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The General Well-Being of Recreational Drug Users: A Sub-Analysis of the Drugnet Survey

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THE GENERAL WELL-BEING OF RECREATIONAL DRUG USERS:
A SUB-ANALYSIS OF THE DRUGNET SURVEY

A Thesis
Presented to
the Faculty of the Department of Public Health
Western Kentucky University
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Master of Science

By
Jennifer Reneau
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THE GENERAL WELL-BEING OF RECREATIONAL DRUG USERS:
A SUB-ANALYSIS OF THE DRUGNET SURVEY

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THE GENERAL WELL-BEING OF RECREATIONAL DRUG USERS:
A SUB-ANALYSIS OF THE DRUGNET SURVEY

Jennifer Reneau November 1997 81 Pages

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Issues related to substance use/abuse and mental health are significant public health concerns. Substance abuse is considered an individual and community mental health problem. The relationship between substance use and positive mental well-being, however, is less well understood. The purpose of this study was to describe the mental well-being of a sample of occasional, recreational drug users. Drugnet was an on-line survey of recreational drug use by non-deviant adults via the WWW. Volunteer subjects completed the survey over the internet between March and September 1997. Mental health was assessed utilizing the General Well-being Schedule (GWBS). A complete demographic profile of the sample was taken. The GWBS scores of the sample were similar to the national norms of American adults. GWBS scores were correlated with frequency of use, intoxication levels and types of drugs consumed. In this study, I demonstrate and profile the existence of healthy, normally functioning adults who occasionally use, not abuse, psychoactive drugs.
Chapter 1

Introduction

Drug use is common in today’s society. It seems everywhere one looks it is clearly evident that we are a drug-using society. People use drugs to wake up, go to sleep, relieve pain, forget their problems, feel good and numerous other reasons. According to Nicholson (1992a):

Legal products such as alcohol, tobacco, coffee, tea, chocolate, and certain prescription psychoactive drugs are widely consumed. Less widely used are the predominantly illegal drugs such as heroin, cocaine, and marijuana. All of these drugs, legal and illegal alike, have potent central nervous system effects and if abused, can produce deleterious effects upon the human body. The legal status of these drugs (licit or illicit) thus is not based on their pharmacological effects nor on their potential for harm. For example, in the United States in 1988 the illegal drug cocaine was directly responsible for about 1,600 deaths while the legal drug tobacco killed 390,000 (p. 277-278).

These are very disturbing numbers. As a nation we legally condone the production of tobacco, and it kills hundreds of thousands yearly. Yet we incarcerate those who produce marijuana for their own personal use. A public health focus would be on the harmful effects of drug abuse and not merely legislation of individual behavior.
Just how dangerous are psychoactive drugs? Nicholson (1994) states that most drugs are abused by roughly 10% of those who use them with the exception of tobacco which is abused by 90% of its consumers. We have been socialized to believe that legal is good and illegal is bad. However, this interpretation is not always the case. In the Journal of Primary Prevention, Duncan states, “It is simply not realistic to say that all use of any particular drug, however socially disapproved it may be, is necessarily abuse. In fact, the users of most drugs outnumber the abusers of the same drug by at least a ratio of nine to one” (1992, p. 318).

With drug consumption so prevalent in today’s society, it is important to look at various aspects of this consumption and not focus entirely on those who abuse drugs. According to the National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1994, 53.7% of young adults have used marijuana. This same study reports that 91.2% have used alcohol in their lifetime. The National Household Survey on Drug Abuse: Main Findings 1988 states that “The National Institute on Drug Abuse has given considerable attention to marijuana in its epidemiological studies because marijuana has been and continues to be the most widely used illicit drug in this country, and it is usually the first illicit drug used” (p. 35). The National Household Survey also states that, “Probably because of its ready availability, social acceptability, and cost, alcohol is by far the most frequently used drug in the United States” (1988, p. 83).

The focus of this study will be the general well-being of recreational drug users (i.e., not drug abusers), a largely unstudied population. Nicholson (1994) states:
Some risk taking is generally considered normal for adolescents: a developmental behavior individuals go through prior to the onset of adulthood. If drug use is viewed as a risk-taking behavior, its occurrence among adolescents should not be surprising, and for some adolescents it may indeed be a normal, transitional behavior (p. 240).

Shedler and Block’s (1990) longitudinal study found that adolescents who experiment with drugs are, on the average, more mentally healthy than those who do not. According to the Handbook on Drug Abuse:

Research on marihuana [sic] and psychosocial development has been especially illuminating because of its reliance on longitudinal design. Not only has longitudinal design enabled the disentangling of temporal order in issues...but it has also revealed that marihuana [sic] use - just as alcohol use or sexual experience - is an integral aspect of youthful development in contemporary American society (Brown, Dupont, Goldstein, & O’Donnell, 1979, p. 348).

Purpose of the Study


The purpose of this project (Drugnet) is to conduct an online survey of adult, recreational drug users. According to demographic profiles of Internet users, they tend to be steadily employed and have education/income levels notably above the national average. It is precisely this subset of the adult population that the researchers are interested in. Through the World Wide Web, individuals can anonymously complete a 15 to 45 minute survey on drug use, demographic
factors, lifestyle habits and stress levels (i.e., General Well-being Schedule-GWBS). This instrument is an amalgam and enhancement of several federal government surveys (p. 3).

The purpose of the present study is to describe the general well-being of successful, adult, recreational drug users. Specifically, does the general well-being of drug users differ from that of the general population? The General Well-being total and subscale scores found in the Drugnet survey were compared to the general sample values found in the National Center for Health Statistics (NCHS) Health and Nutrition Examination Survey (HANES).

**Need for the Study**

According to Nicholson (1996) the Drugnet survey was needed because current studies focus on youth or those individuals in treatment for drug abuse problems. Scientific studies of non-abusing, recreational or occasional users are rare and represent a gap in our current knowledge base.

The format of this study will allow the general well-being of a sample of recreational drug users to be studied. The results will provide valuable information for health education and will enable education planners to see what the non-deviant drug users’ well-being characteristics are. And, also to see how they compare to the general population by the means of previous examinations in studies such as the HANES (1975), Fazio (1977), and Drugnet (1996) pilot studies.

The results of study will also be used to identify different ranges of well-being of the participants. Drugnet will ascertain what percentage of the drug-using sample have a
positive well-being, those with moderate stress levels and those experiencing severe
distress. This information will provide a clearer profile of these individuals and will
enable their needs to be addressed. These scores will also be compared to the general
well-being scores obtained in the HANES study of the general public.

Drug use is a highly controversial issue. Presently, individuals exhibit a
reluctance to express their true feelings and behaviors associated with drug use due to
fear of persecution. Drugnet will provide the subjects an avenue to express their honest
feelings and behaviors concerning drug use without face to face communication with
another individual. By taking the survey on the Internet, subjects may feel a greater sense
of freedom to express their true feelings. The Drugnet survey promises confidentiality
and even offers an anonymizer for extra protection. No one can see the subjects through
their computers, thus decreasing the Hawthorne effect usually found in observational
studies.

This study is also needed because of it’s potential for a large sampling of national
and international drug users at a relatively low cost in a short period of time. This
computerized survey will also reduce the errors made by recording answers from a typical
pen and paper survey. The survey responses are already stored in the computer, therefore
the data need not be entered into another data analysis system, thereby allowing for much
more efficient analysis of a potentially large data base.

Hypothesis

The general well-being of recreational drug users will not differ from the reported
norms of general well-being in the general population.
Delimitations

This study was delimited to those individuals with access to the Internet from February 1997 through October 1997.

Limitations

This study had the following limitations:

1. Due to the non-random nature of the sampling procedure, generalization to the general public cannot occur.

2. Because the subjects are self-selected they cannot be assumed to be representative of either the drug-using population or the population using the internet.

Assumptions

The following assumptions were made in this study:

1. It is assumed that individuals will answer the survey openly and honestly and to the best of their ability.

2. It is assumed that individuals will be able to understand the directions for taking the survey and complete all sections pertaining to them.

Definitions

The following are definitions of terms used throughout this thesis:

1. **Drug Use** - “Taking a drug in such a manner that sought-for effects are attained with minimal hazard” (Irwin, 1973).

2. **Drug Abuse** - “Taking a drug to such an extent that it greatly increases the danger or impairs the ability of the individual to adequately function or cope with their circumstances” (Irwin, 1973).
3. **Drug** - “Any substance that, by virtue of its chemical nature, alters the structure or functioning of any of the tissues of a living organism” (Gold & Duncan, 1982).

4. **Psychoactive Drugs** - “Drugs that alter consciousness and thought processes. They alter an individual’s thoughts, feelings, and/or behavior” (Nicholson, 1992b).

5. **General Mental Well-Being** - “Mental well-being is concerned with the positive aspects of mental health at a higher level, including feelings about satisfaction with life, as well as the relative absence of psychological distress or illness” (Larson, 1991).

6. **Mental Health** - “the absence of mental illness or disorder” (Larson, 1991).

7. **Mental Illness or Disorder** - “a clinically significant behavioral or psychological syndrome or pattern that occurs in a person and that is associated with present distress or disability with impairment in one or more important areas of functioning or a significantly increased risk of suffering death, pain, disability, or an important loss of freedom” (Diagnostic and Statistical Manual of Mental Disorders, 1994).

8. **Health** - according to the World Health Organization is - "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Basch, 1990, p. 342).
Drug use both licit (legal) and illicit (illegal) is common in today’s society. It is a multidimensional issue with many psychological, spiritual, social, physical and legal facets. People use drugs legally to combat the pains they encounter daily by the use of prescription drugs and this is socially accepted. If another individual smokes marijuana to ease his or her pain, then that individual is viewed as a criminal. The simple fact is people use drugs, legally and illegally, daily for many different reasons and in many different forms. Schlaadt and Shannon (1990) state:

The reasons individuals use psychoactive substances vary as much as the individuals themselves: to find sexual fulfillment, to seek spiritual enlightenment, to have fun, to produce mood fluctuations, to enhance athletic performance, to reduce inhibitions in bar settings, to fight boredom, to satisfy curiosity, to be “in” as opposed to “left out” (p. 16).

Ray and Ksir (1990) state that people consume drugs to either reduce the pain or increase the pleasure in their lives. People use drugs like coffee to wake up in the morning, cigarettes to calm their nerves, and drink alcohol to be sociable. The reasons are as numerous as the varieties of drugs used.
Just what causes people to use drugs? Attribution theories explain some to the reasons people use drugs. If an individual attributes drug use as a sign of maturity and control, then that individual may initiate drug use. According to Duncan & Petosa, “Maturity, independence, attractiveness, and social acceptance are just a few of the personal needs adolescents may associate with drug use” (1994, p. 65). If an adolescent perceives that all his or her friends use drugs then that individual will attribute drug use as a normal behavior. “Baumrind points to studies that show that experimental use of marijuana in nondelinquent populations is associated with positive attributes including independence, friendliness, self-confidence, and intelligence” (Duncan, & Petosa, 1994, p. 69).

Some people use drugs to deal with pain, physical or emotional. One can see evidence of this coping behavior by looking at the number of people who take prescription drugs to combat pain. One can also see evidence of this behavior by the usage of alcohol and illegal drugs as well. They use the drugs as an escape from reality. The user perceives that his or her altered state of consciousness is better than the reality of the pain he or she is suffering. Evidence of this widespread phenomenon can be witnessed by the passage of proposal 215 in the November 1996 election in California. This proposition made usage of marijuana legal for medical purposes. Arizona also has a similar law. Many cancer patients use marijuana to deal with the pain and nausea their disease and medical treatment entails. AIDS patients may find comfort by using drugs as well. Those suffering from serious injury or disability may find some relief from using recreational drugs. “Physical injury often leads to significant changes in self-image,
ability to work, social interactions, and daily routine. Each of these factors alone and in various combinations can greatly impact on individual usage of alcohol and other drugs of abuse (AODA)” (Hubbard et al., 1996, p. 215).

In an article entitled ‘America’s first cocaine epidemic,’ Moeser states, “For more than 5,000 years, the native peoples of Andean South America have chewed coca leaves to alleviate hunger and dispel fatigue” (1994, p. 18). Moeser (1994) also states that Dr. Theodor Aschenbrandt gave a cocaine solution to a exhausted Bavarian soldier who had collapsed, and within five minutes the soldier resumed his march. These examples show how cocaine use was reinforced by immediate pleasurable experiences replacing negative ones.

Others use drugs because of the immediate gratification they find in using drugs. For example, people drink beer to relax and they enjoy their new state of consciousness so the behavior of drinking is reinforced and they drink another. Reinforcers can be internal rewards such as the relaxed feeling or they can be external such as social contacts when meeting the gang at a party.

Reciprocal determinism theory can also explain drug use in a social setting. If a person goes to a party where drug use is prevalent then the person may behave in a manner that he/she feels is socially acceptable and that the environment is perceived to call for. In other words, the person may drink because everyone else at the party is drinking.

One of the most evident reasons that people use drugs can be seen in examples of social learning theory. “Instead of the pusher, it is usually a friend, older sibling, or
parent who introduces adolescents to drug use" (Duncan, & Petosa, 1994, p. 63). People learn vicariously by watching other individuals’ behavior. These authors suggest that users will proceed to buy from their friends, and eventually they will socially learn where the drug dealers are as well (1992). These others can be family members or friends of the individual. A child may adapt drug use behavior from growing up in an environment where his parents are drug users. This behavior is known as modeling. According to Duncan & Petosa, (1994) “often parents are not aware that their children are secretly accessing their stores of alcohol or drugs. ‘Baumrind (1985) found that children of illicit drug users are much more likely to be directly exposed to these drugs and even be supplied by their parent’” ( p. 62). One might also argue this example to be one of reasoned action theory because the child has the knowledge about drug use, their attitudes are formed by the belief that it is O.K. to do drugs because their mom or dad does it and they are happier after they have a drink, so they think they will be too if they adopt this behavior. However, this may not be the case if they are too young to have complex cognitive and reasoning skills. Social learning theory is probably the better explanation.

According to Duncan & Petosa:

As social beings, adolescents are heavily influenced by values, beliefs, and social norms acquired through relationships with others. Adults and the peer group play an important role in teaching adolescents to use drugs. Social cognitive theory (Bandura, 1986) provides a useful framework for describing the basic processes involved in learning drug-use behavior....These outcome expectancies serve as powerful motivations for experimentation with drug use. Actual drug use is then

Duncan and Petosa explain drug use as a multifaceted issue with an extensive web of causation.

Turner states, “Social learning theory predicts that adolescents are more likely to use alcohol and other drugs to relax or cope with stress if these behaviors are modeled by their parents, peers, or the culture in general “ (1994, p. 37). In a study conducted by Parker, Weaver & Calhoun, (1995) “Employment status, income, and education were found to be predictors of alcohol consumption for the respondents in the present study” (p. 585). “Black, Hispanic, and White respondents working full-time, of a higher income, and having the highest level of education consumed alcohol more frequently than those unemployed, of lower income, and with less education” (Parker et al., 1995, p. 586).

According to Parker and associates, the sociocultural interpretation suggests that whites, men, and persons from higher socioeconomic status groups felt a greater acceptance of, or orientation toward, alcohol use as part of their socialization experience. Alcohol consumption may have been more likely among these groups because they were more likely to come from middle class households that permit casual drinking, have an affiliation with religious denominations that do not condemn ceremonial drinking, and adhere to middle class values that are more accepting of alcohol use in social situations (Parker et al., 1995, p. 587). “For the pooled sample, employment status, race, age, marital status, population size, and region were significant demographic determinants of drug use” (Parker et al., 1995, p. 587).
According to a study published in the Journal of School Health, “The relationship between home self-esteem and substance use was strong: the higher the subjects’ home self-esteem, the lower their use of any substance....They concluded adolescents who enjoy supportive and caring relationships within their family are less likely to be involved in substance use” (Emery, McDermott, Holcomb, & Marty, 1993, p. 229).

Many reasons and explanations exist to explain drug use. It is clearly a very complex issue. There are many different types of drugs in existence today. Some are perfectly legal and have horrendous effects on one’s health. Still there are many illegal drugs consumed as well, some of which are thought to have medicinal value. How does society deal with drugs in a consistent and health oriented way? This issue is found daily in the news and in daily life of individuals. Human behavior is a very complex matter; it is especially difficult to determine why an individual behaves in a certain way. When the average individual thinks about drug use, a stereotypical picture of the drug user comes to mind, one that may or may not be accurate. The focus of this investigation is the general well-being of drug users not abusers.

Larson defines well-being as a higher level of mental health, not merely the absence of mental illness or disorder (1991). Mental well-being can be measured in many different ways, including the General Well-Being Schedule (GWBS) schedule, which will be used in this study. Other forms of measurement could be the quality-of-life instruments. According to Kaplan, one can measure well-being by the health status measurements such as the Sickness Impact File (SIP), the RAND corporation's Health Insurance Study (HIS) and the Quality of Well-Being Scales. Kaplan also suggests
comparison with the World Health Organization's definition of health. Kaplan also states that one can measure well-being by using traditional psychological measures to measure quality-of-life independent of health status (1989). According to Usala & Hertzog, items measuring psychological well-being are normally distributed in the normal population, whereas those measuring mental distress are not (1989).
Chapter 3

METHODS

The purpose of this study was to describe the general well-being of a non-random sample of recreational drug users. Percentages of those drug users who are found to have positive well-being, moderate stress levels, as well as, severe distress will be reported. Comparisons to the reported norms of the population using the findings of the HANES (1975), Fazio (1977) and pilot Drugnet (1996) studies will also be done. The Drugnet Survey was designed and developed by Nicholson, White and Duncan (1997) to study the general well-being of recreational drug users.

Hypothesis

The general well-being of recreational drug users responding to the Drugnet survey will not differ from the reported norms of the general well-being in the population.

Population

The population of interest was the normal, adult, recreational drug-using sub-population who use the Internet.

Sample Selection

The sample was a self-selected sample of Internet users. The time frame of the sample selection was from February 1997 to September 1997. Respondents were elicited by an advertisement on-line as well as on various electronic mailing lists. All
respondents answering the Drugnet survey will be described and compared to the reported norms of the general population gathered by the HANES (1975), Fazio (1977) and Drugnet pilot (1996) studies.

**Procedures**

This study is a sub-analysis of the Drugnet Survey. Drugnet is a cross-sectional survey of adult, recreational drug users via the World Wide Web (Nicholson, 1996). Subjects are self-selected and informed electronically that their participation is voluntary. Informed consent is implied when they take the survey. If the subjects desire a printed hard-copy of the informed consent form, they are advised where to write to receive one. This design allows for a potentially large sample size from an international population.

Using the World Wide Web to implement the Drugnet survey has many advantages. Included in those advantages are the following: access to a world wide sample of recreational drug users; a potentially large sample size; confidentiality, those individuals participating are not interviewed directly by an individual, therefore they may be more likely to be honest and open in their responses to the questionnaire; eliminating or at least minimizing the Hawthorne effect (i.e., bias due to the respondent being observed directly); relatively low cost to implement; quick response rate; and faster analysis.

**Data Collection**

According to Nicholson, White & Duncan, 1996, respondents were actively solicited to participate in a on-line survey located on the World Wide Web (see Appendix A). Advertisements were located on USENET News Groups (e.g., the entire alt. drugs*
and rec.drugs.* hierarchies, as well as other interest groups). The advertisement was also posted on electronic mailing lists such as Drug-Policy@wku.edu and others.

If interested, voluntary participation could occur if the internet users chose to point their web browser to the address (http://wkuweb1.wku.edu/~drugnet) and begin the survey proceedings. The participants would then find a page that included a brief tutorial on how to complete the survey; they could also be connected to an anonymity procedure to ensure further privacy and protection (http://www.anonymizer.com). They would also be exposed to a statement of informed consent and could request a hard-copy of this form.

Because of the sensitivity of the data being gathered, it was crucial to protect the confidentiality of participants. However, because the survey could only be taken one section at a time, it was necessary to assign a random number to each participant. This procedure was accomplished by removing all non-numeric characters from their IP address making each ID number unique.

Due to the design of the survey, participants answered only those questions concerning the drugs they had taken out of the seven categories listed. The categories included were alcohol, marijuana, depressants, cocaine, other stimulants, hallucinogens and opiates. Drugnet also had three other sections including past legal experiences and opinions, a demographic section, and the focus of this study which is the General Well-being Schedule (see Appendix B for a hard copy of the survey).
Instrumentation

Drugnet

Drugnet is composed of four components which include drug usage in the aforementioned seven categories; demographics (i.e., education level, age, marital status, happiness with marital status, ethnicity, employment and lifestyle); past experiences with legal aspects and policy issues; and the focus of this study, the General Well-being Schedule which describes the subjects’ perception of his/her own mental well-being and happiness. The survey questions ranged in form from quantitative to qualitative measures. Some of the question formats were multiple choice, multiple response, Likert scale, fill-in-the-blank and short essay.

General Well-Being Schedule (GWBS)

In 1970, Dupuy developed the GWBS to assess the subjective well-being and distress. For this study, the first 18 items were used, with the first 14 questions having six response options and the next 4 questions are 0 to 10 rating bars. The total score is calculated, along with six subscales to measure relaxed versus tense-anxious, healthy-worry, depressed-cheerful mood, energy level, satisfying-interesting life, and emotional-behavioral control. The score is calculated by the responses to the first 18 questions. A total score between 73 and 110 signifies positive well-being, a score between 61 and 72 denotes moderate stress, while a score below 60 represents severe distress. According to the National Center for Health Statistics (NCHS):

Because the GWB is brief, well designed, and relevant in content, it should be useful in a variety of research and applied settings, such as a quality-of-life index,
a mental health status appraisal, a measure of psychotherapy outcome evaluation, and a social indicator for measuring population changes in sense of well-being over time (1977, p. 12-13).

The GWBS assesses a person's perception of his/her well-being and distress. Fazio evaluated the robustness of the GWBS and compared it to the Minnesota Multiphasic Personality Inventory (MMPI), the Zung Self-Rating Depression Scale, the College Health Questionnaire (CHQ), the Personal Feeling Inventory (PFI) and the Psychiatric Symptom Scale (PSS). Included in Fazio's study sample were 79 male and 116 female undergraduates (n = 195) enrolled at the University of Wisconsin-Milwaukee, 1972 - 1973. Correlations ranged from .40 to .63 between the GWBS and the other instruments. Fazio (1977) retested 41 students from the original sample 3 months after the initial testing. Test-retest reliability was .85 for the total GWBS scale.

Data Analysis

The analysis will describe the mental well-being of the sample. Individuals will receive a score based on the method of scoring used in the original HANES (1975) study. Percentages of the various levels of well-being discussed previously (i.e., positive well-being, moderate stress, and severe distress) will be reported. The range of the GWBS scores will also be reported. Comparisons will be made between data collected from Drugnet to the HANES study, as well as previous studies conducted by Fazio and the pilot Drugnet concerning general well-being. The mean scores, standard deviations and range of each study will be compared.
One of the advantages of implementing Drugnet on the World Wide Web was the fact that it made the data analysis easier and faster. According to Nicholson, White and Duncan (1997):

One major advantage of conducting surveys on the WWW is the ease with which data can be collected and coded. For the current research, a program was written in C computing language to handle the administration of the various surveys and also to code and store the data for analysis. Through the use of Computer Graphics Interchange (CGI) this process was transparent to the respondent. As a result, data were available almost as soon as subjects completed each section of the survey (p.8).
Chapter 4

RESULTS

Description of Study Sample

A total of 906 subjects participated in the Drugnet survey. These individuals were composed of 704 (78%) United States citizens and 198 (22%) people that were not U.S. citizens (n = 4 missing data). There were participants from the following countries: Argentina, Australia, Belgium, Benelux, Brazil, Great Britain, New Zealand, Canada, Columbia, Croatia, Denmark, Egypt, Europe, Finland, Germany, Ireland, Italy, Japan, Malaysia, Mexico, Netherlands, Norway, Paraguay, Republic of South Africa, Russia, Singapore, Spain, Sweden, Switzerland, France, Ukraine, and Venezuela. There were 837 (93.2%) whites, 5 (.6%) blacks, 9 (1.0%) Asian, 6 (.7%) Hispanic, 3 (.3%) native Americans, 1 (.1%) pacific islander and 37 (4.1%) other ethnicity (n = 8 missing data).

The mean age of these individuals was 31.10 years (Range = 13 to 71 ; SD = 9.32; n = 15 missing data). The sample was composed of 797 (88.4%) males and 105 (11.6%) females (n = 4 missing data). Of these individuals, 610 (68.5%) were employed in a full-time job, 165 (18.5%) worked part-time, 93 (10.4%) were self-employed and 22 (2.5%) were unemployed. Three hundred (33.3%) of the participants were married, 407 (45.2%) have never-married, 59 (6.6%) were divorced, 3 (.3%) were widowed and 131 (14.6%) were living with someone (n = 6 missing data). Four hundred and fourteen (84.8%) of
the subjects had a spouse that was employed, while 74 (15.2%) of the subjects spouses were not employed (n = 418 missing data). Sixteen (1.8%) participants had less than a high school education, 192 (21.5%) had a high school education, 21 (2.3%) had a Graduate Equivalency Diploma (GED), 101 (11.3%) had an associate degree, 33 (3.7%) had a vocational degree, 360 (40.2%) had a bachelors degree, 115 (12.8%) had a masters degree, 8 (.9%) had a law degree, 35 (3.9%) had a doctoral degree and 14 (1.6%) had completed post-doctoral study (n = 11 missing data). Two hundred and twenty-one (24.9%) participants were currently attending college and 666 (75.1%) were not (n = 19 missing data). Of those currently in college, twenty-nine (12.2%) were freshman, 32 (13.5%) were sophomores, 40 (16.9%) were juniors, 33 (13.9%) were seniors, 79 (33.3%) were graduate students, and 24 (10.1%) other (n = 5 missing data). College students reported their parental incomes as follows: (a) less than $10,999 - 2.5% (n = 7), (b) $11,000 to $29,999 - 8.3% (n = 23), (c) $30,000 to $49,999 - 17.4% (n = 48), (d) 50,000 to $69,999 - 14.9% (n = 41), (e) $70,000 to $89,999 - 18.1% (n = 50), (f) 90,000 to $109,999 - 15.6% (n = 43), and (g) with an income of $110,000 or more - 23.4% (n = 64) (n = 630 missing data. Note: The majority of these were not students in college being supported by their parents). The median parental income category was $70,000 to 89,000.

Seven hundred and thirty-nine members (82.7%) of the sample felt they had enough income to satisfy their lifestyle needs, while 155 individuals (17.3%) did not feel this way. Drugnet participants report their household incomes as follows: (a) less than $10,999 - 7.8% (n = 69), (b) $11,000 to $29,999 - 16.3% (n = 144), (c) $30,000 to
$49,999 - 26.2\% (n = 232), (d) $50,000 to $69,999 - 18\% (n = 159), (e) $70,000 to $89,999 - 12.3\% (n = 109), (f) $90,000 to $109,999 - 6.7\% (n = 59) and (g) with an income of $110,000 or more - 12.7\% (n = 112) (n = 22 missing data). Thirty thousand to 49,999 was the median household income category of Drugnet participants.

Description of Lifestyle and Behavioral Indices of Sample

On a Likert scale of 0 (no importance) to 10 (central focus of life), 5.0 was the median of how important spirituality was in the participants daily life (n = 15 missing data). On a Likert scale of 0 (no importance) to 10 (central focus of life), 3.0 was the median value of the importance of religious beliefs in subjects daily life (n = 5 missing data). Seventy-eight members (8.7\%) of the Drugnet sample attended religious services regularly, while 819 (91.3\%) did not (n = 9 missing data). Three hundred and thirty (36.8\%) of these individuals participated in community activities such as parent teacher associations (PTA's), Chamber of Commerce, United Way, etc., while 566 (63.2\%) did not (n = 10 missing data). Seven hundred and forty-five Drugnet participants (83.1\%) vote regularly while 152 subjects (16.9\%) do not (n = 9 missing data). On a Likert scale of 1 (very poor) to 6 (excellent) 5.0 was the median score Drugnet participants placed on the status of their physical health (n = 6 missing data). Six hundred and eighty-nine individuals (92.4\%) were happy with their marital status while 57 (7.6\%) subjects were not (n = 160 missing data). Eight hundred and sixty-eight (96.2\%) engaged regularly in recreational activities such as hobbies, athletics, crafts, reading, etc., while 34 (3.8\%) did not (n = 4 missing data).
Two hundred and sixteen subjects (24.7%) had regular parental child care responsibilities, while 657 (75.3%) did not. One hundred and ninety-two (21.2%) are biological parents, 52 (5.7%) step-parents, 11 (1.2%) adoptive parents, 26 (2.9%) grand parents, 11 (1.2%) foster parents and 20 (2.2%) other (n = 594 missing data). One hundred and six (39.7%) respondents reported their children as knowing of their illicit drug use, while 149 (55.8%) did not (n = 639 missing data). Grade point averages ranged from 1.2 to 4.0, with a mean of 3.32 (SD = .47; n = 772) (n = 134 missing data).

**Descriptive Data on the General Well-being Schedule**

The mean GWBS score of the Drugnet sample was 79.36 (SD = 14.49; Range = 17 to 107). Six hundred and seventy (74%) participants had a positive well-being score (73-110). One hundred and thirty-four (14.8%) participants were in the moderate stress category (61-72) and one hundred and two (11.3%) participants were in the severe distress category (<60). Table 1 depicts the GWBS scores of the Drugnet sample as compared to the reported norms of the national HANES 1975 study, the Fazio 1977 study, and those who participated in the Drugnet (1996) pilot study. The observed mean of the Drugnet sample is similar to the national norms reported in the HANES survey. Table 2 displays the subscale scores. These scores were very similar to the subscale scores found in the HANES study.

**Exploratory Analysis**

There was no correlation between the GWBS and the number of drug categories a person used (i.e., alcohol plus illicit drugs) (r = -.02; n = 906; ns). Pearson correlations were performed between the GWBS and the various drug categories. There was no
Table 1. Comparison of Drugnet GWBS Statistics with Reported Norms.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>906</td>
<td>166</td>
<td>195</td>
<td>6,931</td>
</tr>
<tr>
<td>( \bar{x} )</td>
<td>79.37</td>
<td>80.96</td>
<td>72.4</td>
<td>80.3</td>
</tr>
<tr>
<td>SD</td>
<td>14.49</td>
<td>13.78</td>
<td>16.7</td>
<td>17.3</td>
</tr>
<tr>
<td>Range</td>
<td>17 to 107</td>
<td>40 to 108</td>
<td>27 to 108</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Comparison of Drugnet and HANES Subscale Scores.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Drugnet (n=906)</th>
<th></th>
<th>HANES (n=6,931)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Range</td>
<td>Mean</td>
</tr>
<tr>
<td>No Health Concern</td>
<td>11.29</td>
<td>3.10</td>
<td>0 - 15</td>
<td>11.3</td>
</tr>
<tr>
<td>Energy Level</td>
<td>13.00</td>
<td>3.35</td>
<td>1 - 20</td>
<td>11.9</td>
</tr>
<tr>
<td>Satisfying Life</td>
<td>6.90</td>
<td>1.85</td>
<td>0 - 10</td>
<td>5.9</td>
</tr>
<tr>
<td>Cheerful/Depressed</td>
<td>18.64</td>
<td>3.94</td>
<td>1 - 25</td>
<td>16.7</td>
</tr>
<tr>
<td>Relaxed/Tense</td>
<td>16.74</td>
<td>4.39</td>
<td>1 - 25</td>
<td>15.1</td>
</tr>
<tr>
<td>Emotions Under Control</td>
<td>12.81</td>
<td>2.25</td>
<td>1 - 15</td>
<td>11.5</td>
</tr>
</tbody>
</table>
significant relationship found between the number of illicit drug categories used and the GWBS score ($r = -.017; n = 906; ns$).

Table 3 illustrates no significant association between the GWBS and the frequency of usage of cocaine, depressants, hallucinogens, marijuana, opiates, and stimulants. However, there was a significant association between the frequency of usage of alcohol and the GWBS score ($r = .092; p = .006; n = 877$).

Table 4 shows the relationship between the typical level of intoxication from various drug categories and the GWBS. A significant relationship was found between the level of cocaine intoxication and the GWBS ($r = -.104; p = .029; n = 447$). A significant relationship was also found between the level of intoxication with alcohol and the GWBS at the ($r = -.121; p = .000; n = 879$). However, there was no significance found between the level of intoxication of depressants, hallucinogens, marijuana, opiates, stimulants and the GWBS.
Table 3. Correlation between the Frequency of the Drug Use with GWBS.

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>r *</th>
<th>n</th>
<th>Sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>-0.09</td>
<td>877</td>
<td>.01</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.00</td>
<td>451</td>
<td>ns</td>
</tr>
<tr>
<td>Depressants</td>
<td>0.03</td>
<td>274</td>
<td>ns</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>0.05</td>
<td>723</td>
<td>ns</td>
</tr>
<tr>
<td>Marijuana</td>
<td>-0.06</td>
<td>860</td>
<td>ns</td>
</tr>
<tr>
<td>Opiates</td>
<td>0.00</td>
<td>243</td>
<td>ns</td>
</tr>
<tr>
<td>Stimulants</td>
<td>0.04</td>
<td>376</td>
<td>ns</td>
</tr>
</tbody>
</table>

*Pearson Correlation Coefficient
Table 4. Correlation between level of intoxication reached by drug category with GWBS.

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>r *</th>
<th>n</th>
<th>Sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>-0.12</td>
<td>879</td>
<td>.001</td>
</tr>
<tr>
<td>Cocaine</td>
<td>-0.10</td>
<td>447</td>
<td>.05</td>
</tr>
<tr>
<td>Depressants</td>
<td>0.00</td>
<td>274</td>
<td>ns</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>-0.01</td>
<td>722</td>
<td>ns</td>
</tr>
<tr>
<td>Marijuana</td>
<td>0.00</td>
<td>862</td>
<td>ns</td>
</tr>
<tr>
<td>Opiates</td>
<td>0.01</td>
<td>243</td>
<td>ns</td>
</tr>
<tr>
<td>Stimulants</td>
<td>-0.07</td>
<td>377</td>
<td>ns</td>
</tr>
</tbody>
</table>

*Pearson Correlation Coefficient
Even though the previous analyses have shown that users of illicit drugs do not differ from the population on their general well-being, it is still possible that the use of illicit drugs could be predictive of either more positive or negative states of well-being. To test this predictability, binary variables representing drug use (both licit and illicit) were regressed on respondent’s GWBS scores. While drug use was significantly related to the GWBS (n = 904; F = 2.553; p ≤ .05; df = 7, 897), only two percent of the total variation was accounted for; when adjusted for the size of the data set, the percentage accounted for drops to nearly one percent (adj. R² = .012). Of the predictors, only two were significantly related to the GWBS score. Use of marijuana was associated with higher levels of well-being (p < .01) while the use of depressants was associated with lower levels of well-being (p ≤ .05).

The low predictive power of drug use could be due to such contextual factors as employment status, income, marital happiness, etc. Thus, a hierarchical regression was conducted. First, variables were created that indicated low (-1), moderate (0), or high (1) income; white/non-white; gender; U.S./Non-U.S. citizenship status; have child/no child; less than high school (-1), high school (0), more than high school (1); married/non-married; full-time employment/other; and respondents current age. The second block included lifestyle variables: importance of spirituality; importance of religion; active/not active in community; regularly/not-regularly attend church; vote/not-vote regularly. Lastly, the final block included the binary variables for licit and illicit drug use was added to the previous two blocks.

Table 5 shows the results from each block of variables when regressed on the GWBS score. Table 6 shows the changes in R² as the subsequent blocks of variables are
Table 5. Changes in $R^2$ when demographic, lifestyle, and drug use variables are added.

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>$R^2$</th>
<th>Adjust $R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.233$^a$</td>
<td>.050</td>
<td>.039</td>
</tr>
<tr>
<td>2</td>
<td>.267$^b$</td>
<td>.071</td>
<td>.055</td>
</tr>
<tr>
<td>3</td>
<td>.292$^c$</td>
<td>.085</td>
<td>.060</td>
</tr>
</tbody>
</table>

$^a$Predictors: (Constant), income, ethnic, gender, citizenship, child care responsibility, education, full-time status, marital status, current age

$^b$Predictors: (Constant), income, ethnic, gender, citizenship, childcare, education, full-time status, marital status, current age, importance of spirituality, vote regularly, community active, attend church regularly, importance of religion

$^c$Predictors: Predictors: (Constant), income, ethnic, gender, citizenship, childcare, education, full-time status, marital status, current age, importance of spirituality, vote regularly, community active, attend church regularly, importance of religion, alcohol, opiates, marijuana, stimulants, hallucinogens, depressants, cocaine
Table 6. Hierarchical regression of demographic, lifestyle, and drug usage variables on GWBS

<table>
<thead>
<tr>
<th>Model</th>
<th>R² Change</th>
<th>F Change</th>
<th>df</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.050&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4.598</td>
<td>9,790</td>
<td>.000</td>
</tr>
<tr>
<td>2</td>
<td>.021&lt;sup&gt;b&lt;/sup&gt;</td>
<td>3.623</td>
<td>5,785</td>
<td>.003</td>
</tr>
<tr>
<td>3</td>
<td>.014&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.676</td>
<td>7,778</td>
<td>.112</td>
</tr>
</tbody>
</table>

<sup>a</sup>Predictors: (Constant), income, ethnic, gender, citizenship, child care responsibility, education, full-time status, marital status, current age

<sup>b</sup>Predictors: (Constant), income, ethnic, gender, citizenship, childcare, education, full-time status, marital status, current age, importance of spirituality, vote regularly, community active, attend church regularly, importance of religion

<sup>c</sup>Predictors: Predictors: (Constant), income, ethnic, gender, citizenship, childcare, education, full-time status, marital status, current age, importance of spirituality, vote regularly, community active, attend church regularly, importance of religion, alcohol, opiates, marijuana, stimulants, hallucinogens, depressants, cocaine
added. Given more predictors, we would expect the variance accounted for to increase. However, as can be seen from the table, each subsequent block results in a lower additional amount of variance accounted for by the equation. Even with twenty-one predictors, the total $R^2$ never rises above 9% and the adjusted $R^2$ never rises above 6% of the variance in respondents GWBS scores. Table 6 also provides a summary of the F-test for change in $R^2$. Importantly, all the descriptive variables significantly increase the predictive power of the equation. However, the third block, the variables containing information about licit and illicit drug use, does not significantly increase the predictive ability of the equation. The suggestion is that drug use, both licit and illicit, tells us less about an individual’s general mental and physical well-being than knowledge of the other factors surveyed thus, the argument is against the stereotypical belief that persons who use drugs fall into some depressive personality type.
Chapter 5

CONCLUSION

A cross-sectional survey of adult, recreational drug users was performed on the internet via the World Wide Web. This survey is known as Drugnet. Subjects completed a drug usage section based on their personal experiences; a demographic section; a section based on past experiences with legal aspects and policy issues; and the main focus of this study, a section reflecting their perceptions of their mental well-being and happiness known as the General Well-being Schedule.

Summary of Results

Drugnet participants were of an international origin, though roughly 80% were Americans. Of the remaining 20%, participants were citizens of 32 foreign countries. Survey participants were a diverse racial group, with the overwhelming majority being white. The average age was 31 years old. Men outnumbered women taking the survey by a ratio of 8 to 1. Almost all of the participants were employed full-time. One-third of respondents were married, and slightly over 4 out of 10 had never been married. More than 9 of 10 were happy with their marital status. Of those individuals who were married, over 84% reported that their spouse was employed. The majority of Drugnet subjects had a college education and one-fourth of the respondents were currently attending college. An overwhelming majority of respondents felt they had enough income to meet their lifestyle needs with an average income of $30,000 to $49,000.
Nine out of 10 respondents did not attend church services regularly. However, they did report strong feelings of spirituality. Almost 4 in 10 Drugnet participants participated in community activities such as parent-teacher associations or charitable functions. An overwhelming majority (83%, n = 745) of respondents voted regularly. These individuals also felt they were in very good health. Almost all participated in non-drug related recreational activities. Roughly one-fourth of respondents had regular childcare responsibilities, and 4 out of 10 reported their children know of their illicit drug use. Those who participated in the Drugnet survey had a mean GPA of 3.32 (high school or college), which is higher than the national average and represents good academic performance.

Overall, there was no observed practical differences on the GWBS between the people who participated in the Drugnet survey and the reported norms found in the HANES (1975), Fazio (1977), and pilot Drugnet (1996) studies they were compared with. Similar mean scores were found on the total scores, as well as the subscale scores.

No association was found between the number of drug categories used, illicit or licit, and the GWBS. Drugnet participants’ perception of their well-being was not influenced by the number of different drugs they used.

There was no significant association between the frequency of usage of any drug category and the GWBS score with the exception of alcohol. As the frequency of drinking went up, the GWBS score went slightly down (r = -0.09). There was also a significant association between the level of intoxication of alcohol and the GWBS score. Once again an inverse relationship was found: as the level of intoxication went up the GWBS score went slightly down (r = -0.12). A significant association was also found
between the level of intoxication of cocaine and the GWBS score that result was also an inverse relationship: as the level of cocaine intoxication went up, the GWBS score went slightly down ($r = -0.10$). However, no significant association was found between the level of intoxication of depressants, hallucinogens, marijuana, opiates, stimulants, and the GWBS.

**Discussion**

Overall, Drugnet participants appear to be normal, well-educated people when examining their GWBS scores and their lifestyle habits. They are employed with high income levels. This image is very different from the public image of the drug using population. Apparently, some individuals can use drugs recreationally and lead very productive, successful lives.

The research methods of this study enabled access to a hidden population, due to legal issues related to drug use. However, there were problems involved. One of the main problems was related to persistance. Due to the instrument design, there were possible delays between the sections of approximately 1 minute. Some people would begin taking the Drugnet survey but due to the time lapse between sections they may have lost interest or feel that they were too busy to complete the survey; thus they quit midstream, leaving larger numbers of missing data toward the end of the survey. Another problem involved maintaining on-line status. Everything would be running smoothly; then there would be periods of being off-line. Computer expertise is essential, and appropriate hardware and software is extremely important.
Limitations

The major limitation of this study was due to the non-random nature of the sampling procedure; generalization cannot occur to the general public. Another limitation was that the subjects were self-selected, therefore they cannot be assumed to be representative of either the drug-using population or the population using the internet. One of the main problems encountered in this study was the loss of subjects who began the survey and did not complete it. Of the 1,476 subjects who began the survey, only 906 (61.5%) answered all sections and had used at least one drug category. This loss could have been due to the fact that Drugnet is a lengthy survey.

Conclusions

The findings of this study support the hypothesis that there is no observed difference between the general, mental well-being of this group of recreational drug users as compared to the national norms provided by the HANES study.

Furthermore, the Drugnet survey demonstrates that on-line computer-based surveys can be a valuable tool to gain access to a hidden population. People are willing to give very honest answers concerning sensitive information. They are not threatened by the face to face interaction of a one-on-one interview.

The results of this study suggest that there is a sub-sample of the drug consuming population that can lead productive, successful lives. These people are normal, healthy individuals who function well in everyday life.
**Recommendations**

Drugnet needs to be put back on-line to obtain a larger sample. The next time it needs to have it's own web-server with the appropriate software and hardware.

These data need to be reviewed by drug educators and considered when developing drug-education curricula. Drug policy experts and politicians need to consider the ramifications of this information when developing public policy and laws.
Appendix A

Are you successful?
Do you have a stable home life?
Are you a happy adult?
Do you occasionally enjoy the recreational use of Marijuana or other drugs (e.g., Cocaine, LSD, etc.)?

Past research on drug use has concentrated on drug abusers (i.e., people in treatment), elementary, high-school or college students. We are conducting a survey to demonstrate the existence of successful adult drug users in our society.

If you fit the above qualifications, we would like you to take our *survey*. All information is anonymous. You don't have to e-mail us *ANYTHING* that carries your e-mail address. All you have to do is set your web browser to:

http://wkuweb1.wku.edu/~drugnet).

All you need to take this survey is a little time (approximately 20 to 30 minutes, depending on your level of experience with a mouse and recreational drugs). All responses will be kept confidential.

This is for REAL! This is *not* an attempt to identify drug users for police records. We are all researchers at academic institutions who are interested in Drug Policy. If you have any questions at all about this study you may contact us at the address below.

If you have taken this survey before, during our pilot study last year, we'd like for you to take it *again*!. Based on respondent feedback, we've added new questions and made other modifications. So please, tell us about your experiences using this other format.

NOTE: This survey should work with any web browser that supports forms and tables. This includes Netscape 2.0+, Internet Explorer 2.0+, and similar software.

Tom Nicholson, Ph.D.
John White, Ph.D.
Department of Public Health
Western Kentucky University
1 Big Red Way
Bowling Green, KY 42101
Voice: 502/745-4797
Demographic Information
We would like to get some demographic information from you. Please answer the following questions about your background. Remember, all of this information is general and will not be used to identify you.

1. Are you a citizen or legal resident of the United States?
   - yes
   - no

2. What country(s) are you a citizen of?
   If you are a U.S. citizen, leave this question blank

3. Are you currently living the majority of this calendar year in the United States?
   - yes
   - no

4. What is your ethnic identification?
   - Asian
   - Black
   - Hispanic/Latino
   - Native American
   - Pacific Islander
   - White
   - Other

5. What is your gender?
   - Male
   - Female

6. What is your current age?

7. Are you employed:
Full-Time Employee
Part-Time Employee
Self-Employed
Unemployed

8. Please type in your job title:  (*leave blank if unemployed*)

9. Please tell us, in what industry are you employed?
   If we left your industry out, please tell us what it is:

10. Please rate how important spirituality is in your daily life:

    0  1  2  3  4  5  6  7  8  9  10
    No importance                                 Central focus of your life

11. Please rate how important your religious beliefs and values are in your daily life:

    0  1  2  3  4  5  6  7  8  9  10
    No importance                                 Central focus of your life

12. Do you regularly attend religious services?
    yes
    no

13. Do you participate in community activities (e.g., PTA, Chamber of Commerce, United Way, etc...)?
    Yes
    No

14. Do you vote regularly?
    Yes
15. How would you rate your own physical health status?
   Excellent
   Good
   Average
   Fair
   Poor
   Very Poor

16. Do you regularly engage in recreational activities (e.g., hobbies, athletics, crafts, reading, etc...)?
   Yes
   No

17. What is your marital status?
   Never Married
   Married
   Divorced/Separated
   Widow/Widower
   Living with Someone

   17a. Does your spouse or significant other work? [Please skip if this question does not apply.]
   Yes
   No
17b. Are you happy with your marital status?
Yes
No

18. Do you regularly have parental child care responsibilities?
Yes
No

18a. If yes, please check all that apply:
Biological Parent
Step-Parent
Adoptive Parent
Grand Parent
Foster Parent
Other Parent

18b. Do your children know about your use of illicit drugs?
Yes
No

19. Please tell us the highest education level you have achieved:
Less than High School
High School
Graduate Equivalency Diploma (GED)
Associate Degree (2 year degree)
Vocational Degree
Bachelors Degree (BA, BS, etc.)
Masters Degree (MA, MS, etc.)
Law Degree
Doctoral Degree (Ph.D., Ed.D., M.D., etc.)
Post-Doctoral Study

20. Are you currently attending college?
   Yes
   No

   20a. What is your year in school? [Note: Leave blank if not in college.]
   Freshman
   Sophomore
   Junior
   Senior
   Graduate Student
   Other

   20b. What do your parents earn in a year? [If both parents work, please add together parents incomes to obtain the amount. If you are not sure, please take your best guess.]
   Skip if you are not in school, or if in school, are self-supported.
   Less than $10,999
   $11,000 to $29,999
   $30,000 to $49,999
   $50,000 to $69,999
   $70,000 to $89,999
   $90,000 to $109,999
   $110,000 or more

21. What is (or if graduated, was) your last overall GPA?
   [Note: Please use a 4 point scale where a 4.0 would be an "A", 3.0 would be "B", etc.]
22. What is your household income? [If both you and your partner work, please add together your incomes to obtain the amount. If you are not sure, please take your best guess.]

If you live at home or your parents support you, we'd like to know just the income that you and/or your partner earn.

- Less than $10,999
- $11,000 to $29,999
- $30,000 to $49,999
- $50,000 to $69,999
- $70,000 to $89,999
- $90,000 to $109,999
- $110,000 or more

23. Do you and/or your partner have enough income to satisfy your current lifestyle needs?

- Yes
- No

**USE OF ALCOHOL**

I have never used alcohol. Skip to: [COCAINE]

For these questions, a "drink" is considered one 12-ounce beer, a 4-ounce glass of wine, or a mixed drink with 1 and 1/2 ounces ("shots") of hard liquor. The word "intoxication" refers to the effects that a drug has on your mood and consciousness.

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try alcohol?

2. At what age did you first become intoxicated by alcohol?

3. Have you used alcohol in the past year?

   - Yes
   - No

If you haven't used alcohol in the past year, how many years has it been since you drank?

[Note: 1.5 would mean one and one-half years.]

4. Do you consider yourself to have permanently quit using alcohol?
5. When you do drink alcohol, how many do you usually have, on the average? If you have quit, how many did you drink on average?

6. How many times, on average, do you use alcohol? [Remember, if you have not used alcohol in the past year, what was your frequency of use?]
   - At least once a week
   - At least once a month
   - At least once a year
   - Less than once a year

7. When you do use alcohol, what is the level of intoxication that you usually reach?
   - Not at all drunk
   - Mildly drunk
   - Moderately drunk
   - Very drunk
   - Extremely drunk

8. How many times, on average, do you use alcohol and other drugs at the same time?
   - At least once a week
   - At least once a month
   - At least once a year
   - Less than once a year
   - Never

9. Has your use of alcohol ever caused or contributed to a failure in your education, work or family life -- such as failing a course, being fired, family problems, or a divorce?
   - Yes
   - No

10. Have you ever used alcohol under circumstances which might be dangerous, such as while driving a car or operating machinery?
Yes
No

If you have used alcohol under dangerous circumstances, how often does this occur? [Skip if you answered no to question #10.]

Less than once a year
Once a year
A few times a year
Once a month
A few times a month
Once a week
A few times a week
Daily

11. Have you ever had legal problems because of your use of alcohol?
   Yes
   No

12. Have you had arguments with your family or friends about your use of alcohol?
   Yes
   No

13. During the year that I most heavily used alcohol, I used it about:
   About the same as first year of use
   Somewhat more than the first year of use
   A lot more than the first year of use

14. This past year I used alcohol:
   Much less than my heaviest year of use
   Somewhat less than my heaviest year of use
   About the same as my heaviest year of use

15. Have you ever experienced withdrawal (e.g., shakes, nausea, trouble sleeping) illness when you stopped taking alcohol?
Yes
No

If so, how often does this happen? [Skip you haven't suffered withdrawal.]

On a daily basis
On a weekly basis
On a monthly basis
On a yearly basis

16. Have you wanted to stop using alcohol but had trouble doing so?
   Yes
   No

17. Does getting alcohol occupy a large part of your time?
   Yes
   No

18. Have you ever experienced health or psychological problems as a result of your use of alcohol?
   Yes
   No

If you have had health or psychological problems, did you quit using alcohol or cut down on your use as a result? [Skip if you answered no to #17.]
   Yes
   No

If you haven't had health or psychological problems, have you cut down on your use of alcohol? [Skip if you answered yes to #17.]
   Yes
   No

19. Overall, the effects of alcohol on my life have been:
20. What positive effects has alcohol had on your life:

USE OF COCAINE
(Either Snorted or Smoked: "Coke", "Crack")

I have never used cocaine. Skip to: [DEPRESSANTS]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try cocaine?

2. At what age did you first become intoxicated by cocaine?

3. Have you used cocaine in the past year?
   - Yes
   - No

If you haven't used cocaine in the past year, how many years has it been since you used cocaine?
[Note: 1.5 would mean one and one-half years.]

4. Do you consider yourself to have permanently quit using cocaine?
   - Yes
   - No

5. When you do use cocaine, how much do you usually have, on the average? If you have quit, how much did you use on average?
   - Number of Grams
   - OR
   - Percentage of a Gram
6. How many times, on average, do you use cocaine? [Remember, if you have not used cocaine in the past year, what was your frequency of use?]
   - At least once a week
   - At least once a month
   - At least once a year
   - Less than once a year

7. When you do use cocaine, what is the level of intoxication that you usually reach?
   - Not at all intoxicated
   - Mildly intoxicated
   - Moderately intoxicated
   - Very intoxicated
   - Extremely intoxicated

8. How many times, on average, do you use cocaine and other drugs at the same time?
   - At least once a week
   - At least once a month
   - At least once a year
   - Less than once a year
   - Never

9. Has your use of cocaine ever caused or contributed to a failure in your education, work or family life -- such as failing a course, being fired, family problems, or a divorce?
   - Yes
   - No

10. Have you ever used cocaine under circumstances which might be dangerous, such as while driving a car or operating machinery?
    - Yes
    - No

   If you have used cocaine under dangerous circumstances, how often does this occur? [Skip if you answered no to question #10.]
Less than once a year
Once a year
A few times a year
Once a month
A few times a month
Once a week
A few times a week
Daily

11. Have you ever had legal problems because of your use of cocaine?
   Yes
   No

12. Have you had arguments with your family or friends about your use of cocaine?
   Yes
   No

13. During the year that I most heavily used cocaine, I used it about:
    About the same as first year of use
    Somewhat more than the first year of use
    A lot more than the first year of use

14. This past year I used cocaine:
    Much less than my heaviest year of use
    Somewhat less than my heaviest year of use
    About the same as my heaviest year of use

15. Have you ever experienced withdrawal (e.g., shakes, nausea, trouble sleeping) illness when you stopped taking cocaine?
    Yes
    No

If so, how often does this happen? [Skip you haven't suffered withdrawal.]
On a daily basis
On a weekly basis
On a monthly basis
On a yearly basis

16. Have you wanted to stop using cocaine but had trouble doing so?
   Yes
   No

17. Does getting cocaine occupy a large part of your time?
   Yes
   No

18. Have you ever experienced health or psychological problems as a result of your use of cocaine?
   Yes
   No

If you have had health or psychological problems, did you quit using cocaine or cut down on your use as a result? [Skip if you answered no to #17.]
   Yes
   No

If you haven't had health or psychological problems, have you cut down on your use of cocaine? [Skip if you answered yes to #17.]
   Yes
   No

19. Overall, the effects of cocaine on my life have been:

0 1 2 3 4 5 6 7 8 9 10
Negative Positive
20. What positive effects has cocaine had on your life:

**USE OF DEPRESSANTS**

I have never used depressants. Skip to: [HALLUCINOGENS]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try depressants?

2. At what age did you first become intoxicated by depressants?

3. Have you used depressants in the past year?
   - Yes
   - No

If you haven't used depressants in the past year, how many years has it been since you used depressants?

[Note: 1.5 would mean one and one-half years.]

4. Do you consider yourself to have permanently quit using depressants?
   - Yes
   - No

5. When you do use depressants, how much do you usually have, on the average? If you have quit, how many did you have on average? (# of pills)

6. How many times, on average, do you use depressants? [Remember, if you have not used depressants in the past year, what was your frequency of use?]
   - At least once a week
   - At least once a month
   - At least once a year
   - Less than once a year

7. When you do use depressants, what is the level of intoxication that you usually reach?
Not at all intoxicated
Mildly intoxicated
Moderately intoxicated
Very intoxicated
Extremely intoxicated

8. How many times, on average, do you use depressants and other drugs at the same time?
   - At least once a week
   - At least once a month
   - At least once a year
   - Less than once a year
   - Never

9. Has your use of depressants ever caused or contributed to a failure in your education, work or family life -- such as failing a course, being fired, family problems, or a divorce?
   - Yes
   - No

10. Have you ever used depressants under circumstances which might be dangerous, such as while driving a car or operating machinery?
    - Yes
    - No

   [Skip if you answered no to question #10.]
   If you have used depressants under dangerous circumstances, how often does this occur?
   - Less than once a year
   - Once a year
   - A few times a year
   - Once a month
   - A few times a month
   - Once a week
   - A few times a week
   - Daily

11. Have you ever had legal problems because of your use of depressants?
12. Have you had arguments with your family or friends about your use of depressants?
   Yes
   No

13. During the year that I most heavily used depressants, I used them about:
   About the same as first year of use
   Somewhat more than the first year of use
   A lot more than the first year of use

14. This past year I used depressants:
   Much less than my heaviest year of use
   Somewhat less than my heaviest year of use
   About the same as my heaviest year of use

15. Have you ever experienced withdrawal (e.g., shakes, nausea, trouble sleeping) illness when you stopped taking depressants?
   Yes
   No

If so, how often does this happen? [Skip you haven't suffered withdrawal.]
   On a daily basis
   On a weekly basis
   On a monthly basis
   On a yearly basis

16. Have you wanted to stop using depressants but had trouble doing so?
   Yes
   No

17. Does getting depressants occupy a large part of your time?
18. Have you ever experienced health or psychological problems as a result of your use of depressants?
   Yes
   No

If you have had health or psychological problems, did you quit using depressants or cut down on your use as a result? [Skip if you answered no to #17.]
   Yes
   No

If you haven't had health or psychological problems, have you cut down on your use of depressants? [Skip if you answered yes to #17.]
   Yes
   No

19. Overall, the effects of depressants on my life have been:

   0 1 2 3 4 5 6 7 8 9 10

   Negative  Positive

20. What positive effects has depressants had on your life:

USE OF HALLUCINOGENS (LSD, MUSHROOMS, PEYOTE, MESCALINE, ETC.)

I have never used hallucinogens. Skip to: [MARIJUANA]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try hallucinogens?
2. At what age did you first become intoxicated by hallucinogens?

3. Have you used hallucinogens in the past year?
   Yes
   No

If you haven't used hallucinogens in the past year, how many years has it been since you used hallucinogens?
[Note: 1.5 would mean one and one-half years.]

4. Do you consider yourself to have permanently quit using hallucinogens?
   Yes
   No

5. When you do use hallucinogens, how much do you usually have, on the average? If you have quit, how much did you have on average? (# of hits, NOTE: .5 would mean half of a hit)

6. How many times, on average, do you use hallucinogens? [Remember, if you have not used hallucinogens in the past year, what was your frequency of use?]
   At least once a week
   At least once a month
   At least once a year
   Less than once a year

7. When you do use hallucinogens, what is the level of intoxication that you usually reach?
   Not at all intoxicated
   Mildly intoxicated
   Moderately intoxicated
   Very intoxicated
   Extremely intoxicated

8. How many times, on average, do you use hallucinogens and other drugs at the same time?
At least once a week
At least once a month
At least once a year
Less than once a year
Never

9. Has your use of hallucinogens ever caused or contributed to a failure in your education, work or family life -- such as failing a course, being fired, family problems, or a divorce?
   Yes
   No

10. Have you ever used hallucinogens under circumstances which might be dangerous, such as while driving a car or operating machinery?
    Yes
    No

If you have used hallucinogens under dangerous circumstances, how often does this occur? [Skip if you answered no to question #10.]
   Less than once a year
   Once a year
   A few times a year
   Once a month
   A few times a month
   Once a week
   A few times a week
   Daily

11. Have you ever had legal problems because of your use of hallucinogens?
    Yes
    No

12. Have you had arguments with your family or friends about your use of hallucinogens?
    Yes
    No
13. During the year that I most heavily used hallucinogens, I used them about:
   About the same as first year of use
   Somewhat more than the first year of use
   A lot more than the first year of use

14. This past year I used hallucinogens:
   Much less than my heaviest year of use
   Somewhat less than my heaviest year of use
   About the same as my heaviest year of use

15. Have you ever experienced withdrawal (e.g., shakes, nausea, trouble sleeping) illness when you stopped taking hallucinogens?
   Yes
   No

If so, how often does this happen? [Skip you haven't suffered withdrawal.]
   On a daily basis
   On a weekly basis
   On a monthly basis
   On a yearly basis

16. Have you wanted to stop using hallucinogens but had trouble doing so?
   Yes
   No

17. Does getting hallucinogens occupy a large part of your time?
   Yes
   No

18. Have you ever experienced health or psychological problems as a result of your use of hallucinogens?
   Yes
   No
If you **have** had health or psychological problems, did you quit using hallucinogens or cut down on your use as a result? *[Skip if you answered no to #17.]*

Yes
No

If you **haven't** had health or psychological problems, have you cut down on your use of hallucinogens? *[Skip if you answered yes to #17.]*

Yes
No

19. Overall, the effects of hallucinogens on my life have been:

0 1 2 3 4 5 6 7 8 9 10

Negative Positive

20. What positive effects has hallucinogens had on your life:

**USE OF MARIJUANA**

I have never used marijuana. Skip to: [ OPIATES ]

**NOTE:** These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try marijuana?

2. At what age did you first become intoxicated by marijuana?

3. Have you used marijuana in the past year?
   Yes
   No

If you haven't used marijuana in the past year, how many years has it been since you used marijuana?

[Note: 1.5 would mean one and one-half years.]

4. Do you consider yourself to have permanently quit using marijuana?
   Yes
No

5. When you do use marijuana, how much do you usually have, on the average? If you have quit, how much did you have on average? (# of hits, NOTE: .5 would mean half of a hit)

6. How many times, on average, do you use marijuana? [Remember, if you have not used marijuana in the past year, what was your frequency of use?]
   - At least once a week
   - At least once a month
   - At least once a year
   - Less than once a year

7. When you do use marijuana, what is the level of intoxication that you usually reach?
   - Not at all intoxicated
   - Mildly intoxicated
   - Moderately intoxicated
   - Very intoxicated
   - Extremely intoxicated

8. How many times, on average, do you use marijuana and other drugs at the same time?
   - At least once a week
   - At least once a month
   - At least once a year
   - Less than once a year
   - Never

9. Has your use of marijuana ever caused or contributed to a failure in your education, work or family life -- such as failing a course, being fired, family problems, or a divorce?
   - Yes
   - No

10. Have you ever used marijuana under circumstances which might be dangerous, such as while driving a car or operating machinery?
If you have used marijuana under dangerous circumstances, how often does this occur?
[Skip if you answered no to question #10.]

Less than once a year
Once a year
A few times a year
Once a month
A few times a month
Once a week
A few times a week
Daily

11. Have you ever had legal problems because of your use of marijuana?
Yes
No

12. Have you had arguments with your family or friends about your use of marijuana?
Yes
No

13. During the year that I most heavily used marijuana, I used them about:
About the same as first year of use
Somewhat more than the first year of use
A lot more than the first year of use

14. This past year I used marijuana:
Much less than my heaviest year of use
Somewhat less than my heaviest year of use
About the same as my heaviest year of use

15. Have you ever experienced withdrawal (e.g., shakes, nausea, trouble sleeping) illness when you stopped taking marijuana?
Yes
No

If so, how often does this happen? [Skip you haven't suffered withdrawal.]

On a daily basis
On a weekly basis
On a monthly basis
On a yearly basis

16. Have you wanted to stop using marijuana but had trouble doing so?

Yes
No

17. Does getting marijuana occupy a large part of your time?

Yes
No

18. Have you ever experienced health or psychological problems as a result of your use of marijuana?

Yes
No

If you have had health or psychological problems, did you quit using marijuana or cut down on your use as a result? [Skip if you answered no to #17.]

Yes
No

If you haven't had health or psychological problems, have you cut down on your use of marijuana? [Skip if you answered yes to #17.]

Yes
No

19. Overall, the effects of marijuana on my life have been:
20. What positive effects has marijuana had on your life:

**USE OF OPIATES (e.g., Heroin, Opium, Methadone, etc.)**

I have never used opiates. Skip to: [STIMULANTS]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try opiates?

2. At what age did you first become intoxicated by opiates?

3. Have you used opiates in the past year?
   - Yes
   - No

   If you haven't used opiates in the past year, how many years has it been since you used opiates?
   [Note: 1.5 would mean one and one-half years.]

4. Do you consider yourself to have permanently quit using opiates?
   - Yes
   - No

5. When you do use opiates, how much do you usually have, on the average? If you have quit, how much *did* you have on average?

   We recognize that opiates cover a wide range of drugs and methods of use. Please tell us, in your own words, how much you use(d)

6. How many times, on average, do you use opiates? [Remember, if you have not used opiates in the past year, what *was* your frequency of use?]
At least once a week  
At least once a month  
At least once a year  
Less than once a year

7. When you do use opiates, what is the level of intoxication that you usually reach?
   Not at all intoxicated
   Mildly intoxicated
   Moderately intoxicated
   Very intoxicated
   Extremely intoxicated

8. How many times, on average, do you use opiates and other drugs at the same time?
   At least once a week
   At least once a month
   At least once a year
   Less than once a year
   Never

9. Has your use of opiates ever caused or contributed to a failure in your education, work or family life -- such as failing a course, being fired, family problems, or a divorce?
   Yes
   No

10. Have you ever used opiates under circumstances which might be dangerous, such as while driving a car or operating machinery?
    Yes
    No

If you have used opiates under dangerous circumstances, how often does this occur? [Skip if you answered no to question #10.]
Less than once a year  
Once a year  
A few times a year  
Once a month  
A few times a month  
Once a week  
A few times a week  
Daily

11. Have you ever had legal problems because of your use of opiates?
   Yes  
   No

12. Have you had arguments with your family or friends about your use of opiates?
   Yes  
   No

13. During the year that I most heavily used opiates, I used them about:
   About the same as first year of use  
   Somewhat more than the first year of use  
   A lot more than the first year of use

14. This past year I used opiates:
   Much less than my heaviest year of use  
   Somewhat less than my heaviest year of use  
   About the same as my heaviest year of use

15. Have you ever experienced withdrawal (e.g., shakes, nausea, trouble sleeping) illness when you stopped taking opiates?
   Yes  
   No

If so, how often does this happen? [Skip you haven't suffered withdrawal.]
On a daily basis
On a weekly basis
On a monthly basis
On a yearly basis

16. Have you wanted to stop using opiates but had trouble doing so?
   Yes
   No

17. Does getting opiates occupy a large part of your time?
   Yes
   No

18. Have you ever experienced health or psychological problems as a result of your use of opiates?
   Yes
   No

   If you have had health or psychological problems, did you quit using opiates or cut down on your use as a result? [Skip if you answered no to #17.]
   Yes
   No

   If you haven't had health or psychological problems, have you cut down on your use of opiates? [Skip if you answered yes to #17.]
   Yes
   No

19. Overall, the effects of opiates on my life have been:

   0  1  2  3  4  5  6  7  8  9  10
   Negative  Positive
20. What positive effects has opiates had on your life:

**USE OF STIMULANTS (e.g., Amphetamines, Crystal Methedrine ("Ice"), etc.)**

I have never used stimulants. Skip to: [NEXT SECTION]

NOTE: These questions were written with the assumption that you are currently using this drug. If you have quit using this drug, please answer the questions as if they were asking about your behavior when you were "using."

1. At what age did you first try stimulants?

2. At what age did you first become intoxicated by stimulants?

3. Have you used stimulants in the past year?
   - Yes
   - No

   If you haven't used stimulants in the past year, how many years has it been since you used stimulants?
   [Note: 1.5 would mean one and one-half years.]

4. Do you consider yourself to have permanently quit using stimulants?
   - Yes
   - No

5. When you do use stimulants, how much do you usually have, on the average? If you have quit, how much did you have on average?
   
   We recognize that stimulants cover a wide range of drugs and methods of use. Please tell us, in your own words, how much you use(d)

6. How many times, on average, do you use stimulants? [Remember, if you have not used stimulants in the past year, what was your frequency of use?]
At least once a week
At least once a month
At least once a year
Less than once a year

7. When you do use stimulants, what is the level of intoxication that you usually reach?
- Not at all intoxicated
- Mildly intoxicated
- Moderately intoxicated
- Very intoxicated
- Extremely intoxicated

8. How many times, on average, do you use stimulants and other drugs at the same time?
- At least once a week
- At least once a month
- At least once a year
- Less than once a year
- Never

9. Has your use of stimulants ever caused or contributed to a failure in your education, work or family life -- such as failing a course, being fired, family problems, or a divorce?
- Yes
- No

10. Have you ever used stimulants under circumstances which might be dangerous, such as while driving a car or operating machinery?
- Yes
- No

If you have used stimulants under dangerous circumstances, how often does this occur? [Skip if you answered no to question #10.]
11. Have you ever had legal problems because of your use of stimulants?
   Yes
   No

12. Have you had arguments with your family or friends about your use of stimulants?
   Yes
   No

13. During the year that I most heavily used stimulants, I used them about:
    About the same as first year of use
    Somewhat more than the first year of use
    A lot more than the first year of use

14. This past year I used stimulants:
    Much less than my heaviest year of use
    Somewhat less than my heaviest year of use
    About the same as my heaviest year of use

15. Have you ever experienced withdrawal (e.g., shakes, nausea, trouble sleeping) illness when you stopped taking stimulants?
   Yes
   No

   If so, how often does this happen? [Skip you haven't suffered withdrawal.]
On a daily basis
On a weekly basis
On a monthly basis
On a yearly basis

16. Have you wanted to stop using stimulants but had trouble doing so?
   Yes
   No

17. Does getting stimulants occupy a large part of your time?
   Yes
   No

18. Have you ever experienced health or psychological problems as a result of your use of stimulants?
   Yes
   No

   If you have had health or psychological problems, did you quit using stimulants or cut down on your use as a result? [Skip if you answered no to #17.]
   Yes
   No

   If you haven't had health or psychological problems, have you cut down on your use of stimulants? [Skip if you answered yes to #17.]
   Yes
   No

19. Overall, the effects of stimulants on my life have been:

   0  1  2  3  4  5  6  7  8  9  10
   Negative  Positive
20. What positive effects has stimulants had on your life:

**Past Experiences**

We'd like to know about any past encounters you've ever had with drug policy and enforcement. Tell us how drug use and law enforcement have affected your life.

1. Have you ever had legal problems because of your use of recreational drugs?
   - Yes
   - No

2. Have you ever been convicted of a drug-related (i.e. drug possession and/or trafficking) felony offense?
   - Yes
   - No

3. Have you ever been convicted of a non-drug (i.e. not drug possession and/or trafficking) felony offense in the United States?
   - Yes
   - No

4. Have you ever been convicted of a violent felony offense?
   - Yes
   - No

5. We would like you to briefly describe for us your problem experiences and your opinions and feelings about them.

6. Do you believe that the current drug laws and enforcement are effective in dealing with America's drug problem?
7. Would you support major drug reform which included strategies such as legalization and/or decriminalization of currently illegal drugs?

Yes
No

8. Is there anything else that you would like to tell the researchers about drugs and your experiences with them?

**General Well Being**

Now we would like to ask you some questions about how you have been feeling during the last month.

1. How have you been feeling in general?
   - In excellent spirits
   - In very good spirits
   - In good spirits
   - I have been up and down in spirits a lot
   - In low spirits mostly
   - In very low spirits

2. Have you been bothered by nervousness or your "nerves"? (During the past month)
   - Extremely so—to the point where I could not work or take care of things
   - Very much so
   - Quite a bit
   - Some—enough to bother me
   - A little
   - Not at all

3. Have you been in firm control of your behavior, thoughts, emotions or feelings? (During the past month)
   - Yes, definitely so
   - Yes, for the most part
   - Generally so
   - Not too well
   - No, and I am somewhat disturbed
   - No, and I am very disturbed
4. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile? (During the past month)
   Extremely so -- to the point I had just about given up
   Very much so
   Quite a bit
   Some -- enough to bother me
   A little bit
   Not at all

5. Have you been under or felt you were under any strain, stress, or pressure? (During the past month)
   Yes--almost to the point that I have just about given up
   Yes--quite a bit of pressure
   Yes--some - more than usual
   Yes--some - but about usual
   Yes--a little
   Not at all

6. How happy, satisfied, or pleased have you been with your personal life? (During the past month)
   Extremely happy - could not have been more satisfied or pleased
   Very happy
   Fairly happy
   Satisfied--pleased
   Somewhat dissatisfied
   Very Dissatisfied

7. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, feel, think, or of your memory? (During the past month)
   Not at all
   Only a little
   Some--but not enough to be concerned or worried about
   Some and I have been a little concerned
   Some and I have been quite concerned
   Yes, very much so and I am very concerned

8. Have you been anxious, worried, or upset? (During the past month)
Extremely so -- to the point of being sick or almost sick
Very much so
Quite a bit
Some -- enough to bother me
A little bit
Not at all

9. Have you been waking up fresh and rested? (During the past month)
   Every day
   Most every day
   Fairly often
   Less than half the time
   Rarely
   None of the time

10. Have you been bothered by any illness, bodily disorder, pains, or fears about your health? (During the past month)
    All the time
    Most of the time
    A good bit of the time
    Some of the time
    A little of the time
    None of the time

11. Has your daily life been full of things that were interesting to you? (During the past month)
    All the time
    Most of the time
    A good bit of the time
    Some of the time
    A little of the time
    None of the time

12. Have you felt down-hearted and blue? (During the past month)
All the time
Most of the time
A good bit of the time
Some of the time
A little of the time
None of the time

13. Have you been feeling emotionally stable and sure of yourself? (During the past month)
All the time
Most of the time
A good bit of the time
Some of the time
A little of the time
None of the time

14. Have you felt tired, worn out, used-up, or exhausted? (During the past month)
All the time
Most of the time
A good bit of the time
Some of the time
A little of the time
None of the time

15. How concerned or worried about your HEALTH have you been? (During the past month)

0 1 2 3 4 5 6 7 8 9 10
Not at all concerned Very concerned

16. How RELAXED or TENSE have you been? (During the past month)

0 1 2 3 4 5 6 7 8 9 10
Very relaxed Very tense
17. How much ENERGY, PEP, VITALITY have you felt? (During the past month)

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</tr>
</thead>
<tbody>
<tr>
<td>No energy at all, listless</td>
<td>very energetic, dynamic</td>
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18. How DEPRESSED or CHEERFUL have you been? (During the past month)

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</thead>
<tbody>
<tr>
<td>Very depressed</td>
<td>Very cheerful</td>
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These final two questions are not about how you feel, but are to help us understand a bit more about the mechanics of our survey and also, how we can better target successful adults.

19. How did you find out about this survey?

20. How many minutes did it take you to complete our survey?
   [Note: 90 would mean one and one-half hours.]
References


