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THE DRUG ABUSE PROBLEM ATTITUDES OF CHEYENNE RESIDENTS

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A REPORT PREPARED FOR THE NATIONAL INSTITUTE ON DRUG ABUSE

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JUL 1 1980

ACQUISITIONS

Dr. Forslund is Professor of Sociology, University of Wyoming, Ms. Rose is a Research Associate, Department of Sociology, University of Wyoming. Dr. Stephens is Director of Research, Institute for Urban Studies, University of Houston. Numerous national public opinion polls¹ as well as a national study (Abelson, <u>et al.</u>, 1973) and a study conducted in Washington, D.C. (Bower, 1973) have found that a high and increasing proportion of Americans feel that drug abuse is a serious problem in the United States. Little is known, however, about the attitudes and beliefs of persons living in small towns outside of metropolitan areas concerning the drug abuse problem in their communities.

The research reported here is part of a larger project designed to ascertain the impact of the implementation of a drug abuse treatment program on incidence and prevalence of heroin use in Cheyenne, Wyoming.² During July of 1977 -- prior to the establishment of the treatment program -- telephone interviews were completed with 1,152 adult residents of Cheyenne.³ These interviews focused on the respondents' perceptions of such things as conditions constituting social problems in Cheyenne, beliefs about the harmfulness of various drugs, beliefs concerning heroin users and heroin use, and attitudes toward the establishment of a drug abuse treatment program. A sample of the Cheyenne population was generated by the National Opinion Research Center using the random digit dial technique. A Survey Director from NORC also assisted in the selection and training of supervisors, clerks and interviewers involved in the survey.⁴

In so far as can be ascertained from existing demographic data, the sample interviewed is quite representative of the Cheyenne population eighteen years of age and older with the following exceptions. The sample included a slight underrepresentation of males, Blacks and persons of Spanish/Mexican ancestry. It is probable that the median education and income levels of those interviewed are slightly higher than those of the adult population of Cheyenne.

Of the 1,152 persons interviewed, 95.1% were rated as cooperative by the interviewer, 2.3% suspicious, 1.8% non-communicative, and 0.8% hostile. Thus, the overwhelming majority of the interviews went smoothly, lending confidence to the validity of the information obtained. The typical interview lasted about nineteen minutes.⁵

Preliminary analysis of the data indicated that the principal factors producing variation in the responses of those interviewed were age, education, sex and whether or not the respondent had known someone who had used heroin. Therefore, the responses to all questions were subjected to multiple regression analysis using these background characteristics. For the sake of brevity, not all of the results of these analyses will be presented here. Instead, findings will be given for the sample as a whole. Then, in those instances in which the multiple regression indicates a significant difference (at or beyond the .05 level) in responses by age, sex, education or having known a person who had used heroin, the differences and their direction will be noted.

Perceptions of Conditions Constituting Problems in Cheyenne

In order to place drug abuse in the context of the respondents' perceptions of local social problems, the interviewees were asked to indicate simply whether or not they felt certain conditions to be a

problem in Cheyenne, and then which of these they felt to be the most serious problem. Alcoholism -- a form of drug abuse -- was felt to be a problem in Cheyenne by 76.0% of the persons interviewed. Drug abuse ranked second with 71.3% perceiving it to be a problem in Cheyenne. The other conditions with the percentage of respondents perceiving them to be a problem were: water conservation, 70.3%; juvenile delinquency, 70.0%; child abuse, 68.6%; transportation, 50.6%; housing, 49.3%; energy crisis, 48.2%; veneral disease, 33.8%; and, air pollution, 8.3%. In the multiple regression analysis only whether the respondent had known a heroin user and age were found to be related to the perception of drug abuse as a problem. Those persons who had known a user and those who were younger were most likely to see drug abuse as a problem in Cheyenne.

The responses to the second question are given in Table 1. While about one-fifth of the respondents perceived alcoholism to be the most serious of these problems, slightly fewer than one-fifth named child abuse, water conservation and drug abuse as the most serious problem. Although drug abuse ranked fourth on this list, the percentage of respondents perceiving it as the most serious of these problems is virtually the same as the second and third ranked child abuse and water conservation situations. The multiple regression analysis indicates that those persons with lower educational levels and younger persons are most likely to feel that drug abuse is the most serious of these problems in Cheyenne.

Table l

PERCENTAGE DISTRIBUTION OF RESPONDENTS BY PROBLEM PERCEIVED TO

Problem	% (N=1104)
Alcoholism	21.0
Child abuse	17.8
Water Conservation	16,9
Drug abuse	16,6
Juvenile delinquency	9.1
Housing	6.6
Energy crisis	5.0
Transportation	4.1
Venereal disease	0.5
Air pollution	0.3
Don't know	2.3
Total	100.1

BE MOST SERIOUS IN CHEYENNE

Perceptions of the Severity of the Drug Problem in Cheyenne

Those persons who had said that they felt drug abuse to be a problem in Cheyenne were asked whether they thought that, in general, the problem of drug abuse in Cheyenne is very serious or somewhat serious. Of these individuals, 27.4% replied that they felt the problem of drug abuse to be very serious in Cheyenne, 70.2% said that it was somewhat serious, and 2.4% didn't know. Multiple regression analysis shows that individuals with lower educational levels, persons who have known a heroin user, females, and younger persons are most likely to think that the drug abuse problem in Cheyenne is very serious.

These individuals were also asked whether they felt the drug abuse problem in Cheyenne was more serious, about the same, or less serious than it was two years prior to the interview: 39.1% said more serious, 40.3% about the same, 16.8% less serious, and 3.8% didn't know. Here, the multiple regression analysis indicates that persons with lower levels of education were most likely to feel that the drug abuse problem had grown more serious.

All respondents were then asked whether they considered the use of various substances by human beings to be very harmful, somewhat harmful, or not harmful at all. For each of these substances, the percentage of persons responding that they felt use to be very harmful is given in Table 2. As shown there, 95.1% of the sample felt the use of heroin and other narcotics to be very harmful to the individual -- a higher percentage than for any of the other substances listed. By way of contrast, only 39.9% felt that the use of marijuana is very harmful. This is a smaller proportion of the sample than felt the use of tobacco to be very harmful. Multiple regression analysis shows that younger persons are most likely to feel that the use of heroin and other narcotics is very harmful to human beings.

For each of the substances listed in Table 2, the respondents

Table 2

PERCENTAGE OF RESPONDENTS INDICATING THAT THEY CONSIDER THE USE

Substance	% (N=1152)
Heroin and other narcotics	95.1
LSD/hallucinogens	89.0
Cocaine	82.3
Glue, paint, gasoline, etc.	77.5
Speed, diet pills/amphetamines	69.0
Alcohol	53.5
Tobacco	44.9
Marijuana	39.9
Sleeping pills/barbiturates	32.3

OF VARIOUS SUBSTANCES TO BE VERY HARMFUL TO AN INDIVIDUAL

were also asked whether they felt its use in Cheyenne is a serious problem, somewhat of a problem, or not a problem at all. Alcohol use was felt to be a serious problem by more persons than any of the other substances (54.8%), followed by marijuana use (40.1%) and heroin use (38.0%). The percentage of individuals considering use of each of the other substances to be a serious problem in Cheyenne was: tobacco, 36.3%; speed, diet pills/amphetamines, 34.5%; LSD/hallucinogens, 33.6%; cocaine, 28.5%; glue, paint, gasoline, etc., 23.2%; sleeping pills/barbiturates, 17.5%. Multiple regression analysis indicates that those most likely to feel that heroin use is a serious problem in Cheyenne are older persons, persons with less education, and persons who had known a heroin user.

The respondents were also asked, "As far as you know, if someone wanted to get heroin in Cheyenne, would it be very easy, somewhat easy, somewhat difficult, or very difficult." Only 5.9% felt that it would be very difficult; 21.6% felt that it would be somewhat difficult, 35.7% that it would be somewhat easy; and 23.0% indicated that they felt that it would be very easy for someone to get heroin in Cheyenne. Women, those who have known a user and older people are most likely to feel that it is very easy to get heroin in Cheyenne.⁶

Since both the use of marijuana and decriminalization of its use are currently controversial issues in the United States, a series of three questions concerning decriminalization of use by adults, reduction of penalties for possession by adults, and increase of penalties for possession by adults was asked. Of the total sample, 28.8% said that they favored legalization of possession of marijuana by adults; 16.6% opposed legalization of possession but favored reduction of penalties for possession by adults; and 29.9% favored an increase in penalties for possession by adults. (The remainder of the sample replied "don't know" or did not respond at some point in this series of questions.) Thus, while about equal proportions of the sample favored legalization of possession by adults and increasing penalties for possession by adults, nearly half appear to be in favor of at least a reduction in penalties for possession. Regression analysis indicates that those most in favor of legalization are

young persons, males and persons who have known a heroin user. Assuming that these persons would also be in favor of a reduction in penalties for possession, regression analysis shows that young persons, those who have known a heroin user, the more highly educated persons, and men are most likely to favor a reduction in penalties. Persons most likely to favor an increase in penalties are those with lower levels of education and older persons.

In this context it is interesting to note that 68.0% of the sample said that they knew someone who had used marijuana. Younger persons, those who knew someone who had used heroin and highly educated persons were most likely to indicate that they knew someone who had used marijuana.

Beliefs Concerning Heroin Use and Heroin Users

The respondents were asked to indicate whether they agreed or disagreed with a series of nine statements concerning heroin use and users. These statements and the responses to them are given in Table 3. As can be seen there, over four out of five respondents agreed that most heroin users were encouraged by their friends to begin using heroin. Multiple regression analysis shows that older persons were most likely to agree with this statement. About seven out of ten individuals agreed that pushers are responsible for encouraging most heroin users to begin using herion. Older persons, those who had not known a user, those with less education, and women were most likely to agree with this statement. About a third of the respondents believe that the average heroin user comes from

a troubled home, with older persons and those who had not known a user most likely to hold this belief. Approximately three out of ten persons believe that anyone who uses heroin is mentally ill, with older persons and those with less education most likely to agree here. More than six out of ten believe that heroin users need heroin to escape from their problems, with more highly educated persons most likely to accept this statement. Only about four out of ten feel that most heroin users are truly interested in giving up their heroin use. Persons with less education are most likely to agree with this statement. Only about one in ten feel that the best way to deal with heroin users is to put them in prison, with those with less education and older persons most likely to hold this attitude. Fewer than half of the respondents believe that medical treatment has' been effective in keeping heroin users from returning to heroin use, with less educated persons and those who had not known a user most likely to believe in the effectiveness of medical treatment. Finally here, about two-thirds feel that the State of Wyoming should spend more money to help heroin users. Persons with less education were most likely to agree with this statement. This would appear to be consistent with the fact that the less educated are also most likely to believe both that most heroin users are truly interested in giving up heroin use and that medical treatment has been effective in preventing recidivism to heroin use.

The respondents were also asked whether they would be disturbed if they discovered that a close neighbor, a co-worker, or a teacher

Table 3

PERCENTAGE OF RESPONDENTS INDICATING AGREEMENT WITH CERTAIN

STATEMENTS ABOUT THE USE OF HEROIN

Statement	% (N=1152)
Most heroin users were encouraged by their	83.6
friends to begin using heroin.	
Pushers are responsible for encouraging most	69.5
users to begin using heroin.	
The average heroin user comes from a troubled	32.9
home.	
Anyone who uses heroin is mentally ill.	31.2
Heroin users need heroin to escape from	63.3
their problems.	
Most heroin users are truly interested in	42.3
giving up their use of heroin.	
The best way to deal with heroin users is	10.1
to put them in prison.	
Medical treatment has been effective in	47.8
keeping heroin users from returning to	$\label{eq:stars} \left\{ \begin{array}{ll} 1 & 1 & 1 \\ 1 & 1 & 1 \\ 1 & 1 & 1 \\ 1 & 1 &$
their use of heroin.	
The State of Wyoming should spend more	67.0
money to help heroin users.	

in the public schools was a heroin user. While 68.0% said that they would be disturbed if a close neighbor was discovered to be a heroin user, 75.0% said that they would be disturbed to discover that a co-worker was a user, and 91.4% would be disturbed if they found that a teacher in the public schools was a user. Older persons, those who had not known a user and women were most likely to be disturbed if they found that a close neighbor was a heroin user. Those who had not known a user, older persons and those with a high level of education were most likely to be disturbed to find that a co-worker was a user. Those who had not known a heroin user, women and older persons were most likely to be disturbed to find that a teacher in the public schools was a user.

It is perhaps interesting to note here that 27.4% of the sample said that they knew someone who had used heroin.⁷ Younger persons, men and more highly educated persons were most likely to say that they knew a person who had used heroin.

Beliefs Concerning Cheyenne Heroin Users

Several questions were asked dealing with beliefs concerning the characteristics of heroin users in Cheyenne. Only four of the respondents said that they felt that there were no heroin users in Cheyenne, and these individuals have been excluded from this analysis.⁸

The great majority of respondents believe that most heroin users in Cheyenne are either teenagers or young adults. Specifically, 49.5% believe that most users are between 18 and 22, while 85.7% believe that most are between 13 and 27. Multiple regression

indicates that older persons, women and those with less education are most likely to believe that most users are teenagers, while younger persons, men and the better educated are more likely to believe that most users are young adults.

A slight majority of respondents (51.1%) believe that most users are from middle income groups, while about equal proportions (15.7% and 17.2% respectively) believe that most users are from high or low income groups. Older persons, the less educated and women are most likely to believe that most users come from high income groups, while younger persons, the better educated and men are most likely to believe that most users come from low income groups.

Nearly half of the respondents (49.5%) felt that most Cheyenne heroin users had grown up outside of Wyoming, while 23.8% felt that most had grown up in Cheyenne and 8.7% elsewhere in Wyoming. Men and those who had known a user were most likely to feel that most users had grown up somewhere in Wyoming, while those who had not known a user and women were most likely to believe that most users had grown up elsewhere.

While 30.6% of the respondents felt that most heroin users in Cheyenne were white and 22.5% that most were Mexican American, only 6.5% felt that most users were Black and 0.3% that most were American Indian. A high percentage of respondents, 19.8%, replied "don't know" to this question, and 20.3% gave a multiple response or named some other racial/ethnic group. Older persons and those with less education were most likely to believe that most heroin users in

Cheyenne were of something other than white/Anglo background.

The actual characteristics of heroin users in Cheyenne, or anywhere else for that matter, are not known with absolute certainty. Nevertheless, some comparisons can be made between the beliefs of Cheyenne residents and what is known about the characteristics of heroin users in that city. Using Black, white and Chicano interviewers of both sexes who were known to the drug using community of Cheyenne, 144 persons who had used heroin were located and interviewed during the first half of 1977. Since the development of a probability sample is impossible in this type of study, the snowball technique was used. Obviously this technique does not guarantee a representative sample, but because of the types of interviewers used it is unlikely that any significant segment of the heroin using community of Cheyenne was omitted from the study.

Both the mean and median age of those interviewed was 24.6 years, with a range from 15 to 33 years. Therefore, the typical heroin user in Cheyenne would appear to be slightly older than what is believed to be the case by the majority of Cheyenne residents. Of the users, 49.3% were born in Cheyenne and 12.5% were born elsewhere in Wyoming. Thus Cheyenne residents tend to underestimate the proportion of users who had grown up in Cheyenne. This may reflect a need or desire to see heroin users as essentially outsiders. This may also be indicated by the respondents' tendency to understimate the proportion of heroin users of Anglo origin. Of the users, 69.4% were of Anglo background, 28.8% of Chicano background, 5.6% were

Black, 0.7% American Indian, and 3.5% of mixed origin. ⁹ No other specific comparisons can be made with the available data.

Knowledge of and Attitudes Toward Treatment Programs

The respondents were asked whether they knew of any agency in the State of Wyoming which provides treatment for drug users. Only 36.3% said that they knew of such a program. Younger people and those with less education were most likely to indicate that they knew of such a program. When these persons were asked, "What is the name of the agency?", 22.7% named a specific halfway house, 20.1% named the Southeast Mental Health Center, 14.3% the State Hospital in Evanston, 7.6% the Veteran's Administration, 6.7% Awareness House, 14.6% were unable to name an agency, and the rest named a variety of other agencies. Only 121 persons were able to name a second agency, and 27 persons a third.

The sample was also asked, "Suppose that someone you know came to you and told you he had a heroin problem and wanted help. Where would you refer him for help?" Of the total sample, 10.2% didn't know where they would refer a person with a heroin problem for help; 29.5% said that they would refer the person to a physician, 12.4% to the Southeast Mental Health Center, 5.8% to a halfway house, 5.3% to a hospital, 4.9% to a religious organization, and 4.0% would refer the person to a law enforcement agency. The remaining responses were spread among forty other answers, with only a small number of persons mentioning each. Several questions were asked regarding the establishment of a new program in Cheyenne to treat heroin users. The great majority of respondents appear to be basically favorable toward such a program, with 48.6% strongly in favor, and 38.3% somewhat in favor. Only 5.2% were somewhat opposed, 1.5% were strongly opposed, 4.3% didn't care one way or another, and 2.1% didn't know. Persons with less education, young persons, women and those who had known a heroin user were most likely to favor establishment of a treatment program.

Interestingly, a much smaller proportion of respondents felt that most of the people of Cheyenne would favor establishing a new heroin user treatment program. Only 16.6% felt that most others would strongly favor such a program, 38.3% felt that most others would be somewhat opposed, 6.3% that most others would be strongly opposed, 22.1% that most other's would not care one way or another, and 4.2% said that they didn't know how most others would feel. Thus, the respondents apparently view themselves as being generally more favorable to such a program than most other members of the community. Persons with high levels of education, men, young persons and those who had known a heroin user were most likely to feel that most people in Cheyenne would be opposed to the establishment of a treatment program for heroin users.

When asked why they had responded as they had to the question about the establishment of a new treatment program for heroin users, the persons in the sample gave a wide range of reasons, with only a few reasons being given by any substantial number of people. Far

and away the most common response was because the program would provide help for those who need it (44.9%); 10.1% said something to the effect that it is really needed; 7.8% said that if drug addiction is really a problem, they they would be in favor of the program; 7.1% said that it would help alleviate the drug problem; and 7.0% indicated that their response was due to parental concern.

The respondents were also asked why they felt that others in the community would feel as they would about the establishment of a treatment program, and again they gave a wide range of answers. Here, only 17.2% felt that others would feel as they do because the program would provide help for those who need it; 5.6% because it would help alleviate the drug problem; 5.5% because of parental concern; 4.0% because it is really needed; and 3.7% said that if heroin use is a problem, then others would be in favor of it. Again, these responses would seem to indicate that the respondents see themselves as generally more concerned about the drug problem and more favorable to the establishment of a treatment program than others in the community.

Because of the controversial nature of methadone maintenance treatment programs for heroin addicts, the respondents were asked whether they had ever heard about methadone, what they had heard about methadone, and what they felt to be the effectiveness of methadone in the treatment of heroin addicts. Of the total sample, 74.3% said that they had heard of methadone. Persons with higher levels of education, those who had known a person who had used

heroin, younger persons and men were most likely to say that they had heard of methadone.

When those persons who had heard of methadone were asked what they had heard about it, about one-third (33.7%) said that they had only heard the name; 26.6% that it is used in the treatment of heroin users; 19.1% that it is a substitute for heroin; and 4.5% that it is a harmful or dangerous drug. Of these persons, 46.4% said that they thought methadone has been effective in the treatment of heroin users, 26.1% that it has not been effective, and 27.5% said that they did not know whether it has been effective or not. Individuals with less education, those who had not known a person who had used heroin, and younger persons were most likely to believe that methadone has been effective.

Finally, the respondents were asked how they and other residents of Cheyenne would feel about the establishment of a heroin user treatment program at varying degrees of proximity to their home. As shown in Table 4, 60.7% said that they would not object to the establishment of such a program on their own block; 92.9% would not object if it were established outside of their own block but within a mile of their home; and 96.7% would not object if it were established more than a mile from their home but in Cheyenne. Older persons, those with a high level of education, and persons who had not known a person who had used heroin were most likely to object to the location of a treatment program on their own block. Older persons and those with a high level of education were most likely to object to the establishment of a program outside of their own block but within a mile of their home. And highly educated persons were most likely to object to the establishment of a program more than a mile from their home but in Cheyenne.

Table 4

PERCENTAGE OF RESPONDENTS WHO WOULD NOT OBJECT AND WHO FEEL MOST OTHER RESIDENTS OF CHEYENNE WOULD NOT OBJECT TO THE ESTABLISHMENT OF A DRUG TREATMENT PROGRAM AT VARYING DEGREES OF PROXIMITY TO THEIR HOME

	<u>% Not (</u>	% Not Object (N=1152)	
Location	Self	Most Others	
On your own block	60.7	20.1	
Within one mile from their home	92.9	81.2	
More than one mile from their home	96.7	91.2	
but still in Cheyenne			

As is also shown in Table 4, the respondents see themselves as more favorable than most people in their community to the establishment of a treatment program for heroin users. Highly educated persons and young people were most likely to feel that most people in Cheyenne would object to the establishment of a treatment program on their own block. Young persons and men were most likely to feel that others would object to the program being located outside of their own block but within a mile of their home.

Discussion

Unfortunately, the authors became aware of the Bower (1973) study conducted in Washington, D.C. only after the data for this study had been obtained. Nevertheless, some of the questions asked in the two studies are at least similar, and the data analysis was carried out in approximately the same way in both studies. Thus, some comparisons can be made between the attitudes of the residents of a large city, Washington, D.C., in 1973 and those of the residents of a small city, Cheyenne, Wyoming, in 1977.

In the analysis of our data we found age, education, sex and whether the respondent had known a heroin user to be the principal factors producing variation in responses. In addition to these same four factors, Bower also found significant variations in responses by race. However, the proportion of Black or other minorities in our sample was too small to use race in the multiple regression analysis.

While we found that 20.8% of our total sample felt the problem of drug abuse in Cheyenne to be very serious, Bower found that 46% of Washington residents felt that the drug problem was extremely serious there. It would thus appear that the residents of Washington are more likely than the residents of Cheyenne to feel that there is a serious drug problem in their community.

In Cheyenne, 29.7% of the total sample felt that the drug abuse problem at the time of the interview was more serious than it had been "two years ago." In Washington, 31% of Bower's sample felt that the heroin problem was increasing. The questions asked in the

two studies were not the same, but about three out of ten of the residents of both cities saw their drug problem as getting worse.

Of the residents of Cheyenne, 85.7% believed that most heroin users are between 13 and 27 years of age, while in Washington 81% believed that most heroin addicts are between 15 and 25 years of age. Again, the questions are not precisely comparable, but the residents of both cities see heroin use as occurring primarily among teenagers and young adults.

In Cheyenne only 10.1% of the sample indicated that they felt that the best way to deal with heroin users is to put them in prison; 67.0% felt that the State of Wyoming should spend more money to help heroin users, and 48.6% were strongly in favor and 38.3% were somewhat in favor of establishing a new program to treat heroin users. In Washington, 54% felt that the main emphasis in dealing with the heroin problem should be programs, while 38% felt that the main emphasis should be strict laws, strictly enforced. There would appear to be some evidence here that the residents of Cheyenne are less likely than the residents of Washington to favor a basically punitive approach to dealing with heroin users.

In Cheyenne only 49.3% of the sample really had any idea as to what methadone is or how it is used. In Washington approximately 43% of the persons surveyed had a more or less correct idea as to what methadone is. This difference might be due to the fact that the Cheyenne study was conducted nearly five years after the Washington study.

Finally here, Bower (1973:42) found that, "Overall there is less resistance to the addict as a co-worker than as a neighbor.", while in Cheyenne it would appear that people are somewhat more likely to be disturbed if a co-worker is a user than if a neighbor is a user. Why there is this difference is difficult to say, but it may have something to do with the fact that persons in small towns are more likely to know their neighbors personally than is the case in a large city.

Conclusion

During July of 1977 a random sample of 1,152 adult residents of Cheyenne, Wyoming was interviewed by telephone concerning their beliefs, attitudes and knowledge with respect to various aspects of the drug abuse, and particularly the heroin abuse, problem in their community. From the findings presented here it is clear that a high proportion of adult residents of Cheyenne feel that drug abuse is a serious problem there, and many feel that the problem is growing more severe. They tend to feel that the State of Wyoming should spend more money on drug abuse treatment programs and favor the establishment of a program to treat heroin users in their community, especially if the program is located at some distance from their home. There is, however, substantial variation in the opinions, attitudes and beliefs of Cheyenne residents, especially in terms of such factors as age, sex, level of education and whether or not they have known someone who has used heroin.

Since the completion of these interviews a drug abuse treatment

program focusing on heroin users has been established in Cheyenne. The program is located in what is essentially a nonresidential area of the city. It now remains to be seen whether or not the people of Cheyenne will become aware of the existence of this program and what their perceptions of it and their reactions to it will be.

NOTES

¹Bower (1973:2-3) summarizes the findings of several such polls.

²This study is designed to ascertain not only the effect of the treatment program on those who enter it but also the impact of the program on incidence and prevalence of heroin use in the Cheyenne community. In addition it is concerned with the effect of the treatment program on the attitudes, beliefs and knowledge of Cheyenne residents with respect to various aspects of the drug abuse problem -- and particularly the heroin abuse problem -- in their community. To this end a re-survey similar to that reported here is planned for the fall of 1978 after the treatment program has been in operation for a year.

³The survey was funded by the National Institute on Drug Abuse. Dr. Barry S. Brown, Chief, Services Research Branch, Division of Resource Development of NIDA assisted in the development of this study and also provided numerous insightful comments on an earlier draft of this report.

⁴Two somewhat similar studies are those by Abelson, <u>et al</u>. and Bower indicated in the references. Abelson, <u>et al</u>. report the results of a national survey conducted in 1972 for the National Commission on Marijuana and Drug Abuse; Bower presents the findings of a telephone survey of residents of Washington, D. C. conducted in 1973.

⁵A total of 1429 persons were contacted by telephone. Of these persons, 255 refused to be interviewed and 22 broke off the interview before it was completed. Thus, interviews were completed with 80.6% of persons contacted.

⁶There might appear to be some contradiction in the findings to this point. Younger persons were more likely than older persons to feel that drug abuse is a problem in Cheyenne, that drug abuse is a very serious problem in Cheyenne, and that the use of heroin and other narcotics is very harmful to human beings. On the other hand, older persons were more likely to feel that heroin use is a serious problem in Cheyenne and that heroin is easy to get in Cheyenne. It would seem that while older persons are more likely to feel that heroin use is a serious problem in Cheyenne, younger persons are more likely to feel that the drug abuse problem in general is serious there.

⁷This would appear to be a rather high percentage. Perhaps some of these persons only suspected someone they knew of having used heroin. Perhaps some individuals confused heroin use with other drug use. Nevertheless, as indicated in the presentation of the data, persons who said that they knew a person who had used heroin often differed in their beliefs and attitudes from persons who said that they had not known a user.

⁸The percentages in this section do not total to 100% because of "don't know" responses.

⁹In 1970 the population of Cheyenne was 84.1% Anglo, 12.4% Spanish Language, 2.5% Black, 0.2% Native American, and 0.8% Other.

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