

Extent and Prevalence of Illicit Drug Use as Reported by 56,745 Students

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A survey of all junior and senior high students in the nation's tenth largest public school system revealed that 28% reported experimentation with an illicit drug, 8% reported use more than ten times, and 4% reported frequent current use. Of 61 drugs, alcohol, tobacco, glue, marihuana, solvent inhalants, and nonprescription stimulants were most commonly reported. Boys reported more use than girls, upper class students more than lower. Peers were most often the source. The survey appears to reflect high levels of reliability and validity for an approach of this kind. Two repetitions of the survey are planned in the 1970 to 1971 school year.

Specific, reliable, and valid information about the extent and prevalence of illicit drug use is fundamental to a sound approach to that problem. Here we summarize the findings of a comprehensive questionnaire survey of all secondary level students of the tenth largest school system in the United States (Dallas Independent School District). This represents one aspect of the larger task of a citizens' committee appointed by the Board of Education to evaluate the local drug problem and recommend approaches to its solution.

In June 1969, reviewing 38 recent studies of illicit drug use, Berg^{1,2} found interpretation of the studies hampered by inappropriate sam-

pling techniques, response bias, geographical selectivity, and variations in reliability and validity.

Regarding sampling, Berg stated²

In some instances results cannot be generalized even to the school where the survey was made because appropriate statistical sampling techniques were not employed. Some of the surveys were conducted either among students in an incoming college class, a graduating class, or an entire student body, but precautions to survey all or most of the sample were not always taken so that in some instances the percentage of returns was relatively low.

In addition to sampling and response error problems, Berg noted that some investigators' attempts to guarantee anonymity to survey respondents were perceived by the students to be inadequate. Finally, several of the 21 secondary-level schools studied had been selected because they were known in advance to contain

serious drug problems. This led to findings at the high school level of up to 33.7% marihuana use, 21.5% use of amphetamines, 15.7% barbiturates, 15.4% lysergic acid diethylamide (LSD), and 4.7% extent of opiate use. Comparing these figures to those obtained from college samples, Berg found the high school results "... surprisingly high."³

Of the 21 secondary schools surveyed, 11 were located in Michigan,³ 7 in California (primarily in the San Francisco Bay area,^{1,4} and 3 in New York.¹ No schools from the South or Southwest were reported. Inadequate attempts to maximize reliability and validity, apparent changes of drug use patterns over short periods of time,⁴ and differences in measurement procedures among the schools surveyed² make assessment of reliability and validity of most studies impossible. Berg concluded from her survey, "Data which more nearly reflect the true extent and prevalence of drug abuse need to be obtained through rigorous research, both on a national level and among specific populations."²

Although attempting to survey such a large group of students as the entire secondary-level school system was unnecessary from a purely statistical point of view, there were other compelling reasons for doing so. First, we did not expect to be able to offer simple, rapid, or inexpensive solutions to the community's drug

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problem, and, therefore, anticipated some resistance to our eventual recommendations. Accordingly, we wished to base recommendations on the largest available body of data in order to avoid problems stemming from public suspicion or ignorance of sampling procedures. Second, as an initial step in mobilizing community action in drug abuse prevention, we wanted to involve the maximum number of students, parents, teachers, and school administrators in our data-gathering efforts.

In studying a phenomenon as complex as drug abuse there is need for accurate, complete data from all areas of the nation; we present this summary of our findings in the Dallas survey as a comprehensive assessment of both the extent and prevalence of illicit drug use among the public junior- and senior-high school students of our community.

Method

Development of the Instrument.

A review of literature relevant to specific illicit and exotic drugs as well as personal experiences in working with drug-dependent adolescents on a psychiatric hospital inpatient adolescent service served as a basis for the questionnaire. In order to test the instrument and procedure, the questionnaire was administered to seventh and 12th grade summer school students in two schools during July 1969. The students assisted by suggesting revisions which were incorporated into the final form. A second pilot study was conducted with random samples of 164 students at one high school and 315 students at another on Oct 2 and 3, 1969, to refine administration techniques.

Administration of the Questionnaire.—The questionnaire was administered in all 43 junior and senior high schools in the Dallas Independent School District on Oct 21, 1969. An attempt was made to reach every student present in school on that day.

The following precautions were

Table 1.—Percentage of Students Reporting Drug Use at Least One Time

Drugs	Grade*						Actual No. (Total)
	7	8	9	10	11	12	
Aerosol sprays (all types)	3	3	4	3	3	2	1,803
Airplane glue or plastic cement	7	11	13	11	9	8	5,719
Alcoholic beverages (beer, wine, bourbon, scotch, gin, vodka, etc)	32	49	59	66	72	77	33,438
Asthmador, jimson weed, or belladonna	2	3	3	3	3	4	1,805
Benzedrine, Dexedrine, Desoxyn, or Methedrine ("speed")	3	4	6	7	8	8	3,298
Cigarettes (tobacco)†	25	36	41	43	44	45	22,343
Cocaine	2	3	4	4	4	5	2,108
Codeine, Demerol, paregoric, terpin hydrate, or Robitussin	3	3	5	5	6	7	2,707
Chloral hydrate, Doriden, or paraldehyde	3	4	4	4	4	4	2,116
Gasoline, paint thinner, cleaning solvents, nail polish remover, ether, liquid metal, or freon	5	9	11	9	7	7	4,702
Hashish	2	2	4	5	6	7	2,332
Heroin or morphine	2	2	3	3	4	4	1,723
Lighter fluid	4	6	7	6	5	4	3,039
LSD	2	3	5	5	6	7	2,628
Marihuana, or THC	3	6	9	11	14	17	5,592
Mescaline or peyote	2	2	3	4	5	6	2,127
Morning glory seeds or mushrooms	3	3	4	3	3	3	1,830
Nembutal, Amytal, Seconal, or Tuinal	3	4	5	5	5	5	2,497
Nitrous oxide ("laughing gas")	2	2	3	2	2	3	1,340
Nonprescription cold remedies	3	4	5	5	5	5	2,575
Nonprescription cough syrup	4	5	6	6	7	7	3,286
Nonprescription sea sickness remedies	2	2	2	2	3	3	1,299
Nonprescription sleeping pills	3	5	6	6	6	5	2,907
Nonprescription stimulants (including diet or "pep" pills)	4	6	9	9	10	10	4,541
Nonprescription tranquilizers	3	4	4	4	5	5	2,292
Prescription tranquilizers (Librium, Miltown, Equanil, Thorazine, etc)	2	3	5	5	5	5	2,451
STP, DMT, DET, MDA, Psilocybine	2	3	4	4	5	5	2,029
Unknown or not previously listed depressants ("downers")	3	5	7	7	8	7	3,456
Unknown or not previously listed hallucinogens	2	4	4	5	5	5	2,341
Unknown or not previously listed inhalants	2	4	4	3	3	3	1,988
Unknown or not previously listed stimulants ("uppers")	3	4	5	6	6	7	2,954
Wyamine	2	3	3	3	3	3	1,720

*Number of students in seventh grade, 8,018; eighth, 11,990; ninth, 11,150; tenth, 9,604; 11th, 8,500; 12th, 7,483; total, 56,745.

†Figures are for the percent of students reporting having ever smoked one or more packs.

taken to maximize validity:

(1) The questionnaires and answer sheets were delivered to each school in coded packages immediately before administration. Only two members of the data collection subcommittee were aware of the code, a fact made known to the students.

(2) In every school, students responded in groups of 200 to 500 in

order to increase awareness of anonymity. Such groups could be supervised by only one or two teachers.

(3) Each principal selected the faculty member to supervise the administration of the questionnaire who, in his judgement, was most trusted by students.

(4) Each administrator of the questionnaire received detailed writ-

Table 2.—Percentage of Students Reporting Drug Use Ten or More Times

Drugs	Grade*						Actual No. (Total)
	7	8	9	10	11	12	
Aerosol sprays (all types)	<1	<1	<1	<1	<1	<1	347
Airplane glue or plastic cement	1	1	2	2	2	2	937
Alcoholic beverages (beer, wine, bourbon, scotch, gin, vodka, etc)	7	14	22	29	36	43	13,776
Asthmador, jimson weed, or belladonna	<1	<1	<1	<1	<1	<1	359
Benzedrine, Dexedrine, Desoxyn, or Methedrine ("speed")	<1	<1	1	2	2	3	860
Cigarettes (tobacco)†	6	12	16	18	21	23	8,990
Cocaine	<1	<1	<1	<1	<1	1	369
Codaine, Demerol, paregoric, terpin hydrate, or Robitussin	<1	<1	<1	<1	1	2	496
Chloral hydrate, Doriden, or paraldehyde	<1	<1	<1	1	1	1	473
Gasoline, paint thinner, cleaning solvents, nail polish remover, ether, liquid metal, or freon	1	1	2	2	1	1	953
Hashish	<1	<1	<1	1	2	2	584
Heroin or morphine	<1	<1	<1	<1	<1	<1	363
Lighter fluid	<1	<1	1	1	<1	<1	490
LSD	<1	<1	1	1	2	2	662
Marihuana or THC	<1	1	3	4	6	8	2,027
Mescaline or peyote	<1	<1	<1	<1	1	1	425
Morning glory seeds or mushrooms	<1	<1	<1	<1	<1	<1	341
Nembutal, Amytal, Seconal, or Tuinal	<1	<1	<1	<1	1	1	470
Nitrous oxide ("laughing gas")	<1	<1	<1	<1	<1	<1	221
Nonprescription cold remedies	<1	<1	<1	<1	1	<1	408
Nonprescription cough syrup	<1	<1	1	1	1	1	606
Nonprescription sea sickness remedies	<1	<1	<1	<1	<1	<1	271
Nonprescription sleeping pills	<1	<1	1	1	1	1	449
Nonprescription stimulants (including diet or "pep" pills)	<1	1	2	2	2	3	981
Nonprescription tranquilizers	<1	<1	<1	<1	<1	1	410
Prescription, tranquilizers (Librium, Miltown, Equanil, Thorazine, etc)	<1	<1	<1	<1	<1	1	391
STP, DMT, DET, MDA, psilocybine	<1	<1	<1	<1	1	1	629
Unknown or not previously listed depressants ("downers")	<1	<1	1	2	2	2	734
Unknown or not previously listed hallucinogens	<1	<1	<1	1	<1	1	497
Unknown or not previously listed inhalants	<1	<1	<1	<1	<1	<1	386
Unknown or not previously listed stimulants ("uppers")	<1	<1	1	1	2	2	724
Wyamins	<1	<1	<1	<1	<1	<1	246

*See first footnote, Table 1.

†Figures are for the percentage of students reporting having ever smoked more than 10 packs.

ten instructions regarding the process of administering the questionnaire.

(5) All schools were instructed to administer the questionnaire to all students during a single class period if possible. In several schools where such was impossible, a minimum number of successive class periods were used, thus minimizing student-

to-student discussion.

(6) In the detailed instructions to the students, it was emphasized that they were not to sign either the questionnaire or answer sheet, that the questionnaire and answer sheets were not marked, that all data would be removed from the school immediately and sent to a private computer firm for analysis, and finally, each

administrator read each question aloud to the students so that the drug users would not be exposed by finishing the questionnaire more slowly than non-drug users.

Reliability.—As indicated above, the final form of the questionnaire was administered to 479 students at two high schools in a pilot study three weeks prior to the large survey. At the time of the large survey, all the students present in both high schools were given the same questionnaire.

Sixty-one drugs and classes of drugs were listed in 32 categories on the questionnaire. When the results of the two testings concerning total drug usage are compared, 31 of the 32 categories yield almost identical rates of reported use, ie, within 3% difference. These essentially identical results suggest an impressive degree of reliability to the overall body of data.

Further confirmation appears in the correlation between the test-retest rank ordering of number of students having ever used each drug. The Spearman rank correlation coefficient for the two sets of ranks is 0.98. Turning from "ever used" data to the figures reported for "this week" use, similar results are obtained. Results in 31 drug categories were all within 2% upon retesting. In spite of the fact that "this week" reported use was below 5% for 29 drug categories (thus making rank ordering tenuous) the Spearman rank correlation was 0.70 for the two sets of ranks.

Validity.—The matter of the validity of the data suggests a high level of overall validity. For example, one would predict that more students would report having ever used any drug than would report having used a drug ten or more times. We would also anticipate that more students would report usage of ten or more times than would report usage of four or more times the week of the survey. This orderly progression of the data would not be found if large

numbers of students randomly marked their answer sheets.

Also, confirmation of specific hypotheses based upon clinical observations of drug-using adolescents lends a sense of validity. One example is the prediction that more boys than girls would report drug usage.

Another such hypothesis based on clinical impression was verified, ie, that usage rates would increase from the seventh to the 12th grade for all drugs except inhalants.

Because there is no known way to obtain drug usage rates with *absolute* accuracy it is difficult to find numerical standards against which to measure the validity of information derived from a survey questionnaire. One approach we used was based on the assumption that drug-usage data obtained in a structured interview conducted by a professional interviewer might produce more accurate results than a nonprofessionally administered questionnaire.

Five months after the survey of all the students in the school system, structured, 50-minute, individual interviews⁵ were conducted by trained, professional interviewers (psychologists and psychiatrists) with a sample of 100 senior-high school students in an effort to discern correlates of use or abstention. Essentially similar drug usage results were obtained in 55 of the 64 comparisons between the interview data and the total survey figures that had been obtained from the school in which the 100 interviews were conducted. Rank orders of the drugs by numbers of users (as reported in the questionnaires and the interviews) correlated 0.51 for total use, and 0.67 for use greater than ten times. These findings lend some additional support to the impression of overall questionnaire validity.

Findings

Specific Drug Usage.—The analyses for individual drugs are presented in Tables 1, 2, and 3. Some drugs were combined due to basic chemical

Table 3.—Percentage of Students Reporting Drug Use at Least One Time This Week

Drugs	Grade ^a						Actual No. (Total)
	7	8	9	10	11	12	
Aerosol sprays (all types)	2	2	2	2	1	1	1,031
Airplane glue or plastic cement	3	3	4	3	2	2	1,743
Alcoholic beverages (beer, wine, bourbon, scotch, gin, vodka, etc)	8	13	18	22	26	30	10,829
Asthmador, jimson weed, or belladonna	2	2	2	2	2	2	1,102
Benzedrine, Dexedrine, Desoxyn, or Methedrine ("speed")	2	2	3	3	2	4	1,617
Cigarettes (tobacco)†	9	14	17	17	19	20	9,045
Cocaine	2	2	2	2	3	2	1,250
Codeine, Demerol, paregoric, terpin hydrate, or Robitussin	2	2	2	2	2	3	1,331
Chloral hydrate, Doriden, or paraldehyde	2	2	2	2	2	2	1,215
Gasoline, paint thinner, cleaning solvents, nail polish remover, ether, liquid, or Freon	2	3	4	3	2	2	1,696
Hashish	1	1	2	2	2	3	1,069
Heroin or morphine	1	1	2	2	2	2	1,035
Lighter fluid	2	3	3	2	2	2	1,270
LSD	2	2	2	2	3	3	1,255
Marihuana or THC	2	3	4	5	6	8	2,600
Mescaline or peyote	1	2	2	2	2	2	1,062
Morning glory seeds or mushrooms	2	2	2	2	1	2	973
Nembutal, Amytal, Seconal or Tuinal	2	2	2	2	2	2	1,238
Nitrous oxide ("laughing gas")	1	2	2	1	1	1	821
Nonprescription cold remedies	2	2	3	2	2	3	1,358
Nonprescription cough syrup	2	3	3	2	3	3	1,529
Nonprescription sea sickness remedies	1	1	2	2	1	2	853
Nonprescription sleeping pills	2	2	2	2	2	2	1,250
Nonprescription stimulants (including diet or "pep" pills)	2	3	4	3	4	4	1,891
Nonprescription tranquilizers	2	2	2	2	2	2	1,121
Prescription tranquilizers (Librium, Miltown, Equanil, Thorazine, etc)	2	2	2	2	2	2	1,088
STP, DMT, DET, MDA, psilocybine	2	2	2	2	2	2	1,026
Unknown or not previously listed depressants ("downers")	2	3	3	3	3	3	1,647
Unknown or not previously listed hallucinogens	2	2	2	2	2	2	1,205
Unknown or not previously listed inhalants	2	2	2	2	1	2	1,052
Unknown or not previously listed stimulants ("uppers")	2	3	4	3	4	4	1,468
Wyamine	2	2	2	2	2	2	934

^aSee first footnote, Table 1.

†Figures are for the percent of students reporting having smoked up to one pack or more per day this week.

or usage similarities (airplane glue and plastic cement; marihuana and tetrahydrocannabinol [THC] are examples), or because results of the two pilot studies had indicated very low usage rates of several somewhat related drugs (eg, codeine, Demerol, paregoric, terpin hydrate, and Robitussin).

Heavy current drug use (four or

more times this week) is not presented in table form because all the percentages at each grade level were less than 1%, with two exceptions. Alcoholic beverages were reported used four or more times the week of the survey by 1% of the seventh grade students with a gradual increase to 4% for the 12th grade students. Marihuana was reported to have been

Table 4.—Rank Order of Reported Sources of Most Used Drugs

Drug	1st	%	Junior High 2nd	%	3rd	%	1st	%	Senior High 2nd	%	3rd	%	No. of Users
Alcohol	Home	45	Other	27	Peer	22	Peer	30	Home	28	Other	26	33,438
Tobacco	Groc	38	Peer	28	Home	13	Groc	55	Peer	17	Drug store	15	22,343
Glue	Hware	49	Other	19	Peer	18	Hware	54	Peer	17	Other	17	5,719
Marihuana, THC	Peer	39	Adult	33	Other	20	Peer	61	Adult	17	Other	15	4,592
Solvents ^(a)	Home	29	Other	23	Peer	15	Other	27	Home	22	Peer	15	4,702
Nonprescription stimulants	Drug store	26	Peer	22	Adult	20	Peer	30	Drug store	26	Other	17	5,541
Amphetamines ^(b)	Adult	42	Peer	29	Other	17	Peer	45	Adult	26	Other	20	3,298
Lighter fluid	Home	23	Groc	18	Adult	17	Groc	26	Home	25	Drug store	18	3,039
Heroin, morphine ^(c)	Adult	61	Peer	20	Other	19	Adult	47	Peer	28	Other	25	1,723

*Percent figures represent percent of drug users reporting each as a primary source.

†Sources which appear on questionnaire. Adult signifies from an adult pusher or dealer; drug store, from a drug store; groc, from a grocery (including a drive-in grocery) store; grow, grow or make my own; hware, from a hardware or hobby store; home, at home; liquor, from a liquor store or tavern; peer, from someone near my own age; other, other source.

§Includes gasoline, paint thinner, cleaning solvents, nail polish remover, ether, liquid metal, Freon.

||Includes Benzedrine, Dexedrine, Desoxy, Methedrine.

¶Not among most-used drugs; see text for explanation for inclusion.

used four or more times the week of the survey by 1%, 2%, and 3% of the tenth, 11th, and 12th grade students respectively. The rank ordering of "popularity" for the drugs is different for the junior- and senior-high school populations. Although both groups acknowledge using alcohol most frequently, followed by tobacco, the next most frequently used drug for the senior-high school students is marihuana, followed in order by nonprescription stimulants, glue, solvents, and amphetamines. Junior-high school students report glue, solvents, nonprescription stimulants, marihuana, and lighter fluid in that order after alcohol and tobacco. The finding that younger students are more involved in the abuse of inhalants was predicted on clinical grounds. The fact that fewer senior-high than junior-high students report having ever used this class of drugs may mean that there have been recent increases in the abuse of inhalants among younger students, or that inhalant use may be associated with dropping out of the school

system.

Analysis by sex of the reported users is not presented in tabular form because all the data supports earlier reports² that the use of all drugs is more common among boys.

Source of Drugs.—Data regarding the reported sources of the most-used drugs are presented in Table 4. Heroin and morphine are included here because of all the lesser-used drugs there is understandably greater concern regarding these narcotics. It should be noted that students report that the most common source of illicit drugs is their peers. The adult pusher is described by junior high school students as the primary source of amphetamines, and both junior and senior high school students report that they obtain heroin primarily from adult pushers. The frequent use of the "other" category suggests either that our list of common sources was incomplete, or that students are more defensive about revealing the source of drugs than they are the use of them.

Drug Use and Socioeconomic Va-

riables.—Exploration of the impression that student drug abuse is more prevalent in the middle-class and affluent areas than in lower socioeconomic portions of the community showed clear patterns of reported usage in different areas of the city. Those areas comprised primarily of middle- and upper-middle-class families reported higher usage rates for five of the seven most commonly used drugs than did the lower socioeconomic areas. Glue and other inhalants were exceptions to this finding, their use began comparable throughout the city.

In order to approach this variable another way, the 20 senior high schools were ranked in terms of a global socioeconomic dimension by a member of the school administration, assisted by a local sociologist. (Neither of these individuals had knowledge of the survey findings.) The 20 schools were then ranked also in terms of the percent of students in each school reporting having used each of the major drugs of abuse. The striking relationships noted in

Table 5.—Relationship of Relative Senior High School Drug Use Rates and Relative Socioeconomic Class for Most Commonly Used Drugs*

Drug		Ever Used		10 or More Times Used
Alcohol	Socoecon class	% Drug Use	Socoecon class	% Drug Use
		+ -		+ -
		+ 10 0 - 0 10		+ 9 1 - 1 9
Tobacco	Socoecon class	% Drug Use	Socoecon class	% Drug Use
		+ -		+ -
		+ 8 2 - 2 8		+ 8 2 - 2 8
Marihuana, THC	Socoecon class	% Drug Use	Socoecon class	% Drug Use
		+ -		+ -
		+ 10 0 - 0 10		+ 10 0 - 0 10
Nonprescription stimulants	Socoecon class	% Drug Use	Socoecon class	% Drug Use
		+ -		+ -
		+ 10 0 - 0 10		+ 10 0 - 0 10
Glue	Socoecon class	% Drug Use	Socoecon class	% Drug Use
		+ -		+ -
		+ 4 6 - 6 4		+ 7 3 - 3 7
Solvents†	Socoecon class	% Drug Use	Socoecon class	% Drug Use
		+ -		+ -
		+ 8 2 - 2 8		+ 8 2 - 2 8
Amphetamines‡	Socoecon class	% Drug Use	Socoecon class	% Drug Use
		+ -		+ -
		+ 10 0 - 0 10		+ 9 1 - 1 9
Heroin, morphine§	Socoecon class	% Drug Use	Socoecon class	% Drug Use
		+ -		+ -
		+ 7 3 - 3 7		+ 7 3 - 3 7

*Of the 20 senior high schools surveyed, + refers to the 10 above the median, — to the 10 below the median on both the socioeconomic and drug use rank orders.

†Includes gasoline, paint thinner, cleaning solvents, nail polish remover, ether, liquid metal, and Freon.

‡Includes Benzedrine, Methedrine, Dexedrine, Desoxyn.

§Not among most used drugs; see text for explanation for inclusion.

Table 6.—Drug Use Excluding Alcohol and Tobacco

Grade in School	Ever Used Any Drug Other Than Alcohol or Tobacco	Used Any Drug Other Than Alcohol or Tobacco More Than 10 Times	Used Any Drug Other Than Alcohol or Tobacco This Week	Used Any Drug Other Than Alcohol or Tobacco More Than 4 Times This Week	Total No. in Each Grade Surveyed
7	23%	5%	16%	3%	8,018
8	25	6	15	3	11,990
9	28	7	17	4	11,150
10	29	9	18	4	9,604
11	31	10	19	4	8,500
12	32	12	19	5	7,483
Average, %	28	8	17	4	56,745

Table 5 confirm the impression that drug usage is reported to be higher in those schools ranked as more affluent for all the most commonly used drugs except glue.

It should be noted that, in addition to the socioeconomic dimension, the division of the city into geographical areas and the socioeconomic rankings also have ethnic implications. Despite some overlapping, the general trend is clear: drug use is reported at higher rates in primarily white areas than it is in primarily Negro or Mexican-American sections of the city.

The results regarding socioeconomic or ethnic variables or both are open to several interpretations. The cost of the drugs may be a factor involved in the lower usage rates reported from schools in lower socioeconomic areas. The phenomenon of youthful drug abuse may reflect broad social-psychological forces operating more intensely in upper than in lower socioeconomic groups. We feel that the socioeconomic or ethnic factors or both which influence reported rates of student drug use are not sufficiently understood at the present time.

Overall Use of Illicit Drugs.—In planning drug education it is important not only to know rates of usage of individual drugs, but also to have an estimate of the overall number of students involved in illicit drug usage. While alcohol and tobacco use figures are certainly relevant, it seems especially useful to have a measure of the combined number of adolescents who use the "newer" (less socially acceptable) drugs. These figures for our group are presented in Table 6.

A total of 28% of the seventh to 12th graders surveyed reported having used at least one of the 61 drugs on the list other than alcohol or tobacco. There is a steadily increasing percentage of overall reported drug use from the lower to upper grades, with about one third of the 12th graders reporting some use. The

data suggests that between 4% and 8% of the population are involved in frequent drug use.

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