instrument
4. Statistical computations of attitude items
5. Statistical computations of knowledge items
6. Statistical computations for correlations and mean differences

Description of the survey instrument

A review of the literature to reveal existing instruments was undertaken. An examination of the existing instruments revealed that one of the instruments seemed to be especially suitable for this study. In the instrument selected the information items were of suitable level to challenge the knowledge and the intellect of the counselor. The attitude related items were comprehensive enough so as not to elicit any pattern of biases.
As part of the National Drug Education Training Program, the Department of Health, Education and Welfare developed a statewide drug education training program under the provisions of the Educational Professions Development Act. The general goals for this program were to provide in-depth training in the various dimensions of drug education. Charles S. Feldstone\(^1\) developed an instrument for the United States Office of Health, Education and Welfare which was used for pre-testing and post-testing in this 1970-1971 training program. This instrument was field tested in California with 2,500 individuals in 1970. It was administered to 222 participants, of a Washington, D. C. drug seminar for school personnel and students, on a pre-post test basis.\(^2\) The questionnaire was used to ascertain if participants held opinions on more issues and held them more strongly following the seminar than prior to the seminar. Since being used in the California Training Program and the Washington, D. C. Drug Seminar, it has also been utilized in a follow-up evaluation of the National Drug Education Training Center at San Antonio, Texas. The instrument confirmed a

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\(^1\)Charles S. Feldstone, Department of Psychology, Trinity University, San Antonio, Texas.

statistically significant attitude change over a six month period following the San Antonio drug education program. Feldstone verified factor analytic studies indicating the items are each independent of others.

Ognibene\(^1\) used a modified form of the instrument developed by Feldstone. He used the questionnaire to study the degree of congruency between students' and counselors' responses in regard to opinion on drugs, awareness of motives regarding drug abuse, attitudes of drug users, educational programs, assistance available, and extent of drug use.

To obtain the primary objectives desired from this survey, the Feldstone instrument was modified. The objectives desired from the instrument include the following:

1. to study the correlation between counselor attitude toward drug problems and counselor drug knowledge;

2. to determine if the sex, age, academic preparation and counseling experience has any influence on the attitude of the counselor;

3. to study the degree of congruency between positive counselor attitude and involvement in drug educational programs and drug counseling.

\(^1\)Gerald Loretto Ognibene, "The School Counselor in a Comprehensive Drug Education Program: A Comparative Study of the Knowledge and Attitudes of Secondary School Students and of School Counselors Toward Drugs" (doctoral dissertation, Ohio State University, 1971).
The modification of the instrument to meet the objectives of this study involved a reduction in number of possible responses. The original instrument allowed for seven possible responses. This study, like that of Ognibene, limited the possible responses to five. The original responses were:

1. This is a completely accurate statement
2. I strongly agree with this statement
3. I tend to agree with this statement but with reservations
4. I really could not say
5. I tend to disagree with this statement but with reservations
6. I strongly disagree with this statement
7. This statement is patently untrue

The modification of responses for the attitude items are:

1. I strongly agree with this statement
2. I tend to agree with this statement but with reservations
3. I really could not say
4. I tend to disagree with this statement but with reservations
5. I strongly disagree with this statement

The original instrument included cognitive as well as attitude items. The purpose of these items on the questionnaire for this study was to assess the counselor's attitude; therefore, the cognitive items were deleted and only the 45 attitude items were retained.

The 28 knowledge or factual questions were limited to 20 questions. An extensive review of scientific literature did not support any of the responses in eight of the questions as being scientifically valid in accordance with current research.
In addition to the 45 attitude items and 20 knowledge items, 9 items were included to obtain background information about the counselor. The information desired for this study was as follows:

1. present position
2. number of years in present position
3. geographical area of employment
4. category of school
5. sex of counselor
6. age of counselor
7. source of drug knowledge and information
8. status of drug education programs
9. involvement of counselor in drug education and counseling with drug related problems

Selection of the population

The general intent of the survey was to sample the attitude and knowledge about drugs among secondary school counselors. The population chosen is inclusive and representative of counselors in a midwest suburban metropolitan area. The parameters that were considered in choosing the population were economy, geography, population density, and school district organization. The schools were chosen from a list obtained from the office of the Superintendent of Schools, Educational Service Region of Cook County, "Research Report of Suburban Cook County High School Guidance Directors and College Counselors, 1970-71."

The 28 high school districts from this list were contacted by telephone to update the list. From this updated list, 41 schools expressed a positive desire to cooperate in the survey study. Four of the 28 districts did not participate
in the study. One district felt it would be necessary to obtain the approval of the board of education and did not wish to pursue this route. Another district definitely did not want to take part in the study and offered no explanation for their refusal. One high school district had recently completed a very extensive survey of both students and teachers and believed that it was too early to participate in another study. It was impossible to contact anyone who could make a decision in the fourth district. The survey population included counselors from 41 schools in 24 suburban high school districts. From these districts, 383 counselors participated in the survey.

Administration of the instrument

Telephone contact was made with the guidance director in each of the 41 high schools to obtain the names of the counselors or to secure his cooperation in distributing the survey packets to the counselors in his building. A survey packet consisted of the questionnaire (Appendix A, p. 146), a cover letter (Appendix B, p. 162), and a self-addressed stamped envelope.

Three hundred eighty-three survey packets were mailed either to individual counselors or to the guidance director for distribution to the counselors.

Ten days after the survey instruments were mailed, a
letter was sent to the guidance directors, who had distributed the packets, thanking them for their assistance (Appendix B, p. 163).

Of the total of 383 instruments mailed, 228 or 59.5 per cent of the questionnaires were returned. Nine questionnaires were returned with complete absence of responses or with multiple responses. These instruments were excluded from the study.

In order that the counselor could indicate interest in receiving a summary of the results, space for name and address was provided at the end of the questionnaire. This was done partly to assure a high per cent of return, but mainly for the benefit of the counselor. The results of the study could be valuable in the counselor's work and relationship with his institution. Thirty-nine per cent of the counselors requested a summary of the results of the survey.

Statistical computations of attitude items

Items 1 to 45 on the questionnaire were designed to convey attitude toward drug related problems. These items were submitted to a panel of judges (Appendix B, p. 161) to specify in their opinion whether agreement or disagreement with each item would be more indicative of a positive attitude. The judges were selected on the basis of their professional qualifications and their extensive work with drug problems in
Cook County. They are practicing professionals in preventive
drug education, drug counseling, alternative programs, re-
habilitation programs, and methadone maintenance programs.
Two of the judges are registered pharmacists. They are active
locally and nationally in drug abuse programs and drug councils.

For the purpose of this study "attitude" was defined as
positive or negative responses to items which reflect coun-
selors' views of drugs, drug abuse, people who use drugs, and
drug programs. "Positive attitude" was defined as the coun-
selors' responses being in agreement with the judges' responses.

The panel of judges were in complete accord in their
designation of responses reflecting positive attitude on nine
of the items. Six of the judges concurred as to responses for
positive attitude on five of the items. On 27 of the items,
five of the judges were in agreement as to the more appropriate
responses. There was no concensus of opinion among the judges
with responses equally divided between agreement and disagree-
ment on four of the items (Appendix B, p. 158). These four items
were deleted from the computations of the total attitude score.

The counselors' attitude scores were computed using
the values of 1, 3, and 5. A value of five was computed for
the counselors' responses when they concurred with the judges'
disagreement for the item. A reverse pattern was used to
reflect the judges' responses of agreement. These numerals
employed in this ordinal scale are non-quantitative. They
indicate only position in an order series of more positive to
more negative and not the degree of difference between
successive positions on the scale.

The assumption for this study was that the responses
to the attitude items would follow a normal distribution. The
theoretical expectations of a normal distribution of 383
respondents are as follows:

1. Strongly agree 13 3.45 per cent
2. Agree with reservations 91 23.84 per cent
3. Could not say 173 45.15 per cent
4. Disagree with reservations 91 23.84 per cent
5. Strongly disagree 13 3.45 per cent

It is evident, from the tabulation of the frequencies,
that the responses do not follow a normal distribution; the chi-
square test would have supported this fact in all instances.

For the purpose of this paper the frequencies, per-
centages, mean score, and mode will be presented in discussing
the items. For the first 45 items the mean score range should
be interpreted as follows: 1.0 to 2.5 were classified as agree-
ment; 2.6 to 3.5 were classified as lack of agreement or dis-
agreement; and 3.6 to 5.0 were classified as disagreement with
the statement.

The mode will be used in some of the items for the
interest it presents in indicating the most frequently
appearing responses. Most of the distributions were markedly
skewed either to the right representing disagreement with the
statement, or to the left indicating agreement.
The statistics computed for Items 46 to 65 were for the purpose of examining the frequencies of responses to the correct and alternate variables. The items were subjected to the chi-square test to ascertain for each if the null hypothesis of equal probability was significant.

To examine the relationship between the attitude of the counselor and his extent of drug knowledge the weighted scores on 41 of the first 45 items were totaled. The correct responses on the 20 knowledge items were assigned a value of 10 and the incorrect responses or lack of response a value of zero. These values on the knowledge items were also totaled.

The degree of association between the total scores of these two variables, attitude and knowledge, were computed by the Pearson product-moment for the coefficient of correlation between attitude and knowledge.

\[ r = \frac{\sum_{i=1}^{N} (X_i - \bar{X})(Y_i - \bar{Y})}{\sqrt{\left[ \sum_{i=1}^{N} (X_i - \bar{X})^2 \right] \left[ \sum_{i=1}^{N} (Y_i - \bar{Y})^2 \right]}} \]

Correlations using the Pearson product-moment were computed between the total attitude score and the variables: age of the counselor and the years of counseling experience.

Point biserial coefficients were used for correlations between the total attitude score and the variables: source of
acquired drug knowledge, sex of the counselor, and involvement in drug education programs and drug counseling.

The total knowledge score, using the Pearson product-moment, was correlated with the age of the counselor. Point biserial coefficients were computed between the total knowledge score and the variables: sex of the counselor and source of acquired knowledge concerning drugs.

In order to determine if sex, age, or academic preparation had any effect upon knowledge or attitudes relative to drugs, individual t-tests were calculated on mean differences.

\[
t = \frac{(\bar{x}_1 - \bar{x}_2) - (u_1 - u_2)}{s_d}
\]

This chapter has presented a description of the survey instrument, the selection of the population, the administration of the instrument, and the statistical computations for the study.
CHAPTER IV

ITEM ANALYSIS OF THE DATA

The statistical analysis of the data relative to the hypotheses investigated in this study is incorporated in Chapter V. This chapter consists of the responses from the survey and an analysis and discussion of each item. It is divided into the following sections:

1. Responses related to counselor background
2. Results and findings of attitude items
3. Results and findings of knowledge items

Responses related to counselor background

The largest per cent of the population had from 3 to 10 years of counseling experience, and were from 25 to 50 years of age. One hundred and forty male counselors and 79 female counselors responded to the survey instrument. The responses were approximately equally distributed from the three geographical areas.

Forty counselors (18 per cent of the population surveyed) had taken graduate courses in drug information. Fifty-three per cent had attended workshops or seminars on drug information. Most counselors had acquired their knowledge through news media such as television, radio, and magazine articles.
Thirty-one (14 per cent) counselors indicated personal experience through use of drugs as being a source of information, but many of these qualified this statement indicating alcohol as the drug most frequently used.

### Table 1

RESPONSES RELATED TO COUNSELOR BACKGROUND

<table>
<thead>
<tr>
<th>Number of years in present position</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 2 years or less</td>
<td>44</td>
<td>20.1</td>
</tr>
<tr>
<td>2. 3 to 5 years</td>
<td>78</td>
<td>35.6</td>
</tr>
<tr>
<td>3. 6 to 10 years</td>
<td>60</td>
<td>27.4</td>
</tr>
<tr>
<td>4. 11 to 15 years</td>
<td>25</td>
<td>11.4</td>
</tr>
<tr>
<td>5. 16 to 20 years</td>
<td>9</td>
<td>4.1</td>
</tr>
<tr>
<td>6. 20 years or more</td>
<td>3</td>
<td>1.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of counselor</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Under 25</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>2. 25 to 30</td>
<td>49</td>
<td>22.4</td>
</tr>
<tr>
<td>3. 31 to 40</td>
<td>80</td>
<td>36.5</td>
</tr>
<tr>
<td>4. 41 to 50</td>
<td>56</td>
<td>25.6</td>
</tr>
<tr>
<td>5. 51 to 60</td>
<td>23</td>
<td>10.5</td>
</tr>
<tr>
<td>6. 61 or older</td>
<td>3</td>
<td>1.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex of counselor</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Male</td>
<td>140</td>
<td>63.9</td>
</tr>
<tr>
<td>2. Female</td>
<td>79</td>
<td>36.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographical Area</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Suburban--South</td>
<td>72</td>
<td>32.9</td>
</tr>
<tr>
<td>2. Suburban--West</td>
<td>69</td>
<td>31.5</td>
</tr>
<tr>
<td>3. Suburban--North</td>
<td>75</td>
<td>34.2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1.5</td>
</tr>
</tbody>
</table>
TABLE 2
RESPONSES RELATED TO INFORMATION ABOUT COUNSELORS

<table>
<thead>
<tr>
<th>Sources of Drug Knowledge</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Graduate courses</td>
<td>40</td>
<td>18.3</td>
</tr>
<tr>
<td>2. Seminars and workshops</td>
<td>115</td>
<td>52.5</td>
</tr>
<tr>
<td>3. News media</td>
<td>176</td>
<td>80.4</td>
</tr>
<tr>
<td>4. Personal contact</td>
<td>139</td>
<td>63.5</td>
</tr>
<tr>
<td>5. Personal experience</td>
<td>31</td>
<td>13.2</td>
</tr>
<tr>
<td>6. None of the above</td>
<td>16</td>
<td>7.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presentation of Drug Education Programs</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. As part of health class</td>
<td>143</td>
<td>65.3</td>
</tr>
<tr>
<td>2. In regular classes</td>
<td>98</td>
<td>44.7</td>
</tr>
<tr>
<td>3. School or class assemblies</td>
<td>53</td>
<td>24.2</td>
</tr>
<tr>
<td>4. Informal meetings</td>
<td>70</td>
<td>32.0</td>
</tr>
<tr>
<td>5. No established program</td>
<td>51</td>
<td>23.3</td>
</tr>
<tr>
<td>6. None of the above</td>
<td>7</td>
<td>3.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Involvement</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Curriculum planning for drug education</td>
<td>17</td>
<td>7.8</td>
</tr>
<tr>
<td>2. Consultant and resource person for teachers and administrators</td>
<td>29</td>
<td>13.2</td>
</tr>
<tr>
<td>3. Group work with students to provide drug information</td>
<td>20</td>
<td>9.1</td>
</tr>
<tr>
<td>4. Group work with students who are using drugs</td>
<td>30</td>
<td>13.7</td>
</tr>
<tr>
<td>5. Counseling individual students with drug related problems</td>
<td>159</td>
<td>72.6</td>
</tr>
<tr>
<td>6. None of the above</td>
<td>56</td>
<td>25.6</td>
</tr>
</tbody>
</table>

Drug education programs were presented in the health curriculum of 65 per cent of the counselors' schools. Forty-four per cent stated that drug education was also presented in regular classes such as sociology or science. Twenty-three per
cent of the counselors signified that their school had no established program for drug education.

Only a small per cent of the counselors had participated in curriculum planning for drug education. Very few counselors were functioning as consultants to teachers and administrators. Counselor involvement in the drug area consisted mainly with counseling individual students with drug-related problems.

Results and findings of attitude items

Items 1 to 45 were designed to ascertain counselor attitude of drugs relative to the following areas:

1. The factors that motivate youth to use drugs
2. The content and value of drug education programs and referral sources
3. General attitude toward education, drugs, and drug education
4. Concepts of marijuana
5. The characteristics of people who use drugs
6. Other categories concerning drug use

The individual responses of the judges and the number of judges indicating agreement or disagreement are tabulated in Appendix B, page 158.
Items relating to motives for drug use

Items 1, 4, 5, 7, 9, 11, 12, 13, 14, 15, and 16 all typify motives for drug use in youth as presented in various sources.

Item 1 indicates that the need to belong to a clique is a motive for drug use. The judges' responses supported this as a viable motive for drug use among youth. Eighty-two per cent of the counselors agreed with this item with 39 per cent agreeing strongly and 43 per cent agreeing with reservations. The counselors' mean score of 1.968 indicated a slightly higher agreement than the judges' mean score of 2.285.

TABLE 3
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 1

An important motive for drug use is a need to belong to a clique which happens to be engaged in drug use.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>85</td>
<td>38.8</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>95</td>
<td>43.4</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>24</td>
<td>11.0</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>9</td>
<td>4.1</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.285

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>1.968</td>
</tr>
<tr>
<td>Mode</td>
<td>2.000</td>
</tr>
<tr>
<td>St Dev</td>
<td>1.114</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>0.779</td>
</tr>
<tr>
<td>Skewness</td>
<td>1.239</td>
</tr>
</tbody>
</table>
The idea expressed in Item 4 is that the decision to use drugs involves weighing beneficial and detrimental effects. The response to this item was one of the more diverse distributions of the data collected. The judges' responses did not reflect an opinion of either agreement or disagreement. A mean score of 3.428 was computed for the judges' responses. The lack of opinions, by the judges, mandated that this item be deleted from the computations of the total attitude score. The pattern of the counselors' responses with a mean score of 3.183 paralleled the judges' responses. The counselors varied from strong agreement, agreement with reservations, disagreement with reservations, and strong disagreement.

**TABLE 4**

**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 4**

Each use of a drug involves a decision that the good which will come about through its use will overbalance the detrimental effects that may occur.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>26</td>
<td>11.9</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>62</td>
<td>28.3</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>31</td>
<td>14.2</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>46</td>
<td>21.0</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>54</td>
<td>24.7</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 3.428
TABLE 5
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 5

People who abuse drugs are trying to cope with overwhelming stress in their environment.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>46</td>
<td>21.0</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>108</td>
<td>49.3</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>15</td>
<td>6.8</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>40</td>
<td>18.3</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>9</td>
<td>4.1</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.000

In Item 5 stress in the environment is noted as being a motive for drug use. The preferred responses of the judges with a mean of 2.000 and the counselors with a mean of 2.338 was agreement. The mode of 2 and an examination of the data disclosed that 49 per cent of the counselors agreed with reservations that overwhelming stress in the environment influenced the abusing of drugs. Only nine counselors or 4.1 per cent strongly disagreed with this statement.

Item 7 identifies approval of drug use by legitimate adult sources as a motive for drug use. The judges' responses reflected disagreement with two disagreeing with reservations and three strongly disagreeing. The counselors' responses did not totally parallel the judges, with 26 per cent strongly
disagreeing and 29 per cent disagreeing with reservations. The mean score of 3.315 expressed the counselors' mixed feelings to this statement. The judges more than the counselors disagreed that the accepted use of alcohol, tobacco, and medication in the present society constituted an important motive for drug use.

**TABLE 6**

**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 7**

An important motive for drug use is the obvious approval of drug use by legitimate adult sources.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>20</td>
<td>9.1</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>54</td>
<td>24.7</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>22</td>
<td>10.0</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>63</td>
<td>28.8</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>56</td>
<td>25.6</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 3.714

| Mean       | 3.315 |
| Mode       | 4.000 |
| Std Dev    | 1.413 |
| Kurtosis   | -1.053|
| Skewness   | -0.374|

Item 9 relates motive for drug use with accessibility of drugs. Sixty-seven per cent agreed or agreed with reservations and 25 per cent disagreed or disagreed with reservations on this item. The mean score of 2.434 indicated less counselor agreement than the judges with a mean score of 1.857. Literature supports the fact that drugs are easily obtained on high school and college campus.
TABLE 7

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 9

An important reason for drug use is easy access to drugs.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>43</td>
<td>19.6</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>104</td>
<td>47.5</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>18</td>
<td>8.2</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>42</td>
<td>19.2</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>12</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 1.857

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.434</td>
</tr>
<tr>
<td>Mode</td>
<td>2.000</td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.165</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-0.596</td>
</tr>
<tr>
<td>Skewness</td>
<td>0.675</td>
</tr>
</tbody>
</table>

TABLE 8

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 11

An important motive for drug use is dissatisfaction or disillusionment with the prevailing social system.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>33</td>
<td>15.1</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>112</td>
<td>51.1</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>18</td>
<td>8.2</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>47</td>
<td>21.5</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.000

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.461</td>
</tr>
<tr>
<td>Mode</td>
<td>2.000</td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.110</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-0.600</td>
</tr>
<tr>
<td>Skewness</td>
<td>0.583</td>
</tr>
</tbody>
</table>
Item 11 states that dissatisfaction or disillusionment with the prevailing social system is a motive for drug use. Sixty-six per cent of the counselors agreed with this statement which was the judges' response. Fifteen per cent of the counselors strongly agreed, 51 per cent agreed with reservations, and 25 per cent disagreed. The mean score of 2.461 and the mode of 2 denoted counselors' conservative agreement. The judges demonstrated a slightly stronger position with five judges agreeing and a mean of 2.000.

**TABLE 9**

**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 12**

One important motive for drug use is the tendency of persons with psychological problems to seek easy solutions with chemicals.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>69</td>
<td>31.5</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>110</td>
<td>50.2</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>11</td>
<td>5.0</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>24</td>
<td>11.0</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>5</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Mean: 2.023
Mode: 2.000
Std Dev: 1.007
Kurtosis: 0.793
Skewness: 1.144

Mean of judges' responses: 1.857

Item 12 refers to the tendency of persons with psychological problems to seek easy solutions with chemicals. Six judges and 82 per cent of the counselors responded with
agreement. Disagreement was expressed by two per cent strongly and 11 per cent with reservations. The counselors with a mean of 2.023 closely resembled the judges' responses with a mean of 1.857.

**TABLE 10**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 13

Children often abuse drugs as a means of attacking their parents.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>33</td>
<td>15.1</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>113</td>
<td>51.6</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>27</td>
<td>12.3</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>39</td>
<td>17.8</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>7</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.000

Item 13 denotes rebellion as a motive for drug abuse. The mode of 2 and the percentage of 67 disclosed that the counselors were in agreement with this statement. In some cases the counselors changed or questioned the wording of this item. Therefore, it may be concluded that the responses were more indicative of reaction to the wording for those counselors who questioned the wording, than of the counselors' attitudes. The results also reflected the responses of the counselors after they had changed the wording of the item. The words "abuse"
and "attacking" were either questioned or changed by several of the respondents. The judges' responses with a mean score of 2.000 and five judges indicating agreement, did not reflect the same attention to the wording as did the counselors' responses.

TABLE 11
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 14

The increasing degree of alienation is a basic cause of drug abuse.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>35</td>
<td>16.0</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>115</td>
<td>52.5</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>30</td>
<td>13.7</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>29</td>
<td>13.2</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>6</td>
<td>3.7</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Mean                      | 2.333               |
Mode                      | 2.000               |
Std Dev                   | 1.042               |
Kurtosis                  | 0.150               |
Skewness                  | 0.741               |

Mean of judges' responses: 1.428

All seven of the judges indicated agreement, four strongly agreeing and three agreeing with reservations, for Item 14. The counselors were not as consistent in their responses as the judges. Only 69 per cent of the counselors responded in accordance with the preferred responses of agreement. The responses of disagreement might reflect the counselors' feelings that alienation may contribute to drug abuse, but may not necessarily be the basic cause.
The judges' responses for Item 15, which relates that permissiveness of parents and teachers is the single most important factor in drug use, was disagreement. Permissiveness according to the literature does have some bearing on drug use but it is not the single most contributing factor. Thirty-four per cent of the counselors strongly disagreed and 36 per cent disagreed with reservations. The judges' mean of 4.000 suggested a slightly stronger disagreement than the counselors with a mean of 3.831.

**TABLE 12**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 15

The single most important factor in drug use by young people is permissiveness of parents and teachers.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>6</td>
<td>2.7</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>34</td>
<td>15.5</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>26</td>
<td>11.9</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>78</td>
<td>35.6</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>75</td>
<td>34.2</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 4.000

Item 16 suggests the affluence of society as being an important reason for drug use. The panel of judges agreed that this was a motivational force. Only 10 per cent of the counselors strongly agreed and 42 per cent agree with reservations.
with this statement. Thirty-eight per cent disagreed with this statement inferring that they did not feel that the affluency of society effected the use of drugs. With a mean of 2.831 for the counselors there is weak agreement on this item.

**TABLE 13**

**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 16**

An important reason for drug use is the development of an affluent society that can afford drugs.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>22</td>
<td>10.0</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>92</td>
<td>42.0</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>21</td>
<td>9.6</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>64</td>
<td>29.2</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>19</td>
<td>8.7</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.428

Discussion of items relating to motive for drug use

There was a difference of opinion among both the counselors and judges on Item 4. The item states that each use of a drug involves a decision that the good which will come about through its use will overbalance the detrimental effect that may occur. The judges' responses were divided between agreement and disagreement. For this reason the item was not included in the tabulation of the counselors' total attitude score. The
counselors' responses exhibited the same pattern of responses representing a range of attitudes from agreement to disagreement.

On Item 7, approval of adult sources, and Item 16, the affluency of society as motives for drug use, the counselors' responses did not correspond with the judges' responses. In both of these items the opinions of the counselors were divided between agreement and disagreement.

**TABLE 14**

**TABULATION OF ITEMS RELATED TO MOTIVES FOR DRUG USE**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Judges' Responses</th>
<th>Per Cent Counselors</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A</td>
<td>82.2</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>No Position</td>
<td>62.2</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>A</td>
<td>70.3</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>D</td>
<td>63.4</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>A</td>
<td>67.1</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>A</td>
<td>67.2</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>A</td>
<td>61.7</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>A</td>
<td>66.7</td>
<td>2</td>
</tr>
<tr>
<td>14</td>
<td>A</td>
<td>68.5</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>D</td>
<td>69.8</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>A</td>
<td>52.0</td>
<td>2</td>
</tr>
</tbody>
</table>

Mode 2 -- Agree with reservations
Mode 4 -- Disagree with reservations

**Items relating to drug education**

Items 19, 22, 23, 24, 27, 34, and 35 refer to structure, content and effectiveness of drug education programs.

Items 19, 22, 24, 34, and 35 denote the value of the
involvement of ex-addict, youth, and community in drug education programs. Item 19 implied that the success of education and prevention programs are dependent on involvement of ex-addicts or ex-users. The panel of judges as well as 56 percent of the counselors disagreed with this statement. Literature appeared to support the fact that the relative value of the use of ex-addicts is greater in rehabilitation centers than in the public school systems. Twenty-four percent agreed with this statement indicating that they felt ex-addicts and ex-users would be of value to school programs.

TABLE 15
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 19

The only successful education and prevention programs are those which involve ex-addicts or ex-users.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>12</td>
<td>5.5</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>40</td>
<td>18.3</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>38</td>
<td>17.4</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>74</td>
<td>33.8</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>55</td>
<td>25.1</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 3.714

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.548</td>
</tr>
<tr>
<td>Mode</td>
<td>4.000</td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.204</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-0.840</td>
</tr>
<tr>
<td>Skewness</td>
<td>-0.468</td>
</tr>
</tbody>
</table>

Items 22, 24, and 34 suggest the importance of involving young people in program planning, discussion groups, and leadership in prevention of drug abuse. Seventy-five per cent of the
counselors agreed that students must be involved in the planning and execution of drug programs. An indication of too strong an emphasis placed on student involvement rather than leadership might be reflected in only 29 per cent strongly agreeing with Item 22. The judges strongly supported this statement with all seven agreeing. The mean of 1.143 for the judges confirmed this strong agreement. The mean of 2.151 demonstrated that the counselors supported this statement with reservations.

TABLE 16
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 22

No drug prevention program in school or community will be successful unless young people are involved at every state of planning and execution.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>64</td>
<td>29.2</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>101</td>
<td>46.1</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>16</td>
<td>7.3</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>33</td>
<td>15.1</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>5</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 1.143

The judges manifested a slightly higher degree of agreement with a mean of 2.143 than did the counselors with a mean of 2.530 on Item 34. Sixty-two per cent of the counselors
and five of the judges agreed with the effectiveness of young people in drug education after they have been carefully selected and trained in the dangers of drug abuse.

TABLE 17
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 34

Young people can be effectively involved in persuading other young people not to use drugs, but only if they have been carefully selected and trained in the dangers of drug abuse.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>41</td>
<td>18.7</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>96</td>
<td>43.8</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>21</td>
<td>9.6</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>47</td>
<td>21.5</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>14</td>
<td>6.4</td>
</tr>
</tbody>
</table>

Mean 2.530
Mode 2.000
Std Dev 1.201
Kurtosis -0.844
Skewness 0.535

Mean of judges' responses: 2.143

Both the counselors and judges, with mean scores of 2.018 and 2.143 respectively, concurred that small groups honestly and freely discussing problems of adolescents would be beneficial in solving the drug problem in school. Agreement with Item 24 would demonstrate the value that is placed on working with groups of students. However, this response would negate the value of presenting comprehensive drug information.
TABLE 18
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 24

Small groups honestly and freely discussing problems of adolescents would do more toward solving the drug problem in schools than reaching every young person with the most comprehensive and honest information about the potential dangers of non-medical drug use.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>92</td>
<td>42.0</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>64</td>
<td>29.2</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>29</td>
<td>13.2</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>25</td>
<td>11.4</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>7</td>
<td>3.2</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>.9</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.143

There was strong agreement with Item 35 which emphasized continuous community involvement in drug education. It may be acknowledged that community involvement is of utmost importance but the trend does not seem to encompass the ongoing effort necessary to keep the communities continuously involved in the school program. Eighty per cent of the counselors and all of the judges expressed agreement toward this statement. The most frequent response to Item 35 was strong agreement.
School programs in the area of drug education cannot be successful without continuous community involvement.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>98</td>
<td>44.7</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>86</td>
<td>39.3</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>17</td>
<td>7.8</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>14</td>
<td>6.4</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 1.258

The principle reason for the ineffectiveness of most drug education efforts is that they make no distinctions among various patterns of use—experimental, occasional, regular, compulsive.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>27</td>
<td>12.3</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>87</td>
<td>39.7</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>55</td>
<td>25.1</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>38</td>
<td>17.4</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>9</td>
<td>4.1</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.428
Item 27 links ineffectiveness of drug education efforts with lack of distinction among various patterns of drug use. The item stated that this lack of distinction is the principal reason for the ineffectiveness. This wording may have affected the counselors' responses to this statement. The diverse distribution of responses and the mean score 2.571 indicated that the counselors had mixed feelings regarding this statement. The judges' mean score of 2.428 also reflected the lack of consistent responses to this statement.

Discussion of items related to drug education programs

The pattern of the counselors' responses approximated the judges' responses in this group of items. Item 27 states that the principle reason for the ineffectiveness of most drug education efforts is that they make no distinctions among various patterns of use—experimental, occasional, regular, compulsive. On this item the counselors represented the total range of possible responses. The mode of 2 represented the most frequent response as agreeing with reservations; however, 25 per cent of the counselors expressed no opinion on this statement. The wording of this item might have produced these results.
TABLE 21

TABULATION OF ITEMS RELATED TO DRUG EDUCATION PROGRAMS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Judges' Responses</th>
<th>Per Cent Counselors</th>
<th>Mode</th>
<th>Counselors' Frequencies</th>
<th>Mode of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>D</td>
<td>58.9</td>
<td>4</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>A</td>
<td>75.3</td>
<td>2</td>
<td>101</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>A</td>
<td>71.2</td>
<td>1</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>A</td>
<td>52.0</td>
<td>2</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>A</td>
<td>62.5</td>
<td>2</td>
<td>96</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>A</td>
<td>84.0</td>
<td>1</td>
<td>98</td>
<td></td>
</tr>
</tbody>
</table>

Mode 1--Strongly agrees
Mode 2--Agrees with reservations
Mode 4--Disagrees with reservations

Item 19 which refers to the involvement of ex-addicts in drug programs did not elicit a strong position among the counselors. The judges tended to be more consistent with five judges disagreeing with this statement.

Items reflecting general attitudes

Items 17, 23, 28, 30, 31, 32, 38 and 43 all reflect a general attitude toward education, drugs, and drug education. The effectiveness of a counselor in drug-related problems could be reflected in his attitude toward these statements.

No strong opinions were associated with Item 17 which refers to the effects of any drug as being determined more by personal and social factors than by the drug itself. Forty-seven of the counselors agreed, 26 per cent disagreed, and 27 per cent had no opinion. The mean scores of counselors
2.708 and judges 2.285 signified stronger agreement than disagreement on this item.

**TABLE 22**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 17

At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>35</td>
<td>16.0</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>68</td>
<td>31.1</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>59</td>
<td>26.9</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>40</td>
<td>18.3</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>17</td>
<td>7.8</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.285

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.708</td>
</tr>
<tr>
<td>Mode</td>
<td>2.000</td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.168</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-0.780</td>
</tr>
<tr>
<td>Skewness</td>
<td>0.272</td>
</tr>
</tbody>
</table>

The statement that children should not be continually exposed to the idea that everyday stress requires chemical relief elicited almost complete agreement with the preferred response. Television, radio, magazine and newspaper advertisements tend to glamorize medication or pills for every internal and external ailment or discomfort. Advertisements suggest if life is painful, frustrating, or fatiguing take a pill and problems will solve themselves, or at least be avoided. Sixty-nine per cent of the counselors strongly agreed and 21 per cent agreed with reservations with only seven per cent disagreeing with this statement. The mean scores of counselors 1.498 and judges 1.285 denote this strong agreement with Item 17.
### TABLE 23

**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 23**

Children should not be continually exposed to the idea that the stresses of daily life require chemical relief.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>152</td>
<td>69.4</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>47</td>
<td>21.5</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>7</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 1.285

Mean 1.498  
Mode 1.000  
Std Dev 0.950  
Kurtosis 4.946  
Skewness 2.307

### TABLE 24

**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 28**

Education about drugs is meaningless unless society evolves strategies to deal with the physical, psychological, and social conditions that predispose to drug dependence.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>115</td>
<td>52.5</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>76</td>
<td>34.7</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>9</td>
<td>4.1</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>13</td>
<td>5.9</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>6</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Mean 1.717  
Mode 1.000  
Std Dev 0.987  
Kurtosis 2.364  
Skewness 1.651

Mean of judges' responses: 1.143
There was strong agreement concerning society's responsibility for the conditions that predispose to drug dependence. Eighty-seven per cent agreed, nine per cent disagreed and four per cent offered no opinion. The mean score for Item 28 was 1.717, indicating the counselor agreement; however, the judges tended more than the counselors to agree with a mean score of 1.143.

**TABLE 25**

**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 30**

Heroin addiction should be considered as a disease rather than a crime.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>96</td>
<td>43.8</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>70</td>
<td>32.0</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>19</td>
<td>8.7</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>19</td>
<td>8.7</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>15</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 1.571

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.027</td>
<td>Mode</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.223</td>
<td>Kurtosis</td>
<td>0.265</td>
<td></td>
</tr>
<tr>
<td>Skewness</td>
<td>1.140</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Responses to the statement that heroin addiction should be considered as a disease rather than a crime revealed counselors' agreement, 44 per cent strongly agreeing and 32 per cent agreeing with reservations. The judges signified stronger agreement than the counselors on this statement. All seven judges agreed with a mean score of 1.571.
Item 31 stating that public health experience shows that no social disease of man has ever been managed by attacking the disease directly. That massive frontal attacks on drug abuse will only intensify the problem, did not evoke counselors' responses of either extreme. Forty per cent agreed, 33 per cent disagreed, and 27 per cent indicated no opinion to this statement. The large response of 59 counselors registering no opinion and a mean of 2.922 denoted a lack of either strong agreement or disagreement with preventive procedures of social diseases in society. The judges' responses suggested a conservative attitude of agreement with a mean of 2.571.

**TABLE 26**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 31

Public health experience shows that no social disease of man has ever been managed by attacking the disease directly. Massive frontal attacks on drug abuse will only intensify the problem.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>18</td>
<td>8.2</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>69</td>
<td>31.5</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>59</td>
<td>26.9</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>58</td>
<td>26.5</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>15</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Mean: 2.922  
Mode: 2.000  
Std Dev: 1.087  
Kurtosis: -0.845  
Skewness: 0.090

Mean of judges' responses: 2.571

There was strong disagreement with the statement that one must use drugs in order to really know their effects. Only
six per cent of the counselors had no opinion on this item. Fourteen per cent agreed with this statement which might be either an interpretation of their own use of drugs, or their attitude toward this statement. The judges' responses paralleled the counselors' responses with five judges strongly disagreeing and two offering no opinion.

TABLE 27
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 32

In the final analysis, one must use drugs in order to really know their effects.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>9</td>
<td>4.1</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>21</td>
<td>9.6</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>12</td>
<td>5.5</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>69</td>
<td>31.5</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>108</td>
<td>49.3</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 4.428

There was little conformity of opinion among the counselors with regard to the idea that since feeling and subjective experience are influenced by and enhanced by drugs, we must attack the problem through emotional means if we are serious about drugs and youth. Twenty-four per cent of the counselors strongly agreed, 35 per cent agreed with reservations, 16 per cent voiced no opinion, 14 per cent disagreed
with reservations, and 11 per cent disagreed strongly with Item 38. The mean score of 2.516 showed weak agreement on this item. The wording of Item 38 was rather unclear with the terminology "through emotional means." The responses of the counselors might have been quite different if the stress had been on effective counseling versus academic presentations. The judges' reaction to either the wording or the content of the statement was agreement with a mean score of 2.143.

**TABLE 28**

**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 38**

Since feeling and subjective experience are influenced by and enhanced by drugs, we must attack the problem through emotional means, if we are serious about drugs and youth.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>53</td>
<td>24.2</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>77</td>
<td>35.2</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>35</td>
<td>15.0</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>31</td>
<td>14.2</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>23</td>
<td>10.5</td>
</tr>
</tbody>
</table>

Mean: 2.516  Mode: 2.000  Std Dev: 1.286  Kurtosis: -0.789  Skewness: 0.567

A total of 80 per cent of the counselors disagreed that the use and abuse of drugs is a private matter, but 33 per cent qualified their disagreement with reservations. The pattern of the judges' responses was similar to the counselors' with five judges indicating disagreement.
TABLE 29
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 43

The use and abuse of drugs is a private matter.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>11</td>
<td>5.0</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>21</td>
<td>9.6</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>12</td>
<td>5.5</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>72</td>
<td>32.9</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>103</td>
<td>47.0</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 3.714

Discussion of items related to general attitudes

The counselors did not demonstrate any strong opinions on Item 17. This item states, at moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself. The counselors' responses were divided among agreement (47 per cent), no opinion (27 per cent), and disagreement (26 per cent). The judges, however, expressed stronger opinions than the counselors with five judges agreeing with this statement.

The largest number of counselors' responses marked "strongly agree" on any variable in the questionnaire appeared on Item 23. Literature supports the fact that the public is constantly exposed to the beneficial qualities of drugs to
relieve pain and anxiety.

The panel of judges signified unanimous agreement with Items 23, 28 and 30. Ninety-one per cent of the counselors agreed with Item 23 that children should not be continually exposed to the idea that the stresses of daily life require chemical relief. Eighty-seven per cent of the counselors agreed with Item 28 that education about drugs is meaningless unless society evolves strategies to deal with the physical, psychological, and social conditions that predispose to drug dependence. The counselors revealed less agreement than the judges on the statement that heroin addiction should be considered as a disease rather than a crime.

TABLE 30

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Judges' Responses</th>
<th>Per cent counselors indicating preferred responses</th>
<th>Mode of Counselors' frequencies Responses of Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>A</td>
<td>47.1</td>
<td>2</td>
</tr>
<tr>
<td>23</td>
<td>A</td>
<td>90.9</td>
<td>1</td>
</tr>
<tr>
<td>28</td>
<td>A</td>
<td>87.2</td>
<td>1</td>
</tr>
<tr>
<td>30</td>
<td>A</td>
<td>75.8</td>
<td>1</td>
</tr>
<tr>
<td>31</td>
<td>A</td>
<td>39.7</td>
<td>2</td>
</tr>
<tr>
<td>32</td>
<td>D</td>
<td>80.8</td>
<td>5</td>
</tr>
<tr>
<td>38</td>
<td>A</td>
<td>59.4</td>
<td>2</td>
</tr>
<tr>
<td>43</td>
<td>D</td>
<td>79.9</td>
<td>5</td>
</tr>
</tbody>
</table>

Mode 1--Strongly agree
Mode 2--Agree with reservations
Mode 5--Strongly disagree

The judges responded with agreement and a mean score of
1.143 to the statement that since feeling and subjective experience are influenced by and enhanced by drugs, we must attack the problem through emotional means if we are serious about drugs and youth. Item 38 did not provoke the same strong agreement among the counselors. The mean of 2.516 disclosed the counselors' diverse opinions on this statement.

**Items regarding marijuana**

Items 3, 6, 8, and 10 all refer to statements relating to marijuana. The preferred responses for three of these items was disagreement.

**TABLE 31**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 3

<table>
<thead>
<tr>
<th>Marijuana leads to violent crimes.</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Strongly agree</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>19</td>
<td>8.7</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>28</td>
<td>12.8</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>81</td>
<td>37.0</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>86</td>
<td>39.3</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Mean of judges' responses: 4.714</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>4.018</td>
<td></td>
</tr>
<tr>
<td>Mode</td>
<td>5.000</td>
<td></td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.053</td>
<td></td>
</tr>
<tr>
<td>Kurtosis</td>
<td>0.809</td>
<td></td>
</tr>
<tr>
<td>Skewness</td>
<td>-1.098</td>
<td></td>
</tr>
</tbody>
</table>

The statement that marijuana leads to violent crimes evoked a response of disagreement. Seven judges with a mean
score of 4.714 expressed strong disagreement with this statement. The counselors did not demonstrate as strong a degree of disagreement as the judges on Item 3. Only 39 per cent of the counselors strongly disagreed with this statement. The counselors' mean score of 4.018 suggested disagreement with reservations.

TABLE 32
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 8
Marijuana leads to sexual orgies.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>15</td>
<td>6.8</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>42</td>
<td>19.2</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>50</td>
<td>22.8</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>111</td>
<td>50.7</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 4.428
Mean 4.164
Mode 5.000
Std Dev 0.996
Kurtosis -0.370
Skewness -0.864

The majority of the counselors concurred with the judges on Item 8 concerning the effects and the consequent behavior related to marijuana use. Nineteen per cent of the counselors expressed no opinion with 23 per cent disagreeing with reservations and seven per cent agreeing with reservations to this statement.

The judges' responses stressed disagreement with a mean score of 3.857 for Item 6. The counselors' responses did
not convey the same pattern as the judges' responses on this statement.

There were varied conceptions among the counselors as to the hazards of marijuana. The counselors' mean score of 3.416 reflected this diversity of opinion. Thirty per cent of the counselors agreed, 17 per cent stated no opinion and 53 per cent disagreed with this statement. The contrasting opinions on Item 6 could represent current concepts or research knowledge on drugs. That marijuana, as a social drug, is not as addicting or physically damaging as either nicotine or alcohol, is one of the more popular rationalizations for its' use. Researchers are still in the process of establishing data as to the temporary and permanent effects of marijuana use.

TABLE 33
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 6

Marijuana is harmless.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>62</td>
<td>28.3</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>38</td>
<td>17.4</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>69</td>
<td>31.5</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>46</td>
<td>21.0</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 3.857

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.416</td>
</tr>
<tr>
<td>Mode</td>
<td>4.000</td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.160</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-1.257</td>
</tr>
<tr>
<td>Skewness</td>
<td>-0.113</td>
</tr>
</tbody>
</table>


An examination of the judges' responses disclosed that they supported neither agreement nor disagreement for Item 10. Therefore, the responses to this item were not considered as part of the counselors' total attitude score. The counselors' responses presented a pattern similar to the judges' responses.

The counselors' mean score of 3.237 for the statement that marijuana should be legalized also signified incongruent positions with 37 per cent agreeing, 13 per cent neutral, and 49 per cent disagreeing with Item 10. The legalization of marijuana is a very controversial issue with strong arguments supporting both philosophies.

**TABLE 34**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 10

Marijuana should be legalized.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>28</td>
<td>12.8</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>53</td>
<td>14.2</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>28</td>
<td>12.8</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>49</td>
<td>22.4</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>59</td>
<td>26.9</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>0.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Mean of judges' responses: 2.714</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.237</td>
</tr>
<tr>
<td>Mode</td>
<td>5.000</td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.446</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-1.279</td>
</tr>
<tr>
<td>Skewness</td>
<td>-0.209</td>
</tr>
</tbody>
</table>
Discussion of items related to marijuana

The items relating to marijuana did not evoke a consensus of disagreement. The counselors' and judges' responses manifested the present controversial opinions of marijuana use. The judges' opinions were equally divided between agreement and disagreement as to the legalization of marijuana. One judge offered no opinion on this statement. Item 10 was not included in the tabulations of the counselors' attitude scores.

On Item 6, stating marijuana is harmless and Item 10, mentioning that marijuana should be legalized, the counselors did not demonstrate either strong agreement or strong disagreement.

**TABLE 35**

**TABULATION OF ITEMS RELATED TO MARIJUANA**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Judges' Responses</th>
<th>Per cent counselors indicating preferred responses</th>
<th>Mode of Counselors' responses</th>
<th>Pre-Excursion of Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>D</td>
<td>76.3</td>
<td>5</td>
<td>86</td>
</tr>
<tr>
<td>6</td>
<td>D</td>
<td>52.5</td>
<td>4</td>
<td>69</td>
</tr>
<tr>
<td>8</td>
<td>D</td>
<td>75.5</td>
<td>5</td>
<td>111</td>
</tr>
<tr>
<td>10</td>
<td>No Position</td>
<td>12.8</td>
<td>5</td>
<td>59</td>
</tr>
</tbody>
</table>

Mode 4—Disagree with reservations
Mode 5—Strongly disagree
Items with respect to characteristics of drug users

Items 18, 29, 41, 42, 44, and 45 relate to characteristics of people who use drugs. Characteristics of immaturity, character defects, intelligence, and personality are presented in these items.

There was agreement by both judges and counselors with Item 18 supporting the statement that young people who abuse drugs are inadequate or immature individuals who need a crutch to cope with reality. However, the counselors' mode of 2 and mean of 2.571 signified agreement with reservations to this statement.

TABLE 36
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 18
Young people who abuse drugs are inadequate or immature individuals who need a crutch to cope with reality.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>34</td>
<td>15.5</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>101</td>
<td>46.1</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>16</td>
<td>7.2</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>56</td>
<td>25.6</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>11</td>
<td>5.0</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.285

The responses on Item 29 which states it is now known
that drug users have lower than average I.Q.'s reflected the largest per cent of respondents disagreeing with an item. With this large response of disagreement it is interesting to note that 15 per cent had no opinion on this statement. The judges' opinions corresponded with the counselors' on disagreement. However, one of the judges also expressed no opinion on this statement.

**TABLE 37**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 29

It is now known that drug users have lower than average I.Q.'s.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>14</td>
<td>6.4</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>33</td>
<td>15.1</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>29</td>
<td>13.2</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>138</td>
<td>63.0</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 4.428

On Item 41 stating that most true drug abusers are multiple drug users, the judges acknowledged agreement with a mean score of 1.857. The data in Table 38 revealed a mode of 2 for the counselors, reflecting agreement with reservations. Only 56 per cent of the counselors concurred with the judges on Item 41.
TABLE 38
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 41
Most true drug abusers are multiple drug users.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>44</td>
<td>20.1</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>79</td>
<td>36.1</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>53</td>
<td>24.2</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>27</td>
<td>12.3</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>16</td>
<td>7.3</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 1.857

Mean: 2.507
Mode: 2.000
Std Dev: 1.159
Kurtosis: -0.476
Skewness: 0.542

TABLE 39
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 42
Almost all heroin addicts have a basic character defect which leads to addiction.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>25</td>
<td>11.4</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>57</td>
<td>26.0</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>52</td>
<td>23.7</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>55</td>
<td>25.1</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>29</td>
<td>13.2</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.428

Mean: 3.014
Mode: 2.000
Std Dev: 1.243
Kurtosis: -0.961
Skewness: -0.026

Five of the judges expressed agreement with a mean
score of 2.428. Two of the judges and 38 per cent of the counselors disagreed with the statement that almost all heroin addicts have a basic character defect which leads to addiction. This item presented a pattern of responses indicating lack of attitude uniformity among the counselors. On this statement approximately 25 per cent expressed no opinion.

**TABLE 40**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 44

There can be no single successful method of prevention or treatment of drug abuse for all individuals.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>145</td>
<td>66.2</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>40</td>
<td>18.3</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>17</td>
<td>7.8</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>7</td>
<td>3.2</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>10</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 1.714

One hundred and forty-five counselors strongly agreed that there was no single successful method of prevention and treatment of drug abuse for all individuals. Flexibility of approaches in dealing with drug problems might be a supposition derived from the response to this statement. The mode of 1 reflected very strong agreement with Item 44. The judges' responses were very similar to the counselors' with mean
scores of 1.714 and 1.616 respectively.

TABLE 41
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 45
It will soon be possible to use an assessment of personality traits to predict which kind of drug an individual will abuse.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>35</td>
<td>16.0</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>92</td>
<td>42.0</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>33</td>
<td>15.1</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>54</td>
<td>24.7</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 3.143

Forty-two per cent of the counselors made no judgment on the statement that it will soon be possible to use an assessment of personality traits to predict which kind of drug an individual will abuse. Forty per cent of the counselors indicated disagreement and 18 per cent supported agreement with this statement. The judges' responses followed a similar pattern with two judges agreeing, three offering no opinion and two judges disagreeing. The incongruity of the judges' responses necessitated that Item 45 not be included in the counselors' total attitude scores.
Discussion of items related to characteristics of people who use drugs.

The counselors responded approximately equally with agreement, no opinion, and disagreement on Item 41 stating that most true drug abusers are multiple drug users, and Item 42 stating that almost all heroin addicts have a basic character defect which leads to addiction. The judges supported agreement on both of these items.

TABLE 42

TABULATION OF ITEMS RELATED TO CHARACTERISTICS OF PEOPLE WHO USE DRUGS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Judges' Responses</th>
<th>Per cent counselors indicating preferred responses</th>
<th>Mode of counselors' responses</th>
<th>Frequencies of Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>A</td>
<td>61.6</td>
<td>2</td>
<td>101</td>
</tr>
<tr>
<td>29</td>
<td>D</td>
<td>76.2</td>
<td>5</td>
<td>138</td>
</tr>
<tr>
<td>41</td>
<td>A</td>
<td>56.2</td>
<td>2</td>
<td>79</td>
</tr>
<tr>
<td>42</td>
<td>A</td>
<td>37.4</td>
<td>2</td>
<td>57</td>
</tr>
<tr>
<td>44</td>
<td>A</td>
<td>84.5</td>
<td>1</td>
<td>145</td>
</tr>
<tr>
<td>45</td>
<td>No Position</td>
<td>42.0</td>
<td>3</td>
<td>92</td>
</tr>
</tbody>
</table>

Mode 1—Strongly agree
Mode 2—Agree with reservations
Mode 3—No opinion
Mode 5—Strongly disagree

The judges' and the counselors' responses followed a similar pattern for Item 45. Three judges and 92 counselors did not wish to commit themselves to agreement or disagreement on the statement that it will soon be possible to use an assessment of personality traits to predict which kind of drug an individual will abuse.
Items relating to other categories concerning drug use

Items 20, 21, 25, 33, and 37 discuss the extent of drug use and the opinions as to the extent of use. The responses to Item 20 did not represent any strong consensus of opinion among the counselors. Forty-three per cent agreed, 29 per cent disagreed and 28 per cent of the counselors expressed no opinion on this statement. The judges' responses to this statement that substances that affect mood, feeling, and perception are being misused at this time were agreement.

TABLE 43
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 20

Virtually every category of substance that has some effect on mood, feeling, or perception is being misused at this time.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>38</td>
<td>17.4</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>56</td>
<td>25.6</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>61</td>
<td>27.9</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>28</td>
<td>12.8</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>36</td>
<td>16.4</td>
</tr>
</tbody>
</table>

Mean of judges' responses:
- Mean: 2.854
- Mode: 3.000
- Std Dev: 1.312
- Kurtosis: -0.993
- Skewness: 0.247

Item 21 suggests that the incidence of drug use in the schools has been exaggerated. Only 48 per cent of the counselors supported the judges' responses of disagreement. The judges' mean score of 3.571 and the counselors' mean score of
3.228 revealed a conservative position of disagreement as to the estimates of drug abuse among school children.

**TABLE 44**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 21

The nature and extent of drug abuse among high school and elementary school children has been exaggerated.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>15</td>
<td>6.8</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>61</td>
<td>27.9</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>37</td>
<td>16.9</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>71</td>
<td>32.4</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>35</td>
<td>16.0</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 3.571

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.228</td>
</tr>
<tr>
<td>Mode</td>
<td>4.000</td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.213</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-1.127</td>
</tr>
<tr>
<td>Skewness</td>
<td>-0.135</td>
</tr>
</tbody>
</table>

**TABLE 45**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 25

Today drug abuse is a problem of equal magnitude in upper, middle, and lower socio-economic class children.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>92</td>
<td>42.0</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>65</td>
<td>29.7</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>24</td>
<td>11.0</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>25</td>
<td>11.4</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>13</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.438

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.096</td>
</tr>
<tr>
<td>Mode</td>
<td>1.000</td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.232</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-0.197</td>
</tr>
<tr>
<td>Skewness</td>
<td>0.953</td>
</tr>
</tbody>
</table>
The mode of 1 on Item 25 indicated that the counselors felt that drug abuse has permeated all classes of society. Seventeen per cent of the counselors disagreed with the statement which could be interpreted they felt that drug abuse is more prevalent in upper, middle or lower socio-economic class children. The item did not allow for this distinction. The counselors expressed stronger agreement with a mean score of 2.096 than the judges with a mean of 2.438.

### TABLE 46
**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 33**

The estimates of extent of heroin use throughout the general population are based entirely on speculation.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>53</td>
<td>24.2</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>65</td>
<td>29.7</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>65</td>
<td>29.7</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>28</td>
<td>12.8</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 3.143

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.237</td>
</tr>
<tr>
<td>Mode</td>
<td>4.000</td>
</tr>
<tr>
<td>Std Dev</td>
<td>1.070</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-0.831</td>
</tr>
<tr>
<td>Skewness</td>
<td>-0.033</td>
</tr>
</tbody>
</table>

Thirty per cent of the counselors expressed no opinion on Item 33 which refers to the estimates of heroin use being based entirely on speculation. Of the counselors, 28 per cent agreed and 42 per cent disagreed with this statement. The judges' responses approximated the counselors' responses with
no consensus of opinion on the statement. The counselors' responses to Item 33 were not included in the total attitude score.

TABLE 47
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 37
Within the past few years, narcotic addiction has spread from the ghetto to middle class youth.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>107</td>
<td>48.9</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>81</td>
<td>37.0</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>13</td>
<td>5.9</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>9</td>
<td>4.1</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>9</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 1.285

There was almost complete agreement, 86 per cent of the counselors, that in recent years narcotic addiction has spread from the ghetto to middle class youth. The judges' responses paralleled the counselors' responses with all seven judges indicating agreement. Research documents the trend of addiction in the middle class youth and the problems it presents to the high school. Eight per cent disagreed with this statement and six per cent offered no opinion.

Research reveals that the use and misuse of alcohol in our society is a major social problem. The judges indicated
agreement to this statement with six judges strongly agreeing and one judge agreeing with reservations. The mode of 1 with 114 counselors strongly agreeing with Item 2 reflected the counselors' awareness of this situation. Eighty-one per cent of the counselors agreed with the preferred response with only 19 per cent disagreeing or offering no opinion.

TABLE 48
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 2

For total amount of damage done to our society, alcohol is more dangerous than any other drug.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>114</td>
<td>52.1</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>64</td>
<td>29.2</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>16</td>
<td>7.3</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>19</td>
<td>8.7</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>6</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Mean 1.888
Mode 1.000
Std Dev 1.075
Kurtosis 0.941
Skewness 1.341
Mean of judges' responses: 1.433

Seventy-seven per cent of the counselors agreed that society should judge adults who misuse liquor or drugs by the same standards that it judges young people. Seventeen per cent of the counselors disagreed with Item 26. Both the counselors with a mean score of 2.009 and the judges with a mean score of 1.714 manifested some reservations to this statement.
### TABLE 49
**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 26**

Society should judge adults who misuse liquor or drugs by the same standards that it judges young people.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>101</td>
<td>56.1</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>68</td>
<td>31.1</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>11</td>
<td>5.0</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>20</td>
<td>9.1</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>18</td>
<td>8.2</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 1.714

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Mode</th>
<th>Std Dev</th>
<th>Kurtosis</th>
<th>Skewness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.009</td>
<td>2.000</td>
<td>1.281</td>
<td>0.223</td>
<td>1.176</td>
</tr>
<tr>
<td>Mode</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Std Dev</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kurtosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TABLE 50
**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 36**

It is almost always possible to obtain medical help on drug abuse without incurring legal penalties.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>40</td>
<td>18.3</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>77</td>
<td>35.2</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>44</td>
<td>20.1</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>34</td>
<td>15.5</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>23</td>
<td>10.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.000

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Mode</th>
<th>Std Dev</th>
<th>Kurtosis</th>
<th>Skewness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.635</td>
<td>2.000</td>
<td>1.254</td>
<td>-0.791</td>
<td>0.420</td>
</tr>
<tr>
<td>Mode</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Std Dev</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kurtosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skewness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Items 36 and 40 relate to assistance available to students who are using or abusing drugs. Neither of these statements evinced any strong agreement or disagreement among the counselors. A review of the literature does not specifically define the current practices and legal obligations of the medical profession and the school personnel related to drug referrals. Many of the counselors qualified their responses with notations that their opinion of the assistance of the police and medical profession would be dependent upon the area and the personnel involved. The judges were more definite in their reaction to these items. Five judges expressed agreement with a mean score of 2.000 on Item 36. Five judges supported disagreement with a mean score of 4.143 on Item 40.

TABLE 51
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 40

When a high school student is found to be using drugs, an excellent source of help is the police.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>48</td>
<td>21.9</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>23</td>
<td>10.5</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>84</td>
<td>38.4</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>56</td>
<td>25.6</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 4.143

Mean of judges' responses: 4.143
Seventy-six per cent agreed, 17 per cent disagreed, and seven per cent expressed no opinion on the statement that there is no generation gap in the abuse of stimulants and sedatives. The judges' responses resembled the counselors' responses with five judges agreeing and a mean score of 2.143.

TABLE 52
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 39
There is no generation gap in the abuse of stimulants and sedatives.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly agree</td>
<td>82</td>
<td>37.4</td>
</tr>
<tr>
<td>2. Agree with reservations</td>
<td>84</td>
<td>38.4</td>
</tr>
<tr>
<td>3. Could not say</td>
<td>15</td>
<td>6.8</td>
</tr>
<tr>
<td>4. Disagree with reservations</td>
<td>26</td>
<td>11.9</td>
</tr>
<tr>
<td>5. Strongly disagree</td>
<td>12</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Mean of judges' responses: 2.143

Discussion of items related to other categories concerning drug use.

The counselors' responses to Item 20, relating to effects of drugs, were distributed among the possible attitudes. The judges displayed conservative agreement with a mean score of 2.143. The judges' responses might suggest their increased awareness of the misuse of non-prescription drugs.
## TABLE 53
**TABULATIONS OF ITEMS RELATED TO OTHER CATEGORIES CONCERNING DRUG USE**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Judges' Responses</th>
<th>Per cent counselors indicating preferred responses</th>
<th>Mode counselors' frequencies of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>A</td>
<td>81.3</td>
<td>1</td>
</tr>
<tr>
<td>20</td>
<td>A</td>
<td>43.0</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>D</td>
<td>48.4</td>
<td>4</td>
</tr>
<tr>
<td>25</td>
<td>A</td>
<td>71.7</td>
<td>1</td>
</tr>
<tr>
<td>26</td>
<td>A</td>
<td>87.2</td>
<td>1</td>
</tr>
<tr>
<td>33</td>
<td>No position</td>
<td>29.7</td>
<td>4</td>
</tr>
<tr>
<td>36</td>
<td>A</td>
<td>53.5</td>
<td>2</td>
</tr>
<tr>
<td>37</td>
<td>A</td>
<td>85.9</td>
<td>1</td>
</tr>
<tr>
<td>39</td>
<td>A</td>
<td>75.8</td>
<td>2</td>
</tr>
<tr>
<td>40</td>
<td>D</td>
<td>64.0</td>
<td>4</td>
</tr>
</tbody>
</table>

Mode 1--Strongly agree  
Mode 2--Agree with reservations  
Mode 3--No opinion  
Mode 4--Disagree with reservations

On Item 33 there was no consensus of opinion among the judges or among the counselors. Neither the counselors nor the judges strongly supported the statement that the estimates of extent of heroin use throughout the general population are based entirely on speculation.

On Items 37 and Item 2 the judges were in complete accord with all seven judges expressing agreement. The counselors' responses corresponded with the judges with approximately 80 per cent of counselors specifying agreement.
Results and findings of knowledge items

Twenty of the items in the questionnaire relate to physical, psychological, legal and pharmaceutical knowledge of drugs based on scientific data and research literature.

The responses of the population on this section were varied. A portion of the population responded to some of the items and indicated on other items they did not know the answers. Some of the counselors indicated a lack of drug knowledge, and therefore, rather than guess, elected the option of not responding.

TABLE 54
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 46

The active ingredients in marijuana have been extracted and synthesized. They are known collectively as --THC (tetrahydrocannabinol).

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. psilocybin</td>
<td>13</td>
<td>5.9</td>
</tr>
<tr>
<td>2. DMT</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>3. Lysergic acid diethylamide</td>
<td>18</td>
<td>8.2</td>
</tr>
<tr>
<td>4. THC—tetrahydrocannabinol</td>
<td>122</td>
<td>55.7</td>
</tr>
<tr>
<td>5. STP</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>No answer</td>
<td>58</td>
<td>26.5</td>
</tr>
</tbody>
</table>

\[ x^2 = 325.6 \text{ (df 4)} \]

Items 46, 48, and 65 relate to marijuana. Item 46 refers to tetrahydrocannabinol as being the active ingredient which is extracted and synthesized. Of the population that responded to this item the chi-square test rejected the null
hypothesis of equal probability as being significant. Fifty-eight counselors (27 per cent) did not respond to this item indicating they did not know the answer. One hundred and twenty-two counselors (56 per cent) indicated the correct response.

TABLE 55
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 48

After repeated use the marijuana smoker—develops little or no tolerance.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. develops a marked tolerance</td>
<td>89</td>
<td>40.6</td>
</tr>
<tr>
<td>2. develops little or no tolerance</td>
<td>100</td>
<td>45.7</td>
</tr>
<tr>
<td>3. develops an aversion to marijuana</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>4. usually goes to heroin</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>No answer</td>
<td>22</td>
<td>10.0</td>
</tr>
</tbody>
</table>

\[ x^2 = 166 \text{ (df 3)} \]

Item 48 refers to the lack of tolerance developed after repeated use of marijuana. Twenty-two counselors (10 per cent) did not respond to this statement. One hundred counselors (45 per cent) marked the correct response with 89 counselors (40 per cent) indicating the alternate response of marked tolerance. The chi-square test was statistically significant for this item.

Item 65 refers to the effects of sedation, disinhibition, and perceptual changes created by the use of marijuana. One hundred ninety-five counselors responded to Item 65 with
123 counselors (56 per cent) indicating the correct response. The chi-square test $x^2 = 239.9$ (df 4) was statistically significant for this item.

**TABLE 56**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 65

The effects of marijuana include: -- sedation and relief of anxiety, disinhibition or excitement, perceptual changes.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. sedation and relief of anxiety</td>
<td>33</td>
<td>15.1</td>
</tr>
<tr>
<td>2. disinhibition or excitement</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>3. perceptual changes</td>
<td>14</td>
<td>6.4</td>
</tr>
<tr>
<td>4. all of the above</td>
<td>123</td>
<td>56.2</td>
</tr>
<tr>
<td>5. only 2 and 3 of the above</td>
<td>24</td>
<td>11.0</td>
</tr>
</tbody>
</table>

$x^2 = 239.9$ (df 4)

It is of interest to note that the largest per cent of correct responses were not manifested to the items relating to marijuana. Item 46 revealed 58 counselors not responding; only two other items showed a larger percentage of non-responses.

Items 49, 57, 58, 62, and 64 relate to the effect of different drugs and chemicals.

Item 49 pertains to the stimulating properties of cocaine. Two hundred two counselors responded to this item with 64 (29 per cent) indicating the correct answer. The responses were evenly distributed and the chi-square test with $x^2 = .36$ (df 2) was clearly not significant. The wording of the item is rather vague; it states the effects of cocaine
are those of a stimulant, depressant, or narcotic. The effects of cocaine are those of a stimulant, but legally it is classified as a narcotic. This item with 17 counselors failing to respond received the most responses excepting for Item 51.

**TABLE 57**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 49

The effects of cocaine are those of a: -- stimulant.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. stimulant</td>
<td>64</td>
<td>29.2</td>
</tr>
<tr>
<td>2. depressant</td>
<td>67</td>
<td>30.6</td>
</tr>
<tr>
<td>3. narcotic</td>
<td>71</td>
<td>32.4</td>
</tr>
<tr>
<td>No answer</td>
<td>17</td>
<td>7.8</td>
</tr>
</tbody>
</table>

\[ x^2 = .36 \text{ (df 2) } P \text{ lies between .90 and .80} \]

**TABLE 58**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 57

Which of the following is considered to be relatively safe to inhale or sniff: -- none.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. toluene</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>2. propane</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>3. butanol</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>4. freon</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>5. none of the above</td>
<td>177</td>
<td>80.8</td>
</tr>
<tr>
<td>No answer</td>
<td>31</td>
<td>14.2</td>
</tr>
</tbody>
</table>

\[ x^2 = 638 \text{ (df 4) } \]

Item 57 relates to industrial products and their
relative safety. Thirty-one counselors (14 per cent) did not respond to this item. One hundred seventy-seven counselors (81 per cent) responded correctly that none of the substances were relatively safe to inhale or sniff. Eleven counselors (5 per cent) signified that some of the substances were safe to use. One of the largest percentages (81 per cent) responded correctly to this item. The chi-square test statistic was significant.

TABLE 59
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 58

The action of glue on the CNS is similar to that of:-- alcohol.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. major tranquilizers</td>
<td>25</td>
<td>11.4</td>
</tr>
<tr>
<td>2. librium</td>
<td>10</td>
<td>4.6</td>
</tr>
<tr>
<td>3. methadrine</td>
<td>26</td>
<td>11.9</td>
</tr>
<tr>
<td>4. alcohol</td>
<td>66</td>
<td>30.1</td>
</tr>
<tr>
<td>5. LSD</td>
<td>27</td>
<td>12.3</td>
</tr>
<tr>
<td>No answer</td>
<td>65</td>
<td>29.7</td>
</tr>
</tbody>
</table>

\[ x^2 = 55.3 \text{ (df 4)} \]

Item 58 equates the effects of sniffing of glue with the effects of alcohol. The largest number of counselors (30 per cent) failed to respond to this item. Sixty-six counselors (30 per cent) identified alcohol as the correct answer. The effects of glue on the central nervous system were marked as being similar to major tranquilizers by 11 per cent, similar to librium by 5 per cent, similar to methadrine by 12 per cent,
and similar to LSD by 12 per cent of the counselors. The chi-square test statistic of \( x^2 = 55.3 \) (df 4) was significant.

**TABLE 60**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 62

Chronic use of "speed" can lead to: cardiovascular involvement, malnutrition, paranoid psychosis.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. cardiovascular involvement</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>2. malnutrition</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>3. paranoid psychosis</td>
<td>16</td>
<td>7.3</td>
</tr>
<tr>
<td>4. all of the above</td>
<td>132</td>
<td>60.3</td>
</tr>
<tr>
<td>5. only 1 and 2 of the above</td>
<td>27</td>
<td>12.3</td>
</tr>
<tr>
<td>No answer</td>
<td>36</td>
<td>16.4</td>
</tr>
</tbody>
</table>

\( x^2 = 341 \) (df 4)

Item 62 relates to cardiovascular involvement, malnutrition, and paranoid psychosis with chronic use of "speed". One hundred thirty-two counselors (60 per cent) correctly listed all of these as being effects of chronic use of "speed". Twenty-seven counselors (12 per cent) indicated that malnutrition was not an effect of the use of "speed". The chi-square test statistic was significant.

Item 64 refers to the effects of the combined properties of alcohol and barbiturates. One hundred twenty-seven counselors (58 per cent) indicated the correct response. Thirty-four counselors (15 per cent) indicated that the effects of alcohol and barbiturates are completely different.
Thirty-two counselors (15 per cent) did not respond to this item. The chi-square statistic was significant.

**TABLE 61**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 64

Which of the following is true of alcohol and barbiturates:—alcohol potentiates the effects of barbiturates.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. both are general stimulants</td>
<td>19</td>
<td>8.7</td>
</tr>
<tr>
<td>2. barbiturates inhibit the effects of alcohol</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>3. <strong>alcohol potentiates the effects of barbiturates</strong></td>
<td>127</td>
<td>58.0</td>
</tr>
<tr>
<td>4. their effects are completely different</td>
<td>34</td>
<td>15.5</td>
</tr>
<tr>
<td>5. both drugs may be used in treating LSD psychosis</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>No answer</td>
<td>32</td>
<td>14.6</td>
</tr>
</tbody>
</table>

\[ x^2 = 287.2 \text{ (df 4)} \]

**TABLE 62**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 56

The "rushes" refers to:—the first few seconds following an I. V. dose of speed.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. New York subway system</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>2. a bad trip on LSD</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>3. <strong>the first few seconds following an I.V. dose of speed</strong></td>
<td>134</td>
<td>61.2</td>
</tr>
<tr>
<td>4. convulsions due to an O.D. of barbiturates</td>
<td>10</td>
<td>4.6</td>
</tr>
<tr>
<td>5. a series of LSD flashbacks</td>
<td>27</td>
<td>12.3</td>
</tr>
</tbody>
</table>

\[ x^2 = 375 \text{ (df 4)} \]
Item 56 describes the effects of injecting "speed". Forty-seven counselors (22 per cent) did not respond to this item and twenty-seven counselors (12 per cent) equated "rushes" to LSD flashbacks. One hundred thirty-four (61 per cent) counselors responded correctly to this question. The chi-square statistic was significant.

Items 59, 60 and 61 refer to addictive and habituative characteristics of amphetamines, barbiturates and heroin.

**TABLE 6.3**

**RESPONSES TO QUESTIONNAIRE ITEM NUMBER 59**

Dependence on amphetamines includes:— psychological dependence and tolerance.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. psychological dependence</td>
<td>27</td>
<td>12.3</td>
</tr>
<tr>
<td>2. withdrawal produces physical symptoms</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>(as in heroin withdrawal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. tolerance</td>
<td>6</td>
<td>2.7</td>
</tr>
<tr>
<td>4. all of the above</td>
<td>68</td>
<td>31.1</td>
</tr>
<tr>
<td>5. only 1 and 3 of the above</td>
<td>77</td>
<td>35.2</td>
</tr>
<tr>
<td>No answer</td>
<td>37</td>
<td>16.9</td>
</tr>
</tbody>
</table>

\[ x^2 = 125 \text{ (df} 4) \]

The development of tolerance and psychological dependence are listed as effects of amphetamine abuse which was responded to correctly by 77 counselors (35 per cent). Heroin withdrawal symptoms as being an effect of amphetamines was included by 68 counselors (31 per cent). The chi-square test
statistic for Item 59 was significant.

**TABLE 64**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 60

Dependence on barbiturates includes: - psychological dependence, physical dependence, withdrawal can produce convulsions and death.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. psychological dependence</td>
<td>20</td>
<td>9.1</td>
</tr>
<tr>
<td>2. physical dependence</td>
<td>10</td>
<td>4.6</td>
</tr>
<tr>
<td>3. withdrawal can produce convulsions and death</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>4. all of the above</td>
<td>92</td>
<td>42.0</td>
</tr>
<tr>
<td>5. only 1 and 2 of the above</td>
<td>64</td>
<td>29.2</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>13.2</td>
</tr>
</tbody>
</table>

\[ x^2 = 103.5 \text{ (df 4)} \]

Item 60 relates psychological dependence, physical dependence and the dangers of withdrawal with the use of barbiturates. Ninety-two counselors (42 per cent) marked the correct response with 64 counselors (29 per cent) disavowing the danger of withdrawal. The chi-square statistic was significant.

The respondents were more familiar with the dependence qualities of heroin than with those of either amphetamines or barbiturates. One hundred seventy-three counselors (79 per cent) indicated the correct answer to Item 61. Eleven per cent of the population did not respond to this item. A total of 21 counselors (10 per cent) checked alternate responses. For this
item the chi-square was significant.

**TABLE 65**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 61

Dependence on heroin includes: — physical dependence, psychological dependence, drug withdrawal produces an adverse physical reaction.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. physical dependence</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>2. psychological dependence</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>3. drug withdrawal produces an adverse reaction</td>
<td>7</td>
<td>3.2</td>
</tr>
<tr>
<td>4. all of the above</td>
<td>173</td>
<td>79.0</td>
</tr>
<tr>
<td>5. only 1 and 3 of the above</td>
<td>7</td>
<td>3.2</td>
</tr>
<tr>
<td>No answer</td>
<td>25</td>
<td>11.4</td>
</tr>
</tbody>
</table>

\[ x^2 = 805 \text{ (df 4)} \]

**TABLE 66**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 47

Which of the following is not a psychedelic drug — IRT.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. THC</td>
<td>36</td>
<td>16.4</td>
</tr>
<tr>
<td>2. LSD</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>3. STP</td>
<td>23</td>
<td>10.5</td>
</tr>
<tr>
<td>4. IRT</td>
<td>90</td>
<td>41.1</td>
</tr>
<tr>
<td>5. DMT</td>
<td>10</td>
<td>4.6</td>
</tr>
<tr>
<td>No answer</td>
<td>60</td>
<td>27.4</td>
</tr>
</tbody>
</table>

\[ x^2 = 166 \text{ (df 4)} \]

Item 47 classifies some of the psychedelic drugs as being THC (tetrahydrocannabinol), LSD (Lysergic acid diethylamide), STP (dimethoxyamphetamine), and DMT (dimethyltriptamine).
sixty counselors (27 per cent) did not respond to this item denoting lack of knowledge of the common nomenclature of the psychedelic drugs. The correct response was indicated by 90 (41 per cent) counselors. Of the 159 counselors who responded to this item no one checked LSD as not being a psychedelic drug. The chi-square statistic has significance.

TABLE 67
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 50
Which of the following is not a psychopharmacological agent--antibiotics.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. narcotics</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>2. tranquilizers</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>3. anti-depressants</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>4. psychotomimetics</td>
<td>34</td>
<td>15.5</td>
</tr>
<tr>
<td>5. antibiotics</td>
<td>149</td>
<td>68.0</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>13.2</td>
</tr>
</tbody>
</table>

\[ x^2 = 386.1 \text{ (df 4)} \]

Item 50 classifies some of the psychopharmacological agents as narcotics, tranquilizers, anti-depressants, and psychotomimetics. One hundred forty-nine counselors (68 per cent) responded correctly that antibiotics are not considered psychopharmacological agents. The chi-square statistic was indicated as significant.

Item 51 refers to the meaning of tolerance. More counselors responded to this item than any of the other knowledge items with lack of responses for only nine counselors. It
also contained the largest percentage of correct responses with 185 (85 per cent) indicating their comprehension of tolerance. The chi-square statistic was significant for this item.

**TABLE 68**

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 51

Tolerance to drugs refers to the fact that:— increasing amounts of the drug are necessary to get the same effect.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. decreasing amounts of the drug are necessary to get the same effect</td>
<td>6</td>
<td>2.7</td>
</tr>
<tr>
<td>2. increasing amounts of the drug are necessary to get the same effect</td>
<td>185</td>
<td>84.5</td>
</tr>
<tr>
<td>3. no matter how large a dose one cannot obtain the original effect</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>4. none of the above</td>
<td>11</td>
<td>5.0</td>
</tr>
<tr>
<td>No answer</td>
<td>9</td>
<td>4.1</td>
</tr>
</tbody>
</table>

\[ x^2 = 416.8 \text{ (df 3)} \]

Item 52 correlates morphine withdrawal symptoms with nausea, cramps, anxiety and vomiting. One hundred fifty-eight (72 per cent) counselors indicated correctly that death is not usually a morphine withdrawal symptom. Sixteen counselors (7 per cent) responded incorrectly that anxiety would not be present under withdrawal conditions. For this item the chi-square statistic was significant.
TABLE 69
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 52
Which of the following is not usually a morphine withdrawal symptom:-- death.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. death</td>
<td>158</td>
<td>73.1</td>
</tr>
<tr>
<td>2. nausea, chills, prostration</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>3. cramps</td>
<td>9</td>
<td>4.1</td>
</tr>
<tr>
<td>4. anxiety</td>
<td>16</td>
<td>7.3</td>
</tr>
<tr>
<td>5. vomiting and weight loss</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>No answer</td>
<td>29</td>
<td>13.2</td>
</tr>
</tbody>
</table>

\[ x^2 = 469 \text{ (df 4)} \]

TABLE 70
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 53
If an individual told you he had in his medicine cabinet secobarbital (Seconal), chlordiazepoxide (Librium), and meprobamate (Equanil), one could say that he had a fair number of:-- minor tranquilizers.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. psychostimulants</td>
<td>7</td>
<td>3.2</td>
</tr>
<tr>
<td>2. psychotomimetics</td>
<td>17</td>
<td>7.8</td>
</tr>
<tr>
<td>3. minor tranquilizers</td>
<td>141</td>
<td>64.4</td>
</tr>
<tr>
<td>4. anti-depressants</td>
<td>21</td>
<td>9.6</td>
</tr>
<tr>
<td>No answer</td>
<td>33</td>
<td>15.1</td>
</tr>
</tbody>
</table>

\[ x^2 = 361 \text{ (df 4)} \]

Item 53 lists secobarbital (Seconal), Chlordiazepoxide (Librium), and meprobamate (Equanil) as minor tranquilizers. One hundred forty-one counselors (64 per cent) listed these correctly as minor tranquilizers. These substances were
incorrectly marked as psychostimulants by three per cent, psychotomimetics by eight per cent, and anti-depressants by 10 per cent of the population. The chi-square statistic was significant for the item.

TABLE 71

RESPONSES TO QUESTIONNAIRE ITEM NUMBER 54

The drug which, according to its users, allows one to "experience death" is: -- LSD.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. marijuana</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>2. heroin</td>
<td>13</td>
<td>5.9</td>
</tr>
<tr>
<td>3. &quot;smack&quot;</td>
<td>18</td>
<td>8.2</td>
</tr>
<tr>
<td>4. LSD</td>
<td>141</td>
<td>64.4</td>
</tr>
<tr>
<td>5. alcohol</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>No answer</td>
<td>41</td>
<td>18.7</td>
</tr>
</tbody>
</table>

\[ x^2 = 361 \text{ (df 4)} \]

Item 54 states the drug which, according to its users allows one to "experience death" is LSD. One hundred forty-one counselors (64 per cent) responded correctly to this item signifying knowledge of the effects of LSD. Nineteen per cent did not respond with 17 per cent specifying other drugs as the correct response. The chi-square statistic was significant for this item.

Item 55 classifies LSD, DMT, psilocybin and mescaline as hallucinogens. One hundred fifty-six (71 per cent) identified correctly phenobarbital as not being a hallucinogenic
drug. Thirty-seven counselors (17 per cent) failed to respond to this item. The chi-square statistic was significant.

TABLE 72
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 55
Which of the following drugs is generally not hallucinogenic:—phenobarbital.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LSD</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>2. DMT</td>
<td>7</td>
<td>3.2</td>
</tr>
<tr>
<td>3. psilocybin</td>
<td>14</td>
<td>6.4</td>
</tr>
<tr>
<td>4. phenobarbital</td>
<td>156</td>
<td>72.2</td>
</tr>
<tr>
<td>5. mescaline</td>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>No answer</td>
<td>37</td>
<td>16.9</td>
</tr>
</tbody>
</table>

\[ x^2 = 565 \text{ (df 4)} \]

TABLE 73
RESPONSES TO QUESTIONNAIRE ITEM NUMBER 63
Which drug does not have the same effects as the others:—hash.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. hash</td>
<td>110</td>
<td>50.2</td>
</tr>
<tr>
<td>2. crystals</td>
<td>27</td>
<td>12.3</td>
</tr>
<tr>
<td>3. speed</td>
<td>13</td>
<td>5.9</td>
</tr>
<tr>
<td>4. meth</td>
<td>12</td>
<td>5.5</td>
</tr>
<tr>
<td>5. bennies</td>
<td>17</td>
<td>7.8</td>
</tr>
<tr>
<td>No answer</td>
<td>40</td>
<td>18.3</td>
</tr>
</tbody>
</table>

\[ x^2 = 194 \text{ (df 4)} \]

Item 63 identifies crystal, speed, meth, and bennies as amphetamines. Forty counselors (18 per cent) did not
respond to this item. One hundred ten counselors (50 per cent) correctly identified hashish. Sixty-nine counselors (32 per cent) considered alternate substances as being dissimilar to the effect of amphetamines. The tabulation for the item indicated a segment of the counselor population is unfamiliar with the common street names of drugs. The chi-square statistic was significant.

This chapter has presented the information collected from the survey instrument. It has given an analysis and discussion of the attitude and knowledge items.
Chapter V presents the statistical analysis of the correlations and calculations of mean differences.

Relationships between the variables investigated in this study were computed using Pearson product-moment and point biserial correlations. Correlations were examined to determine the influence of knowledge, age, sex, academic preparation, involvement in drug counseling, and length of counselors' experience on the counselors' attitudes. Relationships between drug knowledge and age, sex, and academic preparation were explored.

Comparisons of mean scores of counselors, judges, age groups, sex of counselors, length of counseling experience and source of drug knowledge were calculated with individual t-tests.

The relationship between total attitude score and total knowledge score was computed by the Pearson product-moment. The coefficient of correlation between these two variables, attitude and knowledge, of 0.1797 indicated very little association. Even though the range of the counselors' attitude scores was from 61 to 199, there was very little variance
in the counselors' individual attitude scores. A limited number of the population's scores were in the high and low range with the majority of the scores clustered around the mean of 161.470.

**TABLE 74**

**COEFFICIENTS OF CORRELATION**

<table>
<thead>
<tr>
<th>Variable</th>
<th>with Variable</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude</td>
<td>Knowledge</td>
<td>0.1797</td>
</tr>
<tr>
<td>Attitude</td>
<td>Age</td>
<td>-0.0303</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Age</td>
<td>0.1652</td>
</tr>
<tr>
<td>Attitude</td>
<td>Experience</td>
<td>-0.0711</td>
</tr>
</tbody>
</table>

The total population had a universal trend to very uniform and positive attitude scores. Although there was variation in the knowledge scores with a range of 0 to 190, this factor did not influence the counselors' attitude toward problems relative to drugs.

With respect to the major focus of this study, it was assumed there would be a strong correlation between the attitude of the counselor toward drugs and the extent of the counselor's drug knowledge. While the coefficient of correlation of 0.1797 is positive, the degree of association is not strong enough to be statistically significant.

The computations of the difference between the attitude mean of the entire population and the attitude mean of
the judges disclosed a mean difference of 14.530 and a t of 1.84 which was not significant.

### TABLE 75

**COMPARISON OF COUNSELORS' AND JUDGES' MEANS FOR ATTITUDE AND KNOWLEDGE**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor attitude</td>
<td>219</td>
<td>161.470</td>
<td>20.699</td>
<td>224</td>
<td>1.84</td>
</tr>
<tr>
<td>Judge attitude</td>
<td>7</td>
<td>176.000</td>
<td>13.796</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor knowledge</td>
<td>219</td>
<td>114.932</td>
<td>45.377</td>
<td>224</td>
<td>4.112**</td>
</tr>
<tr>
<td>Judge knowledge</td>
<td>7</td>
<td>185.714</td>
<td>13.972</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significant at .01 level**

The judges were selected for their knowledge and experience in the drug related field. Their knowledge of drugs was demonstrated with a mean score of 185.714. The difference of the counselors' and judges' mean scores of 70.782 was highly significant. While the judges' and counselors' mean attitude scores did not differ significantly, the knowledge scores of these two groups were very significantly different. From this data it may be interpreted that knowledge of drugs, per se, does not necessarily support positive attitude toward drugs. The counselors as a group displayed an attitude similar to the judges but did not exhibit the same degree of knowledge.

Pearson product-moment correlations were used to examine the relationships between attitude and age and
knowledge and age.

The age of the counselor did not influence the counselors' attitude toward drug use and abuse, people who use drugs, and drug related problems. A coefficient of correlation between attitude and age of -0.0303 did not support any relationship between these variables (Table 74, p. 118).

**TABLE 76**

**ANALYSIS OF ATTITUDE MEANS RELATIVE TO AGE GROUPS**

<table>
<thead>
<tr>
<th>Analysis of variances</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>1203.5625</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within groups</td>
<td>92196.4375</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>93400.0000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T-test of mean differences</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>163.053</td>
<td>163.387</td>
<td>163.464</td>
</tr>
<tr>
<td>SD</td>
<td>14.687</td>
<td>23.217</td>
<td>19.117</td>
</tr>
<tr>
<td>df</td>
<td>135</td>
<td>135</td>
<td>135</td>
</tr>
<tr>
<td>t</td>
<td>1.34</td>
<td>-1.35</td>
<td>0.05</td>
</tr>
</tbody>
</table>

Chronological age of the counselors did not reflect a significant difference in attitude related to drugs when differences between means were individually tested for...
significance. It was ascertained that none of the age groups differed significantly in attitude. The 31 to 40 age group exhibited the least positive attitude toward drugs among the counselors, although the mean score was only slightly less than the other age groups and the entire population's mean score of 161.470.

**TABLE 77**

**ANALYSIS OF KNOWLEDGE MEANS RELATIVE TO AGE GROUPS**

<table>
<thead>
<tr>
<th>Analysis of variances</th>
<th>SS (MS)</th>
<th>df</th>
<th>MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>20258.5625 (6752.8516)</td>
<td>3</td>
<td>20258.5625</td>
</tr>
<tr>
<td>Within groups</td>
<td>428616.4375 (1993.5647)</td>
<td>215</td>
<td>428616.4375</td>
</tr>
<tr>
<td>Total</td>
<td>448875.0000 (F = 3.3873)</td>
<td>218</td>
<td>448875.0000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T-test of mean differences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Under 30</td>
</tr>
<tr>
<td>31 - 40</td>
</tr>
<tr>
<td>31 - 40</td>
</tr>
<tr>
<td>41 - 50</td>
</tr>
<tr>
<td>41 - 50</td>
</tr>
<tr>
<td>51 and over</td>
</tr>
</tbody>
</table>

**Significant at .01 level**

The knowledge that the counselor had acquired concerning drugs had little relationship with the counselor's age. A correlation of -0.1652 disclosed a very weak negative
relationship between counselor's knowledge about drugs and
counselor's age, albeit not strong enough to be significant.

Chronological age appeared to have very little sig-
nificance in counselor's knowledge of drugs. Differences
between means were individually tested for significance
resulting in only one of the age groups being significantly
more knowledgeable than one of the other age groups. The
under 25 to 30 age group was more knowledgeable than the 31
to 40 with a t of 2.83, significant at the .01 level.

The 51 to over 60 age group attained the lowest mean
score of any of the age groups, but it did not differ sig-
nificantly from the other age groups.

An analysis of the data confirms that the younger
counselors were slightly more knowledgeable than the older
counselors in the population surveyed. This difference in
mean scores was significant only in relation to one of the
age groups. There was not enough divergence in the other
mean scores to suggest age as a major influence on knowledge.

The Pearson product-moment correlation between atti-
tude and experience of -0.0711 did not demonstrate any
relationship between the length of the counselors' experience
and his attitude toward drugs (Table 74, p. 118).

The counselors with 5 years or less and 11 to 15 years
of counseling experience exhibited a slightly more positive
attitude than counselors with 6 to 10 years and 16 or more
years of counseling experience. However, an examination of differences between means divulged these differences were not significant.

TABLE 78
ANALYSIS OF ATTITUDE MEANS RELATED TO YEARS OF COUNSELING EXPERIENCE

<table>
<thead>
<tr>
<th>Analysis of variances</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>1059.7500</td>
<td>3</td>
<td>353.2500</td>
</tr>
<tr>
<td>Within groups</td>
<td>92340.2500</td>
<td>215</td>
<td>429.4895</td>
</tr>
<tr>
<td>Total</td>
<td>93400.0000</td>
<td>218</td>
<td></td>
</tr>
</tbody>
</table>

\[ F = 0.8225 \]

T-test of mean differences

<table>
<thead>
<tr>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years or less</td>
<td>122</td>
<td>162.844</td>
<td>15.058</td>
<td>180</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>60</td>
<td>158.733</td>
<td>27.347</td>
<td></td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>60</td>
<td>158.733</td>
<td>27.347</td>
<td>83</td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>25</td>
<td>163.600</td>
<td>24.238</td>
<td></td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>25</td>
<td>163.600</td>
<td>24.238</td>
<td></td>
</tr>
<tr>
<td>16 years or more</td>
<td>12</td>
<td>156.750</td>
<td>24.636</td>
<td></td>
</tr>
</tbody>
</table>

Point biserial correlations were used to examine the relationship between the total attitude score and sex of the counselor, sources from which the counselor had gained his drug knowledge and information, and the counselor's present involvement with drug related problems. Relationships were computed, using point biserial correlations between knowledge and sex of the counselor, and sources from which the
counselor had gained his drug knowledge and information.

**TABLE 79**

**CORRELATIONS RELATED TO SEX**

<table>
<thead>
<tr>
<th>Variable</th>
<th>with Variable</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude</td>
<td>Sex of counselor</td>
<td>0.0514</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Sex of counselor</td>
<td>0.1030</td>
</tr>
</tbody>
</table>

The sex of the counselor did not appear to be a determining factor with either the attitude or knowledge of the counselor. The correlation between the variables attitude and sex revealed no relationship with a coefficient of 0.0514. The variables knowledge and sex disclosed a lack of correlation with a coefficient of 0.1030.

**TABLE 80**

**COMPARISON OF MEANS FOR ATTITUDE AND KNOWLEDGE ACCORDING TO SEX**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male attitudes</td>
<td>140</td>
<td>160.579</td>
<td>19.900</td>
<td>217</td>
<td>-0.85</td>
</tr>
<tr>
<td>Female attitudes</td>
<td>79</td>
<td>163.051</td>
<td>22.085</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Knowledge</td>
<td>140</td>
<td>111.429</td>
<td>47.658</td>
<td>217</td>
<td>-1.53</td>
</tr>
<tr>
<td>Female Knowledge</td>
<td>79</td>
<td>121.139</td>
<td>40.572</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An analysis of the attitude scores of males and females disclosed a mean difference of 2.472 and t of -0.85. The
difference between means of the knowledge scores for males and females was 9.71 with a t of -1.53. These differences in mean scores were not significant.

In both instances of attitude and knowledge the female population manifested higher mean scores than the male population. The study did not distinguish the variables of age, length of counseling experience and other factors among the male and female counselors. The examination of the differences between the means did not disclose any significant difference in attitude toward drugs and knowledge about drugs pertaining to the sex of the counselor.

**TABLE 81**

**CORRELATIONS RELATED TO SOURCES OF DRUG KNOWLEDGE AND INFORMATION**

<table>
<thead>
<tr>
<th>Source of Knowledge</th>
<th>Counselor Attitude</th>
<th>Counselor Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate courses in drug information</td>
<td>-0.0097</td>
<td>0.0712</td>
</tr>
<tr>
<td>Seminars and workshops</td>
<td>-0.0104</td>
<td>0.1702</td>
</tr>
<tr>
<td>News media</td>
<td>-0.0007</td>
<td>0.0487</td>
</tr>
<tr>
<td>Personal contact with drug users</td>
<td>0.0751</td>
<td>0.1978</td>
</tr>
<tr>
<td>Personal experience through use of drugs</td>
<td>0.1650</td>
<td>0.1583</td>
</tr>
</tbody>
</table>
An examination of the coefficients on Table 81 does not support a relationship between attitude and source of drug knowledge. The data did not reveal any statistically significant relationship between the counselor's knowledge of drugs and his source of drug knowledge. Both knowledge and attitude scores of the counselors exhibited slight positive correlations with the variable source of knowledge as personal experience through use of drugs. However, the correlations were not strong enough to be relevant.

**TABLE 82**

**COMPARISON OF MEANS FOR ATTITUDE AND KNOWLEDGE AS RELATED TO GRADUATE COURSES**

<table>
<thead>
<tr>
<th>T-test for mean differences</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No graduate courses</td>
<td>179</td>
<td>161.480</td>
<td>18.781</td>
<td>217</td>
</tr>
<tr>
<td>Graduate courses</td>
<td>40</td>
<td>161.425</td>
<td>28.016</td>
<td></td>
</tr>
<tr>
<td>Counselor knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No graduate courses</td>
<td>179</td>
<td>113.409</td>
<td>46.677</td>
<td>217</td>
</tr>
<tr>
<td>Graduate courses</td>
<td>40</td>
<td>121.750</td>
<td>38.822</td>
<td></td>
</tr>
</tbody>
</table>

The attitude mean of counselors not indicating graduate courses paralleled the mean of those counselors noting graduate courses as being the source of their drug knowledge. The results of the data with a mean difference of .055 and a t of 0.02 did not support the influence of graduate courses on the attitudes of the counselors toward drugs.
The mean score for counselors' drug knowledge of the group who had taken graduate courses was higher than the mean scores of the remainder of the population surveyed. The difference between the means was not significant with a t of -1.05.

The data did not enumerate the number, content, length and other variables of the graduate courses. In interpreting the results, no assumption can be made that more concentrated or extensive graduate work could have strengthened either the attitude or the knowledge of the counselors.

**TABLE 83**

**CORRELATIONS FOR COUNSELORS' INVOLVEMENT WITH DRUG RELATED PROBLEMS**

<table>
<thead>
<tr>
<th></th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum planning for drug education</td>
<td>0.1075</td>
</tr>
<tr>
<td>Consultant and resource person for teachers and administrators</td>
<td>0.0197</td>
</tr>
<tr>
<td>Group work with students to provide drug information</td>
<td>-0.0402</td>
</tr>
<tr>
<td>Group work with students who are using drugs</td>
<td>0.1015</td>
</tr>
<tr>
<td>Counseling individual students with drug related problems</td>
<td>0.0244</td>
</tr>
</tbody>
</table>

The coefficients of correlation on Table 83 did not support the hypothesis that counselors more involved in drug education programs and drug counseling would demonstrate a more positive attitude. Seventy-seven per cent of the counselors
Table 2, p. 53) were involved with counseling individual students with drug related problems. According to the data, this involvement presented no relationship with counselor attitude toward drug related problems.

This chapter has presented the statistical analysis of the study with a discussion of the correlations and a comparison of the means.

The counselors demonstrated very positive attitude with a mean score of 161.470 and drug knowledge score of 114.932, but a correlation between these two variables was not supported.

The attitude scores of the counselors indicating graduate courses resembled those scores of counselors not indicating graduate courses. There was variation in the drug knowledge scores of these two populations. The data did not qualify the type of drug knowledge that counselors had been presented in the academic courses. Academic preparation as a determinant of attitude toward drugs or knowledge about drugs was not confirmed by the results.

Seventy-four per cent of the counselors signified involvement in drug counseling but no relationship was established between counselors' attitudes and their involvement.

The attitude and knowledge scores of the male and female counselors did not reveal any relationship between attitude and counselor's sex or drug knowledge and counselor's
sex. Attitude and knowledge scores for the female counselors were slightly higher than for male counselors. When individually tested, these differences were not significant.

The 25 to 30 age group was more knowledgeable than the other age groups, although, excepting for the 31 to 40 age group the differences between drug knowledge scores were not significant. No correlations were established between age and attitude or knowledge.

Positive and comparable attitude scores were demonstrated for the groups of differing lengths of counseling experience, although no relationship was disclosed between attitude and counseling experience.
CHAPTER VI
SUMMARY

Statement of the Problem

This study was developed to determine the relationship between counselor attitude toward drugs and counselor drug knowledge. The specific areas of this investigation include the following relationships respective to drugs: attitude in relation to knowledge, attitude in relation to age, attitude in relation to sex, attitude in relation to academic preparation, attitude in relation to years of counseling experience, attitude in relation to involvement in drug education and drug counseling programs, drug knowledge in relation to sex, drug knowledge in relation to age, drug knowledge in relation to academic preparation.

The major areas that the study examined are stated in the following hypotheses:

1. There is a positive correlation between counselors' attitudes toward drug problems and counselors' drug knowledge.

2. There is a positive correlation between the attitude of the counselor toward drug problems and the academic preparation of the counselor.

3. There is a positive correlation between the attitude of the counselor toward drug related problems and the
extent of counselor involvement in drug education programs and drug counseling.

4. There is a positive correlation between the attitude of the counselor toward drugs, drug use, and drug abuse and the
   a. sex of the counselor,
   b. age of the counselor,
   c. length of counseling experience.

5. There is a positive correlation between the drug knowledge of the counselor and the
   a. sex of the counselor,
   b. age of the counselor,
   c. academic preparation of the counselor.

The population chosen for the study was representative of counselors from the suburban high schools in Cook County. Twenty-four Cook County suburban school districts, comprised of 41 high schools, participated in the study. Of the 383 counselors in these high schools who were sent survey instruments, 228 or 59.5 per cent returned the questionnaires.

The Counselor Drug Opinion Survey is a modified form of an instrument developed for a statewide drug education training program by the United States Office of Health, Education and Welfare. The modified form used in this study consisted of 45 items to assess the attitude of the counselor, 20 items to obtain the extent of the counselor's drug knowledge and 9 items concerning information about the counselor
which was pertinent to the study.

The first 45 items relative to attitude were submitted to a panel of seven judges. Professional qualifications and extensive work in drug programs in Cook County were the criteria used for the selection of the judges. The judges specified whether agreement or disagreement, in their opinion, was more indicative of a positive attitude. Total attitude scores were computed using the values of 1, 3, 5. The value of five was used for counselors' responses when they concurred with the judges' expressions of disagreement as being the more positive attitude. A reverse pattern reflected the judges' indications of agreement as the more positive attitude. Knowledge scores were totaled utilizing values of 10 for appropriate responses on the knowledge items.

**Results and conclusion**

The principal purpose of this investigation was to examine the relationship between a counselor's attitude and drug knowledge with the assumption that there would be a definite positive correlation between these two variables. Using the Pearson product-moment, the degree of association was computed for the coefficient of correlation between these two variables. The finding of a coefficient of correlation of 0.1797 between the total attitude score and the total knowledge score indicated very little association between attitude and knowledge about drugs.
The results did not show a degree of association between attitude toward drugs and drug knowledge that is strong enough to support the hypothesis that there is a positive correlation between counselor attitude toward drug problems and counselor knowledge about drugs. Positive attitude was demonstrated with a mean of 70 per cent of the counselors supporting the judges' responses. The counselors' drug knowledge was substantiated with a mean score of 56 per cent responding correctly to the knowledge items. This percentage of counselors' responses paralleled the results of Ognibene's study. It differed from McKee's indication of higher levels of education reflecting much higher knowledge scores.

While the judges' mean attitude scores were comparable to the mean attitude scores of the entire population surveyed, the judges' mean knowledge scores were substantially higher than the counselors' mean knowledge scores. It may be assumed from the data that the variables, attitude of the counselor toward drugs and counselor's knowledge about drugs, are independent. The findings did not document any strong correlation between these variables.

With respect to the major focus of this investigation of the relationship between counselor's attitude and knowledge relative to drugs, it would appear that positive attitude toward drug related problems does not require factual drug knowledge.
Research discloses that learning affects changes in attitude. There has been profuse expenditure of time and money related to the subject of drugs and the necessity of the attainment of drug knowledge by the educator. The second hypothesis that there is a positive correlation between counselor's attitude toward drugs and the amount of counselor's academic preparation in drug related problems was not supported by the results. The coefficient of -0.0097 indicated no correlation between the variables, attitude toward drugs and graduate courses in drug information. The results of the computations of the differences between the means of the counselors not indicating graduate courses and the means of those counselors specifying graduate courses as a source of information did not reveal any influence of graduate courses on the attitude or knowledge of the counselors. Only 18 percent of the counselors surveyed reported attendance in graduate courses for drug education. The counselors specified only graduate courses, and did not detail the institution offering the courses, the qualifications of the instructors, or the content of the courses. The number and the quality of the courses might have an influence on both the attitude and knowledge of the counselor.

The majority of the counselors indicated they had acquired their knowledge through news media such as television, radio, newspaper, and magazine articles. Research reveals that
the presentation of information through news media has little effect on attitude change. The data from this study demonstrated news media's lack of influence on the counselor's attitude toward drugs with a coefficient of correlation of -0.0007. The strongest correlation between attitude and the source of drug knowledge was expressed by the counselors marking the variable of personal experience through use of drugs. Albeit, this correlation was not strong enough to be significant.

The sex of the counselors from the results of the study had little bearing on the attitude or the knowledge of the counselor. The research did not support a positive correlation between the attitude of the counselor and the sex of the counselor, nor between the knowledge of the counselor and the sex of the counselor. The attitude and knowledge scores for the female population were slightly higher than the attitude and knowledge scores for the male population. However, an analysis of the mean scores did not reveal any significant difference between the populations.

The atmosphere in the last few years on the college campus has been more permissive and flexible regarding drug use. It would seem that the younger counselors would have had a wider exposure to the drug culture on the college campus and that this association would be reflected in their attitudes. However, an analysis of the data did not disclose the factor
of age influencing the counselors' attitudes toward drugs. Neither the differences between means of the age groups or the correlation between attitude and age disclosed any relationship between attitude toward drugs and the age of the counselor.

Chronological age appeared to have little significance in relationship to counselors' knowledge of drugs. The under 25 to 30 age group revealed the highest mean knowledge score, but when differences between means were individually tested it was revealed that this age group did not differ significantly from the other age groups, with the exception of the 31 to 40 age group. Ritter's study, however, disclosed age as a factor in parents' drug knowledge with the younger age groups more knowledgeable. A positive correlation between the drug knowledge of the counselor and the age of the counselor was not supported by this research.

Fifty-three per cent of the counselors surveyed had from three to 10 years of counseling experience, but this experience had little significant effect on the counselor's attitude. A positive correlation between the attitude of the counselor toward drugs, drug use, and drug abuse and the length of counseling experience was not supported by the results of the study.

This study did not explore the counselor's undergraduate academic life, his parental relationships, his formative environment, or his present relationships and
environment. It could be postulated that these and other factors are an important aspect of the formulation of the counselor's attitude toward drugs and other social problems. It could be surmised, from the results of the study, the factors that do influence the attainment of attitudes are not dependent on the age, sex, graduate work, or counseling experience of the counselor.

The hypothesis that there is a positive correlation between the attitude of the counselor toward drug related problems and the extent of counselor involvement in drug education programs and drug counseling was not supported by this study. Therefore, neither the implication that a counselor with a more positive attitude assumed the initiative in drug programs and drug counseling, nor that being involved in these programs encourage a more positive attitude, could be substantiated. The cause and effect of attitude toward drugs was not within the scope of this study.

It is evident from the results of the attitude items that the population surveyed demonstrated a positive attitude to many drug related problems. The most marked difference of opinion between the counselors' and judges' responses occurred on the survey items which presented the following ideas: approval of drug use by adult sources; the affluency of society as motivation for drug use; the effects of drugs being determined more by personal and social factors than by the
drug itself; misuse of substances that have some effect on mood, feeling or perception; the characteristics of drug users and drug abusers; and the effectiveness and presentations of drug education. Upon examination of the questionnaires it did not appear that the attitude toward the existing drug educational programs in the present structure were viewed favorably.

It could be hypothesized from the responses and comments on the questionnaires that the counselor is responsive to assuming leadership in drug problems. This leadership could include drug counseling, drug education programs and community involvement. From an analysis of the responses to the knowledge related items, it is evident that counselors varied in their extent of knowledge and information concerning drugs and their effects. There was less familiarity with the common drugs and substances than with illicit drugs. More counselors were familiar with the addictive and habituative characteristics of heroin than they were with the commonly used barbiturates and amphetamines. In their responses, 31 per cent of the counselors indicated not knowing the dangers of the common practice of combining sleeping pills and alcohol. Of the common commercial substances that are abused even by the very young, there was strong indication of lack of knowledge as to their effects and dangers.

If in effect, these results are representative of drug
knowledge of the counselors, and if some of this knowledge has been gained through structured courses, then the content of the courses should be examined. There is evidence in the literature that only a small minority of students abuse the illegal and illicit drugs, but a large majority of the population use and abuse common and nonprescription drugs. Therefore, the content of the graduate drug courses and the seminars on drugs should be evaluated to ascertain if the emphasis is on the exotic, rarely used drugs or the common regularly used drugs and substances.

It can be inferred from the correlations that knowledge or lack of knowledge about drugs had no relationship with sex, age, and academic preparation of the counselor.

The sex of the counselor did not reflect a strong relationship with the extent of drug knowledge. The findings suggest that in some instances the younger counselor had obtained more knowledge, but the degree of association was not strong enough to be significant. Therefore, the hypothesis that sex, age and academic preparation will be positively correlated with counselors' drug knowledge was not supported by the results of the study.

There was no statistical support for any of the hypotheses being investigated in this study. The findings were that attitude toward drugs was not dependent on the variables of drug knowledge, counselor academic preparation, sex of the
counselor, age of the counselor, years of counseling experience, or involvement with drug counseling. The findings did not support the fact that sex of the counselor, age of the counselor, or academic preparation of the counselor had any influence on his drug knowledge score.

Limitations of the study

The study was limited to full time counselors in the suburban Cook County high schools. The data from this study pertains to attitudes toward drugs and drug knowledge of counselors in suburban high schools surrounding a large metropolitan area.

The results of this study are representative of the counselors that responded by returning their questionnaires. This population of 59.5 per cent of the counselors surveyed showed a universal tendency to a very positive attitude to drug related problems and demonstrated a very positive interest in the survey and the survey results. No assumption can be formulated for the reasons of 41.5 per cent of the population not responding. It can be postulated, however, that the reasons for lack of response to the survey include, among other variables, the time factor, length of questionnaire, possible disinterest, and possible negative attitude toward the study.

The study surveyed counselors involved with guidance and counseling in the public high schools. It did not explore
the responsibilities and roles of these counselors in their respective high schools. The study did investigate the type of counselor involvement relative to drugs in the high school, but did not present information whether individual counseling with students and groups was limited, extensive, or continuous. In regard to group work with students using drugs, the study did not differentiate procedures and techniques used in group sessions, nor specify the length, number or frequency of the sessions. Group work to provide drug information did not examine the format of the presentations.

The study investigated the source of the counselor's drug information but did not examine extensiveness of the counselor's graduate work. It did not investigate the curriculum, quality, or authenticity of the courses.

As has been mentioned previously, the knowledge items on the Counselor Drug Opinion Survey were constructed to obtain the extent of pharmaceutical learning and knowledge relative to drugs. The items related to physical, psychological, legal, and pharmaceutical knowledge of drugs based on scientific data and research. The instrument did not measure counselors' general knowledge of drugs, drug habits, drug abuse, and symptomatic characteristics of people using drugs. It did not sample the counselors' awareness of student or street vocabulary and general information relative to drugs. Scientific vocabulary rather than current nomenclature for
drugs possibly limited the counselors' responses on these items.

The Counselor Drug Opinion Survey of seven pages demanded that the counselor have an interest in the survey topic to be willing to devote the time to respond. The study, for this reason, was limited to those counselors interested enough to expend this time.

Recommendations and suggestions for future study

From the results of the study and from the findings in the review of the literature, the following recommendations and suggestions for future research and study are presented.

The influence of graduate courses on either attitude or knowledge was not supported by the results of the study. It is recommended that research be implemented with regard to graduate courses. The curriculum, the expertise of the instructor, the concentration of the courses should be examined to ascertain if there is a differential in the effectiveness of different courses.

It is suggested that the counselor's educational preparation include a course in the pharmacology of drugs. The course should be structured to give the counselor extensive knowledge and understanding of drugs and their effects with particular emphasis on the abuse of commercial, prescription and nonprescription substances. The results of the study suggested that counselors are adequately knowledgeable
concerning drugs. However, an analysis of the data divulged the counselors' lack of information concerning the effects of prescription, nonprescription, and commercial substances which are commonly abused.

The results of this study did not document the necessity of drug knowledge for a positive attitude toward drug problems. The study measured pharmacological knowledge and did not investigate other types of drug knowledge. Further research is suggested pertaining to types of drug knowledge presented in drug education courses and the measurement of this knowledge relative to attitude.

It is suggested that further research be undertaken in relation to counselor involvement in drug counseling. The results of this study supported counselor involvement in drug counseling but did not explore the individual variables present in high school drug counseling.

Twenty-one per cent of the counselors surveyed indicated being involved in either curriculum planning for drug education or functioning as a consultant for teachers and administrators. Further study as to the duties and responsibilities of counselors in curriculum planning and consulting in drug education is suggested.

The data did not disclose any significant differences in attitude or knowledge pertaining to the age or the sex of the counselor. It is suggested that institutions make no
distinction in regard to age or sex in assigning the responsibility of drug education to the counselors.

There was an expression of either lack of confidence or lack of knowledge as to assistance available and legal implications of obtaining medical help for drug abuse. It is suggested that counselors seek information of assistance available in their respective areas and examine the counselors' responsibility to the student and the institution relative to drug abuse.

The study did not investigate the effectiveness of counseling with drug users and drug abusers in relationship to extent of drug knowledge. It is recommended that future research and study be undertaken relative to counselor effectiveness and drug knowledge. If the extent of drug knowledge is not a determinant of counselor effectiveness, then the counselor's graduate study should concentrate more on effective counseling and less on the acquisition of knowledge. The emphasis on the effectiveness of the counselor and the qualities of the counseling relationship may be of more value to the counselor in graduate study than the attainment of drug knowledge.

In conclusion, there is ample evidence that drug use and drug abuse exist in the high school population. Every effort should be explored to alleviate the situation that exists.
This study revealed that the counselors had a very positive attitude toward problems about drugs and drug abuse. It also disclosed that the counselors in the population surveyed are knowledgeable concerning drugs and their effects. This study may encourage the counselor to assume a more active role in the high school in regard to drug prevention.

This study may assist in redefining the counselors' goals to the administration and the faculty, emphasizing that counselors' goals are congruent with the institutional goals of helping educate the whole youth. In his role in the helping profession, the counselor should be more involved with the broad goals of the institution in regard to curriculum planning and policies with respect to drug education.

The contribution of this study to counselors and secondary education will be determined by the extent to which the results motivate the counselors to assume a leadership role in drug education and drug counseling in the secondary schools.
APPENDIX A

QUESTIONNAIRE
Counselor Drug Opinion Survey

Please give your opinion about each of the statements below by circling the number (1-5) which most accurately expresses your opinion.

1. I strongly agree with this statement
2. I tend to agree with this statement but with reservations
3. I really could not say
4. I tend to disagree with this statement but with reservations
5. I strongly disagree with this statement

1. An important motive for drug use is a need to belong to a clique which happens to be engaged in drug use.
   1 2 3 4 5

2. For total amount of damage done to our society, alcohol is more dangerous than any other drug.
   1 2 3 4 5

3. Marijuana leads to violent crimes.
   1 2 3 4 5

4. Each use of a drug involves a decision that the good which will come about through its use will overbalance the detrimental effects that may occur.
   1 2 3 4 5

5. People who abuse drugs are trying to cope with overwhelming stress in their environment.
   1 2 3 4 5

6. Marijuana is harmless.
   1 2 3 4 5

7. An important motive for drug use is the obvious approval of drug use by legitimate adult sources.
   1 2 3 4 5

8. Marijuana leads to sexual orgies.
   1 2 3 4 5

9. An important reason for drug use is easy access to drugs.
   1 2 3 4 5

10. Marijuana should be legalized.
    1 2 3 4 5

11. An important motive for drug use is dissatisfaction or disillusionment with the prevailing social system.
    1 2 3 4 5
12. One important motive for drug use is the tendency of persons with psychological problems to seek easy solutions with chemicals.

13. Children often abuse drugs as a means of attacking their parents.

14. The increasing degree of alienation is a basic cause of drug abuse.

15. The single most important factor in drug use by young people is permissiveness of parents and teachers.

16. An important reason for drug use is the development of an affluent society that can afford drugs.

17. At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself.

18. Young people who abuse drugs are inadequate or immature individuals who need a crutch to cope with reality.

19. The only successful education and prevention programs are those which involve ex-addicts or ex-users.

20. Virtually every category of substance that has some effect on mood, feeling, or perception is being misused at this time.

21. The nature and extent of drug abuse among high school and elementary school children has been exaggerated.

22. No drug prevention program in school or community will be successful unless young people are involved at every state of planning and execution.

23. Children should not be continually exposed to the idea that the stresses of daily life require chemical relief.
24. Small groups honestly and freely discussing problems of adolescents would do more toward solving the drug problem in schools than reaching every young person with the most comprehensive and honest information about the potential dangers of non-medical drug use.

25. Today drug abuse is a problem of equal magnitude in upper, middle, and lower socioeconomic class children.

26. Society should judge adults who misuse liquor or drugs by the same standards that it judges young people.

27. The principle reason for the ineffectiveness of most drug education efforts is that they make no distinctions among various patterns of use—experimental, occasional, regular, compulsive.

28. Education about drugs is meaningless unless society evolves strategies to deal with the physical, psychological, and social conditions that predispose to drug dependence.

29. It is now known that drug users have lower than average I.Q.'s.

30. Heroin addiction should be considered as a disease rather than a crime.

31. Public health experience shows that no social disease of man has ever been managed by attacking the disease directly. Massive frontal attacks on drug abuse will only intensify the problem.

32. In the final analysis, one must use drugs in order to really know their effects.

33. The estimates of extent of heroin use throughout the general population are based entirely on speculation.
Young people can be effectively involved in persuading other young people not to use drugs, but only if they have been carefully selected and trained in the dangers of drug abuse.

School programs in the area of drug education cannot be successful without continuous community involvement.

It is almost always possible to obtain medical help on drug abuse without incurring legal penalties.

Within the past few years, narcotic addiction has spread from the ghetto to middle class youth.

Since feeling and subjective experience are influenced by and enhanced by drugs, we must attack the problem through emotional means, if we are serious about drugs and youth.

There is no generation gap in the abuse of stimulants and sedatives.

When a high school student is found to be using drugs, an excellent source of help is the police.

Most true drug abusers are multiple drug users.

Almost all heroin addicts have a basic character defect which leads to addiction.

The use and abuse of drugs is a private matter.

There can be no single successful method of prevention or treatment of drug abuse for all individuals.

It will soon be possible to use an assessment of personality traits to predict which kind of drug an individual will abuse.
Please check the number that indicates your answer to each question.

46. The active ingredients in marijuana have been extracted and synthesized. They are known collectively as:
   (1) psilocybin
   (2) DMT
   (3) Lysergic acid diethylamide
   (4) THC - tetrahydrocannabinol
   (5) STP

47. Which of the following is not a psychedelic drug:
   (1) THC
   (2) LSD
   (3) STP
   (4) IRT
   (5) DMT

48. After repeated use the marijuana smoker:
   (1) develops a marked tolerance
   (2) develops little or no tolerance
   (3) develops an aversion to marijuana
   (4) usually goes to heroin

49. The effects of cocaine are those of a:
   (1) stimulant
   (2) depressant
   (3) narcotic

50. Which of the following is not a pharmacological agent:
   (1) narcotics
   (2) tranquilizers
   (3) anti-depressants
   (4) psychotomimetics
   (5) antibiotics

51. Tolerance to drugs refers to the fact that:
   (1) decreasing amounts of the drug are necessary to get the same effect
   (2) increasing amounts of the drug are necessary to get the same effect
   (3) no matter how large a dose one cannot obtain the original effect
   (4) none of the above
52. Which of the following is not usually a morphine withdrawal symptom:
   (1) death 1
   (2) nausea, chills, prostration 2
   (3) cramps 3
   (4) anxiety 4
   (5) vomiting and weight loss 5

53. If an individual told you he had in his medicine cabinet secobarbital (Seconal), Chlordiazepoxide (Librium), and meprobamate (Equanil), one could say that he had a fair number of:
   (1) psychostimulants 1
   (2) psychotomimetics 2
   (3) minor tranquilizers 3
   (4) anti-depressants 4

54. The drug which, according to its users, allows one to "experience death" is:
   (1) marijuana 1
   (2) heroin 2
   (3) "smack" 3
   (4) LSD 4
   (5) alcohol 5

55. Which of the following drugs is generally not hallucinogenic:
   (1) LSD 1
   (2) DMT 2
   (3) psilocybin 3
   (4) phenobarbital 4
   (5) mescaline 5

56. The "rushes" refers to:
   (1) New York subway system 1
   (2) a bad trip on LSD 2
   (3) the first few seconds following an I.V. dose of speed 3
   (4) convulsions due to an O.D. of barbiturates 4
   (5) a series of LSD flashbacks 5
57. Which of the following is considered to be relatively safe to inhale or sniff:
   (1) toluene
   (2) propane
   (3) butanol
   (4) freon
   (5) none of the above

58. The action of glue on the CNS is similar to that of:
   (1) major tranquilizers
   (2) Librium
   (3) methadrine
   (4) alcohol
   (5) LSD

59. Dependence on amphetamines includes:
   (1) psychological dependence
   (2) withdrawal produces physical symptoms (as in heroin withdrawal)
   (3) tolerance
   (4) all of the above
   (5) only 1 and 3 of the above

60. Dependence on barbiturates includes:
   (1) psychological dependence
   (2) physical dependence
   (3) withdrawal can produce convulsions and death
   (4) all of the above
   (5) only 1 and 2 of the above

61. Dependence on heroin includes:
   (1) physical dependence
   (2) psychological dependence
   (3) drug withdrawal produces an adverse physical reaction
   (4) all of the above
   (5) only 1 and 3 of the above

62. Chronic use of "speed" can lead to:
   (1) cardiovascular involvement
   (2) malnutrition
   (3) paranoid psychosis
   (4) all of the above
   (5) only 1 and 2 of the above
63. Which drug does **not** have the same effect as the others:
   (1) hash
   (2) crystals
   (3) speed
   (4) meth
   (5) bennies

64. Which of the following is true of alcohol and barbiturates:
   (1) both are general stimulants
   (2) barbiturates inhibit the effects of alcohol
   (3) alcohol potentiates the effects of barbiturates
   (4) their effects are completely different
   (5) both drugs may be used in treating LSD psychosis

65. The effects of marijuana include:
   (1) sedation and relief of anxiety
   (2) disinhibition or excitement
   (3) perceptual changes
   (4) all of the above
   (5) only 2 and 3 of the above

66. Your present position:
   (1) counselor
   (2) guidance director
   (3) counseling part time
   (4) other (please specify)

67. Number of years in present position:
   (1) 2 years or less
   (2) 3 to 5 years
   (3) 6 to 10 years
   (4) 11 to 15 years
   (5) 16 to 20 years
   (6) 20 years or more
68. Geographical area where you are presently employed:
   (1) Suburban--South 1__
   (2) Suburban--West 2__
   (3) Suburban--North 3__
   (4) City of Chicago--South 4__
   (5) City of Chicago--West 5__
   (6) City of Chicago--North 6__

69. Type of school where presently employed:
   (1) public 1__
   (2) parochial 2__
   (3) private 3__
   (4) other (please specify) 4__

70. Sex:
   (1) male 1__
   (2) female 2__

71. Age:
   (1) under 25 1__
   (2) 25 to 30 2__
   (3) 31 to 40 3__
   (4) 41 to 50 4__
   (5) 51 to 60 5__
   (6) 61 or older 6__

72. Sources from which you have gained your drug knowledge and information (check as many as apply):
   (1) graduate courses in drug information 1__
   (2) seminars and workshops 2__
   (3) news media (T.V., radio, magazines, newspapers) 3__
   (4) personal contact with drug users and abusers 4__
   (5) personal experience through use of drugs 5__
   (6) none of the above 6__
73. Drug education programs presented in your school (check as many as apply):
   (1) as part of the health curriculum 1__
   (2) in regular classes (sociology, science, etc.) 2__
   (3) school or class assemblies 3__
   (4) informal meetings 4__
   (5) no established program 5__
   (6) none of these, don't know 6__

74. Your present involvement with drug related problems (check as many as apply):
   (1) curriculum planning for drug education 1__
   (2) consultant and resource person for teachers and administrators 2__
   (3) group work with students to provide drug information 3__
   (4) group work with students who are using drugs 4__
   (5) counseling individual students with drug related problems 5__
   (6) none of the above 6__

If you wish to make any comment concerning this survey or any comments on drug use or abuse, please use the space below:

Thank you for your time and cooperation. If you would like a copy of the results of this survey, please write your name and address in the space provided.

Please return this completed copy in the enclosed stamped envelope to:

M. Barbara Knoderer
1141 Leavitt Avenue
Flossmoor, Illinois

Name __________________________
Street __________________________
City __________________________
APPENDIX B

JUDGES' RESPONSES
COUNSELORS' RESPONSES
CORRECT RESPONSES
PANEL OF JUDGES
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* No position
## Table 85

Tabulation of Counselors' Responses for Attitude Items

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Mean of Percentages = 70.470  
A = Agreement  
D = Disagreement
### TABLE 86
CORRECT RESPONSES FOR QUESTIONNAIRE ITEMS
BASED ON SCIENTIFIC DATA AND RESEARCH LITERATURE

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Mean of Percentages = 56.425
PANEL OF JUDGES

Wayne Edwards
Counselor at Illinois Drug Abuse Program
Tinley Park Mental Health Center

Larry Kroll
Supervising Therapist
Near North Family Guidance Center
Chicago, Illinois

Lester Lapin, Registered Pharmacist
Council of Drug Abuse at Foundation I
Counselor at Northside Drug Abuse Center
Staff at Harvey Methadone Clinic

Stephen C. Lounsbury
Flossmoor Youth Officer
High school drug program lecturer

John J. O'Connor
Bethany Drug Awareness Program
Director of Supportive Services
Chicago, Illinois

Dr. Clinton Sanders
Director, Alternatives, Incorporated
Chicago, Illinois

Dr. Anthony Spotora, Registered Pharmacist
Director, Advisory and Educational Health Services
Moraine Valley Junior College
Chief Operator Methadone Maintenance Clinic, Chicago
National Council of Drug Abuse
Dear Colleagues:

Your assistance and cooperation will be greatly appreciated in a project being undertaken by Mrs. M. Barbara Knoderer, doctoral candidate in Guidance and Counseling. The project is designed to assess the opinions of counselors with respect to drugs, drug use, and drug abuse.

Since the counselor is usually the person most aware and most involved with drug related problems in high schools, his attitude has a strong influence on the educational philosophy of the institution. The results of this survey could increase the status and prestige of the counselor in the high school.

Enclosed is a copy of the "Counselor Drug Opinion Survey." Would you please complete the form and return it in the stamped envelope provided. These instruments are not coded, therefore, the responses will remain completely anonymous and all returns will be held in confidence.

If you would like further information or have any questions, please contact Barbara Knoderer by phone 799-6109 or 1141 Leavitt Avenue, Flossmoor, Illinois.

Thank you in advance for your cooperation.

Sincerely,

M. Barbara Knoderer

Dr. Thomas B. Johnson
Major Professor
Guidance and Counseling

Dr. John A. Wellington
Professor and Chairman
Guidance and Counseling

Dr. Manuel S. Silverman
Professor
Guidance and Counseling
Dear Mr. ---:

I would like to express my appreciation for your help and courtesy in distributing the "Counselor Drug Opinion Survey."

Should you need any more copies of the instrument, please contact me by phone 799-6109 or 1141 Leavitt Avenue, Flossmoor, Illinois.

Your assistance and cooperation have been a most significant contribution to the success of this study. Thank you.

Sincerely,

M. Barbara Knoderer
BIBLIOGRAPHY
BIBLIOGRAPHY


Bailey, Gerald Douglas. (University of Nebraska) "Perceptions and Attitudes of Administrators and Counseling Staffs toward Drug Use and Abuse in Nebraska Junior Colleges." February, 1971. (Mimeographed).


McKee, Michael R. "Drug Abuse Knowledge and Attitudes in Middle America." Unpublished manuscript, 1972.


Pattison, E. Mansell; Bishop, Lyall A.; and Linsky, Arnold S. "Changes in Public Attitude on Narcotic Addiction." American Journal of Psychiatry, CXXV, No. 2 (August, 1968), 56-60


Webster, Steven D. "Humanness: The One Essential." Personnel and Guidance Journal, LXI, No. 6 (February, 1963), 378-379.


The dissertation submitted by M. Barbara Knoderer has been read and approved by the three members of the dissertation committee.

The final copies have been examined by the chairman of the committee and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval with reference to content, form, and mechanical accuracy.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

John A. Wellington, Ph.D.
Chairman of Committee

January 3, 1974
Date