Factors that determine use and contribute to drug abuse among adolescents

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FACTORS THAT DETERMINE USE AND CONTRIBUTE TO DRUG ABUSE AMONG ADOLESCENTS

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
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SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY, 1990
The overall objective of this study was to present the factors that determine use and contribute to drug abuse among adolescents. To attain this objective, the factors relating to drug use and abuse among adolescents were the following: (a) Peer influence; (b) Delinquency; (c) Poor commitment to education and attachment to school; (d) Poor and inconsistent family management; and (e) Parental drug use.

A cross-sectional research design and a non-probability convenience sample was used in the study. A self administered
questionnaire was given to adolescents from Shiloh Baptist Church and Morrow high school, located in Clayton County. The population consisted of 80 adolescents, 59 males and 21 females, ranging in the ages from 13-18. The null hypothesis was accepted.

The study was an attempt to provide a clear understanding of adolescent's attitudes, beliefs and knowledge about drugs, in relationship to understanding some of the factors that determine use and contribute to drug abuse among adolescents.
ACKNOWLEDGEMENTS

I would like to thank God for the opportunity to achieve a higher education. I would also like to express special thanks to Professor Mitchell for her support and patience. A special thanks is also extended to my parents for their support, love and care, especially to my sister Deborah, who has always been their to assist with my education. I would like to thank the adolescents from Shiloh Baptist Church and Morrow high school for their participation in the study.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGEMENTS</th>
<th>ii</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>iv</td>
</tr>
<tr>
<td><strong>CHAPTERS</strong></td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>4</td>
</tr>
<tr>
<td>Significance/Purpose of the Study</td>
<td>6</td>
</tr>
<tr>
<td>II. REVIEW OF THE LITERATURE</td>
<td>7</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>26</td>
</tr>
<tr>
<td>Overview of Major Theoretical Orientations</td>
<td>28</td>
</tr>
<tr>
<td>Statement of the Hypotheses</td>
<td>33</td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>34</td>
</tr>
<tr>
<td>Research Design</td>
<td>34</td>
</tr>
<tr>
<td>Sampling</td>
<td>34</td>
</tr>
<tr>
<td>Data Collection Procedure (Instrumentation)</td>
<td>35</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>36</td>
</tr>
<tr>
<td>IV. PRESENTATION OF RESULTS</td>
<td>37</td>
</tr>
<tr>
<td>V. SUMMARY AND CONCLUSIONS</td>
<td>48</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>49</td>
</tr>
<tr>
<td>Suggested Research Directions</td>
<td>49</td>
</tr>
<tr>
<td>VI. IMPLICATIONS FOR SOCIAL WORK PRACTICE</td>
<td>50</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td></td>
</tr>
<tr>
<td>APPENDICES</td>
<td></td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DEMOGRAPHIC DATA</td>
<td>38 &amp; 39</td>
</tr>
<tr>
<td>2. ADOLESCENT'S USE OF A SUBSTANCE</td>
<td>41</td>
</tr>
<tr>
<td>3. ADOLESCENT'S USE OF ALCOHOL</td>
<td>41</td>
</tr>
<tr>
<td>4. ADOLESCENT'S USE OF MARIJUANA</td>
<td>42</td>
</tr>
<tr>
<td>5. PEOPLE WHO USE COCAINE</td>
<td>43</td>
</tr>
<tr>
<td>6. ADOLESCENT'S PEERS WHO USE COCAINE</td>
<td>43</td>
</tr>
<tr>
<td>7. ATTITUDES TOWARD DELINQUENT INFLUENCE</td>
<td>44</td>
</tr>
<tr>
<td>8. ADOLESCENT'S BELIEFS TOWARDS TEACHERS</td>
<td>45</td>
</tr>
<tr>
<td>9. ADOLESCENTS ATTITUDE TOWARD HOME ENVIRONMENT</td>
<td>45</td>
</tr>
<tr>
<td>10. KNOWLEDGE OF PARENTAL DRUG USE</td>
<td>46</td>
</tr>
<tr>
<td>11. DRUG USE BY THE INDEPENDENT VARIABLES</td>
<td>47</td>
</tr>
</tbody>
</table>
CHAPTER ONE

INTRODUCTION

In recent years there has been a growing data base indicating that substance use and abuse is a serious problem among young people and that many grow up with substance abusing parents and peers.

Abuse patterns cross socio-economic and cultural boundaries, and the drugs of abuse include any illicit drug, marijuana, inhalants, LSD, heroin, cocaine, crack, stimulants, barbiturates, and tranquilizers.

Drug use, abuse and dependence are prevalent problems in African American communities. This certainly is not meant to imply that this problem is under control in the white communities. However, the persistent and pervasive manifestation of abuse and use in the African American communities demand special consideration.

Recognizing that substance abuse is a serious problem among young people, Ray (1987) states: One fact that must be understood is that drug taking is behavior. As such it follows the same rules and principles as any other behavior. The most basic principle is that behavior persists when it either increases the individual's pleasure or reduces his discomfort. The primary point, again, is that drug-taking
behavior is not unique, it is like any other behavior. An appreciation of this goes a long way toward taking a rational look at current drug use.

Substance abuse has become one of the leading causes of morbidity and mortality in youthful populations in our society. Patterns of substance abuse established during adolescence increase the risk of medical, psychosocial, and occupations problems developing later in life.

Millman and Botvin (1983), offers this perspective on the emergence of substance abuse among young people as a major public health problem in the early 1960's. It occurred in the context of a counter culture that rebelled against parental authority and the value system of the large society. The incidence and prevalence of juvenile substance abuse can be expressed only as broad trends because of a variety of problems associated with it.

As with other behavior patterns occurring in childhood and adolescence, substance use and misuse must be viewed in a developmental context. Changes in cognitive development bring about a transition from thinking that is rigid and concrete to, thought that is more relative, abstract, and hypothetical. Consequently, the adolescent is able to consider a wider range of possibilities and alternatives, accept deviation from established rules and norms, and recognize the frequently inconsistent nature of adult behavior.
The need to examine the cognitive development of adolescence, reveals that the major cognitive task of adolescence is the mastery of thought, Piaget (1967). Social work practitioners have been increasingly challenged to deal with youngsters who are at risk or who have already progressed to a pattern of dangerous substance abuse associated with psychosocial deterioration.

In adolescence as in adulthood, alcohol is used and abused more than any other psychoactive drug Blan and Hewith (1977). There are several essential factors to the adolescent age group that help account for their attraction to psychoactive substances: developmental and cognitive factors; parental and peer influences; family and social factors; socioeconomic factors; media and culture; psychological factors and sex.

This study will focus on a few suggested variables peer influence, Kandel, (1973); delinquency, Jensen, (1972); poor commitment to education and attachment to school Kandel, (1978); poor and inconsistent family management, Fraser (1984); parent drug use, Cooreman (1980). Social workers must be alert to these variables because abuse patterns may reflect personality structure and psychopathological disturbances Zenberg, (1975), or may depend upon a "negative identity" Erikson (1963) as a means of achieving self-definition and esteem. Substance abuse and use must be examined
as it effects our adolescents and youth.

STATEMENT OF THE PROBLEM

An adolescent will experiment with drugs because (1) it is a recognized ritual of the group, (2) a belief that it increases ones popularity, (3) assuages feelings of inferiority. No longer is the family, or in some cases, the extended family, their only reference point. Each of these new contacts bring other norms, values and goals into the experience of children. Some will be similar to their own, others will be very different, and as the circle of reference groups enlarge so will the range of norms to which they will expressed, Stone et al. (1979).

It is of great importance to understand that both parents and peers can have strong influences on adolescents. Kandel (1985), provides a perspective on the issue of peer influence. Peers have been identified as one of the most important factors in the use of legal and illegal drugs by adolescent's. The adolescents' life is subject to strong peer influence, and they present with behaviors uniquely suited to the study of the role of peer influence and friendships in adolescence.

This research will facilitate a better understanding of the identity confusion and transition that the adolescent finds himself in and the
negative peer pressure that he finds himself with. Negative peer pressure is a problem that this research touches only briefly. This research is concerned with the factors that contribute to the use and abuse of drugs among adolescents, such as peer influence, delinquency, poor commitment to education and attachment to school, poor and inconsistent family management, parental drug abuse and drug use. These factors are especially significant in assessing the minority group adolescent use and abuse of drug.
SIGNIFICANCE/PURPOSE OF THE STUDY

The adolescent substance user/abuser must be recognized as a distinct and separate entity which the literature must address in efforts to understand the complexity of this population.

The purpose and significance of this exploratory descriptive study is to enhance the knowledge base of social workers. Specifically those involved in clinical practice primarily with the adolescent; to expand their knowledge base of the adolescent substance abuser/user and identify the primary characteristics that contribute to this behavior. This research purports to build upon the previous research studies and provide scientific knowledge for the clinical social work profession.

Additional research data must be gathered and documented by social workers to enable them to make a constructive and valuable contribution to the social work profession.
The use and abuse of drugs date back to ancient times, but throughout past centuries to the 1960's, drugs have made a devastating impact among many individuals. In the late 1960's and the early 1970's, drugs had made a strong imprint upon the adolescent population. Adolescence is a crucial period because this is a time during one's life when one needs peers as well as having a strong need to be accepted within society.

In the early seventies and throughout the eighties, the following factors were identified as contributing to the use and abuse of drugs among adolescents: peer influence, Kandel (1973); Lamar (1978); and Matsueda (1982); delinquency, Jensen (1972); Johnson (1979); Blumstein (1985); poor commitment to education and attachment to school, Kandel (1978); Johnson (1986); poor and inconsistent family management, Mazair (1975); Hirschi (1969) and Fraser (1984) and parent drug use Adler (1973); and Cooreman (1980). All of these factors will prove helpful in identifying drug use and abuse among adolescents.

Treffert (1972), divided drug abuser into two different populations.
He noted that 80% were experimenters, and classified them as joiners and protestors. The joiners abused drugs because other individuals within their peer group abused drugs. They were not identified as being bad individuals from dysfunctional homes, they simply abused drugs because their peers abused drugs. The protestors consisted of individuals who abused drugs to irritate society. Their drug use was projected toward society because they felt alienated.

The second group consisted of 20% of the population were seekers. Treffert (1972), definition of seekers were those who believed that man not only can, but he should and must transcend his present predicament by use of drugs if he is to actualize himself at best, or at least survive. Many of these individuals associated their drug use as living better through chemistry. The remainder of the 20% were known as the losers. These individuals did not classify with the joiners, protestors or the seekers. These individuals experienced personal problems prior to their drug use. Their experimentation with drugs became a positive reinforcement because the drugs gave them an escape from reality.

Kandel (1976), noted that impaired socialization plays a large part in the movement to more debilitating stages of drug dependence...progression to other more serious illicit drugs appears to
express personal dissatisfaction and maladjustment rather than the desire to belong to a counterculture.

The research during the late 1960's and early 1970's provided a broad perspective toward many factors which determined use and contribute to drug abuse within our adolescent population. This researcher concurs with Treffert's ideology concerning some of the contributing factors of drug abuse, because it provides good insight on many factors which contribute to the use and abuse of drugs, particularly among our adolescent population.
In the late 1970's and throughout the 1980's, many researchers began to focus more strongly on identifying factors which determine use and contribute to drug abuse among adolescents.

One specific contribution to drug use and abuse among adolescents is the focus on where many of them get the drugs as well as the specific type of drugs which they are exposed to. An adolescent's school environment can have a very strong correlations to drug use and abuse. The frequent use and abuse of drugs from the adolescent population decreases their school performances as well as their attachment to school. An adolescent's school performance may not always be a factor which determines drug use but it may be a predictor which influences drug use. Kandel (1978), noted that school failure has also been identified as a predictor of adolescent drugs use. Poor school performance is an antecedent of drug initiation and predicts subsequent levels of use.

For some adolescents who do not do well in school they become labeled not only by their peers but also by teachers. They are often labeled as individuals who do not care about themselves or others and
as individuals who have no insight concerning the type of future which they want to pursue. The labeling of adolescents has strong psychological effects upon them. Lettieri and Ludford (1981), emphasis that students who fail or who do poorly in school appear to label themselves and equally important, are labeled by school institutions as losers. Brennan, Elliott and Knowles (1981), indicated that the lack of success in school also appears to lead to being labeled by friends and teachers as bad and sick.

Although many adolescents poor commitment to school may not be drug related, some adolescents may act out to receive attention and associate with the peer group which will influence the adolescent to try drugs. Poor performance in school is not a factor which leads to drug abuse. Kandel (1982), suggested that low school performance does not itself lead to drug use, but that the factors leading to poor school performance are also predictive of drug involvement. An adolescent educational expectation has many variables which can determine drug use and abuse. Many of the precipitating factors of drug use and abuse in correlation with poor school performance is associated with school absenteeism, cutting class, poor insight and judgment about class materials.

Some adolescents believe that using drugs may help them perform
better in the classroom and to stay awake at night to study. Many of them do not understand the physical and psychological effects of the drug which they are using. The U.S. News and World Report (1986), drug experts identified the seven most dangerous drugs which can effect adolescents physically as well as psychologically. Further asserting that this can lead to poor school performance as well as effect one's social environment.

Cocaine, is available in hydrochloride powder and free base form. It has the capability of physically causing formication, increased blood pressure and pulse rate, insomnia and loss of appetite. Regular use of this drug can also cause damage to fragile nasal passages. This drug can cause an adolescent to become very psychologically dependent upon it.

Crack is a second type of drug, which is a form of cocaine which can be smoked. Crack has a dependence rate which is ten times stronger than cocaine. Crack has the same physical effects as cocaine, except the abuse of this drug increases the chances of death greatly, due to the rapid increase of blood circulation to the heart. The psychological effects are the increased risk of dependence and paranoid psychosis.

A third deadly drug used by adolescents is phencyclidine, which is usually referred to as PCP or angle dust. The physical reactions from this
drug are the bizarre and violent behavior of adolescents, which can lead to convulsions, comas, heart and lung failure. The psychological effects of this drug are psychotic disorders including paranoid delusions and schizophrenia.

The fourth drug is heroin, which is smoked and is very popular among adolescents, because it is sold very cheap and they can easily get some at school from their peers. The physical effects from smoking heroin are slow motor reflex, nervous anxiety, running eyes and nose, dilated pupils, muscle aches and increased blood pressure. The psychological effects are hallucinations, along with slowing the mental capacity of the brain.

The fifth and sixth deadly drugs are fentanyl and meperidine, which are synthetic substances, which are often sold as heroin. Both drugs are much stronger than heroin, which increases the risk of overdose. The drugs have great physical effects because the drugs are usually contaminated with powerful neurotoxins which can cause muscular tremors, slow body movements, and partial body paralysis. The psychological effects are very fatal because these drugs causes irreversible brain damage.

The last drug is known as ecstasy. Many adolescents are using this drug mainly for social pleasure. The abuse of this drug can cause
nausea, muscle tension and blurred vision. The psychological effects from this drug is unpredictable. Some investigators believe that the prolong abuse of this drug causes brain damage.

One area which the effects can be seen is through an adolescent's school performance. Not all adolescents use and abuse drugs, but for those who do, there is a low performance in their commitment to school. Johnston, O'Malley, and Bachmer (1986), emphasize that a low commitment to educational pursuits also appears to be related to adolescent drug use. The use of hallucinogens, cocaine, heroin, stimulates, sedatives, and nonmedically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not plan to go to college.

Through understanding the effects of these fatal drugs, society must focus on why many adolescent are choosing to use and abuse drugs. Many adolescents fall within Trefferts (1972) two different populations of adolescents use and abuse of drugs, but society needs to understand what these factors are which determine use and contribute to abuse of drugs among the adolescent population.
Peers Influence

One of the main associations of adolescence is having peers. Peer influence can have very strong psychological effects upon adolescents, particularly when adolescents have a strong need to belong and identify with their peers. Hollister (1972), identified six reasons for drug use and abuse among peer adolescents: (1) Youngsters experiment with drugs rank curiosity first; (2) Peer group pressure to try drugs, especially when such activity is considered "cool", is difficult to resist; (3) We have entered a new era of hedonism...of immediate pleasure of any and all kinds, including those afforded by drugs; (4) The mystical aspects of drug use...remain a strong influence. The prevalence of mystical and magical beliefs among youngsters who use drugs...is extraordinarily high; (5) Defense against one's own feelings of fear of insanity; and (6) Drug taking is away of "belonging". Much has been made of the anomie and alienation of today's youth. Peer influence is a very powerful association where many adolescents use and abuse drugs to keep positive associates with one another.

Many adolescents first experience with drugs are with peers who use drugs and introduce drugs to them. For many adolescents, this is a test of friendship and many feel that they must use drugs if they want to be a part of that particular peer group. Lamar (1978), emphasis that the
most salient point about peer involvement and the one that elicits broad-scale agreement is that drug misuse is positively associated with attachment to peers who misuse drugs. Sometimes peer pressure influences many adolescents to use drugs. They have a strong need to belong, and if adolescents want to prove themselves to their peers, especially if they are new to the peer relationship, they may find it beneficial to try drugs if their peers use drugs to prove their peer relationship. Tessor, Close and Donovan (1980), found that perceived environmental predictors, such as friends, as models for drug use, account for twice as much variance in drug use as personality factors. There are many adolescents who have already accepted the fact that they want to use drugs, therefore, they identify with others who use drugs.

There are very few adolescents who use drugs and socialize with other peers who do not use drugs. Individuals who do not use drugs have different beliefs and values about drug use compared to those who use and abuse drugs. Matsueda (1982), acknowledged the logic of this perspective is that those who use drugs will likely be those whose friends use drugs, because they pick up their friend's definitions or values conductive to drug use. From this known perspective Marcos, Bahr and Johnson (1986), noted that one's bonds are presumed to influence one's friends' level of drug use by causing a change in the kinds of peers that
are chosen as friends, and not by causing existing friends to alter their drug behavior.

Many investigators have researched that peer influence has very strong correlations to adolescent drug use and abuse. Most adolescents develop beliefs that they must be a part of a particular peer group and through their strong beliefs of wanting to be accepted, they develop poor insight and judgment about the effects of drugs. For some adolescents, they find drug use and abuse a way of being cool and escaping reality, for others, they may not understand why they are really using drugs, but they understand that they are using drugs because of the simple reason that their peers use and abuse drugs. In reference to the correlation of drug use and abuse and peer relations, Jacquith (1981); Kaplan (1984); Lassey and Carson (1980); Napier (1983); Newman (1984); Winfree and Griffiths (1983), all suggest that the research specifically on drug use indicates that association with friends who use drugs is correlated with one’s own drug use.

Juvenile Delinquency And Drug Use

Some adolescents who use and abuse drugs are often caught between their drug use and committing crimes. Society labels these individuals as juvenile delinquents. One major concern about
adolescent drug abuse and delinquency is if the use and abuse of drugs causes the delinquent act or does delinquency have a strong correlation to drug use and abuse? Many investigators acknowledge that there is more than juvenile delinquency factors which contribute to drug abuse, but delinquency is classified as being one of the primary factors which contributes to drug abuse among adolescents.

Many researchers acknowledge that delinquency and drug use and abuse is learned behavior from their peers. Massy and Krohn (1986), acknowledged that adolescents are more likely to witness their parents' use of substance...than they are to observe parental involvement in crime. Therefore, parents are less able to present unfavorable definitions of crime even when engaging in the behavior. We thus predict a direct positive effect of family influences on adolescent smoking. Many researchers support the facts that if parents and adolescents have strong bonds, then adolescents do not become juveniles or abuse drugs. Research on adolescent deviance has repeatedly shown a relationship between the quality of affective ties to the family and deviant behavior, Wiatrowski (1981).

Hirschi (1969), discovered that the influence of attachment to friends holds regardless of whether the friends are delinquent. Moreover, Hirschi found not only that peer attachment had a direct inverse effect on
deviant behavior but also that adolescents who were more attached to their friends were less likely to have friends who engaged in delinquent behavior. Delinquency has a very strong correlation with drug abuse, because delinquents often associate with their peers who abuse drugs. Kandel (1985), supports this factor by stating the association with delinquent peers during adolescence is among the strongest correlates of adolescent delinquency.

Not all peer groups are influenced to drug abuse and delinquency, but sometimes drug abuse among adolescents can precipitate some type of deviant behavior. Jenson (1972), Hindglang (1973), and Johnson (1979), indicated one of the critical questions in the study of youthful deviance in general and drug use in particular is the effects of peers. One of the most consistent findings is that association with delinquent peers is positively correlated with delinquent behavior. There is a strong correlation with delinquent behavior. There is a strong correlation among drug abuse and delinquency. Sometimes antisocial behavior among children while progressing into their adolescence precipitates drug abuse and delinquency. Hawkins, Lishner and Catalano (1987), indicated that serious juvenile offenders initiate drug use and antisocial behavior at an early age. In some instances antisocial behavior in adolescence predicts frequent use and abuse of drugs.
Hawkins, Jenson and Catalano (1988), supports Kellam and Browns study in 1982 which was a sample of 1,242 urban Black first-grade male aggressiveness, especially when coupled by shyness, and the frequency for substance use ten years later. For some children who have problematic conduct, there is a greater variety and frequency of antisocial behavior as they enter into adolescence, which can lead to delinquency and drug abuse. If a child becomes antisocial, and is exposed to drugs at an early age, the chances of the child becoming a delinquent and abusing drugs once one enters adolescence is a great possibility.

Home Environment

There are many different circumstances for drug abuse in many home environments. Although many experts agree that delinquency has a strong correlation with drug abuse, one must analysis the different circumstances in which the adolescent becomes a delinquent and abuses drugs. Many times an adolescents' home environment is the cause of this devastating habit of abusing drugs. Adolescence is a period when they seek their identity and social adjustment, but without a firm foundation, many adolescents are influenced by many negative external influences. Fraser (1984), indicates that inadequate bonding
alone is sufficient cause of drug abuse.

Many researchers focus on one parent families who are near or below the poverty line and associate these adolescents as being ones' who have a high potential for drug abuse. Blumstein, Farrington and Maitra (1985), suggest that children from socially deprived families characterized by social isolation and multiple entrapment of parents in extreme poverty, poor living conditions, and low status occupations or unemployment are at elevated risk of chronic delinquent behavior and frequent drug use.

Not all one parent families and families near or below poverty who have adolescents are identified as having adolescents with drug abuse problems. There are many one parent families and families living in poverty who are capable of providing their adolescent with the identity which they are seeking as well as social adjustment. Blechman, Berberian and Thompson (1977), indicated that studies have found that age, parent child attachment and consistent discipline are more important than number of parents in the home.

Today, society is observing more adolescents from middle and upper social economic status income families who have adolescents abusing drugs. Alienation and deprivation of adolescents do not only exist within the low economic status income families, it exists within all
Many adolescents are caught in the middle of family arguments and divorcing parents. Psychologically adolescents need a way to escape these circumstances and using drugs is often the solution. Harbin and Mazair (1975), found that young drug users were often from broken homes, had overindulgent mothers and emotionally distant fathers. Adolescents' needs within the family consist of a feeling of attachment and commitment to one or both parents, so that they can confide in them if they feel the need. Hirschi (1969), agreed that some have argued that poor parent-child attachments leads to a lack of commitment to conventional activities and that this is sufficient to produce conditions fostering use. A families home environment is a very important factor in promoting drug use and abuse. If an adolescent is not disciplined or feels alienated within ones' family, one may find that using drugs is favorable, particularly if an adolescent is not satisfied with ones' home environment. Kandel (1978), acknowledged that these youths dissatisfaction and poor social adjustment can lead them to life-styles in which drug use is accepted. Further studies form Fraser (1984), indicated irrespective of the presence of pro-drug values, the child who is disaffected from his parents and whose parents (or parent) lacks the means to provide socioeconomic incomes.
consist discipline appears more likely to abuse drugs when compared to a child from a home environment characterized by affection, supervision, and support.

Parental Drug Use

Another characteristic within the home environment which promotes adolescent drug use and abuse is parent drug use. If a parent abuses drugs, the primary rational for an adolescent drug use and abuse is the focus of the parents drug use. Many adolescents learn their value and belief system from a significant individual in their life, and in most instances these individuals are the adolescents' parents. They develop values and beliefs that if their parents are using drugs, why can't they?

There are some parents who disapprove of their adolescent using drugs, but if the adolescent is exposed to a drug abusing environment, they too develop a belief that it is wrong, but they still engage in drug use because their parents and others use drugs. Mellinger (1971), indicates while parents may disapprove of their child's use of drugs; parental use of alcohol, tranquilizers, sedatives and tobacco provides standards for adult behavior that children may want to imitate.

Many adolescence first experience with drugs is imitated through their parents drug use. Adolescents learn to imitate what others do, and
if they observe a parent abusing drugs they will be curious to find out what it feels like. Smart and Fever (1972), supports learning theory because parents model influences the children's behavior, and some studies strongly suggest that adolescents learn drug-using behavior, in part, from their parents.

Within some home environments, there is the lack of commitment and supervision over the adolescent and many times the cause of this is because the parent abuses drugs. In turn, this is one cycle which causes many adolescents to abuse drugs, as well as turning to their peers for assistance and in turn, many of their peers influence them to use drugs as well as committing crimes to support their habit.

Parents who abuse drugs have poor insight and judgment concerning their adolescents needs, therefore, many adolescents must choose the decision of which way to go in life and if they are exposed to drug using home environment, where their parents model behaviors of drug abuse, adolescents will also imitate the same behaviors.

There has been a major contribution from the field of social work in rehabilitating adolescents who abuse drugs. There is also the need for a larger contribution in aiding families and adolescents population. Social work practice has made tremendous efforts in teaching families about the lethal effects of drugs. Within the school system and the home
environment, social work practice is reaching out to many adolescents as well as others who are in need of preventive techniques as well as rehabilitating individuals who suffer from the disease of drug abuse.
DEFINITIONS

1. Factors - any of the circumstances, conditions that bring about a result.

2. Determine - to set limits to; bound; define.

3. Use - to put or bring into action or service.

4. Contribute - to give jointly with others to a common fund.

5. Drug abuse - high frequency and intense levels of drug use of relatively long duration producing psychological dependence such that the individual cannot at will discontinue use without experiencing discomfort.

6. Adolescence - A period in the development of the human individual between puberty, the beginning of greatly accelerated, sex development, and full maturity.

7. Peer - one that has the same rank, value as another.

8. Juvenile delinquent - behavior by minors.

9. Psychological - affecting or intended to affect the mind.

10. Hedonism - the doctrine that pleasure or happiness is the principal good and the proper aim of action. Pleasure seeking as a way of life.

11. Alienate - to cause to be withdrawn or detached, as from society.


13. Alcohol - a colorless, intoxicating element in whiskey, wine, beer, any intoxicating liquor.

14. Tranquilizers - any of certain drugs used in calming persons suffering from nervous tension, anxiety.

15. Sedatives - tending to soothe or quiet; producing sedation. A sedative medicine.
16. Deprivation- to keep from having, using or enjoying.

17. Cocaine - a colorless or white crystalline narcotic alkaloid, extracted from coca leaves and used as a surface anesthetic.

18. Formication - The illusion that ants or other bugs are crawling on or into the skin. This is a particular effect from using cocaine.

19. Free Base Form - cocaine which is smoked through a pipe and causes a natural high.

20. Phencyclidine - it is better known as PCP, which was developed in the 1950's as an anesthetic. PCP is used legally today to tranquilize elephants and monkeys.

21. Heroin - a white odorless bitter crystalline compound, which is derived from morphine and is highly addictive.

22. Fentanyl and Meperidine - Organic compounds, used as analgesics and sedatives.

23. Ecstasy - a hallucinogenic amphetamine.

24. Dopamine - chemical which is released to the brain when excessive amounts of cocaine is used, which weakens the brain and causes psychological dependence.

25. Hallucination - false perceptions with a characteristically compelling sense of reality of objects or events perceived in the absence of relevant and adequate stimuli.

26. Amphetamines - a compound used to overcome depression, fatigue and to lessen the appetite.
Theoretical Framework
Overview of the Major Theoretical Orientations

The social learning theory will support this researcher's study. Potter (1975), defines social learning theory as:

A person’s experience, his interactions with his environment, influence each other. The individual's new experiences are influenced by what he has learned in the past, and things that he has learned in the past are in turn changed by new experiences. Personality is thus seen as: (1) continuously changing, since the person is always undergoing new experiences, and (2) stable in certain respects, since his previous experiences affect new learning.

Social learning theory focuses around drug use and abuse particularly among the adolescent population. Muuss (1988), indicates the factor that predicts drug use in an adolescent most accurately is whether or not friends use drugs. Apparently, an "if he can do it, I can do it" viewpoint prevails. According to Bandura (1962), a great variety of social learning phenomena are required because a learner observes a model's behavior and imitates the behavior observed. Social learning theory analysis four different variables in making predictions about an individual's behavior particularly adolescents who are within a stage in
their life when model behaviors from others. Rotter's (1975), variable of the learning theory is behavior potential. This refers to the potential for any given behavior to occur in a particular situation or set of situations as calculated in relation to any single reinforcement or set of reinforcements. An adolescent's poor commitment to education and attachment to school can be viewed as a behavior which is developed due to teachers and their peers labeling them as losers and individuals who use drugs.

Nurco (1981), research has shown that drug dependent persons do poorly in school, and that below average school achievement precedes drug misuse and delinquency. For some adolescents who struggle academically in school they often search for ways in helping them study and many times they choose to use drugs which actually inhibits their studying, but physically and psychologically it helps them to forget about their academic labeling. Rotter indicated that this behavior includes any action of the individual that involved a response to some stimulus situation and that may be observed or measured either directly or indirectly. Many times adolescents use and abuse drugs because they are unable to cope with their poor educational level and the labeling from their peers and others.

Expectancy is the second variable which is the probability held by
the individual that a particular reinforcement will occur as a function of a
specific behavior on his part in a specific situation or situations. Blum
and Associates (1972), analyzed that adolescents from families with
liberal and permissive childbearing values tended to have a higher
incidence of drug use than did adolescents from more conservative and
non-permissive parents.

Some adolescents believe if they use drugs they will be able to
complete tasks that seem impossible. For adolescents who are within
dysfunctional homes using and abusing drugs is their way out of being
alienated and deprived. When adolescents use drugs the one particular
reinforcement which they are seeking is the high which they receive from
drug use. Rotter stresses that it is not the situation per se which is
important in predicting behavior, but rather the way in which a particular
individual perceives that situation.

The third variable is reinforcement. This refers to the degree of
preference for any reinforcement to occur if the possibilities of their
occurring were all equal. Great emphasis are placed upon peer
influence and delinquency. Many researchers have acknowledged that
drug use and abuse have great correlations with peer influence and
delinquency. Brittain (1963) emphasis that the peer group is particularly
influential as a model in the use of verbal expressions, hairstyle, clothing,
food, music and entertainment preferences, as well as in regard to decisions related to rapidly changing social values.

One importance of this variable is that a behavior does not usually occur independently, usually an adolescent will model their peers behavior which sets the course for drug use and abuse.

The last variable is a psychological situation which refers to the role of the psychological situation of the individual. This variable emphasis that adolescents learn from past experiences that some behaviors are valued in certain situations. When an adolescent’s parent abuses drugs, they may perceive that this is an accepted behavior from ones' parent and he/she may model this particular behavior. McDermott (1984), acknowledged that the learning theory holds that the behavior parents model influences the child's behavior, and some studies strongly suggest that adolescents learn drug using behavior, in part, from their parents. Walter and Marks (1981), emphasis that the primary reinforcement in the process of identification is the inherent relationship with the object of observation, and the secondary reinforcement in the process is the reinforcement received personally by the model.

All adolescents have a significant individual in their life whether it is a sibling parent or peer. An adolescent has a need to be accepted and many times one will model a drug using behavior to belong with a
significant other or to escape reality when they are from a dysfunctional home. The learning theory perspective enables research on drug use and abuse in understanding why and how some of the factors of drug use and abuse are determined.
Hypothesis

1. There is no difference between adolescent drug use and juvenile delinquency.

2. There is no difference between adolescent drug use and poor commitment to education and attachment to school.
CHAPTER III
METHODOLOGY

RESEARCH DESIGN

The type of research design employed for this study is a Cross-Sectional Survey Design. The cross-sectional survey design provides data that test the degree of frequency between two quantitative variables. In this study the cross-sectional design will measure the frequency between drug abuse and peer relationships, delinquency, poor commitment to education, poor home management and parental drug use.

SAMPLE

A convenience sample was measured. A convenience sample is a non-probability sample that utilizes the most readily available subjects for use in empirical research. These consist of the individuals who are "convenient" to the researcher. They may be the first 50 people a person meet on the street, in school, or church and are willing to respond to the questionnaire. Horowitz (1981) indicates that non-probability samples are the kinds of samples in which everyone in the population does not have an equal chance of being included, or where the probability of
everyone's inclusion is not known. It is usually not possible to make precise valid generalizations from these kinds of samples, although they do serve a purpose at times. The advantages of this kind of sample are: (1) they are cost effective and (2) they are time saving. A disadvantage of this type of sample is that it lacks representation of the general samples.

DATA COLLECTION PROCEDURE (INSTRUMENTATION)

The instrument that will provides the necessary data for this research project is a self-report developed by the researcher. Information from this questionnaire will measure peer influence, drug use delinquency, poor commitment to education and attachment to school, poor and inconsistent family management and parental drug use.

The questionnaire in its entirely consisted of thirty-six (36) questions, six (6) questions on demographic, five (5) questions on peer influence, five (5) on delinquency, five (5) on poor commitment to education and attachment to school, five (5) on poor and inconsistent family management, five (5) on parental on drug use, and five (5) on drug use. A pretest was administered to twenty (20) adolescents, ten (10) at Shiloh Baptist Church, and ten (10) at Morrow High School for the purpose of refining the instrument. As a result of this process, there were no deletions of items. The group did not express any anxiety about
sharing this type of information therefore, there were no alterations in the
instrument or questionnaire.

DATA ANALYSIS

The data was collected, coded and analyzed using SPSSX Batched
system on the Vax Computer System of the Atlanta University Center.
The descriptive statistic was used to analyze the data, this included
frequency distribution, percentage and Phi.
A questionnaire was administered to forty (40) adolescents from Shiloh Baptist Church and forty (40) from Morrow High School. The null hypothesis concerning these adolescents in determining the factors that contribute to the use and abuse of drugs is the following:

1. There is no difference between adolescent drug use and juvenile delinquency.
2. There is no difference between adolescent drug use and poor commitment to education and attachment to school.
### TABLE #1: DEMOGRAPHIC DATA

<table>
<thead>
<tr>
<th>Demographic data</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. SEX</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>59</td>
<td>73.8</td>
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<tr>
<td>Female</td>
<td>21</td>
<td>26.2</td>
</tr>
<tr>
<td><strong>2. AGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>8</td>
<td>10.0</td>
</tr>
<tr>
<td>14</td>
<td>13</td>
<td>6.3</td>
</tr>
<tr>
<td>15</td>
<td>10</td>
<td>12.5</td>
</tr>
<tr>
<td>16</td>
<td>21</td>
<td>26.2</td>
</tr>
<tr>
<td>17</td>
<td>21</td>
<td>26.2</td>
</tr>
<tr>
<td>18</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td><strong>3. GRADE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7th</td>
<td>14</td>
<td>17.5</td>
</tr>
<tr>
<td>8th</td>
<td>5</td>
<td>6.3</td>
</tr>
<tr>
<td>9th</td>
<td>16</td>
<td>20.0</td>
</tr>
<tr>
<td>10th</td>
<td>18</td>
<td>22.5</td>
</tr>
<tr>
<td>11th</td>
<td>17</td>
<td>21.3</td>
</tr>
<tr>
<td>12th</td>
<td>10</td>
<td>12.5</td>
</tr>
</tbody>
</table>
TABLE #1 (DEMOGRAPHIC DATA CONTINUED)

<table>
<thead>
<tr>
<th>DEMOGRAPHIC DATA</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. PERSON'S IN THE HOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother only</td>
<td>23</td>
<td>28.8</td>
</tr>
<tr>
<td>Father only</td>
<td>5</td>
<td>6.3</td>
</tr>
<tr>
<td>Mother and father</td>
<td>48</td>
<td>60.0</td>
</tr>
<tr>
<td>Sibling</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>5. RELIGIOUS BACKGROUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td>Baptist</td>
<td>53</td>
<td>66.3</td>
</tr>
<tr>
<td>Methodist</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>Jehovah Witness</td>
<td>4</td>
<td>5.0</td>
</tr>
<tr>
<td>Pentecostal</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>Presbyterian</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td>6. ETHNIC BACKGROUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>9</td>
<td>11.3</td>
</tr>
<tr>
<td>Black</td>
<td>33</td>
<td>41.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>White</td>
<td>36</td>
<td>45.0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.3</td>
</tr>
</tbody>
</table>

The demographic data revealed fifty-nine (59), 73.8% males and twenty-one (21), 26.2% females. The age ranges were the following:

Age thirteen (13), with a frequency of eight (8), 10%; Age fourteen (14), the frequency was thirteen (13), 16.3%; Age fifteen (15) the frequency was ten (10), 12.5%; Age sixteen (16) the frequency was twenty-one (21), 26.2%; Age seventeen (17), the frequency was also twenty-one (21),
26.2% and age eighteen (18), the frequency was seven (7), 8.8%. The grades were the following: Grade seven (7) had a frequency of fourteen (14), 17.5%; Eighth grade (8) had a frequency of five (5), 6.3%; Ninth grade (9) had a frequency of sixteen (16), 20%; Tenth grade (10), had a frequency of eighteen (18) 22.5%; Eleventh grade (11), had a frequency of seventeen (17), 21.3%, and the grade twelfth grade (12), had a frequency of ten (10) 12.5%. The frequency and percentage of individuals in the home were the following: Mother only, twenty-three (23), 28.8%; Father only, five (5), 6.3%; Both mother and father, forty-eight (48), 60%; Siblings, five (5) 6.3%; Other was two (2), 2.5%, and two (2), 2.5% missing cases.

The religious background was the following: Catholic, seven (7), 8.8%; Baptist, fifty-three (53) 66.3%; Methodist, three (3), 3.8%; Jehovah Witness four (4), 5%; Pentecostal, three (3), 3.8%; Presbyterian two (2), 2.5%, and other was seven (7), 8.8%; There was one (1), 1.3% missing case.

The adolescent's ethnic backgrounds were the following: African American frequency was nine (9) 11.3%; Blacks frequency was thirty-three (33), 41.3% Hispanic frequency was one (1), 1.3%; White frequency was thirty-six (36), 45%, and there was one (1), 1.3% individual who identified him/herself as other.
Of the total number of participants, sixty-two (62), 77.5% of the adolescents indicated that they never have used a substance. One (1), 1.3%, adolescent indicated that he uses substances alone. Four (4), 5% indicated that they use substances with close friends. Twelve (12), 15% indicated that they use a substance with others and one (1), 1.3% did not respond.

TABLE #3: ADOLESCENT'S USE OF ALCOHOL

<table>
<thead>
<tr>
<th>USE OF ALCOHOL</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>45</td>
<td>56.3</td>
</tr>
<tr>
<td>Alone</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>Close friends</td>
<td>17</td>
<td>21.3</td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
<td>17.5</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Forty-five (45), 56.3% of the adolescents indicate that they never drink alcohol (beer, wine, liquor). Three (3), 3.8%, indicated that they
drink alcohol alone; Seventeen (17), 21.3% of the adolescents drink with close friends and fourteen (14), 17.5%, indicated that they drink with others. There was one (1), 1.3% adolescent who did not respond.

**TABLE #4: ADOLESCENT'S USE OF MARIJUANA**

<table>
<thead>
<tr>
<th>USE OF MARIJUANA</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Alone</td>
<td>62</td>
<td>77.5</td>
</tr>
<tr>
<td>Close friends</td>
<td>6</td>
<td>7.5</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
<td>10.0</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Sixty-two (62), 77.5% of the adolescents indicated that they never smoked marijuana; Two (2), 2.5% indicated that they usually smoke marijuana when they are alone. Six (6), 7.5% indicated they smoke with close friends. Eight (8), 10% of the adolescents responded that they smoke marijuana with others, two (2), 2.5% of the adolescents did not respond.
TABLE #5: PEOPLE WHO USE COCAINE

<table>
<thead>
<tr>
<th>PEOPLE WHO USE COCAINE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>51</td>
<td>63.8</td>
</tr>
<tr>
<td>Once or twice</td>
<td>15</td>
<td>18.8</td>
</tr>
<tr>
<td>Occasionally</td>
<td>8</td>
<td>10.0</td>
</tr>
<tr>
<td>Often</td>
<td>2</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Fifty-one (51), 63.8% of the adolescents indicated that they have never been around people who use cocaine. Fifteen (15), 18.8% responded that they have been around people who use cocaine once or twice. Eight (8), 10% indicated they have occasionally been around people who use drugs. Two (2), 2.5% responded they are often around people who use cocaine and four (4), 5% did not respond.

TABLE #6: ADOLESCENT'S PEERS WHO USE COCAINE

<table>
<thead>
<tr>
<th>PEER USE OF COCAINE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>51</td>
<td>63.8</td>
</tr>
<tr>
<td>A few</td>
<td>19</td>
<td>23.8</td>
</tr>
<tr>
<td>Some</td>
<td>4</td>
<td>5.0</td>
</tr>
<tr>
<td>Most</td>
<td>4</td>
<td>5.0</td>
</tr>
<tr>
<td>All</td>
<td>2</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Fifty-one (51), 63.8% of the participants estimate that none of their friends use cocaine. Nineteen (19) 23.8%, estimate a few of their friends
use cocaine. Four (4), 5% estimate some of their friends use cocaine. Four (4), 5% estimate most of their friends use cocaine, and two (2), 2.5% estimate all of their friends use cocaine.

**TABLE #7: ATTITUDES TOWARD DELINQUENT INFLUENCE**

<table>
<thead>
<tr>
<th>DELINQUENCY INFLUENCE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>12</td>
<td>15.0</td>
</tr>
<tr>
<td>Agree</td>
<td>27</td>
<td>33.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>25</td>
<td>31.3</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>9</td>
<td>11.3</td>
</tr>
<tr>
<td>No response</td>
<td>7</td>
<td>8.8</td>
</tr>
</tbody>
</table>

In relationship to adolescent drug use/abuse and juvenile delinquency, twelve (12), 15% of the participants responded that they strongly agree that juvenile delinquents have a positive influence on friends. Twenty-seven (27), 33.8% agree that juvenile delinquents have a positive influence on friends. Twenty-five (25), 31.3, disagree; Nine (9), 11.3% strongly disagree and seven (7), 8.8% did not respond.
TABLE #8: ADOLESCENTS' BELIEF'S TOWARD TEACHERS

<table>
<thead>
<tr>
<th>EDUCATIONAL EXPERIENCE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>11</td>
<td>13.8</td>
</tr>
<tr>
<td>Agree</td>
<td>11</td>
<td>13.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>41</td>
<td>51.3</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>14</td>
<td>17.5</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>3.8</td>
</tr>
</tbody>
</table>

The responses from the participants related to their educational experiences were the following: Eleven (11), 13.8% responded they strongly agree that teachers are not interested in what they say or do. Eleven (11), 13.8% agree that teachers are not interested in what they say or do. Forty-one (41) 51.3% disagree. Fourteen (14), 17.5%, strongly disagree. Three (3), 3.8% did not respond.

TABLE #9: ADOLESCENTS' ATTITUDE TOWARD HOME ENVIRONMENT

<table>
<thead>
<tr>
<th>HOME ENVIRONMENT</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>14</td>
<td>17.5</td>
</tr>
<tr>
<td>Agree</td>
<td>18</td>
<td>22.5</td>
</tr>
<tr>
<td>Disagree</td>
<td>28</td>
<td>35.0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>18</td>
<td>22.5</td>
</tr>
</tbody>
</table>

In relationship to the participants home environment, fourteen (14), 17.5% of the participants strongly agreed that they were more unhappy at
home than happy. Eighteen (18), 22.5% agreed. Twenty-eight (28), 35% disagreed. Eighteen (18), 22.5% strongly disagreed.

TABLE #10: KNOWLEDGE OF PARENTAL DRUG USE

<table>
<thead>
<tr>
<th>PARENTAL DRUG USE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>20</td>
<td>25.0</td>
</tr>
<tr>
<td>A few</td>
<td>20</td>
<td>25.0</td>
</tr>
<tr>
<td>Some</td>
<td>27</td>
<td>33.8</td>
</tr>
<tr>
<td>Most</td>
<td>7</td>
<td>8.8</td>
</tr>
<tr>
<td>All</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>3.8</td>
</tr>
</tbody>
</table>

In reference to parental drug use twenty (20), 25% of the participants estimate that parents do not use cocaine. Twenty (20), 25% estimated that a few parents use cocaine. Twenty-seven (27), 33.8% estimated some use cocaine. Seven (7), 8.8% estimate most parent use cocaine. Three (3), 3.8% estimate that all parents use drugs. Three (3), 3.8% did not respond.
The first null hypothesis which states that there is no difference between adolescent drug use and juvenile delinquency, is not rejected. The significance of chi-square is .72 and the Phi value is 04. On the basis of the sample, the increase in variability is not significant at the specified level of .05.

The second null hypothesis which states that there is no difference between adolescent drug use and poor commitment to education and attachment to school is rejected. The significance of chi-square is .03 and the value of Phi is .24 which is significant at the specified level of .05.

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>CHI-SQUARE</th>
<th>DF</th>
<th>SIGNIFICANCE</th>
<th>PHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delinquency</td>
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<td>0.7205</td>
<td>.04340</td>
</tr>
<tr>
<td>School</td>
<td>3.42253</td>
<td>1</td>
<td>0.0643</td>
<td>.24490</td>
</tr>
</tbody>
</table>
CHAPTER V

The null hypothesis which states that there is no difference between adolescent drug use and juvenile delinquency is not rejected but, this hypothesis is most significant. Peer influence and delinquency are closely related because most adolescents will associate with peers who engage in particular kinds of activities, and this forms their peer groups as well as influencing adolescents to engage in drug and deviant behavior. Hebersin and Hedin (1981), and Hedin and Simon (1980), have documented studies that youths are more at risk if people in their dominate reference group uses substances and less at risk if the group is comprised of non-users.

The null hypothesis which states, there is no difference between adolescent drug use and poor commitment to education and attachment to school is rejected. This researcher estimates that this particular research problem is difficult to collect data from adolescents. According to Millman and Botvin (1983), they introduced a self report data in large scale surveys conducted in schools. Obviously, youngsters in attendance tend to deny or minimize their involvement in a disapprove activity, while those with the most advanced patterns of abuse might attend school irregularly if at all, and might not be included in surveys. Rapid changes in drug use patterns often renders survey information
outdated even as it is published.

Limitations of the Study

The limitations of this study are the following:

1. Inferences was unable to be made beyond this sample population.
2. The variable which included different types of substances were not inclusive of all licit and illicit drugs used and abused by adolescents.

Suggested Research Directions

There is a great need for further research specializing in the different factors associated with adolescent drug use and abuse. Special emphases should be focused on peer relationships, adolescents home environment, and parental drug use which can defiantly have a strong significance on adolescent drug use and abuse.
CHAPTER VI
Implications for Social Work

This study emphasizes some conceptual and empirical evidence for correlations of the problem of drug use and abuse among adolescents. The social learning theory analyzes many of these factors. The main emphasis concerning social learning theory and adolescent drug use and abuse is that this behavior is learned. Adolescents learn this type of behavior from their peers, parents, and significant others.

As a social worker, and working with an adolescent who may use or abuse drugs, a social worker must have a strong knowledge base about many of the contributing factors which lead to the adolescent use and abuse of drugs. A social worker must also have a strong knowledge base about adolescent identity and one's socio-culture background. This may provide the social worker with some insight concerning why the adolescent uses and abuses drugs.

When a social worker works with an adolescent substance abuse, he/she must also deal with the adolescents' surroundings. A social worker must strengthen the adolescent insights of dealing with peers and others which can influence adolescents to use drugs. Not only is the social worker working with the adolescent, but the social worker must
work with the family, extended family and significant others, so that they can understand how deadly the disease of addiction can be not only on the adolescent, but also those who comprise the adolescents surrounding. Professional literature has suggested that family therapy should be included as part of an adolescents treatment.

Treatment is one problem which many social workers must deal with, but one area where social workers must have a strong knowledge base is in prevention. Teaching adolescents to reject drugs can be a very successful program. Learning theory also supports prevention programs because it is a learning process which can be taught. Learning to say no to drugs should start in the home, but stronger emphasis should be placed upon the schools and churches.

This study attempts to identify some of the contributing factors that determine use and abuse of drugs among adolescents. Much more research is needed in developing prevention programs for adolescents before they engage in drugs, because society is presently devastated with a high percentage of adolescent drug abusers.
BIBLIOGRAPHY


Appendix A .................................. Letters
Appendix B .................................. Questionnaire
January 31, 1990

TO: Mr. Oswalt and Morrow High School

As a part of my research program in clinical social work at Clark Atlanta University, School of Social Work, I am collecting information from the adolescent population as part of my research project.

The goal of this research project is to find those factors that are associated with beliefs, attitudes and knowledge to discover ways to improve the factors that determine use and contribute to drug abuse among adolescents. I am requesting your permission to administer a questionnaire to the adolescents. Confidentiality and anonymity will be assured. The adolescent's name will not appear on the questionnaire and all of the questionnaires will be destroyed when the study is complete.

I hope that you will be willing to help in my project. Participation in this project is entirely voluntary. It will take 15 to 20 minutes to answer the questionnaire. You are welcome to ask questions regarding the study and the adolescent's participation in it. You may contact me at my office at 894-5996 or at my thesis supervisor's office, Professor Mitchell, at 880-8561.

Respectfully yours,

Jenifer Turner
Graduate Study
January 31, 1990

TO: Rev. W. C. Smith and the Shiloh Baptist Church Family

As a part of my research program in clinical social work at Clark Atlanta University, School of Social Work, I am collecting information from the adolescent population as part of my research project.

The goal of this research project is to find those factors that are associated with beliefs, attitudes and knowledge to discover ways to improve the factors that determine use and contribute to drug abuse among adolescents. I am requesting your permission to administer a questionnaire to the adolescents. Confidentiality and anonymity will be assured. The adolescent's name will not appear on the questionnaire and all of the questionnaires will be destroyed when the study is complete.

I hope that you will be willing to help in my project. Participation in this project is entirely voluntary. It will take 15 to 20 minutes to answer the questionnaire. You are welcome to ask questions regarding the study and the adolescent's participation in it. You may contact me at my office at 894-5996 or at my thesis supervisor's office, Professor Mitchell, at 880-8561.

Respectfully yours,

Jenifer Turner
Graduate Study
INSTRUCTIONS

1. Your responses to this questionnaire are confidential. Please do not write your name on this questionnaire.

2. There are no right or wrong answers. All questions should be answered by marking one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest to your answer.

3. Please work quickly. Please mark a distinct X on the line just before the answer you prefer. Please follow the instructions carefully. Thank you.

DEMOGRAPHIC DATA

1. What sex are you?
   _____ Female
   _____ Male

2. How old are you?
   _____ 13   _____ 16
   _____ 14   _____ 17
   _____ 15   _____ 18

3. What grade are you?
   _____ 7th   _____ 10th
   _____ 8th   _____ 11th
   _____ 9th   _____ 12th

4. Adults in the home.
   _____ Mother only   _____ Other
   _____ Father only
   _____ Both mother and father
   _____ Siblings

5. What is your religious background?
   _____ Catholic   _____ Jehovah Witness
   _____ Baptist    _____ Pentecostal
   _____ Muslim     _____ Presbyterian
   _____ Methodist   _____ Other
6. What is your ethnic background?

- African American
- Black
- Hispanic
- Other (please specify)

7. What would you most likely do...

<table>
<thead>
<tr>
<th>Activity</th>
<th>Usually when I'm alone</th>
<th>Usually when I'm with close friends</th>
<th>Usually with others</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Smoke cigarettes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Drink alcohol (beer, wine, liquor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Use marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Cocaine (coke)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Crack (rock)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Inhalants (Sniff glue, gases or aerosol sprays)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. The majority of the time I use a substance.

___ Never
___ Alone
___ With close friends
___ With others

9. On how many occasions (if any) have you used crack (rock):

In your life

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

Last 12 months

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

Last 30 days

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

10. Adolescents reasons for using drugs:
(Choose only one answer)

___ To keep awake
___ To escape home tension
___ To be at ease
___ To feel with new body sensations

11. Do you worry about the possibility that you might become addicted to drugs?

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree
12. How often have you been around people who used these drugs?

A. Marijuana
   ___ Not at all
   ___ Once or twice
   ___ Occasionally
   ___ Often

B. Crack
   ___ Not at all
   ___ Once or twice
   ___ Occasionally
   ___ Often

C. Cocaine
   ___ Not at all
   ___ Once or twice
   ___ Occasionally
   ___ Often

D. Heroin
   ___ Not at all
   ___ Once or twice
   ___ Occasionally
   ___ Often

13. How many of your friends would you estimate:

A. Smoke cigarettes
   ___ None
   ___ A few
   ___ Some
   ___ Most
   ___ All

B. Use cocaine
   ___ None
   ___ A few
   ___ Some
   ___ Most
   ___ All

14. How do you think you close friends feel (or would feel) about you doing the following things.

A. Smoke one or more packs of cigarettes per day.
   ___ Strongly agree
   ___ Agree
   ___ Disagree
   ___ Strongly agree

B. Smoke marijuana
   ___ Strongly agree
   ___ Agree
   ___ Disagree
   ___ Strongly disagree
C. Try cocaine
   ___ Strongly agree
   ___ Agree
   ___ disagree
   ___ Strongly disagree

D. Try crack
   ___ Strongly agree
   ___ Agree
   ___ Disagree
   ___ Strongly disagree

E. Drink nearly every day
   ___ Strongly Agree
   ___ Agree
   ___ Disagree
   ___ Strongly disagree

15. My friends should not use drugs if I do not use drugs.
   ___ Strongly agree
   ___ Agree
   ___ Disagree
   ___ Strongly disagree

16. How difficult do you think it would be for you to get the following drugs:

   A. Marijuana
      ___ Very difficult
      ___ Fairly difficult
      ___ Fairly easy
      ___ Very easy

   B. Alcohol
      ___ Very difficult
      ___ Fairly difficult
      ___ Fairly easy
      ___ Very easy

   C. Cocaine
      ___ Very difficult
      ___ Fairly difficult
      ___ Fairly easy
      ___ Very easy

   D. Crack
      ___ Very difficult
      ___ Fairly difficult
      ___ Fairly easy
      ___ Very easy
E. Heroin

___ Very difficult
___ Fairly difficult
___ Fairly easy
___ Very easy

F. Inhalants

___ Very difficult
___ Fairly difficult
___ Fairly easy
___ Very easy

17. Are delinquents more prone to use crack/ice than other drugs?

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree

18. What is the drug of choice for delinquents?

___ Alcohol
___ Marijuana
___ Cocaine
___ Crack
___ Heroin
___ Inhalants

19. Do delinquents believe they will do well if they cut corners than if they play it straight?

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree

20. The majority of juvenile delinquents have positive influences on their friends.

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree

21. When an adolescent becomes a juvenile delinquent, he/she tends to become the most popular person in the group.

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree
22. My teachers are usually not very interested in what I say or do.

___ Strongly agree  
___ Agree  
___ Disagree  
___ Strongly disagree

23. By my teachers' standards, I am a failure.

___ Strongly agree  
___ Agree  
___ Disagree  
___ Strongly disagree

24. My teachers do not like me very much.

___ Strongly agree  
___ Agree  
___ Disagree  
___ Strongly disagree

25. My teachers usually put me down.

___ Strongly agree  
___ Agree  
___ Disagree  
___ Strongly disagree

26. My parents hardly ever trust me to do something on my own.

___ Strongly agree  
___ Agree  
___ Disagree  
___ Strongly agree

27. At home I have been more unhappy than happy.

___ Strongly agree  
___ Agree  
___ Disagree  
___ Strongly disagree

28. I would like to leave home.

___ Strongly agree  
___ Agree  
___ Disagree  
___ Strongly disagree
29. As long as I can remember my parents have put me down.

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree

30. My parents are usually not very interested in what I say or do.

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree

31. My parents do not like me very much.

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree

32. It is right to use drugs if my parents use drugs.

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree

33. Which drug do you believe is a parents' drug of choice?

___ Alcohol
___ Marijuana
___ Cocaine
___ Crack
___ Heroin
___ Inhalants

34. Do you worry about the possibility of your parents becoming addicted to drugs?

___ Strongly agree
___ Agree
___ Disagree
___ Strongly disagree
35. How many parents would you estimate:

A. Take cocaine
   ___ None
   ___ A few
   ___ Some
   ___ Most
   ___ All

B. Take crack
   ___ None
   ___ A few
   ___ Some
   ___ Most
   ___ All

C. Drink alcohol
   ___ None
   ___ A few
   ___ Some
   ___ Most
   ___ All

D. Smoke marijuana
   ___ None
   ___ A few
   ___ Some
   ___ Most
   ___ All

E. Use heroin
   ___ None
   ___ A few
   ___ Some
   ___ Most
   ___ All

36. Parents use drugs to relax.

   ___ Strongly agree
   ___ Agree
   ___ Disagree
   ___ Strongly disagree