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KAJIAN SALAHGUNA DADAH

LAPURAN

"KAJIAN PENGGUNAAN DADAH DI KALANGAN
PELAJAR-PELAJAR SEKOLAH MENENGAH
NEGERI PULAU PINANG DAN SELANGOR"

oleh

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PULAU PINANG

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FOREWARD

The misuse of drugs by secondary schoolchildren in Malaysia has caused considerable public and official concern; and the present monograph outlines the findings of a major social survey conducted by the Drug Abuse Research Group, Centre for Policy Research, Universiti Sains Malaysia.

A summary of the research is given as Chapter Six; and in this the general reader will find a non-technical presentation of the pattern of drug abuse as it exists in the Secondary School samples, together with a discussion of the characteristics of the drug user.

The plan of the report is as follows. Chapter One is an introduction to the scientific background; and considers the drugs in use (ganja, heroin, morphine, opium, sedatives, tranquillizers, amphetamines) and their effects; and the social and psychological characteristics of drug users described in earlier studies. This then enables the formulation of the hypotheses to be tested in the present survey, which are set out in Chapter Two; and suggests a methodology which would be appropriate when dealing with as sensitive a topic as drug use (Chapter Three). The Fourth Chapter tabulates and describes the patterns of drug use revealed on the self-report questionnaires administered to over sixteen thousand school-children, who form a representative sample of the Secondary School population of Penang and Selangor States. Chapter Five compares drug users and non-drug users in terms of their social, geographic and demographic background; their educational ambitions and attitudes; their self descriptions; their family relationships; and their attitudes towards drugs. Chapter Five also discuss the reasons drug users give for their habit; and compares the users of different types of drugs in these reasons. Chapter Six, as mentioned, summarizes the survey's findings, and puts them in the context of previous research into youthful drug abuse; and Chapter Seven draws some conclusions as they might relate to policy. Finally, a Select Bibliography lists some of the major references which would enable the reader to take aspects of the subject further.

CHAPTER ONE

Introduction

Drugs in a non-medical setting, used to alter mood, perception or consciousness are the topic of the present report; the report and the study upon which it is based reflect a widespread feeling in society that the use of such drugs is in itself a cause for concern, that the presumed increase in such use by young people heightens this concern; but that response to drug usage which is ill-informed is unlikely to achieve desirable ends. We lack the basic information on the extent of drug use amongst the younger segment of society in Malaysia - the examples of drug abuse coming to light being of their very emergence untypical - let alone any knowledge about the characteristics of those who use drugs. Is there any pattern amongst the users of drugs within the schoolage population that differentiates them from their age mates? If such differences exist, do these give any insight into the influences and motivations relating to drug use? And, lastly, what would such insight offer those whose concern it is, via educational, informational and legislative means, to alter such behaviour? It is difficult in discussing drugs and their use to remain neutral; for the purposes of the present report, we will attempt to give as neutral a picture of the findings of the study and their implications as is possible, until a brief final chapter of comment in which some policy recommendations will be made.

The cultural setting within which drug use takes place, the traditional conceptions of drugs and their uses, and the contemporary pressures and influences upon the individual must all be accorded their due weight in any account of drug use in society; the social meaning and implications of the use of a particular drug in one part of the world may differ considerably from those surrounding the use of the same drug in another part of the world, and, correspondingly, the motivations towards drug use may vary widely between situations. The same observation must also be made with respect to differences of meaning and motivation within any one culture: although the retired man and the experimenting teenager may be classifiable together by drug type as opiate users, the pressures towards use and the social setting in which it takes place may be so unlike each other that grouping the two together may be positively misleading in the attempt to give an account of their drug using behaviour.

There has been drug use in Malaysia since antiquity; and each community has been traditionally associated with a small number of drugs - principally different forms of opium and cannabis. Statistics on the production or importation of the substances, and on the pattern and extent of their usage, are predictably scarce; and even when one has an official figure given, there is always the implicit or explicit proviso that the number is likely to be an underestimate. Thus, for the sixty thousand registered opium smokers in Malaya (the Federated Malay States and Straits Settlements combined) in the 1930's, there was estimated to be a further unregistered population of smokers of equivalent size. Known drug usage patterns have fluctuated with the changing legal position of opium and cannabis; and at some periods, control was exercised more by social than by legal means. Thus, one finds James Law, in 1826, arguing in support of the then method of limiting opium use via licensed opium premises:

"Where the propensity to the vices of smoking or eating opium can only with safety be openly indulged in, the dread of loss of reputation will deter numbers from risking its loss. But where a prohibition exists, and these practices may yet be privately enjoyed, at a slight risk of detection, that salutary dread is removed, and the temptation becomes irresistible. No respectable Chinese or Malay is ever seen in an opium-house, and as the holders of the licenses and their people are very alert, it is believed that the use of the drug is much less general than it otherwise would be."

(The British Settlement of Penang, 1826; republished 1972 Oxford University Press)

Each traditional community has had its forms of drug use and its social conventions to limit and specify the occasions and users of the drug substances; and in this way has been able to contain what would otherwise become a social problem. It seems, however, that in recent years Malaysia, in common with virtually every country in the world, has experienced a set of factors which make drug use no longer containable by the traditional restraints: for greater accessibility of drugs, their increasingly aggressive commercial marketing, and youthful interest in a whole range of new drugs have all combined to produce what some have called an epidemic of drug abuse in the country, especially amongst its youth. Together, the social historian and the expert on the world drug trade could begin to give an explanation for why, in the late 1960's, there was an increased youthful use of a range of drugs; for the explanation, it would seem, involves changes in fashion within youth culture allied to growth and change in the pattern of drug trafficking. The social scientist can chart the impact of these two pressures upon

society and, in particular, upon its youth - and may be able to see which individuals or groups are most likely to become involved.

The Drug Abuse Research Group, of Universiti Sains Malaysia, Centre for Policy Research, has already studied the pattern of drug use amongst several groups within the Malaysian population: including voluntary patients in a General Hospital, those charged with drug offences before the courts, and those currently imprisoned on drug related charges. The social and motivational background of each of these samples has been established, and enable some generalizations to be made about the likely characteristics of other similar populations within the country. More generally, they give some guide to the social and motivational characteristics of adult drugs users in Malaysia. Such studies can only be a guide, however, in that the very processes by which such samples become available to be researched are in themselves no guarantee that the sample is representative of the whole drug using population of adult years: indeed, there are good reasons to believe that those presenting themselves to hospital, for example, represent a rather atypical group of drug users.

Hence, a major and representative study of the secondary school population was the next logical step in the investigation of drug use in West Malaysia. Rather than taking just those individuals who had come to the notice of hospital, school or police for drug use, the research investigated a representative segment of the whole secondary school population of two states, Penang and Selangor, with no prior conceptions about which pupils were using drugs and which were not. Within the context of a broad-ranging, anonymous questionnaire, the pupils themselves gave indications of their experience, if any, with a range of drugs believed to be available to them; and the majority, who had no such experience, provided a context and comparison for the minority who indicated some degree of experience. Furthermore, such a sampling procedure enables one with some confidence to make statements and generalizations about the whole of the drug using group in the secondary school population rather than just a self selected sub-section of the population.

Thus, this investigation attempts to establish the true extent and pattern of abuse amongst school children. Are age-trends discernable? Has initiation occurred at approximately the same age for all, or is the age of first experience getting younger? What are the patterns of mono and poly drug use?

Then a range of questions can also be asked about the social characteristics and motivations of drug users. In what ways - if any - do drug users differ from their contemporaries who do not use drugs?

Are their social backgrounds sinister? Social class, relationship with their family, religious group membership, sex, pattern of friendships: do any or all of these serve to mark out the user? Do drug users differ in their ambitions and attitudes to school? Is there any indication that drug users fall within particular personality types, or see themselves as a special group with their own identity? What are the underlying motivations for taking drugs, and, of relevance for health education programmes, what reasons are given for not taking drugs in a sub-culture where drug use may be well known to exist? What beliefs do user and non-user have about drugs and their consequences? What are their feelings about drug use amongst youth? What constraints do they perceive existing upon them in the translation of these feelings into behaviour? What effect, for example, does media- and school-derived information about drugs have on its hearers; and how important a role does the law on drugs play in an individual's decisions on whether or not to use drugs? What roles are the various helping services seen to have?

Scientific Background

Few studies of drug abuse and the drug taker exist within social and cultural contexts which are similar to the Malaysian social context; and, as argued above, social context itself is likely to prove a major factor in the explanation of the patterns of drug usage, and of the underlying motivations and social characteristics of users. Nonetheless, a brief survey of the existing literature from other contexts will illustrate the genesis of the hypotheses that guided the present study. Section Two will then consider these hypotheses in detail. But first, the opportunity will be taken to review the actual drug substances in most common use worldwide.

A. Drugs in use and their effects

Young people have misused a range of drugs: in particular, the opiates (opium, heroin and morphine), cannabis (ganja), hallucinogenic drugs (especially L.S.D.) amphetamines, sedatives and tranquillizers. In some social climates, the list would be extended to include alcohol and tobacco; it is also important to realize that in other climates of opinion, some of the drugs listed above would not be recognized as drugs of misuse. Society's attitudes towards particular drugs have altered greatly over time; and sub-groups within the population may disagree at any one point in time. The social context in which a drug is taken may indeed substantially alter the experienced effect of that drug.

Opiates

Narcotics act upon the central nervous system, depressing the cerebral cortex and, probably, the thalamus and leading to a slowing of mental and physical activity. Drug dependence of the morphine type involves

- 1) An overpowering desire or need to continue taking the drug and to obtain it by any means.
- 2) A tendency to increase the dose as a result of increased tolerance.
- 3) A psychic dependence upon the effects of the drug related to a subjective and individual appreciation of its effects.
- 4) A physical dependence on the effects of drugs.

Such dependence is not an inevitable outcome of all forms of opiate usage, although, given the methods of administration common amongst Western users, dependence is frequent. (The method most frequently discussed in the literature is the taking of heroin by injection into the bloodstream; with less frequently, injection into the skin; sniffing and oral self administration. Smoking is seldom discussed in the Western literature.)

Some heroin users are reported to remain for a considerable while as occasional users only; but if the drug is taken frequently, tolerance is achieved, and the user will have to increase the dosage to attain the effects. Later, the euphoric effect is lost, and the individual continues with his drug in order to avoid withdrawal symptoms. Side effects from the life the addict is forced to lead are often contributory to the individual's decline and perhaps death. Many authors have commented upon the differential consequences for the user whether society regards him as a criminal or medical case. Where addiction is treated as a medical problem as in Britain, then the side problems of habit-financing crime, overdose etc. are lessened; and the addict is more likely to remain in contact with those who might help him. (See, for example, M.V. REAGAN: Readings in Drug Education, Methuen 1972; D.J. WOLK, Drug and Youth, Washington 1971).

Cannabis/Ganja

C. WINNICK (in E. HARMS, Drug Addiction in Youth, Pergamon, 1965) describes the effects of smoking cannabis as having three stages: an initial exhilaration, a peak midpoint and then a period of coming out.

Many writers comment that the effects for the novice user are likely to be much less attractive - nausea being common; more experienced users report altered states of perception. J. SCHER (Archives of General Psychiatry 1966 15 539-551) concludes that cannabis enhances whatever tendencies are already present in the individual. The World Health Organization (13th Report on addiction producing drugs, Geneva 1964) after reviewing all the published research upon cannabis, concludes that there is no evidence of any physical dependence; and several subsequent reports have reached the same conclusion. The conclusion of H. MURRAY (Bulletin on Narcotics, January 1963, 15) is worth quoting. Reviewing the literature he says:

"Both in the complexity of its effects and in more specific characteristics, cannabis is much closer to alcohol than to the opiates or cocaine. Like alcohol, it appears to have no deleterious effects on the moderate user ... as with alcohol, single doses, given to naive, unstable subjects can produce acute confusion, perhaps with violence, while the long-term use of heavy doses can probably lead to partial dementation. It is clear that the free availability of cannabis can be harmful but it is not clear that this is more harmful than the free availability of alcohol".

G. EDWARDS (The Practitioner, 1968, 200, 226-33) has, more recently, summarized medical opinion as "moving toward the view that there is no convincing evidence that deleterious long term effects are produced by cannabis".

Evidence that many heroin addicts had previously used cannabis (for example, T. BEWLEY, Brit. Med J. 1965, 2, 1284-6) has often been cited; it is unclear quite what conclusions should be drawn from such findings, as similar enquiries would also show that heroin users had also used tobacco, alcohol, etc. Clearly, not all cannabis users - as not all tobacco or alcohol users - progress to heroin. As R.P. WEINER (Drugs and School Children, 1970, London) puts it: "The important question is what percentage of cannabis users do? This is unknown, but it does not appear to be very high for the Woolton report ... puts the number of cannabis users (in Britain) as between 30,000 and 300,000 while only 1796 addicts had signed on at treatment centres in the country at the time".

Hallucinogenic Drugs

These are substances which produce changes in thought, perception, mood and sometimes posture; the most common of these substances being L.S.D. The literature on them suggest that they do

not cause major disturbances of the autonomic nervous system, nor are they addictive, though overdose effects can lead to narcosis. Considerable inter-individual differences occur in the psychological experiences which follow drug use; and S. COHEN (Drugs of Hallucination, London, 1965) estimates that one patient in every 2500 committed suicide after taking L.S.D. However, R.A. SANDISON (The Practitioner, 1968 200 244-50) is of the opinion that the dangers of L.S.D. are compounded by the disturbed nature of a subset of those using the drug. Thus, although the drug does not produce physical dependence, its potency means that it can be very harmful if used by the severely disturbed individual.

Amphetamines, Sedatives and Tranquillizers

These drugs are used by the medical profession in the treatment of a variety of conditions; and, in Western Countries, are prescribed in enormous quantities. (WEINER quotes a British figure of 3.8 million prescriptions for amphetamines alone). They are thus widely synthesized and may, via a number of routes, become available to those who would misuse them (thefts; forged prescriptions; illegal imports).

Amphetamines ('pep pills' etc.), used in the treatment of depression epilepsy, psychopathic states etc., have effects upon the sympathomimetic and central nervous systems, the latter site of action resulting in arousal, euphoria and increased energy and self confidence - these being the reasons for illicit use of the drug. The evidence indicates that, whilst a considerable number of amphetamine takers stay only at occasional user level, some develop a degree of psychological dependence upon the drug. Again, the question of progression from pep pills to other drugs has been raised.

Barbiturates, although sometimes found misused by the same drug subculture as amphetamines, have a completely different pharmacological action: the barbiturates act as depressants in many organs of the body; and can lead to a form of intoxication behaviourally similar to alcohol intoxication. It is possible to become addicted to barbiturates.

B. Drugs and their takers

Many of the published studies of drug takers have concentrated upon a small sample of known users who have, say, presented at a clinic, and who will thus be atypical in motivation, stage of experience and probably many other factors. Generalization from such a sample to

users in the population as a whole may thus be unreliable; and attempts to estimate the size of the user group within the general population from the sample will be even worse.

The low prevalence of drug taking within the population may also lead to large sampling errors unless ones survey sample is enormous, as very few studies are. Determination of exactly who is a drug user is also beset with the twin problems of difficulty of diagnosis and of unreliable self reporting by users (or indeed, of boastful false inclusions by non-users).

N. BEJEROT has long stressed taking an epidemiological view of drug abuse: he identifies epidemic drug dependence related to particular periods, regions, ages and population groups. This is characterised by quick development, a high rate of "infection" of special groups at risk, and rapid changes in fashion. Such a view of drug abuse would seem well supported by the vastly different patterns of drug abuse found in different parts of the world, and in the same country at different times; and his theory is helpful as a context because, in addition to giving us a model of how a drug habit can spread through a culture, it also serves to warn us away from any simple expectations that the reasons which lead one drug user using a particular drug in one social context are necessarily going to be the same reasons for another user using the same drug in another social context. One cannot predict social characteristics or motivations purely on the basis of drug type.

Bejerot is concerned to stress, however, that the availability of a drug and its dependence-producing quality are the basic conditions for the development of all addictions: "The high infectivity of addiction is the decisive mechanism in the inception of mass addiction in a society". His examples are drawn from the epidemic of intravenous injection of stimulants which spread through Sweden "almost by geometric progression"; and it may well be possible to provide a similar account of the spread of various non-addictive drugs through a population, as the central mechanism of initiation via friends into a currently fashionable habit would seem to be equally relevant here.

R. COCKETT (Drug Abuse and Personality, London 1971) indicates that the epidemiological model of drug abuse amounts to criticism of those psychological and sociological models of drug abuse which have emphasized personality and social situations as the major determinants of addiction and the spread of drug abuse. There is, of course, an equivalent danger of over-emphasizing the infective process to the

exclusion of personality and social factors: by no means all those who are in contact with drug users become users themselves, or certainly have any experience beyond a brief experimental one.

As with all other social problems, it is necessary to think in terms of multiple causation of drug abuse behaviour: no single cause is to be found. It takes a combination of factors - and not necessarily at all the same combination of factors in each case - to produce the behaviour. In some measure, most of the following will be involved: access to drugs; the example of others; demonstration of techniques of usage; knowledge in the sub-culture of the effects of a drug; a range of personal factors; and a range of social factors.

Research into the Social Psychology of drug taking

i. Social characteristics

Cockett's review of the literature describes three fairly general characteristics which are commonly referred to as having close association with drug abuse: youth, social conditions and environment; and delinquency.

The Advisory Committee on Drug Dependence, reporting to the British Home Office in 1968 stated that most drug misuse was found among the younger generation: a finding frequently and increasingly repeated in studies since that date. Whether one takes studies of opiate addicts in America, cannabis users in Europe or amphetamine users in Japan, the preponderance of youth is striking.

I. CHEIN et al (Narcotics, Delinquency and Social Policy, London 1964) reviewing the incidence of drug abuse in the U.S.A., report that the drug epidemic areas are, on average, areas of relatively concentrated settlements of underprivileged minority groups; of poverty and low economic status; of low educational attainment; of highly crowded housing and "teeming with teenagers". Within such groups, drug users tended to come from the less cohesive families. In contrast to Chein et al's early a clearly very different pattern of social conditions obtains when considering the more recent social use of drugs amongst American students. Yet again, cross cultural differences are important: in the few British Sociological Studies available, very little evidence of familial, ethnic or social-class predisposition towards drugs was found. (Indeed, some small-scale surveys have actually found a majority of their users coming

from professional backgrounds). Supply patterns, availability and fashion must clearly be taken into account as well as presumed underlying motivations.

Delinquency has been associated with drug taking by many writers: e.g. K. EASTON (quoted in Cockett) who writes that experimentation with heroin is preceded by a long historical development of behavioural, social, school, interpersonal and other problems. D.P. AUSUBEL (Psychiatric Quarterly 1971 35 523-531) in a study of occasional drug users found that the individuals involved were essentially normal personalities, where the drug provided one of many possible ways of expressing non-conformity, rebelliousness and defiance of convention; and like delinquency itself, diminishes with age and is discarded by most with the approach of adult life. Many authors report the co-existence of drug use and delinquency at the scale of city areas most at risk; and also at the level of the individual. Many of those convicted for drug offences have previous convictions for non-drug related offences. (Statistics such as these, which are cited in many studies, must be interpreted with a certain amount of caution: those who become known to a study because of their drug offences may well be the subset of the total user population who are already known to the police because of their previous record of offences; and may thus be a unrepresentation of users in general).

Cockett, in his British Study of drug taking samples who were also delinquent, has compared drug abuse with various facets of delinquent behaviour. In general, drug users were not different from non drug using delinquents in the age of onset of delinquency; for the majority of cases, delinquency began before drug taking. There was no association found between drug taking and violence in this study; nor was there any relationship between family disruption (the family have been broken) and drug taking, though some evidence was found of some association between drug taking and a poor relationship between the individual and his father. In this sample, there were significantly more controls who had educational opportunities - including in some cases tertiary education.

Cockett's study is thus of a British sample in which few of the social correlates of drug abuse described in the earlier American studies are found to hold. Another major study of relevance is that of R.S. WEINER (Drugs and Schoolchildren, London 1970), who found, in his sample of 1093 secondary schoolchildren, 5.39% to be drug users. In this, another British sample, the differences between American and other studies of the social characteristics of schoolage users is striking. There was no significant trend towards greater drug use by males; drug takers were most likely to

be found in the older age groups; and most striking of all, drug taking at school ~~are more~~ likely to be found among the higher social classes (in this sample, 62.7% of the users come from middle class families, as against 40.1% of the non users). Compared with the rest of the sample, significantly more drug takers were either planning to leave school by the end of the year or were uncertain of their plans.

Drug abuse thus relates to profoundly different social patterns in different countries: as the above examples show, it would be entirely misleading to take the early American finding of drug use being principally tied to disadvantaged social circumstances as applicable everywhere; in Britain, for example, the pattern of drug use found amongst Weiner's school sample was of occasional, predominantly middle class usage among those seeking to leave school.

ii. Personality has been the main focus of much research. Drug users were, in Cockett's study, found at all intelligence levels: "basic mental capacity appears to have little or nothing to do with vulnerability to such involvement". What abnormal psychiatric states were found amongst users could be considered consequences rather than causes of usage; or at least, joint symptoms with usage of an underlying disturbed state: anxiety, depression and hypochondria being the conditions which especially distinguished drug takers from controls.

The personality picture which emerged of drug users indicated that they were, when compared with others, less likely to distort their self image and present a 'good impression' of themselves. The more neurotic a delinquent, the more likely he was to become involved in drug abuse, with the more introverted becoming the more heavily involved. Drug takers, like other delinquents, were more than averagely self-punishing and paranoid. Greater suspicion and withdrawnness, greater emotional tension and excitement all characterized the drug using delinquent; he also had less persistence, will power, social effectiveness and leadership. Heavily involved drug takers were, in addition, less emotionally nature or able to tolerate frustration. No significant personality differences emerged on the wide battery of psychological tests between hard and soft drug users. The individuals, therefore, identified as being most at risk were those who would popularly be described as "inadequates".

iii. Comparison with Studies of Schoolage users of alcohol and tobacco

Illicit use of drugs has received considerable public comment and discussion, and yet the number of people with drug related problems is small compared with the number who have problems with alcohol; and

the use of tobacco amongst young people is again vastly more widespread than is drug usage, yet also the subject of much less attention comparison of drug user studies with those investigations principally concerned with alcohol and tobacco usage amongst schoolchildren would thus be relevant.

In Britain, a series of studies (A.C. Mckennell and J.M. Bynner Br. Journal Educ. Psychol. 1968 39 27-39; J.M. Bynner: The Young Smoker, H.M.S.O., 1969; J. Davies and B. Stacey Teenagers and Alcohol, H.M.S.O., 1972) have carefully surveyed the extent and origins of smoking and drinking amongst schoolchildren, identifying the factors underlying usage. Striking similarities emerged between these studies and the Weiner Study of drug taking in schoolchildren described above.

Bynner's study has shown the importance of the image of "the smokers" in motivating individuals to emulate him. In a series of questions, subjects (who included heavy, occasional, and non-smokers) discussed their own self perceptions; they were then asked to think of the individual who smoked and to discuss what other characteristics he was likely to have, and again to give their image of the non-smoker. An overall picture of "roughness and motivity" emerged of the smoker as being thought of as somewhat more grown up than average, more successful in interpersonal situations, more popular (especially with the opposite sex), less likely to accept school values, etc. Then, instructive differences between smokers and non-smokers emerged in how far the individual perceived himself similar to this abstract image of the smoker and how far they wished to emulate this image. Peer group pressure, then, may be seen as important to the initiation and maintenance of smoking amongst adolescents, both in the form of face to face encouragement, and in terms of the reference group effect shown by the comparison of self images.

Youthful drinking, more still than youthful smoking, is associated popularly with various aspects of delinquency. Whether the relationship should be seen as purely causal (groups of individuals become violent after misusing alcohol) has been debated by W. Mandell (Youthful drinking, New York 1962). C.N. Alexander (Social Force 1967 45 542-550) suggests that excessive use of alcohol is a manifestation of a general delinquency. Alexander's empirical studies also describes "defiant drinking" as a manifestation of "adolescent rebellion" rather than a cause; the state of the individual causing both the delinquent behaviour and the drinking. Davies and Stacey's survey of older secondary schoolchildren shows that most frequently, parents introduce children to alcohol, with only a minority of first drinking occurring in the company of other teenagers;

first encounters are, for the majority, on special occasions; but with increasing age, alcohol is more often consumed on occasions reported to be "not special". There is a close relationship between amount of use of alcohol and that of tobacco: the heavy drinker is also likely to be the heavy smoker. Spending power is also related to amount consumed, this being true at each age level.

As in Bynner's study, Davies and Stacey investigated the ways in which their young Scottish sample perceived themselves and their fellows: Questions were asked about "the actual self", "the ideal self", "the teenager who drinks heavily" and "the teenager who does not drink". Toughness is seen as associated with drinking; and being unsociable as associated with not drinking. The authors thus argue that many young people in their sample are motivated to drink in order to avoid the weak and unsociable image associated with not drinking, and to achieve the toughness which they link with the consumption of alcohol. Most would wish to avoid the state of the heavy drinker, who they would see as tough but unsociable.

Their heavier drinkers had the more hostile attitudes towards the older generation, and towards authority figures such as teachers. They believe that drinking is a sign of maturity, and that it shows that one "Knows how to look after oneself". Those who totally abstain had extremely restrictive and often punitive attitudes and opinions, not only on drink specifically, but also on a range of other topics; and often they did not participate in the usual adolescent activities. The majority of individuals in the survey had achieved a controlled use of alcohol via their parents' socializing them into seeing consumption as a normal and acceptable mode of behaviour, rather than leaving them to experiment furtively. This, the authors suggest, may help reduce the chance that the children will use alcohol as a means of expressing rejection of parental authority and of other values and norms of behaviour.

Health education constraints upon both behaviours are discussed. Questions on the topic of the health dangers of smoking failed on the whole to discriminate between smokers and non-smokers, indicating that the belief that cigarettes can cause illness is not a major factor in checking smoking. Discussion of lung cancer with the non and occasional smokers however showed them to be much more concerned than were the heavy smokers. (The latter presumably reduce the potentially dissonant state by setting less belief upon the medical evidence). These findings have implications for health education.

Given that the attractiveness to youth of both smoking and drinking rests in part on the perceived maturity and self reliance of users; and given the fact that some users are in active rebellion against authority figures, to the point that they must reduce dissonance by avoiding or disbelieving medical evidence, then the least successful cause of action on the part of an educator would be a programme which stressed that teenagers were "too young" to adopt such practices; which used conventional authority figures as communicators in the programme; and which laced the communication with scaring medical information. Unfortunately, too many education programmes take precisely this form.

iv. Drug User motivations: the self report approach

Weiner in the school study mentioned above, used a questionnaire technique to identify the individual's perception of actual self, of ones ideal self and of drug takers. The aim was to see if the users and their non-user controls had different perceptions of people who took drugs in relation to the perceptions they held of themselves as they were, and as they held of themselves as they are and as they would wish to be. Factor analysis of these images gave four factors: conventionality, weakness, obedience and heterosexual appeal.

On the factor of conventionality both drug users and non users perceived themselves to be more unconventional than their ideal selves, and perceived people who took drugs to be yet more unconventional than themselves.

Both groups perceived people who take drugs as being tougher than their ideal selves; but whereas non-users see their actual self as being close to this untough ideal, users see themselves as tough as the typical user. Both groups perceived drug users to be more disobedient than they were themselves, while the drug takers perceived themselves to be more disobedient than their ideal, the controls saw no difference between themselves and their ideal self.

Finally, non-users perceived no difference as regards heterosexual appeal between themselves, their ideal selves and people who take drugs. Drug users however perceived people who take drugs as having more heterosexual appeal than themselves, although they saw no differences between themselves and their ideal self. It should be noted in this connection that the leisure activities of the drug takers when compared with the non-drug takers, were more typical of the behavior of an older age group: they more often went to pubs, dancing and into Central London; they had more money to spend, and in consequence smoke and drank more than did the controls. They also spent more time in mixed company of their own age,

and felt less nervous about relationships with their age group. Thus Weiner found drug takers at school level to differ from non users on a number of dimensions: drug takers tended to live a life more typical of an older teenage group, with more assured and wide ranging social activities. He also found them to see themselves as disobedient, with less respect for property and being more impulsive, with more encounters with the police than had the non-users; and knowing more people who had taken drugs.

Another similar mode of approach to the personality of drug users and to the individual motivations underlying their habit is advocated by the authors of the Canadian Government's Commission of Inquiry (The Non Medical use of drugs, Penguin 1971). Instead of the 'objective assessment measures approach' used by Crockett and other clinically orientated psychologists, it seemed to them that:

"We must rely primarily on what drug users themselves say about their personal motivation and other factors predisposing them to use drugs. This was the approach followed by William James in his Varieties of Religious Experience, a phenomenon which has certain affinities with the subject matter of our inquiry. The best evidence of the experience, the subjective effects of which may be presumed to be the primary motivation or cause, comes from the words of those who have undergone it. This is not to say that insight cannot be gained from the observations and interpretations of psychologists, Social philosophers, sociologists and other informed and qualified students of our society. Thus we shall have recourse, in trying to explain this phenomenon, to both the words of drug users and the interpretations of observers".

Their position is that motivation is too subtle, complex and full of nuance to be adequately elicited through questionnaires, although they admit that the survey method does have its strengths in gaining a wide overall view of extent of use, perceptions of drugs and general attitudes.

However, whichever method of inquiry is employed, no single unifying explanation or theory will emerge because motivations vary between the different drug using populations and within a particular population. The motivational patterns underlying drug use tend to vary from drug to drug.

Thus, for example, users of cannabis tended, in their testimony to the Canadian inquiry, to stress the simple pleasure of the experience. "Time after time, witnesses have said to us in effect - we do it for fun; do not try to find a complicated explanation for it, we do it for pleasure". Simple pleasure, similar to that claimed for the moderate use of alcohol, or food, or sex, is frequently offered as the general explanation

for most current drug use; and the Commissions felt that it would be a serious error, at least as far as cannabis use was concerned, to think of use as symbolic of or manifesting a pathological, psychological or even sociological state. Such drug use does not have to be thought of as a consequences of pathological need patterns.

Whereas cannabis users talked of their drug's use in facilitating normal social interaction, L.S.D. users spoke of their drug as not to be lightly taken, and producing a very profound experience. It was not a regular practice, having social or communal significance, but rather an individualistic venture: a search for self knowledge, a self integration or religious insight. "The positive values that young people claim to find in the drug experience bear a striking similarity to traditional religious values, including the concern with the soul or inner self. The spirit of renunciation, the emphasis on openness and the closely-knit community are part of it, but there is definitely the sense of identification with something larger, something to which one belongs as part of the human race". So conclude the Commissioners, after hearing evidence presented to the Canadian Government Inquiry, who continue:

"We suspect that much contemporary drug use simply serves the purpose of relieving the stress and tension which most people, young and old, experience in modern living. Certainly this is a dominant function of alcohol and nicotine which are still the most prevalent drugs in all age groups (in Canada). It is also true of the large quantities of barbiturates consumed by adults. In the vast majority of cases it is idle to look beyond the relief of tension for an explanation. This is the pleasure or gratification most generally sought after by the drug user".

There remain, of course, the sub-category of users who are disturbed, withdrawn or neurotic, as discussed in preceeding sections; but it is likely that these will remain very much the minority in a community where the social use of drugs - legal or illegal - becomes widespread.

v. The implications for social policy of this conclusion by the Canadian Government Inquiry are set as thus:

"The sick individual who relies on drugs almost as his only means of escape, who uses them always as a crutch, and structures his whole existance around them as the only providers of pleasure is in need of medical and psychiatric or psychological treatment. Prolonged counselling, psychotherapy and comprehensive social follow-up care are usually required. Medically prescribed and supervised drug treatment may also be indicated in many cases."

"On the other hand the non-conformist who is using drugs but is not sick in the medical or psychiatric sense, may not need treatment. If it seems desirable to bring about a change in his behaviour, only a philosophical and spiritual reorientation, which would have to touch the cultural roots of his values and existential attitudes, could achieve this goal". (p. 238)

Hypotheses Guiding the Study

Given a large, representative sample of the Secondary School Population, in what ways do the self reporting drug users - mono drug users or poly drug users, differ from those pupils who do not report experience with drugs of any kind? The present study, the first major Malaysian and perhaps Asian drug-related survey of adolescents in school, purposely casts its net wide, with the presumption that drug taking is a multi-determined phenomenon: that no one single "causal factor" will be either a necessary or a sufficient factor in drug taking. For some individuals, one factor may have most importance, for other drug users, another set of factors may be preeminent. Some commentators have suggested that no overall pattern of causality may be discernable, but in the belief that significant trends may emerge in a large scale survey, a range of factors possibly connected with drug taking have been included in the study. (Whether cause can be deduced from such findings of connections or correlations will be discussed elsewhere. Suffice it to say here that we have so far no facts, even of a correlational nature to go on in describing the adolescent drug using population). Factors which have been found important in one country may well be of lesser importance given the cultural, legal and drug availability characteristics of another country: hence, for example, the American finding that heroin addicts are largely from lower social classes cannot be replicated in Britain, where supply patterns and the cultural context of heroin addiction is completely different (J. HEWETSON & R. OLLENDORF Br. J. Addict 1964 60 109-114).

Social Background

Social class is not, of itself, a variable which can explain an individual's behaviour; it is frequently included in social surveys because of its value as a kind of shorthand summary of a network of other, less accessible variables to do with life style and standards of living. Many studies of delinquency, school achievement and drop out etc. have found differences which relate to social class, which generally in the case of children and adolescents is measured by father and/or mother's occupation. Finding such differences should then lead to further investigation into the relevant features of social class which may relate to the phenomenon of interest: for example, the degree of parental concern for the child's education might prove to be an underlying factor explaining differential school drop out between sub-groups of the community.

Family Relationships

Both early and present relations that the individual has with his family, and especially with his parents, may be hypothesised to influence the range of the individual's behaviour, including his drug-using behaviour. Family can be seen, potentially, as either the precipitator of such behavior or as its inhibitor. The tensions and strains of family relationships, unsatisfactory or distant parent-child relations, or even personality defects ultimately traceable to early childhood experiences (these last impossible to establish in a survey based on questionnaire methodology) may lead to drug-usage as a coping strategy; but so also might drug-usage be encouraged by familial and friends' example with either the same or other drugs of habit. (Several American studies have indicated parental use of tobacco and alcohol to have small but suggestive correlations with children's drug taking. See D.J. WOLK Drugs and Youth, Washington Council for the Social Studies 1971). Family ties and fear of parental disapproval may, on other hand, be a powerful inhibitor of experimentation with drugs in those cases where the child believes his parents disapprove of them. A battery of questions therefore was included to assess the individual's family relationships. Poor family relationships have been found to be associated with a wide range of delinquent behaviour (e.g. review by D.J. WEST The Young Offender, Penguin 1967) and M. Schofield (The Sexual Behaviour of Young People, Longmans, 1965) found that sexual precocity related to the child's not getting on with his parents. L. CHEIN (Narcotics, Delinquency and Social Policy, Tavistock 1964) found that almost all addicts in their study came from disturbed homes, and were unable to identify with their parents. Less is known about the non-addict drug taking population; and it may well be that the dynamics of occasional 'social' drug taking are somewhat different from those of addiction and dependence.

Sex

Males predominated in the early Western Studies of drug usage of all types, as they also do in delinquency and crime statistics: which may reflect either basic sex differences in underlying motivations or relevant differences in the sex roles within the community. That the latter is in part the case is suggested by changes over time in the West, such that, for some drug types, female users now outnumber males (e.g. D.J. WORK op. cit.). How far is drug taking sex typed in Malaysia? What are the current sex roles in adolescence; and is there any evidence of their changing in this country as they have done elsewhere?

Religion

Religious group membership has again in many contexts been linked to differences in drug-taking behaviour. Do the prescriptions of the various religions have differential effect in inhibiting any tendencies towards usage? Or would any differences found, relate less to religion per se and more to the stresses and strains particular to each ethnic group predominant within the religion? Or, again, would any such differences indicate the important role in the spread of drug taking of friendship groups, which are themselves likely to be homogenous with respect to religion and race?

Friends

Western research (e.g. the Addiction Research Unit report, Lancet 1968 - 1st. June 1189-1192) indicates that drug-taking spreads through pre-existing friendship groups; and many case studies have re-inforced the point - friends most often being the initiating agents. Hence, above and beyond individual precipitating factors, the very existence and availability of drugs within the individual's friendship groups would seem likely to increase his chances of using drugs himself. Not every individual who knows drug users himself takes up the habit: reference group theory predicts that only if the acquaintances are generally taken as appropriate models for behavior by the individual will he be influenced to follow suit. Hence, in addition to discovering how many drug users the individual is in contact with the study also aimed to study friends versus parental influence, and the image of the drug user that each individual held. J.M. Bynner (smoking among Schoolboys, H.S.S.O. 1968) has shown how an earlier era of pupils, the image of the cigarette smoker varied: for some individuals, he was an attractive independent rebel against the authority world, successful in social relations, especially with the opposite sex - and, as such, close to an ideal self, whereas for others, the typical smoker was much further from their own ideal self - which was more ambitious in school-related ways. Having friends who smoked when one also had the more positive image of the smoker was seen as more likely to initiate the habit than mere acquaintance with smokers. This line of thinking influenced the present study.

The Individual and His School: Ambition and Attitudes

Following on from the previous observations, it seemed worthwhile for understanding both causes and effects of drug usage to see whether there were differences between users and non-users in their attitudes towards school and schooling. Were own ambitions and own

expectations of success in school depressed among the drug using sub sample? How did either of these measures relate to parental expectations for the individual? (Ideally, one would determine this latter factor via direct interviews with parents: with a survey of the size contemplated, this was impracticable. The individual child's perceptions of his parents' ambitions for him are, in any case, an important factor in themselves). Was the pupil, in his own estimation doing well in school? What were his attitudes towards school, its discipline and aims? And, finally, how far might users and non-users differ in two school related areas - absences from school (absence being one indicator of disturbed relations with an institution) and hours of television watching (a competitor with schoolwork, and shown to be a "refuge" for some categories of delinquent see e.g. J.D. HALLORAN The Effects of Television, Panther 1970).

Self Descriptions

Studies of addiction have tended to show personality inadequacy to characterize the majority of addicts (see, for example, a summary of the evidence - R.S.P. WEINER, Drugs and Schoolchildren, Longman 1970); although some (e.g. J. SCHER, Archiv Gen. Psychiate 1966 15 539-551) have argued that personality disturbances may possibly occur after addiction and not before. Occasional users, rather than addicts may be presumed to predominate amongst a school age population who label themselves as drug-users. R. SCOTT and D. WILLCOX (Br. J. Addict 61 9-27) report that in their sample, occasional or "weekend" users had no personality disorders as judged by their ability to form relationships with both sexes. H.M. HOLDEN (Mental Health, Autumn 1966) suggests that Western teenage drug users contain a proportion of hard core heavy users, who may well show sign of disturbed personality, as well as a larger group of relatively stable individuals for whom drug use is a temporary phase, an aspect of a rebellious or experimenting adolescence.

Rather than running batteries of lengthy personality tests, on which the large majority of drug users as well as non-users would seem likely to emerge as normal, the present study concentrated attention upon the individual's own self description. Were users likely to see themselves as less happy than non-users? Did they differ in knowing what they wanted of life; feeling included; having a good time; making friends easily; being bored much of the time? Were they optimistic, did they see life as being controllable or a matter of luck, able to affect their world? Would they see themselves as relaxed, shy, lonely, bullied, grown up, the leader of one's friends, able to be relied upon? What things in

life were important to the individual? These, and many other self description items, were included in the questionnaire, to ask whether drug use is part of a wider rejection of the surrounding society; and whether it can be seen as coherent with the individual's self-image.

Reasons for Drug Usage

Many of the reasons an individual may have for using drugs have, hopefully, already been tapped indirectly in the questionnaire: parental relationships, the influence of friends, the image of the drug user, and the individual's own motivations as they are revealed in his self descriptions. His attitudes towards drugs themselves were also, clearly of interest (see below). Against this background, the reasons the individual gave when directly asked were also of importance: did he consider that curiosity was a motive? The pressure of friends? Were drugs a solution to his problems, or a help in work? What other reasons would users give? Would the regular users of one drug differ as in their given reasons from those of another - clearly, some drugs would be known in the school subculture for their hallucinogenic properties, others for their effects when trying to study hard. How did the non-users "explain" their non-use of an apparently freely available drug, ganja? Were their reasons - fear of its effects, fear of being caught, etc. etc. - similar to the reasons given by those users who said they did not use the drug as much as they liked? Answers to such a question may be relevant to educational campaigns - though it should be noted that the individual may not actually fully realize the influences and inhibitions acting upon his behavior, nor may he be willing to discuss them freely.

Attitudes Towards Drugs

WEINER (op. cit.) in the largest English survey (1090 respondents, of whom 59 were classified as users) supports the hypothesis of other smaller studies that drug-users have more favourable attitudes to drugs. Attitudes can be conveniently seen as comprising three components - the beliefs the individual holds about the attitude object (in this case, drugs in general or particular drugs); the feelings associated with these beliefs; and lastly the individual's intentions to behave in ways related to the attitude object. Generally, though by no means inevitably, these three components are internally consistent and interrelate to form a coherent attitude. (An individual for example may believe an object to have dangerous properties, feel anxious and angry about it, and intend to act in ways consistent with these feelings and beliefs). The possession of a sincerely held attitude need not give rise to any actual behaviour - the

appropriate circumstances may not arise; the action might conflict with more powerful motive; or the perceived negative consequences of the action might outweigh the positive ones. Hence, favourable attitudes towards drugs may well exist more widely than drugtaking behaviour; and fail to be translated into action because of lack of opportunity, conflict with other activities, or fear of the consequences of taking drugs.

A major section of the questionnaire therefore is devoted to various aspects of the attitude towards drugs. These link with the assessment of the popular image of the drug user, and whether he is seen in a more positive light by users. As was discussed in the introduction, studies of the image held by schoolchildren of "the typical smoker", and "the typical drinker" went a long way to explain their own use or non-use of tobacco and alcohol.

Belief, feeling and action components of attitude are all examined in a variety of questions, presented at various points in the questionnaire. Basic to any possible usage and to feelings about drugs is the individual's set of beliefs (whether true or false) about drugs in general and the particular drugs he might come across. What did he believe that drugs could do for one? Did they make one "feel good", help relax, or make one confused? What were their short and long term consequences, as he saw them? Were they only harmful if taken regularly, or likely to be addictive? What were his feelings about drugs? In general, did he worry about the drug situation, or was he little concerned with it? Did he believe that drug usage led to increased popularity with ones peers, or reflected an isolated and problem ridden state? Finally, how did he see his behaviour with respect to drugs? Would he be interested to try particular drugs that might be available? Were his friends users? Did he see supplies as easily available locally? Were the legal penalties a deterrent? And, if he could imagine himself in the parental role, how would he react to a child of his using drugs?

Rural-Urban differences

Supply patterns and personal motivations have both been suggested as differentiating the urban from the rural population with respect to drug use; indeed, in some American studies, drug use has been characterized as an urban problem. Yet, in the Malaysian context, it is widely believed that drug use is nearly as common in some rural areas as in urban areas, although the drugs of preference are often stated to differ between the areas, reflecting the different ethnic preponderance of urban and rural populations. As against this hypothesis of difference, it has also been suggested that, in contemporary society, the youth culture is sufficiently widespread and homogenous to minimize any such traditional differences in patterns of usage and drugs of preference as may be found in the adult age group.

Pattern of Drug Usage

Logically prior to all the above investigations of the individual's motivations and attitudes is the establishment of his actual pattern of usage, if any. It would be expected that, in an anonymous survey like the present one, some individuals would still remain inhibited about mentioning drug use, whilst others might boast of experience they had not had; and therefore no simple corrective statistics could be applied to estimate a true figure for drug usage. Rather, a wide variety of questions about usage, combined with factual questions, were employed, to cross check with each other; and to arrive at an overall picture of drug usage amongst the Secondary School population. The next chapter outlines the patterns of drug usage found; and subsequent chapters test and discuss the hypotheses outlined above.

CHAPTER THREE

Methodology

There exist a number of methods of assessing the extent of drug usage within the community; each method has its own particular advantages and yet none are without disadvantages for the research worker trying to establish the patterns of drug use.

Thus, for example, prescription records may provide standardized data wherewith to compare one district with another; and yet do not of themselves easily lead to a breakdown into medical and non-medical uses; and they are clearly limited to those drugs of abuse which are prescribable.

Sales records of purchasable drugs provide another portion of the evidence: Government collected statistics on the sales, manufacture and import of drugs cover that group of abusable drugs which can be purchased directly by the public; and from such figures, an estimate can be made of the extent of a population's dependence upon such drugs. In estimating the pattern of drug abuse in Canada, for example, the Commission of Enquiry (Report, Toronto 1971) made use of such sales records: "In 1968, Canadians bought 3 billion aspirin tablets; and consumed 55.6 million doses of amphetamines, and 556 million doses of barbiturates ... 24% of all prescriptions in Toronto were for mood modifying drugs ... more than a third of such prescriptions were dispensed in quantities calculated to last more than four weeks". Into this category of statistics also come the sales figures for alcohol and cigarettes. The reader will appreciate, however, the difficulty of using this category of data to determine the level and amount of abuse of such drugs, and the degree of dependence upon them in the country; for such sales-figures cannot distinguish the occasional user of, say, barbiturates from the heavy user who has become dependent.

Police statistics for arrest on drug related charges would seem at first sight to be a good way of examining the pattern of drug usage in the country, geographical variations in incidence, and changes over time. It must be realized that such statistics may be only a poor guide to the actual picture of drug use in the community, for detection and arrest figures are heavily influenced by national and local police policy; the manpower allocated within the force to drug investigations; the success of tip-offs; differential police activity in the various strata of society; etc. Some geographical areas are known to the police as high risk areas, and the resources brought to bear in them may result in a considerably higher detection rate than in other areas,

which may also have their own drug users. Police statistics, in addiction, give one a clearer picture of opiate and ganja abuse than they do of the non medical use of barbiturates, tranquillizers and amphetamines; indeed, in situations where heroin use is limited to a particular small group, who are highly visible and kept under police surveillance for much of the time, the police records can provide an accurate estimate of such users, in a way they never could hope to do for the pattern of middle-aged barbiturate abusers, for example.

Scientific survey, where properly constructed, are, in the opinion of the Canadian Commission (op. cit.): "the most accurate method available for making estimates of drug use". Surveys are particularly appropriate to describe social facts which include both overt behaviour and attitudes. Self-reporting techniques are the only ones which will yield information to describe sets of attitudes and experiences that combine to determine differences in behaviour within a population. Sampling a whole population poses major strategic difficulties; and a school-age sample, done through the schools especially at ages where there is compulsory attendance at school, may be the closest it is possible to come to a truly representative sample of the whole population. Clearly here the conclusions reached will relate primarily to the age group surveyed: the extent of, and motivations towards, drug use amongst 15 year olds is likely to be only an approximate guide to the 20 year old age group; and a fairly poor predictor of drug use among the middle aged. This will be especially true where drug use patterns are in swift change across the age groups.

The Drug Dependence Research Project (Universiti Sains Malaysia)

Four related surveys have, to date, been conducted by the members of the project, culminating in the present schools study. In order to give a picture of drug abuse in Malaysia, these surveys have investigated three known drug using populations - voluntary patients seeking treatment; persons coming before the courts on drug offences; and prisoners convicted of such offences. Extrapolation from any of these to the pattern of drug use in the whole community is, as argued above, not feasible, because the reasons why these populations are known to the authorities are precisely those why they cannot be regarded as randomly selected from the population or representative of it. These studies, however, indicate the social and economic background of these particular groups of users; illustrate

the extent to which drug use is related to pathologies, social and personal problem situations; enquire into the individual's motivations for starting and continuing drug use; and give a picture of the individual's personal drug history and (as appropriate) the therapeutic or legal consequences of this history.

Research reports on each of these populations give full details of the findings: suffice it here to note that the studies were conducted in Penang and Selangor states, and have either sampled or taken the whole of a particular known population. Thus, for example, one in three were sampled from all the voluntary patients coming to Penang General Hospital for treatment for their drug habit. The courts and prisons populations were extended on police advice, to include those who were known to be drug dependent, but who had, for reasons of sentencing policy, been charged or imprisoned on other offences.

For each population, a separate questionnaire was designed as appropriate, piloted, and administered by teams of trained interviewers. Further details of samples, questionnaires and administration can be found in the published reports.

Methodology of the Schools Study

In order to study drug users in the context of their non drug using contemporaries, and to gain an estimate of the extent and nature of such use throughout the population, it was decided to take as representative a sample of an age group as was practicably possible; and like many previous research workers before us, the present workers chose a sample of the secondary school population to study, both on grounds of accessibility and of scientific interest, being the population most at risk. Thus, from a whole unselected segment of the Malaysian population, one would have estimates of the proportions who had experience of drugs, the extent of such experience, and a comparison of the characteristics of users and non users; together with some indication of age trends within the secondary school population. Putting these findings against those already obtained in the hospitals, courts and prisons studies one could then:

- i) give an account of recent historical changes in the patterns of drug abuse in Malaysia, using data from present day thirteen year olds through to sixth formers and to the older populations in hospital, court and prison
- ii) trace the selective pressures which lead a minority of the total population to experiment with drugs; those which lead a proportion of these to continue to use drugs regularly; dependent upon these drugs.

From the inception of the schools study, the Senior Officers in the Ministry of Education were involved. The first phase of this study was planned and carried out in the state of Penang. Initial discussions with the State Education Department revealed that there were approximately 65,000 secondary schoolchildren in the state; and it was decided to make a 10% sample of this population. Rather than conducting the survey on 10% of schoolchildren in every secondary school in the state, it was felt that if the study was conducted in half of all secondary schools, this would provide an adequate reflection of the drug use pattern.

In selecting the schools to be surveyed, every precaution was taken to ensure that these would be representative of the total population in terms of ethnicity, rural-urban location, etc. All the selected schools were henceforth designated by a computer identification code; guaranteed their anonymity (over and above that which was ensured for each individual respondent); and the data collected will, thus not be presented in a way that any particular institution could be identified by the reader.

Thus, in each selected school, questionnaires were filled in by one in five of the school's population, to represent a random sample from each study level, and each class within a study level. The choice of individual children for the sample was based on the class register, with individuals being randomly chosen using a computer numerical maximum non-match selection technique.

On completion of the Penang survey, an equivalent study was planned and executed in Selangor with the assistance of the State Education Department, in order that the study should be as representative as possible of the Malaysian secondary school population, and such that any findings which applied only to one state might be detectable. In Selangor, a similar procedure was employed to select schools and individual pupils, to give a sample representative of the state's secondary school population. (For the purposes of one of the intended analyses of the data - see Chapter Five - schools in Selangor were classified as follows: City - Kuala Lumpur - 12 schools; Urban - other major urban areas in Selangor - 15 schools; Semi-urban - smaller urban settlements - 9 schools; and Rural - the smallest settlement - 4 schools. For this particular sub-analysis, of rural-urban differences, Penang was not included, as it was felt that only Selangor provided the sufficiently broad spread of environments necessary).

Development of Schools Questionnaire

Previously published survey instruments, and the suggestions of those familiar with the local school and drug use situation, were the main sources of items included in the pilot version of the questionnaire. Modifications to wording and new items in the questionnaire were made, in order that items might directly test the hypotheses of the study (as outlined in Chapter Two). Areas covered included demographic variables; educational level and aspirations; general attitudes; knowledge about and attitudes towards drugs and their users; as well as questions about relationships between the individual and his parents, friends and the school. A major segment investigated the respondent's experience of a range of drugs known to be available: ganja, tranquillizers, amphetamines, sedatives and barbiturates, heroin, morphine and opium. L.S.D. was also included in one version of the questionnaire. The actual-format and wording of the questionnaires are presented as an appendix to this report.

As the study was to investigate the whole age range of secondary school, consideration was given providing questionnaires geared to the different age groups: and it was decided to use two lengths of questionnaire, a shorter, 34 item, version for forms 1, 2 and 3 (the "Lower Secondary School Sample Questionnaire") and a more extended 75 item version for forms 4, 5 and 6 (the "Upper Secondary School Sample Questionnaire"). All 34 items of the shorter questionnaire appear either verbatim in the larger version, with the exception of a few items where the wording could afford to be more adult and complex for the older sample; or where a lower version item was the equivalent of a whole series of upper version items.

Versions of the questionnaires were produced in English and in Bahasa Malaysia; and were administered as appropriate for the predominant medium of each particular school.

Administration

The printed questionnaire was of a closed-ended, self administration nature; and thus the research assistants' task at this stage was almost purely administrative: fixing venues, seating arrangements, distribution of questionnaires, vigilance against collaboration between respondents, and collection of completed questionnaires. Interaction between administrators and respondents was kept to a minimum: after a brief and hopefully entirely neutral introduction (by either a school staff member or by one of the research team), the sample populations proceeded to work their way through the

questionnaire. In practice, at each administration, some respondents wanted reassurance of their interpretation of a questionnaire item; and the research assistants were instructed to make such explanations as straightforward as possible, so as not to bias the response with hints of socially desirable responses. The printed questionnaire sheets carried a brief introduction and assurances of anonymity; and a further reminder of the anonymity of responses was given at the strategic point in the questionnaire where, having developed some rapport on neutral questions, the respondent might feel threatened by the questions asking about his actual experiences with drugs.

Analysis Definitions

Whilst the study was essentially interested in the use of illicit drugs like the narcotics and marijuana, it also investigated the general pattern of the non-medical use of drugs. Further, though questions were asked on the use of alcohol and cigarettes, the major analysis in fact excludes these two items.

Thus by our criteria, a drug user is in fact anyone who has taken any one or more of the following drugs without a medical reason. The drugs considered in the study were amphetamines, tranquillisers, sleeping pills (sedatives), ganja (marijuana), Mx pills, heroin, morphine and opium. Cigarettes and alcohol were excluded.

Clearly, the above definition allows us to designate an individual as a drug user. It does not however, distinguish the experimental drug users from the drug dependent. The labelling of an individual as a drug dependent is again arbitrary and subjective. Thus in our study we have adopted the following rating scale.

EXPERIMENTER: Is any one who has used any one or more of the above specified drugs non medically 2 or 3 times only.

LIGHT USER: Is anyone who uses drugs 1-2 times a week or someone who has used it continuously for at least 12 times.

MODERATE USER: Is anyone who uses drugs 3-4 times a week or someone who has used it continuously for at least 50 times.

HEAVY USER: Is anyone who uses drugs at least 5 times a week or someone who has used it continuously for at least 100 times.

Taking into account the existing clinical and pharmacological evidence on drug tolerance and drug dependency, we are of the opinion

that conservatively, persons who fall into our last category i.e. the heavy users who may be considered drug dependents.

By a drug dependent we mean someone who will exhibit physical and or psychological changes on cessation of the drug.

Method of analysis

Completed questionnaires were checked for spoiled or incomplete papers, which were excluded at this stage. (Inspection of these show no clear trend in terms of the main independent variables, and the investigation proceeded on the assumption that these represented a scatter of non-returns which were at random with relation to the main variables of the study.) A total of 16,166 completed questionnaires were coded, card-punched; and sample distributions were run on the Universiti Sains IBM 370/135 computer; using statistical packages for social sciences.

Tests of significance, where referred to in the test, are chi-squared tests, computer calculated by package again using the statistical packages for social sciences. In each case, the usual statistics (median, mean mode etc) frequency counts, cross tabulations were computed.

CHAPTER FOUR

Pattern of drug use

The analysis of data gathered in the Penang and Selangor state surveys to be presented in the present chapter will indicate the pattern of drug use within the secondary school population: first, the overall proportion of drug users in this population; the number of these who restrict their use to one drug (mono users) and those who have experience of more types (poly users); and the drugs of preference. Then will be given the findings on frequency of usage; of recent changes in the rate of usage, and on the perceived local availabilities of particular drugs. Each drug type - ganja, heroin, morphine and opium, sedative and barbiturates, tranquillizers, amphetamines and L.S.D. - will then be considered separately, together with data on cigarette and alcohol use. (On these latter two comparisons will be made between the users of others drugs and non-users in their patterns of smoking and drinking). Finally, data on the age of initiation into ganja, other illicit drugs and cigarettes will be presented.

For each such analysis, a table or tables will be presented, and the text describing the findings of the particular analysis will bear the same identifying code number, for easy reference. This system for linking tables and text will also be employed in Chapter Five, in which the detailed analyses of drug user - non-user differences in background, attitudes and beliefs will be presented.

PDU 1 and 2 Number of drug users and non drug users; and their drugs of preference

In this and every other section, unless stated otherwise, the term drug user is to be taken to mean a person so classified for the purposes of this study by the criteria laid down in the preceding chapter on methodology: it refers to all such individuals, from the regular user to those who have had an isolated experimental experience of one drug. The reader must not therefore, equate the term "drug user" with "regular user", less still with "drug addict", for, as the subsequent analyses of this chapter will show, regular users are a minority amongst the "drug users" of this survey, with presumed addicts being fewer still.

Using the self report criteria, an overall 11.5% of the 16,166 schoolchildren in secondary schools in Penang and Selangor have had some experience of drugs of one kind or another. In both states, the age variable is of little importance: as large a percentage of the younger children (in the Lower School Sample) as of the older, Upper School, sample are users. Penang State, however, shows a proportionately

SOCO/PDU1: Number of Drug Users and Non Drug Users

Selangor

	No. of respondents	No. of drug users	No. of non drug users
1. Upper Secondary	3614	355 (9.8)	3259 (90.2)
2. Lower Secondary	6744	730 (10.8)	6014 (89.2)
Total	10358	1085 (10.5)	9273 (89.5)

Penang

	No. of respondents	No. of drug users	No. of non drug users
1. Upper Secondary	1969	270 (13.7)	1699 (86.3)
2. Lower Secondary	3839	511 (13.3)	3328 (86.7)
Total	5808	781 (13.4)	5027 (86.6)

Selangor and Penang Combined

	No. of respondents	No. of drug users	No. of non drug users
1. Upper Secondary	5583	625 (11.2)	4958 (88.8)
2. Lower Secondary	10583	1241 (11.7)	9342 (88.3)
Total	16166	1866 (11.5)	14300 (88.5)

PDU2: Penang Mono or Poly Drug Users

	Penang Lower	Penang Upper	Total	%
1. Mono	200	114	314	40.2
2. 2 drugs	88	33	121	15.5
3. 3 drugs	66	30	96	12.3
4. 4 drugs	77	31	108	13.8
5. 5 drugs	52	33	85	10.9
6. 6 drugs	24	29	53	6.8
7. 7 drugs	4	-	4	0.5
Total	511	270	781	100.0

Selangor Mono or Poly Drug User

	Selangor Upper	Selangor Lower	Total	%
1. Mono	228	294	522	48.1
2. 2 drugs	77	124	201	18.5
3. 3 drugs	24	71	95	8.8
4. 4 drugs	10	90	100	9.2
5. 5 drugs	9	84	93	8.6
6. 6 drugs	7	61	68	6.3
7. 7 drugs	-	6	6	0.5
Total	355	730	1085	100.0

Penang & Selangor

	Upper	Lower	Total	%
1. Mono	342	494	836	44.8
2. 2 drugs	110	212	322	17.3
3. 3 drugs	54	137	191	10.2
4. 4 drugs	41	167	208	11.2
5. 5 drugs	42	136	178	9.5
6. 6 drugs	36	85	121	6.5
7. 7 drugs	-	10	10	0.5
			1866	100.0

larger group who are users (13.5% overall) compared with Selangor State (10.3%), but factors which will be discussed in this and the following chapter begin to explain this difference in ways which reduce the significance of this finding.

The drugs of preference varied more between the age groups than they did between the states. To summarize data which will be presented more fully in subsequent sections, the order of preference as indicated by simple frequency of response (rather than frequency of usage or order of inception) are overall as follows:

Sedatives	914	individuals had ever tried
Tranquillizers	742	"
Amphetamines	704	"
Ganja	643	"
Heroin	584	"
Morphine/Opium	521	"
LSD (Lower Schools only)	463	"

Differences between states (which might reflect differential availability) are small compared with the differences between age groups. Orders of preference, with drugs indicated by their initial letter:

Penang Lower	S T A L H M G
Penang Upper	G S T (L?) A H M
Selangor Lower	S T A L H M G
Selangor Upper	G S H (L?) A T M

Note: L.S.D., which was not included in the older questionnaire, is included in the table above as a notional midpoint for the older sample.

PDU 3, 4, 5, 6, 7 and 8 Mono and Poly drug users

Of the group now described as drug users, an average of 44.8% had experience of only one type of drug; with progressively fewer having experienced two, three and more types of drugs, such that only approximately a quarter of the drug using sample had tried four or more drugs. Penang state showed a larger proportion who had tried a wider range of drugs: 32% claiming having tried four drugs or more, as opposed to 26% in Selangor who claimed such range of experience.

What were the drugs used by the mono drug users, and the lower poly drug users? Were some drugs seldom used until the individual had already tried many drugs? (Although an imperfect substitute for case records, which will be secured in future interview studies, mono/poly tables can give a picture of the progression that characterizes

PDU3: The Predominant Pattern of Drug Use at Each Level

	MONG	TWO	THREE	FOUR	FIVE
Penang Upper	G 41%	G + S, T or A 51%	G + 2 Soft 50%	G + 2 Soft + 1 hard 55%	G + 3 Soft + 1 hard*
Selangor Upper	G 39%	G + H, M, O 53%	G + 1 hard + 1 Soft 38%	G + 2 Soft + 1 hard 60%	G + 2 Soft + 2 hard*
Penang Lower	S 35%	S + T or A 36%	2 Soft + 1 hard 32%	2 Soft + 1 hard + LSD 27%	3 Soft + 1 hard + LSD 25%
Selangor Lower	S 28%	S + T or A 31%	2 Soft + 1 hard 34%	2 Soft + 1 hard + LSD 24%	2 Soft + 2 hard + LSD 32%

KEY

G = GANJA, S = SEDATIVES, T = TRANQUILLIZERS, A = AMPHETEMINES, H = HEROIN, M = MORPHINE, O = OPIUM

* = VERY SMALL NUMBERS IN THESE CELLS

% = PERCENTAGE OF EACH CATEGORY WHO MANIFEST THE PREDOMINANT PATTERN

PDU4: Mono Drug User (Ganja)

Selangor & Penang Upper & Lower Secondary

Frequency of Usage for Ganja	Selangor Lower		Penang Lower		Selangor Upper		Penang Upper		Total
	Penang Lower	Selangor Upper	Penang Lower	Selangor Upper	Penang Lower	Selangor Upper	Penang Lower	Selangor Upper	
2. Once or twice	28 (40.0)	31	17 (43.6)	71 (79.8)	23 (48.9)	139 (56.7)	40 (16.3)	15 (6.1)	45 (18.4)
3. Less than 10 times	6 (8.6)	2	5 (12.8)	11 (12.4)	18 (38.3)	40 (16.3)	6 (2.4)	1 (0.0)	7 (2.8)
4. 10 - 80 times	6 (8.6)	0	4 (10.3)	3 (3.4)	2 (4.3)	15 (6.1)	6 (2.4)	1 (0.0)	7 (2.8)
5. 80 - 100 times	3 (4.3)	3	2 (5.1)	0 (0.0)	1 (2.1)	6 (2.4)	6 (2.4)	3 (6.4)	12 (4.8)
6. Lost count of how many times	27 (38.6)	0	11 (28.2)	4 (4.5)	3 (6.4)	45 (18.4)	45 (18.4)	3 (6.4)	48 (19.2)
Total	70	36	39	89	47	245	245	47	292

Mono Drug Users (All Drug Types Except Ganja)

Selangor & Penang Upper Secondary

	Tranquillizers		Sedatives		Amphetamines		Heroin		Mor./Opium		Total
	Penang Upper	Selangor Upper	Penang Upper	Selangor Upper	Penang Upper	Selangor Upper	Penang Upper	Selangor Upper	Penang Upper	Selangor Upper	
2. Once or twice	4	23	31	58	13	32	4	8	3	2	178 (86.4)
3. Once a week	1	0	2	1	2	1	0	0	0	0	7 (3.4)
4. Sev. times a week	1	0	0	0	1	5	0	0	0	1	8 (3.9)
5. Once a day	0	1	3	0	0	2	0	2	0	0	8 (3.9)
6. 2 or 7 times a day	1	1	0	0	0	1	1	1	0	0	5 (2.4)
Total	7	25	36	59	16	41	5	11	3	3	206

Mono Drug Users for all Drug Types except Ganja

Penang & Selangor Lower Secondary

	Tranquillizer		Sedatives		Amphetamines		Heroin		Mor./Opium		LSD		Total
	Penang Lower	Selangor Lower	Penang Lower	Selangor Lower	Penang Lower	Selangor Lower	Penang Lower	Selangor Lower	Penang Lower	Selangor Lower	Penang Lower	Selangor Lower	
2. Rarely	22	31	59	63	30	5	9	3	4	15	24	278 (72.4)	
3. Quite often	3	6	6	8	7	3	5	3	0	5	10	62 (16.1)	
4. Very often	2	1	4	10	3	0	1	0	1	5	11	44 (11.5)	
Total	27	38	69	81	40	8	15	6	5	25	43	384	

PDU5: Poly Drug Users of 2 Drug Types

Penang & Selangor Upper & Lower Secondary

	Penang Lower	Selangor Lower	Penang Upper	Selangor Upper	Total
1. Ganja+Heroin/Mor/Op	2 (2.3)	7 (5.6)	7 (21.2)	41 (53.2)	57 (17.7)
2. Ganja+LSD	3 (3.4)	1 (0.8)	-	-	4 (1.2)
3. Ganja+Sed/Tranq/Amp.	6 (6.8)	13 (10.5)	17 (51.5)	13 (16.9)	49 (15.2)
4. LSD+Soft drugs	21 (23.9)	26 (21.0)	-	-	47 (14.6)
5. LSD+Hard drugs	3 (3.4)	4 (3.2)	-	-	7 (2.2)
6. Heroin+Mor/Opium	1 (1.1)	4 (3.2)	0 (0.0)	3 (3.9)	8 (2.5)
7. Heroin+tranq/Sed/Amp.	11 (12.5)	11 (8.9)	3 (9.1)	4 (5.2)	29 (9.0)
8. Morp+ Sed/tranq/Opi,	10 (11.4)	20 (16.1)	1 (3.0)	1 (1.3)	32 (9.9)
9. Sedatives/tranq/amph.	31 (35.2)	38 (30.6)	5 (15.2)	15 (19.5)	89 (27.6)
Total	88	124	33	77	322

PDU6: Poly Drugs Users of 3 Drug Types

Penang & Selangor Lower and Upper Secondary

3 Drug's Usage	Penang Lower	Selangor Lower	Penang Upper	Selangor Upper	Total
1. Ganja + 2 hard drugs	0	0	2 (6.7)	8 (33.3)	10 (5.2)
2. Ganja + 2 soft drugs	2 (3.0)	4 (5.6)	15 (50.0)	5 (20.8)	26 (13.6)
3. Ganja + 1 soft + 1 hard drug	4 (6.1)	6 (8.4)	9 (30.0)	9 (37.5)	28 (14.7)
4. LSD + 2 hard drugs	1 (1.5)	1 (1.4)	-	-	2 (1.0)
5. LSD + 2 soft drugs	8 (12.1)	9 (1.3)	-	-	17 (8.9)
6. LSD + 1 soft + 1 hard	13 (19.7)	10 (14.1)	-	-	23 (12.0)
7. All soft drugs	11 (16.7)	11 (15.5)	1 (3.3)	2 (8.3)	25 (13.1)
8. 2 soft drugs + 1 hard drug	21 (31.8)	24 (33.8)	1 (3.3)	0	46 (24.1)
9. 1 soft drug + 2 hard drug	4 (6.1)	4 (5.6)	2 (6.7)	0	10 (5.2)
10. Ganja + LSD + 1 soft drug	2 (3.0)	2 (2.8)	-	-	4 (2.1)
Total	66	71	30	24	191

PDU7: Poly Drug Users of 4 Drug Types

Penang & Selangor Lower and Upper Secondary

4 Drug Types	Penang Lower	Selangor Lower	Penang Upper	Selangor Upper	Total
1. Ganja, 2 hard drugs, 1 soft	1 (1.3)	2 (2.2)	1 (3.2)	3 (30.0)	7 (3.4)
2. Ganja, 1 hard drug, 2 soft	3 (3.9)	3 (3.3)	17 (54.8)	6 (60.0)	29 (13.9)
3. Ganja, + 3 soft drugs	2 (2.6)	0 (0.0)	9 (29.0)	0	11 (5.3)
4. Ganja, LSD, 1 hard, 1 soft	5 (6.5)	6 (6.7)	-	-	11 (5.3)
5. Ganja, LSD, 2 hard	1 (1.3)	0 (0.0)	-	-	1 (0.5)
6. Ganja, LSD, 2 soft	5 (6.5)	1 (1.1)	-	-	6 (2.9)
7. LSD, 1 hard, 2 soft	21 (27.3)	22 (24.4)	-	-	43 (20.7)
8. LSD, 2 hard, 1 soft	14 (18.2)	13 (14.4)	-	-	27 (13.0)
9. LSD, 3 soft drugs	7 (9.1)	4 (4.4)	-	-	11 (5.3)
10. 2 hard, 2 soft	11 (14.3)	20 (22.2)	2 (6.5)	1 (10.0)	34 (16.3)
11. 1 hard, 3 soft	7 (9.1)	19 (21.1)	2 (6.5)	0	28 (13.5)
Total	77	90	31	10	208

PDU8: Poly Drug Users of 5 Drug Types

Selangor & Penang Lower and Upper Secondary

Poly Drug Users (5 d. types)	Penang Lower	Selangor Lower	Penang Upper	Selangor Upper	Total
1. 2 hard drugs, 3 soft except ganja	0 (0.0)	0 (0.0)	2 (6.1)	0	2 (1.1)
2. Ganja, 2 soft, 2 hard drugs	4 (7.7)	7 (8.3)	10 (30.3)	6 (66.7)	27 (15.2)
3. Ganja, 3 soft, 1 hard drug	1 (1.9)	4 (4.8)	21 (63.6)	3 (33.3)	29 (16.3)
4. Ganja, LSD, 1 soft 2 hard	4 (7.7)	4 (4.8)	-	-	8 (4.5)
5. Ganja, LSD, 2 soft, 1 hard	10 (19.0)	9 (10.7)	-	-	19 (10.7)
6. Ganja, LSD, 3 soft	2 (3.8)	3 (3.6)	-	-	5 (2.8)
7. LSD, 1 hard, 3 soft	13 (25.0)	17 (20.2)	-	-	30 (16.9)
8. LSD, 2 hard, 2 soft	10 (19.0)	27 (32.1)	-	-	37 (20.8)
9. LSD, 2 hard, 3 soft	8 (15.4)	13 (15.5)	-	-	21 (11.8)
Total	52	84	33	9	178

a population, presuming trends have remained sufficiently stable to justify extrapolating from cross sectional data).

Mono drug users, at every level and in either state are very largely also very occasional users, whatever is their drug of preference; they have typically taken their drug only once or twice, in their lives. 86.4% of all older mono drug users (excluding ganja users) have only one or two experiences of the drug; 73% of those who have only tried ganja have fewer than ten experiences - of whom the large majority have only one or two times tried the drug. Rarely - the self classification of use given by 72.4% of younger mono drug users - would seem an appropriate summary of the picture as far as just under half of the present "drug user" population goes and it is worthwhile repeating here the caution that in this survey, the term "drug user" does not imply regular use, let alone dependence upon or addiction to the drug.

Thus, it is overall a small minority of mono drug users who are regular users; very few upper secondary age group mono users indeed are using their drug once a day or more; however, 11.5% of lower mono drug users consider their use to be 'very often'; and an appreciable proportion of younger users (28% in Penang, 38% in Selangor) claim that they have lost count of how many times they have used ganja. Thus, although in general, an individual who has experience of only one type of drug (as have 44.8% of the drug user sample) is most likely to have had very limited experience of that drug, there are some mono drug users who have some considerable use of their drug.

Mono drug users most commonly are users of ganja or sedatives (the former more popular than the latter with older users, vice versa with the younger). Among the older mono users, there is only one further relatively commonly used drug - the amphetamines; they, plus tranquillizers and L.S.D., were also found among lower mono users. The opiates are very seldom used by themselves.

Thus, one can tentatively deduce from this analysis that individuals begin their experimentation with a wide range of drugs - most likely being ganja or the amphetamines; and the majority of them, after a small number of experiments, cease their use of all drugs. Very few indeed start with opiates, which are almost inevitably associated with poly drug use.

Thus, continuing through the analyses of poly drug use - those using two drug types, three drug types and so on - one can imperfectly reconstruct a drug use history for the present school age population: "imperfectly" because both fashions and availabilities are in fact likely to have changed during the past few years; and the situation

for a new drug user now differs from that which would have been faced by the new drug user of five years ago in the same school. Hence, it is risky to extrapolate from, say a lower mono drug user of today back to the initiation phase of a poly drug user who, four years older, is now using four types of drugs.

Poly drug users who are presently using two drug types vary considerably with age and, to a lesser extent, with district in the preferred combination of drugs used. If ganja predominated among older mono drug users, then in the Upper Selangor sample, ganja plus heroin accounts for 53.2% of all poly drug users using two types; and 21.2% of the equivalent group in the Upper Penang sample. In this latter it is another combination with ganja: ganja plus sedatives (or tranquillizers or amphetamines) which predominates (51.5% of the older two-drug users). This inter-state difference - Selangor Upper moving to heroin as a second drug, whilst Penang Upper moves to sedatives etc - persists as one traces the predominant patterns through poly drug users who are on three, four and five drugs. Amongst the three drug users, this third drug is likely to be a soft drug - Selangor persisting with heroin, ganja and one soft drug; Penang with ganja and two soft drugs as the single most frequent pattern among three-drug users. At four drugs, Penang adds a hard drug, Selangor a soft, to make the predominant pattern the same in each state; but, among the very few older individuals in either state who claim to have experience of five drugs, Selangor adds a further hard drug, to Penang's soft drug. As a glance at the tables will indicate, the above analysis is only dealing with the predominant pattern at each level; and at each level, practically every other possible permutation is found, though generally with only a few individuals per cell. Nonetheless, tracing the predominant pattern through gives an entirely consistent picture for an individual who may finish up (as only very small number do) with experience of five drugs: starting with ganja, and then progressing to opiates (in Selangor) or soft drugs (in Penang), with the further additions as outlined above.

It is similarly possible to trace a consistent pattern in the predominant form of drug use among the lower age groups; though here, there are only differences between the states at five-drug poly usage.

Thus, in both states, the use of sedatives has already been noted as the predominant drug among the younger mono users; the second drug most commonly added is either tranquillizer or sedative, the third a hard drug; the fourth LSD; and in Penang, the fifth is a third soft drug; whereas in Selangor, the fifth drug to be added is a second hard drug. It should be noted that greater diversity of

pattern exists among the lower than the upper users; and that, although the preceding sentence summarize the most frequently found pattern, some other patterns are almost as often found among lower age group poly drug users.

As has been stated above, tracing progression into poly drug use via cross sectional data makes many more assumptions than does directly gained case material; and it cannot be shown that the present five-drug users have all reached this position by the path described here, nor may those few mono drug users who will eventually become five-drug poly users not achieve a different set of five drugs than form the presently most common pattern. It must also be repeated that, although most poly drug users started their drug habit with the mono use of ganja or sedatives, only a proportion of the present mono users of ganja or sedatives will ever proceed to regular drug use at all, let alone to poly drug use: for many of the individuals here classified as "mono drug users", the experience has been limited to one or two experiments.

PDU 9 and 10 Frequency of Drug Usage: summary tables

These two tables enable the reader to examine the relative frequencies of use of all drug types; and provide further evidence for the existence of a large group whose use of a drug is confined to one or two experiments. Ganja is not included on the two tables because the usage figures are plotted on a different scale from all other drugs; for the comparable figures for ganja usage see PDU 15. Upper and lower versions of the questionnaire plotted usage figures along two separate scales: hence, the two tables are presented separately. They summarize in convenient form the data to be considered below, drug by drug; and so only a few broad observations will be made here.

In the Selangor Upper sample, it is very likely that an individual classified as the user of a particular drug has used it only once or twice: percentages ranging from 86% of sedatives users, to 78% of heroin users having such limited exposure; with even in the case of morphine or opium users - usually presumed to be 'hardened users' - 67% being only one or two time users. In the Penang Upper sample, in contrast, there is larger proportion who have some more frequent usage, although it still is the case that for all drugs except tranquillizers, more than half of those classified as users of a particular drug are only one or two time users. In this sample, tranquillizers and heroin feature as drugs of whose users a sizeable proportion are once a day or more frequent users (57.6% of tranquillizer use, and 37.3% of heroin use in this group being of this frequency).

PDU9: Frequency of Usage for all Drug Types* among those Upper Secondary Schoolchildren who use a Particular Drug: i.e. excluding those who have never used the particular drug.

Frequency of Usage	Penang Upper Secondary (n=1969)					Selangor Upper Secondary (n=3614)					Total
	Tranq- uillizers	Sedatives	Amphe- tamines	Heroin	Mor/Opium	Tranq- uillizers	Sedatives	Amphe- tamines	Heroin	Mor/Opium	
1. Once or twice	(23.4) 30	(52.7) 79	(54.2) 58	(55.8) 48	(59.5) 47	(78.8) 52	(86.2) 100	(77.3) 58	(78.0) 71	(67.4) 29	(60.8) 572
2. Once a week	(39.8) 51	(29.3) 44	(33.6) 36	(32.6) 28	(19.0) 15	(9.1) 6	(7.8) 9	(4.0) 3	(7.7) 7	(9.3) 4	(21.5) 203
3. Several times a week	(1.6) 2	(11.3) 17	(7.5) 8	(2.3) 2	(15.2) 12	(6.1) 4	(5.2) 6	(13.3) 10	(7.7) 7	(18.6) 8	(8.1) 76
4. Once a week	(16.4) 21	(6.0) 9	(3.7) 4	(4.7) 4	(5.1) 4	(4.5) 3	(0.9) 1	(4.0) 3	(5.5) 5	(2.3) 1	(5.7) 54
5. 2 or more times a day	(18.8) 24	(0.7) 1	(0.9) 1	(4.7) 4	(1.3) 1	(1.5) 1	(0.0) 0	(1.3) 1	(1.1) 1	(2.3) 1	(3.7) 35
Total	128	150	107	86	79	66	116	75	91	43	941

PDU10: Frequency of Usage for Drug Types* Among Lower Secondary Schoolchildren

Drug Type	Penang Lower (n=5808)				Selangor Lower (n=6744)			
	Never	Rarely	Quite Often	Very Often	Never	Rarely	Quite Often	Very Often
A. LSD	3486 (94.7)	89 (2.4)	53 (1.4)	53 (1.4)	6368 (95.9)	105 (1.6)	81 (1.2)	83 (1.3)
B. Tranquillizers	3400 (93.8)	116 (3.2)	49 (1.4)	58 (1.6)	6250 (95.1)	155 (2.4)	97 (1.5)	72 (1.1)
C. Heroin	3208 (95.4)	69 (2.1)	48 (1.4)	38 (1.1)	6262 (96.1)	96 (1.5)	78 (1.2)	78 (1.2)
D. Sedatives	3338 (92.5)	148 (4.1)	60 (1.7)	62 (1.7)	6218 (94.3)	186 (2.8)	96 (1.5)	96 (1.5)
E. Morphine or Opium	3404 (95.7)	51 (1.4)	53 (1.5)	49 (1.4)	6337 (96.3)	93 (1.4)	66 (1.0)	87 (1.3)
F. Stimulants	3385 (94.1)	91 (2.5)	52 (1.4)	70 (1.9)	6262 (95.3)	123 (1.9)	101 (1.5)	85 (1.3)

* with the exception of Ganja, tabulated separately on a different scale: See PDU15

For the younger sample, instead of asking the individual to give actual frequencies of drug use, if at all, the questionnaire asked the respondent merely to describe his use of a drug as: 'never', 'rarely', 'quite often' or 'very often'. This format was chosen for ease of comprehension; however, it has two disadvantages, the first being non-comparability with the actual frequency scale used in the upper school version questionnaire; and the second, a more subtle presumed disadvantage. It would seem that, faced with the less exact and then less probing alternatives provided for the younger sample, the individual's tendency to boast is given greater rein; and one should thus treat with caution the number of young respondents who checked 'very often' as their frequency of usage: it seems unlikely that faced with the more objective scale of actual frequencies many of these would have checked those usage frequencies which would amount to 'very often' using drugs.

PDU 11 and 12 Changes in frequency of usage over time

Respondents were asked, for the range of drugs so far discussed plus alcohol, how their current rate of usage compared with their use twelve months previously: had it increased, decreased, or remained roughly the same? One might hypothesize that, with time, drug use would increase for some individuals, who were in the process of becoming regular users and perhaps dependent upon their drug; and would diminish for a larger group of other users - the experimenter group who, as noted above, form a substantial proportion of the user sample. This hypothesis is confirmed (with two exceptions) for each drug substance in both states and at either level: in each case, there is a group who have increased their use of the substance over the year; but each time, there is a larger group whose use has diminished over the twelve months; and a further group, either intermediate in size or larger than either two who report no change in rate of usage. (It should be noted that an individual who is currently a total non-user of drugs, whose drug experiences were a year or more ago, would fall into one or other of these latter two categories). The two cells where this trend has not been observed, are in the Penang Lower sample: here, the "increase" group is somewhat larger than the "decrease" group among the users of heroin and of opium, although all other substances show the main trend.

Thus, even alcohol (whose usage rate is much higher than that of other drugs) shows, overall, a reported diminution of consumption over the year: a pattern repeated almost throughout all the user groups of all drug substances. This is an entirely predictable overall pattern when one considers that the figure compounds a majority

PDULL: Usage of Drugs More Often or Less Often, Now than 12 Months Ago

Drug Type	Penang Upper				Selangor Upper			
	Use more Often now	Use less Often now	About the same	Never	Use more Often now	Use more Often now	About the same	Never
1. Whisky, brandy beer, gin, etc.	(4.5) 88	(8.0) 157	(10.7) 210	(76.7) 1500	(2.2) 80	(5.8) 209	(9.7) 348	(82.3) 2966
2. Ganja	(0.5) 10	(3.4) 66	(2.8) 55	(93.2) 1804	(0.5) 17	(1.9) 68	(0.7) 26	(96.9) 3486
3. Stimulants or Sedatives	(1.7) 33	(2.8) 55	(2.5) 49	(92.9) 1800	(0.4) 16	(1.2) 43	(0.8) 27	(97.6) 3507
4. Heroin or Morphine	(0.7) 13	(2.3) 45	(2.4) 47	(94.6) 1827	(0.4) 16	(0.8) 30	(0.4) 15	(98.3) 3522
5. Opium	(1.5) 30	(2.7) 53	(2.5) 49	(93.3) 1824	(0.3) 11	(0.4) 14	(0.3) 11	(99.0) 3561
Total	174	376	410	8755	140	364	427	17042

PDUL2: Usage of Drugs MORE OFTEN or LESS OFTEN, now Than 12 months ago

Drug Type	Penang Lower				Selangor Lower			
	Use more Often now	Use less Often now	About the same	Never	Use more Often now	Use less Often now	About the same	Never
1. Whisky, brandy beer, gin etc.	(2.8) 108	(6.8) 255	(4.9) 185	(85.5) 3201	(1.3) 86	(7.2) 478	(4.0) 267	(87.5) 5835
2. Ganja	(1.2) 42	(1.3) 47	(1.2) 43	(96.4) 3581	(0.9) 60	(0.9) 62	(0.7) 47	(97.5) 6462
3. Stimulants or Sedatives	(1.5) 55	(2.3) 83	(2.0) 75	(94.2) 3449	(1.0) 65	(1.8) 117	(1.4) 93	(95.8) 6303
4. Heroin or Morphine	(1.5) 55	(1.2) 45	(1.1) 42	(96.1) 3512	(0.9) 57	(1.2) 82	(0.9) 57	(97.0) 6397
5. Opium	(1.3) 48	(1.1) 41	(1.1) 40	(96.5) 3539	(0.9) 61	(0.9) 62	(0.9) 59	(97.2) 6420
Total	308	471	385	17282	329	801	523	31417

group who during the year have ceased their experimental use of one or two drugs, and a minority group who are maintaining or extending their habit. To put the pattern in perspective, increased drug usage is reported (averaging across all drugs except alcohol) by 0.9% of the total sample, as against increased alcohol consumption, which is reported by 2.7% of the sample. Thus, for nearly two thirds of the drug users (64.2%), the previous twelve months has seen the diminution or maintenance at the same level of their drug habit with, contrary to public stereotypes of "the drug user", only the remaining 35.7% having increased their usage during the year. These latter should claim public attention and help, whilst at the same time, it should be noted that the majority of individuals who try drugs do not then move on to increased usage, but may well cease altogether.

PDU13: Perceived Ease of Availability of Drug Substances in Locality: Percentage Believing the Substance to be Very or Quite Easily Obtained

	PENANG				SELANGOR			
	LOWER		UPPER		LOWER		UPPER	
	DU	NDU	DU	NDU	DU	NDU	DU	NDU
GANJA	24.2	8.5	39.2	23.1	21.5	9.0	54.3	22.6
STIMULANTS	30.7	8.0	46.9	16.6	22.6	6.6	39.5	17.2
HEROIN	22.5	5.2	30.4	15.3	17.8	5.4	37.1	13.1
OPIUM	20.7	5.6	27.8	16.3	19.3	5.4	24.3	13.8

How easy is it round here to obtain drugs, respondents were asked, and a check list was offered, to indicate whether the particular drug was very easy, quite easy, or not easy at all to obtain locally.

Comparing, age for age in any locality, drug users were always more of the opinion that any particular substance was easily obtained than were the non-users. The predominant response among non users, especially in the lower age range, was that they did not know drug availabilities at all; and indeed, for each particular drug, those who were users of another drug but not this one, were also likely to indicate their ignorance (81% of non-users expressed their ignorance, as against 52% of users).

Responses, then, which indicate that a drug is fairly or very easy to obtain, are thus in the minority in all but one instance; their pattern nonetheless gives indication of the perceived availability, and allows one to make some generalizations. In addition to the

consistent underestimate of availability by non-users, the younger users are also consistently less likely to believe in the local availability of each substance than are the older users.

Stimulants are perceived as the most available drugs, by older and by younger drug user groups alike (with the exception that Selangor Upper sample sees ganja as more common still). Ganja then comes next, with fewer seeing heroin and fewer still seeing opium as easily available. Inter-state differences, with the one exception already noted, are small; and it is not possible to show any particular substance to be seen as considerably more accessible in one state or the other. (Ganja, as already remarked, is seen as considerably more available by Selangor Upper than by Penang Upper drug users; however, when one considers the younger samples in both states, the reverse picture is seen.

Asking questions as to whether a drug is easily obtained is, of course, asking a very subjective question, and may be a poor guide to the actual street availability of the drug in an area. However, it may well prove an extremely important factor in whether or not an individual seeks out and experiments with drugs. As has been shown in this chapter, there are many individuals who, although they have not tried a drug, nonetheless express an interest in it. Many reasons - fear of consequences, parental disapproval etc. - may combine to inhibit this curiosity ever being satisfied by use of the drug; the simple belief that the drug is unavailable will, of itself, also act as an inhibitor. Thus, the growing awareness of widespread availability, fostered by the media, is likely to reduce the effectiveness of such an inhibitor.

Patterns of drug usage analysed by drug type

There now follows an analysis of the patterns of usage of each drug type, ganja, heroin, morphine, opium, sedatives, barbiturates, tranquillizers, and amphetamines. For each drug type, the reader will find presented three estimates of the frequency of usage found in the sample, corresponding to the three ways in which the questionnaire sought the respondent's own estimates of frequency. With a topic as sensitive as drug use, one cannot expect to obtain answers which are free from the two competing response tendencies, that of desiring concealment of the habit, and that of a bravado which leads to the overstatement of one's experience. Also, in asking questions about the frequency of any behaviour, whether sensitive or not, there are certain response tendencies which need to be overcome via a succession of cross-checking questions: a market researcher seeking to establish, say the frequency with which his sample goes out to the cinema would first ask whether

his respondent went at all, sometimes or often; but the researcher would be ill-advised if he did not follow this up with questions which went beyond this completely subjective level, and would thus ask how often within the previous week, month, etc. had the respondent been to a cinema. In cases where one still doubted whether one was getting a true picture of the respondent's behaviour, further questions could move to cross-check by such devices as asking what was the current price of a cinema ticket at particular named theatres, etc.

In the drug survey, each respondent was asked for every drug type:

- i. had they ever tried the substance; and, if not would they wish to?
- ii. how often they had (ever) tried the substance.
- iii. how often they had used the substance in the preceding two months.

The reader will realize that each of these questions, in asking about a different aspect of the drug's use, will provide different estimates of frequency; and that they should be taken together to give a picture which combines subjective and rather more objective data, as well as both actual behaviour and behavioural intentions or wishes. Perhaps less obvious is the fact that the very wording of these questions is likely to produce different results in terms of the numbers who deny or admit drug use: in such a sensitive area, it is easier for a respondent to admit behaviour given some wordings rather than others. Thus the slight discrepancies between each question relating to the same drug are entirely predictable.

PDU 14 and 15. Frequency of usage: Ganja

PDU16: Frequency of Usage for Ganja in the last 2 months

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1782 (91.1)	3445 (95.6)	5227 (94.0)
2. Have not used in the last 2 mths	55 (2.8)	94 (2.6)	149 (2.7)
3. Once or twice	28 (1.4)	38 (1.1)	66 (1.2)
4. Once a week or less	49 (2.5)	10 (0.3)	59 (1.1)
5. Twice a week	41 (2.1)	3 (0.1)	44 (0.8)
6. 3 or 4 times a week	0 (0.0)	8 (0.2)	8 (0.1)
7. 5 or 6 times a week	1 (0.1)	1 (0.0)	2 (0.0)
8. Daily	1 (0.1)	3 (0.1)	4 (0.1)
Total	1957	3602	5559

PDU14: Ever Tried Ganja

Ever tried	Lower Secondary		Upper Secondary		Total
	Penang	Selangor	Penang	Selangor	
1. Have tried	130 (3.4)	188 (2.8)	96 (5.0)	185 (5.1)	599 (3.7)
2. Have not tried and would like to	175 (4.6)	245 (3.7)	156 (7.9)	253 (7.0)	825 (5.2)
3. Have not tried and would not like to	3467 (91.9)	6275 (93.5)	1676 (87.1)	3158 (87.8)	14576 (91.1)
Total	3772	6708	1924	3596	16000

PDU15: Frequency of Usage for Ganja

Frequency of Usage	Lower		Upper		Total
	Penang	Selangor	Penang	Selangor	
1. Never tried	3684 (97.2)	6553 (97.5)	1774 (90.6)	3411 (94.7)	15422 (96.0)
2. Once or twice	38 (1.0)	58 (0.9)	52 (2.7)	121 (3.4)	269 (1.7)
3. Less than 10 times	20 (0.5)	20 (0.3)	85 (4.3)	39 (1.1)	164 (1.0)
4. 10 - 50 times	16 (0.4)	17 (0.3)	29 (1.5)	14 (0.4)	76 (0.5)
5. 50 to 100 times	6 (0.2)	12 (0.2)	12 (0.6)	3 (0.1)	33 (0.2)
6. Lost count of number of times	25 (0.7)	58 (0.9)	5 (0.3)	13 (0.4)	101 (0.6)
Total	3789	6718	1957	3601	16065

As with all the other drugs to be discussed, the vast majority of the secondary school population have never once tried ganja: estimates of the size of this majority vary by the question asked, but all range between 90.6% to 97.5%. Fewest of all have tried the drug in Selangor Lower Secondary schools, with a very similar proportion having tried it in the Penang Lower sample; somewhat more in Selangor Upper, and more still in Penang Upper (respectively, 2.5%, 2.8%, 5.3% and 9.4%). Just as more upper than lower pupils have tried the drug, so also more upper than lower pupils who have not tried it nonetheless express an interest in trying the drug (7.0% in Selangor, 7.9% in Penang Upper samples, as against 3.7% and 4.6% in the lower samples in each state). For ganja, as even more so far the range of soft drugs, there is this level of curiosity and interest on the part of non-users, which may well be an under-estimate of the genuine level of interest held in check by beliefs and fears about the drug (see the next chapter's section on the reasons for drug abuse, which also throws some light on the reasons for non-use). Were this group either to have their beliefs changed or their curiosity still further aroused (even by the continued publicity given to drugs by the media in their campaign against them), then it seems likely that they would join the ranks of the experimental users.

Turning now to those who have used ganja, the largest single group are those who have only tried the drug one or two times (PDU 15) and who have not used the drug at all during the last two months (PDU 16): 1.7% of the total sample have used ganja once or twice; and 2.7% of the older sample have not used it in the previous two months. (Here, as for subsequent drug substances, the latter question - of recent frequency - was only asked of the Upper sample, and was excluded for reasons of time from the shorter questionnaire). Smaller percentages of the younger sample had used the drug at each of the higher frequencies tabulated: less than ten times; ten to fifty times; fifty to a hundred times. A further 0.8% of the younger sample had lost count of the number of times they had used ganja. Selangor upper sample had a similar profile of heavier users; and Penang Upper had rather more individuals who had used the drug up to fifty times. If one takes the (admittedly fairly arbitrary) figure of ten experiences of the drug as a cut off point then one can compare the more than experimental use of ganja thus:

Penang Lower sample	: 1.3%
Selangor Lower sample	: 1.4%
Penang Upper sample	: 2.4%
Selangor Upper sample	: 0.9%

It is from among this sub-group of ganja users that it is likely poly drug use may come, as the earlier analyses have shown. Important though this group may be, their size should not be exaggerated, for they number 210 individuals out of over 16,000. 1.3% of the age group most likely to be users represents a small core of regular users; it does not constitute an epidemic. Of the 5559 individuals in the upper sample, there were only 4 who claimed to be using ganja daily; the much more likely frequency among the regular users was once or twice a week: a rate which in many American surveys, has been considered "weekend" or "occasional use".

To summarize: the large majority (91%) of individuals of school age have neither tried nor wish to try ganja, a further 5.2% have not tried, yet express some interest in the drug. Of the remaining 3.7%, who have some experience of the drug, less than one third have tried it more than ten times, and could thus be termed regular users; and the typical "ganja user" has probably taken the drug on two occasions.

PDU 10 Frequency of usage: Heroin

PDU17: Ever Tried Heroin

Ever tried	Penang Upper	Selangor Upper	Total
1. Have tried	52 (2.7)	138 (3.8)	190 (3.5)
2. Have not tried and would like to	93 (4.9)	175 (4.9)	268 (4.9)
3. Have not tried and would not like to	1755 (92.4)	3284 (91.3)	5039 (91.7)
Total	1900	3597	5497

PDU18: Frequency of Usage for Heroin

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1876 (95.6)	3505 (97.5)	5381 (96.8)
2. Once or twice	48 (2.4)	71 (2.0)	119 (2.1)
3. Once a week	28 (1.1)	7 (0.2)	35 (0.6)
4. Several times a week	2 (0.1)	7 (0.2)	9 (0.2)
5. Once a day	4 (0.2)	5 (0.1)	9 (0.2)
6. 2 or more times a day	4 (0.2)	1 (0.0)	5 (0.1)
Total	1962	3596	5558

PDU19: Frequency of Usage for Heroin in the last 2 months

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1852 (94.4)	3505 (97.4)	5355 (96.3)
2. Have not used in the last 2 mths	59 (3.0)	50 (1.4)	109 (2.0)
3. Once or twice	40 (2.0)	27 (0.8)	67 (1.2)
4. Once a week	4 (0.2)	10 (0.3)	14 (0.3)
5. Several times a week	5 (0.3)	5 (0.1)	10 (0.2)
6. Once a day	0 (0.0)	1	1
7. 2 or more times a day	1 (0.1)	1	2
Total	1961	3597	5558

The large majority who have never tried heroin is of similar size in the Penang Upper sample (94.4%), and in both Lower samples (Penang 95.4%; Selangor 96.1%); with least of all having used the drug in the Selangor Upper sample: 97.4% have never used the drug ever. Thus, what heroin use there is occurs relatively more frequently in the Penang sample than in the Selangor: Penang has a somewhat larger percentage of its users giving their use as "quite often" (1.4%, as opposed to 1.2% in Selangor) among the younger sample, or in the older sample, recording a usage of once a week or more (1.6% in Penang; 0.5% in Selangor). It is then of interest to see that, on PDU 13, Penang lower users perceived heroin to be relatively easy to obtain, locally, as compared with the Selangor samples perception; but that the reverse was true of the older user sample. Rate of use and perceived ease of access to a drug do not thus seem to have a simple, direct relationship. The data on heroin use illustrates the value of having a question which asks: "In the past two months..." to follow the general frequency of usage question: in the Penang upper sample, for example, 28 individuals claimed that they used heroin once a week; but when pressed to give the actual number of times in the preceding two months, virtually all of these now considered that they had only used the drug once or twice during the period; thus indicating that their subjective estimate had been too high. (On the majority of occasions, the more objective question merely confirms the subjective one; but there are certain occasions such as the present where its corrective function is seen).

In both Penang and Selangor Upper samples, the same proportion of the sample (4.9%) have not tried heroin, but would like to: a

smaller percentage than have responded in this fashion to any other drug substance than morphine, albeit still a worrying statistic. The fact that, compared with soft drugs, there are fewer individuals who would like to try heroin and morphine may be indicative of the greater fear that attaches to the opiates in the school population: these are known for the serious drugs that they are, although nearly one in twenty of the sample does not appreciate this, and would wish to try them.

PDU 10 Frequency of usage: Morphine and Opium

PDU20: Ever tried Morphine and Opium

Ever tried	Penang Upper	Selangor Upper	Total
1. Have tried	60 (3.1)	101 (2.8)	161 (2.9)
2. Have not tried and would like to	96 (5.0)	176 (4.9)	272 (4.9)
3. Have not tried and would not like to	1755 (91.8)	3321 (92.3)	5076 (92.1)
Total	1911	3598	5509

PDU21: Frequency of Usage for Morphine/Opium

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1876 (96.0)	3553 (98.8)	5429 (97.8)
2. Once or twice	47 (2.4)	29 (0.8)	76 (1.4)
3. Once a week	15 (0.8)	4 (0.1)	19 (0.3)
4. Several times a week	12 (0.6)	8 (0.2)	20 (0.4)
5. Once a day	4 (0.2)	1	5 (0.1)
6. 2 or more times a day	1 (0.1)	1	2
Total	1955	3596	5551

Morphine and opium are the least commonly used of all the drugs included in the survey: 98.8% of Selangor Upper secondary, 96.0% of Penang Upper, 96.3% of Selangor lower, and 95.7% of Penang Lower have never tried the drug. Curiosity and interest in it, though still of concern, are at their lowest (co-equal with heroin, at 4.9% of the population saying that they would wish to try it). Such a pattern of low usage is to be expected, if world trends in patterns of usage were to occur in Malaysia; and in part disconfirms, for the youth

PDU22: Frequency of Usage for Morphine/Opium in
the last 2 months

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Have not tried	1832 (93.7)	3548 (98.6)	5380 (96.9)
2. Have not used in last 2 months	35 (1.8)	30 (0.8)	65 (1.2)
3. Once or twice	31 (1.6)	8 (0.2)	39 (0.7)
4. Once a week	31 (1.6)	3 (0.1)	34 (0.6)
5. Several times a week	26 (1.3)	7 (0.2)	33 (0.6)
6. Once a day	0 (0.0)	0 (0.0)	0 (0.0)
7. 2 or more times a day	1 (0.1)	2 (0.1)	3 (0.1)
Total	1956	3598	5554

population, the currently circulating beliefs that Malaysian youth are much influenced by the opium tradition of the country. The analyses of the present chapter show how much more likely it is that a youthful drug user will be using another substance (in the case of the younger element, most often a manufactured pill) than that he will be using morphine or opium. As data from other sources indicate, individuals seldom try morphine if they have not previous wide experience of other drugs; and frequently report that their usage is to gain an effect when the other substances have ceased to produce the wanted effect. Opium, given the Malaysia context, seems the more likely of the two for those who answer the question affirmatively to have tried.

Frequency of usage among those who have used the drugs tends to be experimental only in the Upper sample: one or two experiences characterize the majority of users, both in Penang and in Selangor (59% and 68% respectively of the users). There are, however, 46 individuals in the Upper Sample who used the drugs once a week or more; and a group of 116 younger sample individuals claim to have used the drugs "very often". One may express doubt as to the genuineness of these latter responses; it is very unlikely, given other evidence on the stage at which drug users have been found to move to opiates, that as many individuals at this younger age have in fact even tried the drugs, let alone are using them very often. However, the cross-check question in the older sample indicates that 36 individuals claim usage several times a week during the preceding two months. If a group within the drug user sample deserve especial concern, it is this group.

PDU 10 Frequency of use: Barbiturates and Sedatives

PDU23: Ever tried Sedatives or Barbiturates

Ever tried	Penang Upper	Selangor Upper	Total
1. Have tried	167 (8.6)	206 (5.7)	373 (6.7)
2. Have not tried and would like to	295 (15.1)	477 (13.3)	772 (13.9)
3. Have not tried and would not like to	1491 (76.3)	2910 (81.0)	4401 (79.4)
Total	1953	3593	5546

PDU24: Frequency of Usage for Sedatives/Barbiturates

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1810 (92.3)	3480 (96.8)	5290 (95.2)
2. Once or twice	79 (4.0)	100 (2.8)	179 (3.2)
3. Once a week	44 (2.2)	9 (0.3)	53 (1.0)
4. Several times a week	17 (0.9)	6 (0.2)	23 (0.4)
5. Once a day	9 (0.5)	1	10 (0.2)
6. 2 or more times a day	1 (0.1)	0 (0.0)	1 (0.0)
Total	1960	3596	5556

PDU25: Frequency of Usage for Sedatives/Barbiturates
in the last 2 months

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1827 (93.4)	3482 (96.9)	5309 (95.6)
2. Have not used in the last 2 mths	67 (3.4)	76 (2.1)	143 (2.6)
3. Once or twice	37 (1.9)	19 (0.5)	56 (1.0)
4. Once a week	13 (0.7)	10 (0.3)	23 (0.4)
5. SEveral times a week	11 (0.6)	6 (0.2)	17 (0.3)
6. Once a day	2 (0.1)	2 (0.1)	4 (0.1)
7. 2 or more times a day	0 (0.0)	0 (0.0)	0 (0.0)
Total	1957	3595	5552

PDU 10 Tranquillizers

PDU26: Ever tried Tranquillizers

Ever tried	Penang Upper	Selangor Upper	Total
1. Have tried	56 (3.0)	128 (2.6)	184 (3.4)
2. Have not tried and would like to	149 (7.9)	298 (8.3)	447 (8.2)
3. Have not tried and would not like to	1676 (89.1)	3166 (88.1)	4842 (88.5)
Total	1881	3592	5473

PDU27: Frequency of Usage for Tranquillizers

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1824 (93.4)	3530 (98.2)	5354 (96.5)
2. Once or twice	30 (1.5)	52 (1.4)	82 (1.5)
3. Once a week	51 (2.6)	6 (0.2)	57 (1.0)
4. Several times a week	2 (0.1)	4 (0.1)	6 (0.1)
5. Once a day	21 (1.1)	3 (0.1)	24 (0.4)
6. 2 or more times a day	24 (1.2)	1 (0.1)	25 (0.4)
Total	1952	3596	5548

PDU28: Frequency of Usage for Tranquillizers in the last 2 months

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1843 (94.2)	3535 (98.3)	5378 (96.8)
2. Have not used in the last 2 mths	51 (2.6)	37 (1.0)	88 (1.6)
3. Once or twice	28 (1.4)	13 (0.4)	41 (0.7)
4. Once a week	1 (0.1)	1 (0.0)	2 (0.0)
5. Several times a week	1 (0.1)	5 (0.1)	6 (0.1)
6. Once a day	15 (0.8)	5 (0.1)	20 (0.4)
7. 2 or more times a day	17 (0.9)	1 (0.0)	18 (0.3)
Total	1956	3597	5553

PDU 10 Amphetamines

PDU29: Ever tried Amphetamines

Ever tried	Penang Upper	Selangor Upper	Total
1. Have tried	133 (6.8)	146 (4.1)	279 (5.0)
2. Have not tried and would like to	198 (10.2)	330 (9.2)	528 (9.5)
3. Have not tried and would not like to	1614 (83.0)	3111 (86.7)	4725 (85.4)
Total	1945	3587	5532

PDU30: Frequency of Usage for Amphetamines

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1849 (94.5)	3520 (97.9)	5369 (96.7)
2. Once or twice	58 (3.0)	58 (1.6)	116 (2.1)
3. Once a week	36 (1.8)	3 (0.1)	39 (0.7)
4. Several times a week	8 (0.4)	10 (0.3)	18 (0.3)
5. Once a day	4 (0.2)	3 (0.1)	7 (0.1)
6. 2 or more times a day	1 (0.1)	1 (0.0)	2
Total	1956	3595	5551

PDU31: Frequency of Usage for Amphetamines in the last 2 months

Frequency of Usage	Upper Secondary		Total
	Penang	Selangor	
1. Never tried	1816 (92.6)	3516 (97.7)	5332 (95.9)
2. Have not used in the last 2 mths	39 (2.0)	55 (1.5)	94 (1.7)
3. Once or twice	39 (2.0)	17 (0.5)	56 (1.0)
4. Once a week	41 (2.1)	4 (0.1)	45 (0.8)
5. Several times a week	24 (1.2)	5 (0.1)	29 (0.5)
6. Once a day	1 (0.1)	1	2
7. 2 or more times a day	1 (0.1)	1	2
Total	1961	3599	5560

Comparison of the three groups of soft drugs shows there to be a distinct order of preference expressed, with the most frequently experienced being sedatives/barbiturates; next amphetamines; and last tranquillizers; this, both in terms of those who have actually tried the drugs (Upper sample figures for have tried being respectively 6.7%; 5.0% and 3.4%) and also in terms of those who have not tried, but would like to (sedatives/barbiturates: 13.9%; amphetamines: 9.5%, and tranquillizers 8.2%). The younger sample has, if anything, a greater preference for these drugs as a group than does the older group, amongst whom, as noted, ganja is a preferred drug; but throughout the school population, these soft drugs have clearly created considerable interest, which is, as the figures presented show, relatively frequently converted into experience.

Frequency of usage is however, in the main, experimental; single time experimenters represent 3.2% of the population in the case of sedatives; 2.1%, amphetamines; and 1.5%, tranquillizers; compared with which more frequent users are, respectively, 1.6%; 1.1%; and 1.9% of the total population. Inter-state differences, with Penang showing much heavier usage than Selangor, may well represent differential availability; and reference back to PDU 13 will show that Penang users, of all ages, more often perceive soft drugs to be readily available than do their Selangor counterparts. Thus, whilst Selangor upper records very few individuals who use any of the drugs daily (eight such individuals), Penang Upper contains sixty individuals who claim such usage, two thirds of whom are frequent users of tranquillizers. Thus, in the case of Penang Upper tranquillizer users, exceptionally, it is actually the case that a user is more likely to be a regular than an experimental user: whereas in every other case, one or two experiences are much the most common pattern.

Cross checking with reported use during the preceeding two months, one again finds this pattern of in the main only experimental or occasional use of sedatives, barbiturates, amphetamines and tranquillizers - with the exception of the latter drug in Penang; where this question confirms that, unlike Selangor there is a small regular user group. Among the younger sample, the highest percentage who claim that they use any drug "very often" is found among the users of sedatives in both states (1.7% of the Penang Lower sample; 1.5% of the Selangor); next most frequent being the stimulants (actually highest in Penang, at 1.9% of that Lower sample, but less in Selangor, at 1.3%); and third are tranquillizers (1.6% in Penang claiming "very often" use; with 1.1% in Selangor).

PDU 10 Frequency of usage: LSD

L.S.D. may be usefully compared, in frequency of usage with some of the soft drugs discussed above; although, as indicated earlier, its place in the initiation pattern tends to differentiate it: LSD would seem to be a drug used by the already more experienced social user of drugs. In the younger sample, Penang has a somewhat higher pattern of usage altogether than has Selangor: a higher percentage claim usage at each rate (frequent, occasional and rare) in Penang than in Selangor; and, in total, some 5.3% of the Penang sample have some experience of the drug compared with 4.1% of the Selangor sample.

PDU 32 and 33 Frequency of usage: Cigarettes

So far in this chapter, the findings presented have been on the usage patterns for those drugs which form the main forms of the study: the opiates, soft drugs, ganja and LSD. The questionnaire also ascertained the level and pattern of cigarette and alcohol use in the secondary school population, both because of their own capacity for misuse, and also because previous studies had shown drug use to be found amongst those who had used tobacco and alcohol at an age which was earlier than was normal in their community. (This association between early cigarette and alcohol usage and the later use of drugs may well reflect two interrelated factors: first, that the social influences predisposing an individual towards the one behaviour pattern also predispose towards the other. Second that the friendship developed and the places frequented in pursuance of the under-age use of tobacco and alcohol themselves provide the venue for the drug peddler).

Tobacco and alcohol, as these and the later tables show, are the most commonly used drugs in the schoolage population; and show a strong age relationship in both states a much higher proportion of upper school than lower school individuals are likely to have tried cigarettes. This overall trend is, however, completely overshadowed by the vast difference between the users and the non-users of the other drugs (using "drug user" with the same connotations as before). In both states, 88.6% of non-drug users claim never to have used cigarettes, as opposed to 74.4% of the users of other drugs. In the Upper school, the difference is more striking still: 68.5% of non-users, but only 25.5% of users, claim to have no experience of cigarettes. (The difference is greater in Selangor than in Penang; here also, non smokers are rarer as a whole than they are in Penang).

Just as the percentage of smokers is higher among users than non users, so also, at every age group, are the drug users likely to be heavier smokers than the non-drug users. Heavier use of cigarettes

PDU32: FREQUENCY OF USAGE FOR CIGARETTES

Frequency of User	Penang Lower		Selangor Lower		Total	
	Drug User	Non Drug User	Drug User	Non Drug User	Drug User	Non Drug User
1. Never smoked	373 (74.9)	2568 (90.0)	539 (74.1)	5049 (87.9)	912 (74.4)	7617 (88.6)
2. Only smoked once or twice ever	48 (9.6)	190 (6.7)	70 (9.6)	470 (8.2)	118 (9.6)	660 (7.7)
3. Only once in a while	37 (7.4)	73 (2.6)	47 (6.5)	153 (2.7)	84 (6.9)	266 (2.6)
4. One or two cigarettes a day	26 (5.2)	13 (0.5)	38 (5.2)	52 (0.9)	64 (5.2)	65 (0.8)
5. Less than 20 a day	11 (2.2)	8 (0.3)	20 (2.8)	12 (0.2)	31 (2.5)	20 (0.2)
6. 20 or more a day	3 (0.6)	1 (0.0)	13 (1.8)	11 (0.2)	16 (1.3)	12 (0.1)
Total	498	2853	727	5747	1225	8660

PDU33: FREQUENCY OF USAGE FOR CIGARETTES

Frequency of Usage	Penang Upper		Selangor Upper		Total	
	Drug User	Non Drug User	Drug User	Non Drug User	Drug User	Non Drug User
1. Never smoked	49 (32.5)	1206 (72.5)	80 (22.6)	2126 (66.5)	129 (25.5)	3332 (68.5)
2. Only smoked once or twice ever	20 (13.2)	252 (15.1)	56 (15.8)	637 (19.9)	76 (15.0)	889 (18.3)
3. Only once in a while	32 (21.2)	151 (9.1)	54 (15.3)	292 (9.1)	86 (17.0)	443 (9.1)
4. One or two cigarettes a day	26 (17.2)	41 (2.5)	83 (23.4)	102 (3.2)	109 (2.6)	143 (2.9)
5. Less than 20 a day	22 (14.6)	11 (0.7)	74 (20.9)	38 (1.2)	96 (19.0)	49 (1.0)
6. 20 or more a day	2 (1.3)	3 (0.2)	7 (2.0)	3 (0.1)	9 (1.8)	6 (0.1)
Total	151	1664	354	3198	505	4862

itself has a clear trend with age: very few younger smokers use more than two cigarettes a day (3.6% of the drug users; 0.3% of the non-users), whilst many more older smokers fall into this category (20.8% of the drug users; 1.1% of the non-drug users).

PDU 34 and 35 Age of Initiation for Cigarettes

Given that a much higher proportion of drug users than non-drug users are also cigarette smokers, are there also any differences between the groups in the age at which the individual smoker first tried cigarettes?

Taking the findings from both age groups together, one can show a pattern of initiation which is common to both drug users and to non-drug users. The peak age for initiation for both users and non-users is fifteen years (this is seen most clearly for both states on PDU 35), with sixteen as the second most likely age. Earlier cigarette use indeed does occur with some frequency, both among non-drug users as well as among the users; this is fairly evenly spread across the preceeding years (if one relies on the more recent memory of the younger age group, as given in PDU 34, rather than upon the rationalizations of the older group, PDU 35, who largely seem to forget how young cigarette use does in fact start for some).

One clear but minor category does differentiate the drug user sample: a small percentage of them (approximately 5%) claim cigarette smoking earlier than ten years of age; a much smaller percentage of the non-drug users started smoking before this age. It should be repeated, however, that such early cigarette use is atypical for drug users and non-users alike: both groups, if they start to smoke, typically begin at 15 or 16 years of age.

PDU 36 and 37 Age of Initiation for Ganja and for other drugs

Having just established that there is very little difference between drug users and non-users in the age at which, if at all, they start smoking (although there exists a greater chance that drug users will take up the habit), one can now compare the typical age of initiation to cigarettes with that for ganja and for other drugs amongst those who have used them.

If fifteen and sixteen were a peak age for cigarettes, but with a 'tail' stretching back ten years of age, then it is of interest to see that ganja initiation follows a similar pattern, albeit with a much flatter curve in terms of absolute numbers who use ganja: a very few individuals in either state claim experience with ganja before ten years of age; with increasing numbers up to fourteen, fifteen,

PDU34: Age of Initiation for Cigarettes

Age of Initiation	Penang Lower		Selangor Lower		Total	
	Drug User	Non Drug User	Drug User	Non Drug User	Drug User	Non Drug User
1. Never smoked or only once or twice daily	365 (74.3)	2522 (93.3)	531 (74.7)	5058 (92.3)	896 (74.5)	7580 (92.6)
2. 10 years or below	25 (5.1)	20 (0.7)	35 (4.9)	47 (0.9)	60 (5.0)	67 (0.8)
3. 11 years	10 (2.0)	15 (0.6)	6 (0.8)	34 (0.6)	16 (1.3)	49 (0.6)
4. 12 years	21 (4.3)	22 (0.8)	21 (3.0)	69 (1.3)	42 (3.5)	91 (1.1)
5. 13 years	24 (4.9)	39 (1.4)	35 (4.9)	76 (1.4)	59 (4.9)	115 (1.4)
6. 14 years	24 (4.9)	39 (1.4)	29 (4.1)	108 (2.0)	53 (4.4)	147 (1.8)
7. 15 years	22 (4.5)	47 (1.7)	54 (7.6)	87 (1.6)	76 (6.3)	134 (1.6)
Total	491	2704	711	5479	1202	8183

PDU35: Age of Initiation for Cigarettes

Age of Initiation	Penang Upper		Selangor Upper		Total	
	Drug User	Non Drug User	Drug User	Non Drug User	Drug User	Non Drug User
1. Never smoked or only once or twice daily	49 (34.3)	1219 (77.0)	94 (26.9)	2247 (73.4)	143 (29.1)	3466 (74.7)
2. 10 years or less	9 (6.3)	34 (2.1)	18 (5.2)	74 (2.4)	27 (5.5)	108 (2.3)
3. 11 years	0 (0.0)	18 (1.1)	10 (2.9)	39 (1.3)	10 (2.0)	57 (1.2)
4. 12 years	5 (3.5)	9 (0.6)	13 (3.7)	43 (1.4)	18 (3.7)	52 (1.1)
5. 13 years	13 (9.1)	19 (1.2)	28 (8.0)	54 (1.8)	41 (8.3)	73 (1.6)
6. 14 years	14 (9.8)	33 (2.1)	39 (11.2)	82 (2.7)	53 (10.8)	115 (2.5)
7. 15 years	21 (14.7)	80 (5.1)	69 (19.8)	207 (6.8)	90 (18.3)	287 (6.2)
8. 16 years	18 (12.6)	79 (5.0)	47 (13.5)	183 (6.0)	65 (13.2)	262 (5.6)
9. 17 years	8 (5.6)	54 (3.4)	23 (6.6)	81 (2.6)	31 (6.3)	135 (2.9)
10. 18 years	3 (2.1)	17 (1.1)	5 (1.4)	25 (0.8)	8 (1.6)	42 (0.9)
11. 19 years	1 (0.7)	6 (0.4)	1 (0.3)	9 (0.3)	2 (0.4)	15 (0.3)
12. 20 years	1 (0.7)	12 (0.8)	2 (0.6)	16 (0.5)	3 (0.6)	28 (0.6)
Total	143	1583	349	3060	492	4643

PDU36: Age of Initiation for Garja

Age of Initiation	Lower Secondary		Upper Secondary		Total
	Penang	Selangor	Penang	Selangor	
1. Never tried	3683 (97.4)	6582 (98.3)	1767 (95.0)	3412 (94.7)	15444 (96.9)
2. 10 years or less	19 (0.5)	21 (0.3)	2 (0.1)	5 (0.1)	47 (0.3)
3. 11 years	12 (0.3)	8 (0.1)	1 (0.1)	2 (0.1)	23 (0.1)
4. 12 years	9 (0.2)	22 (0.3)	0 (0.0)	2 (0.1)	33 (0.2)
5. 13 years	16 (0.4)	17 (0.3)	2 (0.1)	7 (0.2)	42 (0.3)
6. 14 years	14 (0.4)	27 (0.4)	6 (0.3)	16 (0.4)	63 (0.4)
7. 15 years	29 (0.8)	19 (0.3)	16 (0.9)	50 (1.4)	114 (0.7)
8. 16 years			21 (1.1)	62 (1.7)	83 (0.5)
9. 17 years			18 (1.0)	33 (0.9)	51 (0.3)
10. 18 years			1 (0.1)	9 (0.2)	10 (0.1)
11. 19 years			20 (1.1)	3 (0.1)	23 (0.1)
12. 20 years			6 (0.3)	1 (0.0)	7 (0.0)
Total	3782	6696	1858	3602	15940

PDU37: Age of Initiation for Drugs Other Than Ganja/LSD

Age of Initiation	Penang Upper	Selangor Upper	Total
1. Never tried any drugs	1723 (93.3)	3352 (93.2)	5075 (93.2)
2. Never tried other drugs beside ganja	54 (2.9)	90 (2.5)	144 (2.6)
3. 10 years or less	10 (0.5)	13 (0.4)	23 (0.4)
4. 11 years	0 (0.0)	3 (0.1)	3 (0.1)
5. 12 years	5 (0.3)	6 (0.2)	11 (0.2)
6. 13 years	5 (0.3)	4 (0.1)	9 (0.2)
7. 14 years	4 (0.2)	11 (0.3)	15 (0.3)
8. 15 years	8 (0.4)	45 (1.3)	53 (1.0)
9. 16 years	10 (0.5)	46 (1.3)	56 (1.0)
10. 17 years	8 (0.4)	21 (0.6)	29 (0.5)
11. 18 years	4 (0.2)	6 (0.2)	10 (0.2)
12. 19 years	5 (0.3)	0 (0.0)	5 (0.1)
13. 20 years	11 (0.6)	0 (0.0)	11 (0.2)
Total	1847	3592	5444

sixteen years of age (47 individuals at 10 or less; 23 at eleven years; 33 at twelve; 42 at thirteen; 63 at fourteen; 114 at fifteen, 83 at sixteen etc.). Thus, just as there are new individuals trying tobacco at each age, so also a smaller number are using ganja at each such age; but with the peak age for initiation being fifteen and sixteen years of age.

For drugs other than ganja, the peak years of initiation are yet again fifteen and sixteen: 2.0% of the total upper sample population start their use of such drugs at these ages. A small but notable group claim to have had some experience before the age of ten (0.4%); and at each subsequent age up to the peak years, a few individuals have started using drugs other than ganja, such that, except for the peak years, the age-graph of inception into other drugs is very flat.

Thus, reviewing the age of initiation tables for all drugs, it has been noted that cigarette smoking, ganja use and the use of other drugs have a similar peak age, in the mid-teens; but that some few individuals do start their habit considerably earlier. The association between cigarette smoking and the use of other drugs, noted in many previous studies, is again found in the present population. However, it should be stressed that many youthful cigarette smokers never proceed to experiment with other substances; and even the very juvenile cigarette smoking reported by a minority of present smokers is equally common among the non-users as it is among the users of other drugs.

Fifteen and sixteen are ages at which, for the present population, marking their arrival into the adult world may be of much importance to some individuals; and ways of establishing themselves which are available to them include smoking and drug use. It is at this point that choice of friendship group and associates determines the form of behaviour adopted. The role of friendship groups will be discussed in the following chapter.

PDU 38, 39, 40 and 41 Use of Alcohol

A further marker of the 'coming of age' in many cultures is the use of alcohol in one form or another: for this reason, one might expect some correlation between this indicator and drugs and their use, as other such indicators. (Recent trends in America have, however, been toward the replacement of soft drugs by alcohol as the drug of preference). It has also been shown (see the introductory chapter) that parental use of drugs, including alcohol, is one likely indicator of whether or not a young individual will start to use other forms of drugs.

PDU38: How Often Do Adults You Know Usually Drink
Beer, Whisky or Other Spirits?

Frequency of Usage	Penang Upper		Selangor Upper		Total	
	Drug User	Non Drug User	Drug User	Non Drug User	Drug User	Non Drug User
1. Often	79 (41.4)	238 (14.4)	74 (21.0)	449 (14.1)	153 (28.2)	687 (14.2)
2. Sometimes	68 (35.6)	668 (40.3)	167 (47.4)	1330 (41.8)	235 (43.3)	1998 (41.3)
3. Hardly Ever	24 (12.6)	340 (20.5)	58 (16.5)	642 (20.2)	82 (15.1)	982 (20.3)
4. Never	19 (9.9)	410 (24.8)	53 (15.1)	757 (23.8)	72 (13.3)	1167 (24.1)
Total	191	1656	352	3179	543	4835

PDU39: Ever Drunk Alcohol (e.g. Beer, Brandy, etc.)

Ever Drunk Alcohol	Penang Lower		Selangor Lower		Total
	Drug User	Non Drug User	Drug User	Non Drug User	
1. Never drunk any alcohol	344 (69.8)	2340 (82.6)	487 (67.3)	4724 (82.5)	7895 (80.8)
2. Seldom drink	46 (9.3)	317 (11.2)	91 (12.6)	720 (12.6)	1174 (12.0)
3. Sometimes drink	79 (16.0)	161 (5.7)	114 (15.7)	249 (4.3)	603 (6.2)
4. Often drink	24 (4.9)	16 (0.6)	32 (4.4)	33 (0.6)	105 (1.1)
Total	493	2834	724	5726	9777

PDU40: Frequency of Usage for Whisky, Gin or Other Spirits

Frequency of Usage	Penang Upper		Selangor Upper		Total	
	Drug User	Non Drug User	Drug User	Non Drug User	Drug User	Non Drug User
1. About everyday	20 (11.9)	5 (0.3)	3 (0.9)	3 (0.1)	23 (4.5)	8 (0.2)
2. Several times a week	2 (1.2)	0 (0.0)	2 (0.6)	4 (0.1)	4 (0.8)	4 (0.1)
3. About once a week	1 (0.6)	4 (0.2)	5 (1.4)	6 (0.2)	6 (1.2)	10 (0.2)
4. Two or three times a mth.	6 (3.6)	12 (0.7)	13 (3.7)	18 (0.6)	19 (3.7)	30 (0.6)
5. Once a month	8 (4.8)	12 (0.7)	19 (5.5)	29 (0.9)	27 (5.2)	41 (0.8)
6. Less than once a month	20 (11.9)	96 (5.8)	82 (23.6)	160 (5.0)	102 (19.8)	256 (5.3)
7. Never	111 (66.1)	1535 (92.2)	223 (64.3)	2973 (93.1)	334 (64.9)	4508 (92.8)
Total	168	1664	347	3193	515	4857

PDU41: Frequency of Usage for Beer

Frequency of Usage	Penang Upper		Selangor Upper		Total	
	Drug User	Non Drug User	Drug User	Non Drug User	Drug User	Non Drug User
1. About everyday	6 (3.9)	4 (0.2)	5 (1.4)	4 (0.1)	11 (2.2)	8 (0.2)
2. Several times a week	4 (2.6)	0 (0.0)	8 (2.3)	3 (0.1)	12 (2.4)	3 (0.1)
3. About once a week	3 (1.9)	8 (0.5)	9 (2.6)	13 (0.4)	12 (2.4)	21 (0.4)
4. Two or three times a month	10 (6.5)	30 (1.8)	19 (5.4)	50 (1.6)	29 (5.7)	80 (1.6)
5. Once a month	11 (7.1)	26 (1.6)	27 (7.7)	61 (1.9)	38 (7.5)	87 (1.8)
6. Less than once a month	38 (24.7)	188 (11.3)	95 (27.1)	358 (11.2)	133 (26.3)	546 (11.2)
7. Never	82 (53.2)	1408 (84.6)	188 (53.6)	2704 (84.7)	270 (53.5)	4112 (84.7)
Total	154	1664	351	3193	505	4857

Table PDU 38 confirms this association between adult use of alcohol and the respondent's use of drugs. Asked how often adults of their acquaintance used alcohol, nearly one quarter (24.1%) of the non-users replied "never", compared with 13.3% of drug users. Drug users were twice as likely as non-users to know adults who often used alcohol (28.2% versus 14.2%); and this difference was especially marked in the Penang upper sample, where 41.4% of drug users said "often", versus 14.4% of non-users giving this response.

Own use of alcohol (PDU 39) showed a similar, if slightly smaller, difference between drug users and non-users: thus, in Penang Lower, 20.9% of drug users but only 6.3% of non-users reported that they sometimes or often drank alcohol. Among the older sample of both states, the use of whisky and other spirits among the non-drug users was very rare (7.2%) compared with the 43.9% of drug users who ever used spirits. Indeed, 11.9% of Penang Upper sample claim daily use of spirits (compare a 0.3% rate among non-users). The frequency of usage of beer (PDU 41) shows a similar discrepancy between the drug users and non users (53.5% of users, and 84.7% of non-users "never" drink beer). Usage of beer by the drug users is, however, unlikely to be at all heavy - most likely, less than once a month.

Thus, whereas about fifteen percent of non-drug users have some level of alcohol usage, between thirty and fifty percent of drug users (the percentage increasing with age) have some experience of alcohol; although it is unlikely that such usage will be heavy. Heavy adolescent use of alcohol, whether by drug user or non user, would seem to be rare in the Malaysian context.

The preceding sections have reviewed the patterns of drug use indicated by the upper and lower secondary school sample drawn from Penang and Selangor states; subsequent chapters will expand upon these findings, and relate the drug use/non-use dichotomy to a range of social, demographic and attitudinal data, in order to suggest some of the reasons why a minority of individuals have experimented with, and sometimes moved to regular use of, various drug substances.

The proportion of the adolescent population who have experience of drugs is, by international standards, still fairly small: Malaysia has nothing of the endemic use of soft drugs reported in many recent North American studies. However, there would appear to be an upward trend in the use of drugs in Malaysia, as far as there exists any previous estimate wherewith to compare the present data. Writing in 1973 of a survey conducted in 1970, (Survey of the Drug Scene in the State of Penang, Society of Contemporary Affairs, Penang) gives the following tentative estimates:

"The overall percentages for secondary schools show that for every 100 pupils, there are about 30 who have tried cigarettes, 3 are on ganja, 4 on pep-pills, 2 on MX pills, 1 on heroin and 1 on morphine. Opium is very seldom used by school pupil... Clearly for the hard and illegal drugs like ganja, heroin, MX pill, morphine and opium, the use of these drugs is very infrequent. The level of usage of these narcotic drugs is in most cases only once or twice. Perhaps these students experimented with these drugs out of sheer curiosity; definitely the picture of these drug users is not that of a group of drug addicts".

In 1976, one can echo the last observations made on the 1970 drug scene, although the numbers experimenting have increased during the period.

CHAPTER FIVE

Drug Users and Non-Users: An Analysis of Differences

This chapter presents the findings of the schools survey under seven broad headings, analysing differences and similarities between self-reported drug users and their contemporaries who report no use of drugs in terms of their social background; relationship with school; self descriptions and family relations; reported reasons for drug usage or non usage; attitudes towards drugs; rural-urban differences; and the non-normative responses by drug users. The emphasis of the chapter is upon verbal presentation of results rather than either upon detailed statistical tables (for which see the accompanying tables) or upon integration, comment and discussion (which are the topics of subsequent chapters).

It should be noted that, for clarity of exposition, the bulk of the present chapter will present combined data for the two states, Penang and Selangor, for in the majority of cases, the findings in one state closely resemble those found in the other. Where significant inter-state differences occur, these are, of course, described; the reader may assume that, if such differences are not mentioned or tabulated, then a very similar pattern is to be found in either state. Again, if no mention is made in the text or tables of differences between Lower School (Forms 1 - 3) and Upper School (Forms 4 - 6), then the pattern of results in each is so close that they may be justifiably combined for clarity of presentation.

A. Social Background

Are the drug users within the school population drawn from one particular part of this whole? Are they predominantly from a particular social class, religious group, or age level? Or is such drug use as there is evenly spread throughout the ages, sexes classes, groups and areas of the country?

SOCO Number of drug users and non drug users by state and age group

Using the criterion of self-reported drug use taken by this study, an overall 11.5% of the 16,166 schoolchildren who participated in the study have experience of drugs of one kind or another. (They subsequently will be referred to as the drug users throughout the remainder of this report, in contrast with the 88.5% the sample who will be referred to as the non drug users). In neither state is the age-variable of much importance: as large a proportion of the Lower School sample as the Upper School sample fell into the user category.

SOC1: GRADE LEVEL OF DRUG USERS AND NON DRUG USERS

Selangor

Form	No. of respondents	No. of drug-users	No. of non drug-users
1. Form 1	2827	375 (13.3)	2452 (86.7)
2. Form 2	2441	246 (10.1)	2195 (89.9)
3. Form 3	1475	109 (7.4)	1366 (92.6)
4. Form 4	1532	122 (8.0)	1410 (92.0)
5. Form 5	1428	154 (10.8)	1274 (89.2)
6. Lower 6	410	43 (10.5)	367 (89.5)
7. Upper 6	251	35 (13.9)	216 (86.1)
Total	10364	1084 (10.5)	9280 (89.5)

Penang

Form	No. of respondents	No. of drug-users	No. of non drug-users
1. Form 1	1570	253 (16.1)	1317 (83.9)
2. Form 2	1226	157 (12.8)	1069 (87.2)
3. Form 3	1037	98 (9.5)	939 (90.5)
4. Form 4	812	55 (6.8)	757 (93.2)
5. Form 5	192	17 (8.9)	175 (91.1)
6. Lower 6	251	128 (51.0)	123 (49.0)
7. Upper 6	713	79 (9.8)	643 (90.2)
Total	5801	778 (13.4)	5023 (86.6)

Penang and Selangor Combined

Form	No. of respondents	No. of drug-users	No. of non drug-users
1. Form 1	4397	628 (14.3)	3769 (85.7)
2. Form 2	3667	403 (11.0)	3264 (89.0)
3. Form 3	2512	207 (8.2)	2305 (91.8)
4. Form 4	2344	177 (7.6)	2167 (92.4)
5. Form 5	1620	171 (10.6)	1449 (89.4)
6. Lower 6	661	171 (25.9)	490 (74.1)
7. Upper 6	964	105 (10.9)	859 (89.1)
Total	16165	1862 (11.5)	14303 (88.5)

Penang State however, at either level, has a proportionately larger user population than does Selangor (13.5% as opposed to 10.3%). One factor to be discussed below, reduces the weight to be put upon this difference.

Extrapolation from these states to school children in the country as a whole should be undertaken with extreme caution: the sample itself illustrates some important differences that exist between two states which, for a variety of reasons, may be considered high risk areas. Commercial pressures and drug availability are likely to be less in certain other states within the country. However, extrapolation from the secondary school age population who are still at school (this sample) to the whole of this age group in the area is, if anything, likely to provide an underestimate for the extent of drug use in the 20 years and under age-group.

Age and School Grade

Analysed by grade, some very striking differences emerge with age (although, as remarked above, overall there is little difference between Upper and Lower Schools). There is in fact a bipolar distribution, such that forms three and four in both states have relatively lower numbers claiming experience, with both the younger and the older groups reporting more frequent use. This may reflect 'waves' of interest in experimentation going through the school age population, with those presently in third and fourth form belonging to a less experimenting generation. (The importance of the peer group in initiatory behavior has been remarked upon elsewhere).

One possible aberrant group in the Penang sample are the Lower 6th age group, who, it should be noted, were sampled in many schools throughout Penang State (hence, collaboration in misreporting can be discounted) and who reach a drug-user percentage of 51%. This group are responsible for much of the inter-state difference reported above. (Supposing the incidence of drug use in this group were to be intermediate between forms 5 and Upper 6, at 1.4% users, then the Penang - Selangor difference would diminish, and the Penang corrected figure would read:

Total	5801	Users:	674 (11.6%)	Non users:	5127 (88.4%)
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Age trends are thus to be noted; and attention should be given to the greater numbers in forms 1 and 2 reporting use than in the immediately higher forms. Two not necessarily competing explanations may be offered for this finding: one is the secular change suggested before - i.e. that, whereas few of the present middle school children have become involved with drugs, the present social climate amongst lower

formers encourages drug experimentation; and that the present first and second formers represent a new trend towards much greater drug use. Indeed, the trend is detectable even in comparing form 2 with the high drug use of form 1. A second explanation might be given for these figures: that of selective attrition of the school population, where staying on at school is fairly strongly associated with the non-use of drugs. This explanation would propose that, when the present middle formers were in forms 1 + 2, their contemporaries, since dropped out, were much more likely to be drug users than they; and that the overall rate of drug use in early forms has remained relatively stable.

Some evidence against this latter being the predominant explanation is given by comparison with the smaller scale survey conducted by the Society For Contemporary Affairs, Penang in 1972, indicating that the overall rate of drug use is indeed increasing, and implying that recruitment is now at a much younger age. Furthermore, the drop-out drug-use relationship would predict, by itself, a steady decrease in the drug using proportion with age through to sixth form. It is true, however, that new and increased stress factors may act upon sixth formers that counteract such a trend with age within the school population.

SOC2 i and ii Sex of Drug Users

Comparison with the earlier study by the Society for Contemporary Affairs, Penang, indicates that girls now form a higher proportion of drug users. Although it is still true to say there are many more boys than girls amongst the drug users (in Penang, nearly twice the percentage of males as females, 16% to 8.5%; and in Selangor, a somewhat closer ratio: 11.9% of all boys to 8.6% of all girls), the problem is far from being the exclusively male one sometimes portrayed.

Given the initial sex-imbalance of the secondary school population (approximately three fifths of the total sample was male in both upper and lower schools), males are still heavily over-represented in the drug-using subsample of upper schools in both Penang and Selangor. (In Penang, they represent 90.7% of the older drugs users; in Selangor 77.3% of the drug using population.) However, the Selangor lower schools present a different picture: as many as 42% of the drug users at this level were female - very close to their percentage in the school population. If one were to predict no influence of sex then:

	Predicted	Observed
Male	401	422
Female	325	304

SOC2i: SEX OF DRUG USERS AND NON DRUG USERS

Selangor

Sex	No. of respondents	No. of drug-users	No. of non drug-users
1. Male	5849	695 (11.9)	5154 (88.1)
2. Female	4472	384 (8.6)	4088 (91.4)
Total	10321	1079 (10.5)	9242 (89.5)

Penang

Sex	No. of respondents	No. of drug-users	No. of non drug-users
1. Male	3790	608 (16.0)	3182 (84.0)
2. Female	2005	171 (8.5)	1834 (91.5)
Total	5795	779 (13.4)	5015 (86.6)

Penang and Selangor Combined

Sex	No. of respondents	No. of drug-users	No. of non drug-users
1. Male	9639	1303 (13.5)	8336 (86.5)
2. Female	6447	555 (8.6)	5892 (91.4)
Total	16086	1858	

SOC2ii: SEX OF DRUG USERS AND NON DRUG USERS

Selangor

Sex	No. of respondents		No. of drug users		No. of non drug users	
	Lower	Upper	Lower	Upper	Lower	Upper
1. Male	3717	2132	422 (11.4)	273 (12.8)	3295 (88.6)	1859 (87.2)
2. Female	2995	1477	304 (.0.2)	80 (5.4)	2691 (89.8)	1397 (94.6)
Total	6712	3609	726 (10.8)	353 (9.8)	5986 (89.2)	3256 (90.2)

Penang

Sex	No. of respondents		No. of drug users		No. of non drug users	
	Lower	Upper	Lower	Upper	Lower	Upper
1. Male	2427	1363	363 (15.0)	245 (18.0)	2064 (85.0)	1118 (82.0)
2. Female	1405	600	146 (10.4)	25 (4.2)	1259 (89.6)	575 (95.8)
Total	3832	1963	509 (13.3)	270 (13.8)	3323 (86.7)	1693 (86.2)

Selangor & Penang

Sex	No. of respondents		No. of drug users		No. of non drug users	
	Lower	Upper	Lower	Upper	Lower	Upper
1. Male	6144	3495	785 (12.8)	518 (14.8)	5359 (87.2)	2977 (85.2)
2. Female	4400	2077	450 (10.2)	105 (5.1)	3950 (89.8)	1972 (94.9)
Total	10544	5572	1235 (11.7)	623 (11.2)	9309 (88.3)	4949 (89.8)

Once again, local patterns of fashion within the school age sub-culture emerge as important to consider: the climate of opinion and influence operating upon a school girl must clearly vary considerably between, for example, Penang Upper Schools and Selangor Form 1; and it is against such sub-culture differences that one must set all statements in sections below about the pattern of influences upon the individual to become a drug user. Whatever are the dynamics of the individual case, local variations in norms of behavior must be seen as a basic factor in whether or not drug use becomes common in a particular community.

SOC3 Father's Occupation

Studies of drug abuse in America have indicated that there, usage is a class-related phenomenon; whereas the pattern in Europe has tended to be much more widespread throughout the social structure. Taking father's occupation as an indicator of the school child's home background and social class, the present sample more closely approximates the European than the American pattern: drug usage is spread widely throughout all classes. There are some variations in usage level within the class structure of Malaysia, but little clear trend emerges: drug usage is not more typical of, let us say, the children of manual workers than those of skilled workers or professionals - all these groups approximate the population norm of drug use. (10.3% of the children of manual workers, 10.0% of those of skilled workers and 10.2% of those of professionals are drug users). Hence, it would seem unlikely that any more detailed study about relative family income would prove any more predictive of drug use or accessibility.

The value of having two samples, Penang and Selangor, become apparent in knowing how much weight to give to the occasional deviations by occupation from the overall percentage of users. A plausible stress variable, father's unemployment, is associated with children's higher than average use of drugs in Penang (17.5% but not in Selangor (10.7%). Similarly being the child of a teacher in Selangor is associated with double the Selangor average likelihood of drug usage (21.7%), yet the corresponding group of Penang schoolchildren are well below the Penang average (8.4%). Such a pattern, rather than tempting one into observe speculations about the stresses upon Selangor school teachers that would be over compensated for if they could obtain a posting to Penang State, should be taken as indicative of a lack of any simple relationship between social class and pattern of drug usage: in itself is a striking finding.

SCH1: Own Personal Ambitions in Education

	Lower		Upper	
	Drug Users	Non Drug Users	Drug Users	Non Drug Users
1. Don't care about passing	30 4.1	52 0.9	2 0.5	9 0.2
2. Pass Form Three	178 24.7	655 11.5	- -	- -
3. Pass Form Five/ M.C.E.	54 7.5	293 5.1	42 11.8	289 9.0
4. Pass Form 6/H.S.C.	49 6.8	259 4.5	17 4.8	132 4.0
5. Go to college	78 10.8	625 11.0	44 12.4	435 13.6
6. Go to U	330 45.8	3841 67.6	248 70.2	2329 72.9
Total	719	5675	353	3194

Penang Upper & Lower Secondary

	Lower		Upper	
	Drug Users	Non Drug Users	Drug Users	Non Drug Users
1. Don't care about passing	33 6.5	45 1.5	118 43.8	8 0.4
2. Pass Form Three	133 26.3	494 17.5	- -	- -
3. Pass Form Five/ M.C.E.	32 6.3	139 4.9	20 7.4	176 10.5
4. Pass Form 6/H.S.C.	39 7.7	116 4.0	10 3.7	89 5.3
5. Go to college	62 12.3	380 13.3	28 10.4	252 15.0
6. Go to U	205 40.6	1667 58.6	93 34.5	1145 68.5
Total	504	2841	269	1670

Penang & Selangor Upper & Lower Secondary

	Lower		Upper	
	Drug Users	Non Drug Users	Drug Users	Non Drug Users
1. Don't care about passing	63 5.1	97 1.1	120 19.2	17 0.3
2. Pass Form Three	311 25.4	1149 13.4	- -	- -
3. Pass Form Five/ M.C.E.	86 7.0	432 5.0	62 9.9	465 9.5
4. Pass Form 6/H.S.C.	88 7.1	375 4.3	27 4.3	221 4.5
5. Go to college	140 11.4	1005 11.7	72 11.5	687 14.1
6. Go to U	535 43.7	5508 64.3	341 54.8	3474 71.4
Total	1223	8566	622	4864

associated with somewhat lowered educational aspirations, this is clearly not universally true: and it may be that in some sub-cultures, the effect is minimal.

SCH2 Own Expectations of Education

If the previous table charted hopes, what in reality did each individual expect to achieve? This question (asked of the Upper Sample) showed the considerable realism of the respondents: contrast the much smaller 52% who felt that they would achieve University entry compared with the numbers who expressed the wish to go. Inter-state differences are again found, with the level of expectations in Penang being lower than in Selangor. Further mirroring the state differences in levels of ambition, one finds that whereas in Selangor drug users were also less hopeful of actual educational success than were their non-user counterparts, in Penang, drug use was associated with setting lower sights: 65% expected H.S.C. or less, as opposed to 36% of the non users in Penang Upper schools having such low expectations.

SCH3 Parental Expectation of Pupil's Education

If pupil ambitions are, in part, a product of parental expectations for their child, then the pattern of results found in table SCH3 begins to explain the findings of earlier tables: the high overall ambition throughout the sample; the slight lead Selangor pupils show over Penang pupils; the great similarity in ambition and expectation between users and non-users in Selangor; and the depression of hopes and expectations amongst Penang's drug users. Each of these previously noted trends is mirrored in the pupil's perceptions of their parents expectations for them: with, most strikingly, 45% of the Penang users feeling that their parents do not care about their children's exams, as opposed to a figure of 1% for all other pupils.

SCH4 Attitude toward School

Several aspects of the school experience were tapped via attitude items: could one express oneself freely in lessons? Were rules and regulations tolerable or oppressive? Did the pupil feel that he was wasting his time in school?

Threequarters of all pupils felt that they could say what they thought in lessons: the proportion disagreeing scarcely varying between users and non-users, or between upper and lower secondary groups.

There was some appreciable difference between users and non-users, but none at all between levels, on the feeling that one might be wasting one's time in school. As would be anticipated from

SCH2: Own Expectations of Education

Selangor Upper Secondary

	Upper		Upper		Upper
	Drug Users		Non Drug Users		No. of Respondent
1. Don't pass any exam	5	1.4	17	0.5	22
2. Pass M.C.E.	89	25.5	707	22.4	809
3. Pass H.S.C.	30	8.5	392	12.4	426
4. Go to college	38	10.8	352	11.1	393
5. Go to University	187	53.6	1685	53.4	1901
Total	349		3153		3551

Penang Upper Secondary

	Upper		Upper		Upper
	Drug Users		Non Drug Users		No. of Respondent
1. Don't pass any exam	6	2.2	11	0.6	19
2. Pass M.C.E.	36	13.4	374	22.6	14
3. Pass H.S.C.	132	49.2	205	12.4	342
4. Go to college	27	10.0	244	14.7	277
5. Go to University	67	25.0	819	49.5	891
Total	268		1653		1943

Selangor & Penang Upper Secondary

	Upper		Upper		Upper
	Drug Users		Non Drug Users		No. of Respondent
1. Don't pass any exam	11	1.7	28	0.5	41
2. Pass M.C.E.	125	20.2	1081	22.4	1223
3. Pass H.S.C.	162	26.2	597	12.4	768
4. Go to college	65	10.5	596	12.4	670
5. Go to University	254	41.1	2504	52.1	2792
Total	617		4806		5494

SCH3: PARENTAL EXPECTATION OF PUPIL'S EDUCATION

Selangor Upper Secondary

	UPPER		UPPER		UPPER
	DRUG USERS	%	NON DRUG USERS	%	RESPONDENTS
1. Don't care about exam	3	0.8	27	0.8	32
2. Pass M.C.E.	35	9.9	255	7.9	296
3. Pass H.S.C.	10	2.8	99	3.0	110
4. Go to college	20	5.6	193	6.0	215
5. Go to University	285	80.7	2625	82.1	2948
TOTAL	353		3199		3601

Penang Upper Secondary

	UPPER		UPPER		UPPER
	DRUG USERS	%	NON DRUG USERS	%	RESPONDENTS
1. Don't care about exam	119	44.5	23	1.4	145
2. Pass M.C.E.	16	5.9	163	9.7	179
3. Pass H.S.C.	6	2.2	76	4.6	83
4. Go to college	17	6.4	146	8.7	166
5. Go to University	109	40.8	1257	75.4	1381
TOTAL	267		1665		1954

Selangor & Penang

	UPPER		UPPER		UPPER
	DRUG USERS	%	NON DRUG USERS	%	RESPONDENTS
1. Don't care about exam	122	19.6	50	1.0	177
2. Pass M.C.E.	51	8.2	418	8.5	475
3. Pass H.S.C.	16	2.5	175	3.6	193
4. Go to college	37	5.9	339	6.9	381
5. Go to University	394	63.5	3882	79.8	4329
TOTAL	620		4864		5555

SCH4: ATTITUDES TOWARD SCHOOL

Penang and Selangor Upper and Lower Secondary

	LOWER				UPPER			
	Drug users		Non drug users		Drug users		Non drug users	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
1. Can express self freely	838 (73.7)	298 (26.2)	6083 (73.7)	2162 (26.2)	450 (74.1)	157 (25.8)	3402 (71.7)	1338 (28.2)
2. Wasting my time in school	287 (26.5)	795 (73.4)	1001 (12.4)	7072 (87.6)	131 (26.2)	369 (73.8)	656 (13.7)	4132 (86.2)
3. School rules too strict	531 (50.7)	515 (49.3)	3379 (42.3)	4581 (57.5)	400 (64.8)	217 (35.1)	1677 (35.0)	3106 (65.0)

the responses to questions on educational ambition, the large majority in all groups did not feel school to be a waste of time; the difference lies, again in the anticipated direction, in the extent of dissent from this feeling: 13% of non-users versus 26% of users dissenting.

The only major difference in attitudes towards school was shown when pupils were asked whether school rules and regulations were too strict: a slight difference between users and non-users at lower level (respectively 51% and 42% agreeing that they are too strict) becomes a major disagreement between users and non-users at the Upper level (where 65% of users and 35% of non-users see school rules as too strict).

SCH5: Absenteeism from School

Selangor and Penang Upper SEcondary

Days	No. of respondents	No. of drug users	No. of non drug users
1. None	2437	155 (25.4)	2282 (46.6)
2. Less than 2 days	1723	168 (27.4)	1555 (31.7)
3. 3 to 5 days	957	160 (26.2)	797 (16.2)
4. 6 to 10 days	236	65 (10.6)	171 (3.4)
5. 11 to 15 days	81	31 (5.0)	50 (1.0)
6. 16 to 25 days	35	15 (2.4)	20 (0.4)
7. 26 to 50 days	9	3 (0.0)	6 (0.1)
8. Over 50 days	29	14 (2.2)	15 (0.3)
Total	5507	611	4896

Disenchantment with an establishment, as well as actual illness, may be reflected in the record of absenteeism; and, even given a possible reluctance to admit being off school (the question was phrased in as casual and non-threatening a manner as possible), the user/non-user difference is striking and consistent across states. Taking those who report no absenteeism, the figures are as follows:

Penang non-users	52%	Selangor non-users	44%
Penang users	26%	Selangor users	25%

Too much stress should not be placed on the apparent Penang - Selangor non-users difference: this is almost entirely accounted for by a compensating difference in respondents reporting trivial absences - one day or less. The user/non-user differences are considerably more robust, and reflect many long absences on the part of the users.

SCH6: School Performance

Penang and Selangor Lower & Upper Secondary

	Lower		Upper	
	Drug Users	Non Drug Users	Drug Users	Non Drug Users
1. Very good	229 (19.2)	729 (8.6)	101 (16.7)	150 (3.1)
2. Good	348 (29.2)	2943 (34.6)	147 (24.3)	1369 (28.2)
3. Average	425 (35.7)	4108 (48.4)	307 (50.9)	3041 (63.0)
4. Below average	93 (7.8)	425 (5.0)	42 (6.9)	189 (3.9)
5. Poor	93 (7.8)	280 (3.2)	15 (2.4)	72 (1.5)
Total	1188	8485	603	4821

We asked the purposely subjective question: "Are the marks you get at school work usually very good; good poor?" in order to further tap the pupil's feeling of success and well-being in the school. (The anonymity of the questionnaires made it obviously impossible to cross-check with actual school records: a small loss to set against the gains from having anonymous responses). A combination of modesty and realism makes "Average" the modal response for each level, user and non-user alike; but with a somewhat wider scatter around this for users than for non-users at either level, perhaps explicable in terms of a self-advertising tendency amongst users: if better than average, they were more likely to proclaim their marks "Very good", and if worse than average, "poor".

SCH7: Hours Spent Watching Television

Penang and Selangor Upper Secondary

	Drug Users	Non Drug Users	No. of Respondents
1. Almost never watch TV	232 (37.4)	1371 (28.2)	1623
2. Less than 1 hour	129 (20.8)	1326 (27.3)	1469
3. One to three hours	211 (34.1)	1907 (39.3)	2148
4. Four to six hours	31 (5.0)	217 (4.4)	250
5. More than six hours	16 (2.5)	27 (0.5)	43
Total	619	4848	5533

The amount of time spent in television watching on an average school day will reflect a whole range of factors: access to a set, availability of time not taken up by family and commercial demands upon the individual, the sociability/solitariness of the individual, and so on; as well as being in itself one of a number of influences upon school performance.

On a school day, the normal range of television watching is one to three hours for the whole sample: very few pupils indeed report more hours; and many report that they almost never watch television. Selangor children, as a whole, would appear to have somewhat greater access to and consequent usage of, television; and in this state, users and non-users have fairly similar patterns of viewing (with the exception of a very few users who report very considerable watching time). In Penang, however, the majority of users report almost never watching; with again a group of four users at the opposite extreme, who report more than six hours viewing on an average school day. With the exception of these "pathological" viewers, drug-use and television-use patterns would not seem to be closely correlated.

C. Self Description and Family Relations

Partly as a cause and partly as a consequence of their pattern of usage, drug users might reasonably be presumed to differ from non-users in terms of their view of themselves, and of their relations with those around them, especially family members. Do such differences in fact exist? And if such differences are found is it possible to untwine cause from consequence?

SD1: Health Condition

Penang and Selangor Upper Secondary

	Drug Users	Non Drug Users	Respondents
1. Excellent	96 (15.4)	774 (15.9)	880
2. Good	278 (44.8)	2856 (59.0)	3128
3. Fair	118 (19.0)	1162 (24.0)	1297
4. Poor	128 (20.6)	51 (1.0)	183
Total	620	4843	5488

i. General Health and Happiness

"Poor" health, a very rare description among non-users (1%) was considerably more often reported by the drug users (20.6%), with correspondingly fewer of the users reporting Good or Excellent health - although it should be noted that these two latter categories were given by over 60% of the drug users. It should also be observed that almost the entirety of this difference is accounted for by the Penang sub-sample: in Selangor, reported state of health did not distinguish drug users from non-users.

SD2 Health Condition in last two months

At a more specific level, when describing their health condition during the previous two months, this picture is confirmed and extended, especially amongst the drug users in all lower forms. Drug users, in all indicators, said that in the preceding two months they had "often" had:

Headaches	: 12.9%	(as against 6.3% non-users)
Tummy upsets	: 19.3%	5.3%
Trouble sleeping:	14.5%	5.7%
Nightmares	: 12.9%	4.8%
Felt nervous	: 21.7%	8.5%

Non drug users, on the whole, had no trouble sleeping (65.4% "never"), nightmares (58.1% "never") and so on, for all complaints.

The older drug users showed less psychological and physical disturbance: although trouble with sleeping (17.5% reported this as "often") and feelings of nervousness (12.7%) were more common than in non-users (whose corresponding figures were 6% and 6.7%) there was only a slight worsening of health on the other indicators headache, tummy upsets and nightmares.

SD3: Reported Self Contentment

Penang and Selangor Upper Secondary

	Drug Users	Non Drug Users	No. of Respondents
1. Very happy	65 (10.4)	733 (15.1)	811
2. Quite happy	267 (43.0)	2888 (59.5)	3997
3. Not too happy	259 (41.7)	1127 (23.2)	1406
4. Not happy at all	29 (4.6)	104 (2.1)	136
Total	620	4852	6350

Overall, therefore, one might reasonably assume that drug users would rate themselves less happy than non-users: and this is indeed the case - 46% of the users rate themselves as "not too happy" or "not happy at all" - as against only 25% of the non-users doing so. For what it is worth, although this finding applies to both states, Penang contributes more to the overall unhappiness of the drug-taker scores; whilst both states have almost identical distributions of responses between "very happy" and "not happy at all" for their non-users.

SD2: Health Conditions in Last Two Months
 Penang and Selangor Upper & Lower Secondary Drug Users

	LOWER DRUG USERS			LOWER NON DRUG USERS			UPPER DRUG USERS			UPPER NON DRUG USERS		
	OFTEN	SOMETIMES	NEVER	OFTEN	SOMETIMES	NEVER	OFTEN	SOMETIMES	NEVER	OFTEN	SOMETIMES	NEVER
1. Headache	12.9 151	65.1 736	24.8 281	6.3 540	60.1 5050	34.2 2876	9.8 61	45.3 281	25.8 160	8.8 430	55.3 2688	37.3 1815
2. Tummy up- set	19.3 174	58.9 531	21.7 196	5.3 452	51.2 4301	42.9 3604	8.0 50	40.9 254	31.6 196	4.0 198	53.5 2603	37. 2016
3. Trouble sleeping	14.5 164	39.2 443	47.6 538	5.7 484	28.6 2404	65.4 5494	17.3 109	34.0 211	35.3 219	6.0 292	34.5 1677	58.9 2863
4. Nightmares	12.9 146	52.4 593	36.9 417	4.8 406	36.9 3102	58.1 4887	8.8 55	36.9 229	39.1 243	5.6 276	40.1 1952	53.6 2606
5. Felt nervous	21.7 246	37.8 428	40.4 457	8.5 721	40.6 3415	50.2 4219	12.7 79	41.4 257	30.4 189	6.7 327	48.8 2374	44.5 2163

ii. Self Descriptions

A large number of items on the questionnaire sought to tap the general self concept of the drug-user, and to contrast this with the self concept of the non-user of equivalent age and school status. Not all items discriminate between user and non-user; and, rather than discuss each item at length, the following paragraphs will summarize those items on which differences of significance were found; and then indicate those areas where user and non-user give very similar responses.

SD4 Self Descriptions I (See previous page)

SD5 Self Descriptions II (See previous page)

SD6: Self Descriptions III

Penang and Selangor Upper Secondary

	Drug Users		Non Drug Users	
	Agree	Disagree	Agree	Disagree
1. Do things well	9.8 419	9.0 102	89.0 3814	89.9 1019
2. I am no good	10.3 264	8.4 240	88.4 2255	90.5 2587
3. Need luck than hard work	15.9 265	9.1 348	83.1 1388	89.7 3432
4. Hopeful most of the time	8.7 340	12.2 172	90.1 3508	86.8 1226
5. Someone stops me	12.0 231	8.0 278	86.6 1673	90.9 3154
6. Can improve the world	8.7 292	10.3 202	90.2 3027	88.3 1724
7. Don't have chance to be successful	15.5 119	8.3 383	83.2 640	90.6 4186
8. Laws should be obeyed	8.1 343	14.0 160	90.6 3851	85.1 973
Total	10.0 2273	9.2 1885	88.8 20156	89.6 18301

SD7 Self Descriptions IV (See next page)

SD4: Self Descriptions I

Penang & Selangor Lower Secondary

	Drug Users		Non Drug Users	
	Agree	Disagree	Agree	Disagree
1. Know what I want of life	10.4 647	11.9 420	82.0 5144	82.8 2922
2. Feel left out	11.9 448	10.2 577	82.2 3086	83.9 4752
3. Easy to have good time	13.1 533	9.3 501	80.3 3274	85.5 4615
4. Bored a lot of the time	16.5 357	9.1 637	77.4 1674	85.4 6002
5. Feel close to friends	9.9 725	13.4 293	84.7 6212	79.8 1743
6. Like to go out with friends	13.5 535	9.2 518	80.8 3203	84.8 4756
7. Make friends easily	11.1 737	10.8 328	82.7 5459	83.5 2529
Total	11.7 3982	10.1 3274	82.3 28052	84.3 23719

Penang & Selangor Upper Secondary

	Drug Users					Non Drug Users				
	A	B	C	D	E	A	B	C	D	E
1. Know what I want of life	21.4 226	7.9 131	9.5 212	7.4 27	7.2 15	76.5 809	91.3 1496	89.1 1995	91.6 317	92.3 191
2. Feel left out	37.9 144	11.8 189	8.6 115	7.4 134	9.4 31	60.3 229	86.9 1396	90.6 1210	91.5 1665	88.8 294
3. Easy to have good time	10.5 39	9.7 160	17.8 233	8.4 150	9.1 32	88.1 327	87.2 1474	80.7 1064	90.5 1610	89.7 314
4. Bored a lot of the time	50.1 157	12.4 125	8.1 67	9.9 206	8.0 57	47.9 150	86.6 871	90.5 750	90.9 2370	90.3 642
5. Feel close to friends	21.1 224	8.8 265	8.3 73	7.8 38	18.5 15	78.1 828	89.8 2701	90.6 797	90.7 439	79.0 64
6. Like to go out with friends	13.4 104	11.1 231	20.1 174	5.9 89	5.8 19	85.3 658	87.5 1815	78.5 681	92.9 1385	92.0 301
7. Make friends easily	23.7 221	9.2 230	8.4 111	6.0 40	8.6 12	14.9 698	89.6 2231	90.3 1189	92.4 609	89.9 125
Total	22.8 1112	9.9 1331	11.2 985	7.5 684	8.6 185	75.8 3699	88.9 11982	87.8 7686	91.4 8395	90.0 1392

SD5i: Self Descriptions II

Penang & Selangor Upper Secondary

	Drug Users				Non Drug Users			
	A	B	C	D	A	B	C	D
1. Wear new styles	28.2 174	16.7 100	25.8 159	29.7 183	5.3 259	14.2 687	35.1 1697	45.3 2190
2. Do what I want	27.0 135	42.0 210	25.5 128	5.4 27	15.9 827	40.4 2093	29.6 1533	7.4 383
3. Go along with friends	23.5 145	23.9 147	41.7 257	10.7 66	3.2 156	29.0 1402	52.8 2553	14.8 716
4. Finish something promised	60.0 300	29.4 147	8.0 40	2.6 13	60.5 3222	26.1 1265	5.5 267	1.7 87
5. Ask Opinion	33.7 208	37.1 229	24.3 150	4.8 30	13.9 674	48.0 2327	33.4 1617	4.5 220
6. Do little work	10.3 64	20.3 126	31.5 195	37.8 234	13.3 642	19.4 936	32.7 1578	34.5 1667
7. Afraid of doing things	12.0 74	16.4 101	24.7 152	46.7 287	19.7 949	17.7 854	29.5 1421	33.1 1594

KEY

A: Always True B: Often True C: Seldom True D: Not True at all

SD5ii: Self Description II

Penang & Selangor Lower Secondary

	Drug Users					Non Drug Users				
	1	2	3	4	5	1	2	3	4	5
1. Easy to have good time	23.7 164	14.7 228	10.2 475	7.9 146	11.0 162	64.6 447	78.8 1208	84.4 3945	86.2 1578	81.7 1201
2. Do what I want	23.5 135	13.0 186	10.7 306	8.8 174	10.5 349	64.7 401	80.6 1152	83.9 2888	86.1 1697	82.4 2734
3. Go with friends' idea	26.4 105	17.7 185	9.9 352	9.7 232	9.8 258	65.1 259	74.1 772	84.9 3022	84.4 2032	83.8 2208
4. Finish something promised	10.3 246	4.1 212	15.1 186	19.5 115	15.3 124	84.0 1997	85.5 4447	75.8 873	73.6 433	76.5 621
5. Friends ask opinion	18.2 127	12.9 282	9.2 311	9.8 211	13.8 213	74.1 517	81.1 1766	35.4 2877	84.8 1815	80.0 1234
6. Do little work done before	17.4 181	13.6 370	12.0 211	10.0 147	7.7 235	72.6 755	79.1 2145	81.9 1437	86.3 1265	87.8 2682
7. Afraid doing things never	12.3 208	9.5 414	12.8 207	14.5 125	13.1 214	81.4 1372	62.2 2720	50.5 817	80.5 694	79.1 1288
Total	15.6 166	11.6 2147	10.8 2046	10.2 1150	10.7 1554	76.9 5748	82.3 15210	80.9 15359	87.2 9814	82.8 11968

KEY

1 Always True 2 True 3 Sometimes True 4 Seldom True 5 Never true

SD7: Self Descriptions IV

Penang and Selangor Upper Secondary

	Drug Users					Non Drug Users				
	A	B	C	D	E	A	B	C	D	E
1. Grown up	14.8 106	11.6 206	9.6 168	11.9 121	6.0 14	84.5 604	87.3 1544	89.1 1560	86.2 875	93.6 220
2. Follow eg. of friends	36.6 106	17.4 109	7.4 238	11.7 109	13.1 47	61.0 177	81.2 509	91.4 2929	87.3 812	86.0 308
3. Lonely	15.5 57	12.8 100	8.3 99	9.4 157	13.6 193	83.7 307	85.8 673	90.6 1081	89.6 1500	85.0 1209
4. Taking risk	18.0 76	16.8 117	9.7 127	9.1 98	10.0 188	81.0 342	82.4 574	89.0 1161	89.8 967	88.6 1671
5. Popular with opp. sex	19.2 111	12.0 123	7.0 153	8.2 65	18.4 159	79.2 457	87.2 890	91.8 2014	90.7 721	80.0 690
6. Try new things	19.2 225	13.7 165	7.6 103	6.6 55	6.5 56	79.5 933	84.9 1022	91.3 1245	92.6 773	92.1 791
7. Feel bullied	15.2 30	30.0 137	8.0 146	9.4 155	10.7 136	84.3 167	68.7 318	91.0 1659	89.3 1473	88.0 1119
8. Care for others	10.7 260	12.8 209	9.2 77	10.2 33	12.7 27	88.4 2143	85.9 1402	89.0 743	87.6 282	86.4 184
9. Enjoy life	12.4 200	9.9 185	9.9 140	12.6 44	20.5 35	86.2 1392	89.0 1670	89.0 1259	85.7 299	79.5 136
10. Get on in the world	9.7 259	12.5 165	12.5 143	10.9 17	16.4 21	89.4 2393	86.2 1140	86.0 986	86.5 135	81.3 104
11. Relaxed	11.4 158	10.8 192	10.9 168	10.9 57	15.8 32	87.3 1207	88.1 1567	87.9 1356	87.0 457	83.7 169
12. Get on well with parents	7.4 170	11.0 154	12.7 94	17.4 99	21.9 84	91.4 2112	88.1 1230	85.7 635	81.8 466	76.8 295
13. Often bored	17.3 83	15.6 143	8.8 156	11.4 176	6.5 42	81.3 390	82.7 757	90.1 1605	87.9 1354	91.6 588
14. Solve my problems	8.3 215	11.3 193	11.6 84	28.1 68	31.4 43	90.5 2351	87.6 1499	86.9 629	81.1 172	67.2 92
15. Like to be alone	14.1 86	17.8 145	8.4 116	8.6 108	11.1 152	84.4 513	81.0 659	90.4 1249	90.1 1136	87.7 1200
16. Stay on at school	8.1 243	11.7 138	15.0 121	21.6 60	23.5 46	90.4 2699	86.9 1021	84.0 677	78.1 217	76.0 149
17. Can be relied on	9.5 202	12.6 204	10.7 148	19.4 33	20.4 19	89.3 1902	86.4 1393	87.8 1220	79.4 135	80.0 74
18. Shy	10.5 66	8.8 76	10.6 156	14.1 193	10.7 118	88.9 560	90.0 777	88.1 1292	84.1 1149	88.3 977
19. Do what I want	14.1 189	13.0 150	9.7 149	9.4 71	6.4 41	84.6 1131	85.5 988	89.1 1372	89.7 680	92.2 588
20. Never think about drugs	5.7 180	13.3 90	21.9 207	23.5 89	14.2 43	93.2 2933	85.6 581	76.5 722	75.5 286	83.3 254
Total	10.8 3022	12.8 3001	9.8 2793	11.4 1808	12.0 1476	88.1 24713	85.2 20014	89.0 25394	87.4 13889	86.7 10818

SD8: Self Descriptions V

"How important are the following to you?"

Penang and Selangor Upper Secondary

	Drug Users			Non-Drug Users		
	A	B	C	A	B	C
Make this a better world	59.0 366	33.7 209	7.7 48	55.2 2681	39.8 1933	5.0 243
Religion	66.9 415	20.9 130	11.9 74	59.6 2894	27.4 1331	12.7 621
Making money	54.6 339	37.9 235	7.4 46	34.6 1682	52.7 2563	12.5 610
Getting good marks	74.3 461	21.1 131	5.0 31	76.6 3694	21.4 1039	2.8 136

These tables reveal a pattern of self descriptions which, to a certain extent, do differentiate drug users from non-users: but the difference is one of emphasis, and may on occasions be of the form that, although the majority of both drug users and non-users see themselves as possessing characteristic \bar{X} , there is a clear difference in the numbers of drug-users and non-users who identify themselves as characteristic Anti-X. Self image differences are thus only partially discriminative: but nonetheless a pattern emerges.

SD 4 - 8 Summarized, Penang and Selangor Combined

SD4	<u>Discriminating item:</u>	<u>Drug-users</u> <u>Characterized by:</u>	<u>Applies at</u> <u>Lower/Upper</u>
	Bored a lot of the time*	Higher agreement*	L + U
	Like to go out with friends	Higher agreement	L
	Feel close to friends*	Higher disagreement*	L
	Feel left out	Higher agreement	U
	Know what I want of life	Higher agreement	U
	Make friends easily	Higher agreement	U
SD5	Easy to have a good time	Higher agreement	L
	Usually do what I want	Higher agreement	L U
	Usually go along with friends ideas	Higher agreement	L U
	My friends ask my opinion	Higher agreement	L U
	Try do as little work	Higher agreement	L
	Wear new styles	Higher agreement	U

SD6	<u>Discriminating item:</u>	<u>Drug-users Characterized by:</u>	<u>Applies at Lower/Upper</u>
	Success demands luck more than hard work	Higher agreement	U (not included in Lower Schools Questionnaire)
	People like me don't have much chance to be successful in life	Higher agreement	U
	Laws should be obeyed even if you don't agree with them	Higher disagreement	
SD7	Follow example of friends	Higher agreement	U (not included in Lower Schools Questionnaire)
	Popular with opposite sex	Higher agreement	U
	Grown up	Higher agreement	U
	Lonely*	Higher agreement*	U
	Try new things	Higher agreement	U
	Feel bullied*	Higher agreement*	U
	Bored	Higher agreement	U
	Like to be alone*	Higher agreement*	U
	Fed up with life*	Higher agreement*	U
	Parents do not understand me*	Higher agreement*	U
	Try to escape my problems*	Higher agreement*	U
	Want to leave school*	Higher agreement*	U
	Cannot be relied upon*	Higher agreement*	U
	I often think about drug*	Higher agreement*	U
SD8	Make a lot of money some day	Very important	U (not included in Lower Schools Questionnaire)
	Religion	Very important	U

Note: An asterisk * in the list above indicates that, to take the example of the last item, although significantly more drug users than non-users agreed with the statement, "I often think about drugs", this remained the minority response in both groups; the majority of both users and non-users reporting that they did not often think about drugs.

Thus on a large proportion of the self description items the drug users showed a different profile of responses from the non-users in both states. There follows a listing of those items on which no such difference was found:

Non-discriminating items

- SD4 Easy to have a good time
- SD5 Finish something promised
 Afraid of doing things never done before
- SD6 Do things well
 Hopeful most of the time
 Someone stops me
 Can improve the world
- SD7 Care for others
 Get on in the world
 Relaxed
 Shy
 Free do to do what I want
- SD8 Making this a better world
 Getting good marks

Self descriptions by drug users of course vary, as do those by non-users: nonetheless, the tables above indicate that overall there is a clear and consistent pattern of responses to these questionnaire items which serve to differentiate the groups. Several themes more characterize the users than the non-user.

Assertions of independence: for example - Know what I want out of life; easy to have a good time; usually do what I want; try to do as little work; laws do not have to be obeyed; popular with opposite sex; grown up; try new things; want to leave school; making a lot of many is important to me.

Frustration: for example - bored a lot of the time*; feel left out; do not feel close to friend*; like to go out with friends; to succeed, you need luck more than hard work; people like me don't have much chance to be successful; lonely*; feel bullied*; fed up with life*; parents don't understand me*.

/*Note again that these are minority responses only: too much stress should not be laid upon them/

iii. Family Relations

Various aspects of the individual's relations with his family were investigated, and examined against the background of relations with other figures.

SD9: If you were in serious trouble, who would you turn to?

Penang and Selangor Upper & Lower Secondary

	Lower		Upper	
	Drug users	Non drug users	Drug users	Non drug users
1. Both parents	593 (48.2)	5178 (60.2)	150 (24.2)	2145 (44.4)
2. Mother	182 (14.7)	1242 (14.5)	88 (14.2)	939 (19.4)
3. Father	134 (10.9)	437 (5.0)	27 (4.3)	189 (3.9)
4. Some other adult	51 (4.1)	150 (1.7)	119 (19.2)	131 (2.7)
5. A brother/sister	64 (5.2)	467 (5.4)	49 (7.9)	379 (7.8)
6. A friend	83 (6.7)	518 (6.0)	122 (19.7)	683 (14.1)
7. No-one	123 (10.0)	595 (6.9)	63 (10.1)	363 (7.5)
Total	1230	8589	618	4829

At both age levels, drug users were significantly less ready to turn to parents than were non-users, although, in the case of the younger users, parents still represented the majority's choice:

	Lower Users	Lower Non Users	Upper Users	Upper Non Users
'Parents' (or either parent)	74.8%	79.7%	42.7%	67.7%

Note the general and expected trend away from reliance upon parents with age in the non-user group: in these terms, the young user group has anticipated this trend somewhat, and the older user has perhaps anticipated what a group of adults asked the same question might answer. Some other adult provides the focus of attention for 19.2% of the older drug users. In Penang, this represents very much their single major focus: 107 out of the 265 respondents here would turn to such another adult: a reflection, perhaps, of a known and trusted helping service available in the state, and less so elsewhere, as in the Upper Selangor group, those unwilling & unable to turn to parents find themselves turning instead to a friend - 15.5%.

SD10: Relative Importance of Parents and Friends

"Which would make you most unhappy?"

Penang and Selangor Upper Secondary

	Drug Users	Non Drug Users	Respondents
1. Strong disapproval of parents	297 (59.1)	3175 (66.1)	3516 (65.4)
2. Strong disapproval of friends	76 (15.1)	548 (11.4)	632 (11.7)
3. Neither would bother me	129 (25.6)	1078 (22.4)	1221 (22.7)
Total	502	4801	5369

Drug users, consistent with the above finding, would be somewhat less upset by the strong disapproval of parent (as opposed to that of friends) than would non-users: but for the majority of both group, parental disapproval was still considered to be more upsetting than friends' disapproval.

SD11: Relationship with Parents

Penang and Selangor Upper Secondary

	Drug Users		Non Drug Users		Respondents	
	Mother	Father	Mother	Father	Mother	Father
1. Very close	62.9 307	25.3 113	70.0 3293	28.7 1274	69.5 3653	28.4 1408
2. Quite close	27.4 134	45.2 202	23.2 1094	51.4 2285	23.5 1235	50.9 2521
3. Not very close	7.3 36	23.5 105	5.3 252	15.6 693	5.5 290	16.2 803
4. Not close at all	2.2 11	5.8 26	1.2 60	4.2 187	1.3 73	4.3 216
Total	488	446	4699	4439	5251	4948

Asked directly to describe their relationship with either parent, the majority of respondents saw themselves as close to their parents, with only slightly more of the drug users disagreeing with this description than non-users. Much more striking than this difference was the sample-wide acknowledgement of greater closeness to mother than to father. 69.5% reported being "very close" to their mother, as against 28.4% "very close" to their father, father-child relationships typically being described as "quite close".

SD12 Independence of Parents: Who Decides how late the Child Stays out at Night?

Who decided how late the individual stayed out at night? In both states, non-users were fairly evenly divided between "I decide", the more collaborative "my parents and I decide", and "my parents decide". Overall, the drug user sample shifts somewhat away from the collaborative mode towards either parental choice or that of the individual alone. Curiously, the Selangor users are heavily weighted towards the self decision (58.0%) and Penang users are equally heavily weighted towards the parental decision.

SD12: Independence of Parents: Who Decides How late
the Child Stays out at Night?

Selangor Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. My parents decide	69	19.5	857	27.2	936
2. I decide	205	58.9	1187	37.7	1412
3. My parents & I decide	79	22.3	1104	35.0	1199
Total	353		3148		3547

Penang Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. My parents decide	153	57.3	514	30.8	675
2. I decide	68	25.4	622	37.3	700
3. My parents & I decide	46	17.2	528	31.7	579
Total	267		1664		1954

Selangor and Penang

	Drug Users		Non Drug Users		Respondents
1. My parents decide	222	35.8	1371	28.4	1611
2. I decide	273	44.0	1809	37.5	2112
3. My parents & I decide	125	20.1	1632	33.9	1778
Total	620		4812		5501

SD13: Parental Disciplinary Style

Penang and Selangor Lower & Upper Secondary

	Lower		Upper		Lower	Upper
	Drug Users	Non Drug Users	Drug Users	Non Drug Users	Res-pondents	Res-pondents
1. Nothing happen	10.2 126	3.5 302	20.3 125	0.9 46	492	174
2. No punishment	44.8 551	41.4 3550	51.2 315	63.7 3095	4350	3453
3. Punished a little	21.1 260	21.9 1879	14.9 92	21.0 1022	2270	1164
4. Punished a lot	23.6 291	33.1 2832	13.4 83	14.1 687	3349	780
Total	1228	8563	615	4855	10461	5571

If, then, ones parents found out that one had done something wrong, what was the likely response? 10.2% of younger drug users and 20.3% of older drug users could expect no parental response whatsoever (a very rare state of affairs amongst non-users). In all categories, no actual punishment was the most likely outcome - presumably, the consequence was a situation of reprimands and parental sadness. A clear

trend away from punishment is discernable throughout the sample, with the parents of young non-users being perceived as more likely to punish "a lot" (33.1%) than were the parents of young drugs users (23.6%), with both groups being significantly more likely to receive such punishment than any of the older sample.

SD14: Child's Perception of Parent

Penang and Selangor Upper Secondary

	Drug Users	Non Drug Users	Respondents
1. Too strict	81 (21.8)	587 (12.1)	679
2. Just right	371 (73.9)	3999 (82.7)	4420
3. Not strict enough	50 (10.0)	246 (5.1)	302
Total	502	4832	5401

What was then the general view of parental disciplinary style? Not sufficiently strict, or overstrict? The large majority (82.7% of non-users and 73.9% of users) saw parental style as being "just right", with a correspondingly larger fraction of the users disagreeing with their current regime.

A general picture emerges of some broad differences in the family relationship of drug users and non-users: although, in practically all families, relationships seem to be warm and reasonably accepting, the drug users exhibit something of the independence from parents that would be characteristic of non users of a slightly older age. This, together with some of the differences in self description, indicates a desire to move somewhat prematurely into the adult world, to assert ones independence from authority, and to place a higher valuation on friends and the age-group. One should add to this a sense of frustration expressed by some of the drug users: success does not come easily; life can be boring or stressful; and one's health and happiness may be imperfect.

D. Reported Reasons for Drug Usage

In few areas of behaviour is direct questioning of the actors likely to elicit reasons for that behaviour that are a near-complete account of that behaviour: self awareness will never approximate omniscience. Research philosophies vary, therefore, in the extent to which they seek such self-report data, the interpretation they put upon it and the centrality they accord it in their overall statement about the causes of behaviour for some, the person's own explanations of his behaviour are taken as a prime reference point; for other research workers, such data is more peripheral and especially in areas of sensitivity, seen as liable to be twice-distorted: once through the lack of insight each has of his own behaviour; and then again through motivation to present some particular picture of the self in the interview, test or questionnaire.

Reasons given by individuals for their drug taking in response to a direct question must thus be set in a context partly provided by their answers to other, less direct questions.

RULi Main Reasons Given

The order of reasons given for drug use followed almost exactly the same order in Penang as in Selangor samples, and varied only slightly in emphasis. Curiosity, the influence of friends, to forget problems, to help study, to understand oneself, and for enjoyment were all given as reasons. Very few users indicated that they used drugs to assert their independence or to be different; and the bulk of those expressing a reason for their habit gave curiosity, friends' influence or their problems (68% in total). Curiosity is both an easy and yet probably a truthful reason why many

Table: ANSWERS TO WHAT IS YOUR MAIN REASON FOR USING DRUGS?

Reasons	Selangor Upper	Selangor Lower	Total	%
1. Don't Use	126	413	589	55.6
2. Curiosity	125	55	180	17.0
3. Friends	15	68	83	7.8
4. Forget problems	42	42	84	7.9
5. Understand self	8	30	38	3.6
6. Help to study	17	21	38	3.6
7. To be independent	0	7	7	0.7
8. To be different	0	5	5	0.5
9. To enjoy	18	18	36	3.4
Total	351	709	1060	100.1

Reasons	Penang Upper	Penang Lower	Total	%
1. Don't Use	52	247	299	47.3
2. Curiosity	35	49	84	13.3
3. Friends	9	64	73	11.6
4. Forget problems	19	42	61	9.7
5. Understand self	2	22	24	3.8
6. Help to study	7	32	39	6.2
7. To be independent	3	13	16	2.5
8. To be different	1	5	6	0.9
9. To enjoy	12	18	30	4.7
Total	140	492	632	100.0

Reasons	Penang & Selangor	Relative %
1. Don't Use	888	52.5
2. Curiosity	264	15.6
3. Friends	156	9.2
4. Forget problems	145	8.6
5. Understand self	62	3.7
6. Help to study	77	4.5
7. To be independent	23	1.4
8. To be different	11	0.7
9. To enjoy	66	3.9
Total	1692	100.1

individuals start to use drugs; and it is more characteristic of young experimental users than it would be of an older, more experienced group (for example, see the DARG Hospital Study, 1976). Many of those school children who are classified as drug users should be seen as only having a superficial acquaintance with the drug habit and may thus have felt that they did not have a "main reason" for use as implied in the question.

RULii: Mono Versus Poly Drug Users' Reasons for Using

Penang and Selangor Upper & Lower Secondary

Reasons	Mono Users %		Poly Users %	
1. Curiosity	140	44.3	124	25.4
2. Friends	47	14.8	109	22.3
3. Forget problems	52	16.4	93	19.0
4. Understand self	19	6.0	43	8.8
5. Help to study	38	12.0	39	7.9
6. To be independent	4	1.0	19	3.8
7. To be different	2	0.4	9	1.8
8. To enjoy	14	4.4	52	10.6
		100		100
9. No reason given	497		391	

Whereas 61% of mono drug users can give no particular "main-reason", the same is true of only 45% of poly users. Mono users heavily concentrate upon curiosity as their reason (44% of those giving any reason give this one) whereas only 25% of the poly drug users' reasons are for curiosity. Poly users rate the influence of friends (22%) forgetting problems (19%) and enjoyment (11%) more highly than do mono users (whose corresponding percentages are 15%, 16% and 4%); and are somewhat less likely to mention help in studying as a reason (8% of poly users; 12% of mono users' reasons). The smaller percentages giving other reasons should be treated with the caution due to small sample-cell sizes.

RULiii Reasons given for each drug type

Rank ordering may exaggerate differences, and certainly not much attention should be given to the lower ranks, each of which will represent only a few individuals giving this as their main reason for usage. However a strong and consistent trend emerges from the table: for each drug type, the older sample is much more likely to rank curiosity higher than all other reasons, whereas the younger sample, with complete consistency, puts the influence of friends above other

RULIII; Reasons given for each drug type

Analysed drug by drug, the following rank order of reasons emerges:

	GANJA		LSD		HEROIN		MORPH/OPIUM		SEDATIVES		AMPHET.		TRANQ.	
	Low	Upp	Low	Upp	Low	Upp	Low	Upp	Low	Upp	Low	Upp	Low	Upp
Curiosity	2	1*	3		3	1*	3	1*	2	1*	3	2	3	1*
Friends	1	4	1		1	5	1	4	1	4	1	5	1	4
Problems	3	2	2		2	2	2	2	3	3	2	3	2	3
Understand self	4	(6)	4		4	4	3	-	5	(6)	5	6	5	-
Help Study	5	5	5		5	-	(6)	-	4	(5)	4	1	4	4
Be independent	7	(7)	(7)		(6)	6	(7)	-	(7)	-	(7)	-	-	-
Be different	(8)	(8)	(8)		(8)	-	(8)	-	(8)	-	(8)	-	(8)	-
To enjoy	6	3	6		(6)	3	5	3	(6)	2	(6)	3	(6)	2

Note: (Figure in brackets indicate very low cell sizes)

* indicates a reason pre-eminent for this group

reasons - and then varies what other reasons are given by drug type. "Enjoyment" is again mentioned more often by the older sample than by the younger. Amphetamines are used by the older sample principally as a study aid. For no other drug, in either age group, does this reason rank high. For all drugs, "to help with problems" is a second (or third) reason. No drugs are related to self understanding, or seen as enabling independence or marking oneself as different.

RU2 Reasons for not trying or for not using ganja as often as one liked

Another way to investigate the individual's motivations is to ask what - if any - checks and reservations he might have with respect to the use of particular drugs: and for this purpose, ganja was selected as the topic of the question. The phrasing of the question makes no presumption either that the respondent has or has not used ganja: it challenges him with the presumption that he has been held back from doing so far by some reason - and, for a small number of users, the opinion offered is taken to rebut the latter assumption. "I use ganja as often as I like" (only 4% of drug users gave this response).

There is more difference between the age groups than there is between drug-users and non-drug users in their responses to this question. For both users and non-users, the younger child ranks parental disapproval and fear of loss of energy and ambition as the two major concerns. Fear of addiction and of loss of control rank ahead of knowing of others' bad experiences and other reasons, including any difficulty in obtaining the drug. For strikingly few respondents, in any group, was difficulty of access reported as a reason: reflecting, one presumes, the widespread knowledge amongst both users and non-users of easy availability of the drug.

Getting caught is given by drug takers much more frequently than by non users at both ages. The older group, whether users or non-users, place much less stress upon parental disapproval (see section C above for confirmatory evidence) and instead both user and non-user place fear of addiction ahead of all other reasons; with that, for the user group, fear of being caught, knowing of others' bad experiences and loss of energy ranking high. The last reason is also important for non-users as is also: drug-user being against one's beliefs, and fear of parental disapproval. Both groups also list possible loss of control as an important reason for limiting drug use.

RU2: REASONS FOR NOT TRYING OR FOR NOT USING
GANJA AS OFTEN AS ONE LIKED

Penang and Selangor Upper & Lower

	Drug Users	Non Drug Users	Drug Users	Non Drug Users
	Lower	Lower	Upper	Upper
1. Hard to get	203 19.7	753 73.2	26 10.3	222 87.7
2. Get caught	350 11.6	2440 81.8	213 19.9	841 78.8
3. Parents disapprove	451 9.4	4058 84.2	184 8.9	1871 90.1
4. Afraid get addected	343 8.4	3499 85.8	297 10.9	2390 88.0
5. Against belief	223 7.1	2795 88.6	152 6.5	2170 92.3
6. Lose energy/amb.	462 8.8	3847 84.4	189 9.1	1871 89.7
7. Make me sick	225 9.3	2016 83.6	107 8.3	1162 90.4
8. Lose control	337 8.9	3223 85.0	188 10.2	1638 88.5
9. Bad experience	329 10.3	2618 82.3	209 17.2	993 81.7
10. Own reason	187 10.6	1467 83.4	152 10.7	1258 88.4
11. Use ganja often	53 44.9	55 46.6	33 82.5	7 17.5
TOTAL	3103 9.7	26791 83.9	1750 10.7	14533 88.8

Rank order of reasons given for restricted/non-use of ganja

	LOWER		UPPER	
	Users	Non Users	Users	Non Users
Hard to get	9	10	11	10
Fear of being caught	3	7	2	9
Parental disapproval	1	1	6	3
Fear of addiction	4	3	1	1
Against one beliefs	8	5	7	2
Loss of energy	2	2	4	3
Make sick	7	8	9	7
Loss of control	5	4	5	5
Others' bad experience	6	6	3	8
Other reasons	10	9	7	6
Use ganja as freely as wanted	11	11	11	11

RU3 Friends who are users

Friends have featured as a major source of introduction to drugs in every previous study; and the influence of friends has already been noted on various questions in the present survey, both in the role of initiators and on occasions (see RU2 above) as exemplars of the negative effect of drugs. What was the pattern of usage amongst the friends of our respondents? How common did they see drug use as being among their acquaintances? By purposely avoiding definitions of either friendship or of usage frequency in the question, it was possible to gain each individual's subjective view of the amount of drug use around himself.

Taking the younger age-group first: among the non-users, there were strikingly few who knew any users at all. Only 10% knew any ganja users (and of this 10%, most knew only "a few"); fewer still knew any amphetamine, heroin, opium or LSD users (95% did not know of anyone using LSD). Amongst the younger drug users, a much larger percentage had some acquaintance with some drug user. 35% knew some amphetamine users, and approximately 30% knew some users of other drugs. In each case, less than 10% claimed to know many users. There thus emerges a picture of a small-scale and delicately textured pattern of acquaintances among the young drug users (with each knowing only a small number of users of each particular drug); and a considerable degree of isolation and/or ignorance on the part of the majority, non drug using young school community.

The older non-users have only slightly greater knowledge of the drug-usage around them: 25% knew some ganja users, and approximately 10% knew some users of the other types of drugs. Meanwhile, the older

RU3: NUMBER OF FRIENDS USING PARTICULAR DRUGS

Penang and Selangor Lower & Upper Secondary

	Lower				Lower				Upper				Upper			
	Drug Users				Non Drug Users				Drug Users				Non Drug Users			
	M	S	F	N	M	S	F	N	M	S	F	N	M	S	F	N
1. Ganja	96 8.0	106 9.0	163 14.0	823 70.9	140 1.6	129 1.5	588 6.9	7683 90.3	76 12.5	147 24.2	239 39.3	153 25.2	43 0.8	205 4.2	982 20.5	3579 74.8
2. Amphetamines	73 6.2	125 10.7	211 18.1	750 64.6	49 0.5	105 1.2	307 3.6	7875 92.6	88 14.4	53 8.7	75 28.8	291 47.9	14 0.2	82 1.7	582 12.1	4101 85.7
3. Opium	76 6.5	107 9.2	133 11.4	823 70.9	69 0.7	90 1.0	255 3.0	8005 84.1	47 7.7	45 7.4	29 21.2	387 63.7	17 0.3	79 1.6	327 6.8	4360 91.2
4. LSD	75 6.9	92 7.9	146 12.5	811 70.5	52 0.5	78 0.9	212 2.4	8080 95.0	29 4.7	88 14.4	99 16.3	391 64.4	7 0.1	55 1.1	260 5.4	4442 92.9
5. Heroin/Morphine	97 8.0	92 7.9	122 10.5	827 71.7	78 0.9	105 1.2	286 3.3	7959 93.6	55 9.0	107 17.6	188 30.9	257 42.3	40 0.8	99 2.0	503 10.5	4143 86.6

users indicate a considerably closer-knit community than do the younger users: 75% of them know ganja users (including 13% who claimed to know "many"); 58% knew some heroin users, 52% knew some amphetamine users; 36% opium users; 36% LSD users. For each drug, some proportion of users claim to know many users - ranging from 14% knowing many amphetamine users down to 5% knowing many LSD users.

RU4 Experiences with drugs

Drug users were questioned as to their experiences with drugs. The majority of drug users claimed never to have taken drugs by injection, taken mixtures of drugs, taken drugs unknowingly, had a bad 'trip' or, amongst the younger users, to have been 'high' on drugs. Thus, only a minority of users have had those experiences which are associated in the public mind with drug abuse; and once again this confirms that the majority of those classified in the present study as "drug users" are only of experimenter status. To illustrate this, consider the fact that, among the younger users, there are only 9.8% who claim that they have often felt high on drugs, with a further 10% of users who admit to rare instances of being high. Again, 14.5% report that they had 'often' had bad trips, with a further 17% reporting rare bad trips: i.e. all the remainder of the users report no such bad experiences at all. Similar-sized minorities of the younger users report claimed unknowing use of drugs; taking mixtures; and injecting drugs.

Older drug users were more likely to report themselves as becoming high on drugs (17.8% 'often' and 33% 'rarely'); as having bad trips (14.6% 'often' and 22.6% 'rarely'); and as having taken a drug unknowingly (9.9% 'often' and 21% 'rarely'). Older drug users mix their drugs to the same extent as do the younger users (13% often, 16% rarely) and are even less likely to inject their drugs than are the younger users (4% often, 10.7% rarely).

As a further confirmation of their status, it is reassuring to discover that over 99% of those classified in this study as "non users" report having never had any of the experienced discussed above.

RU5 Consequences of using drugs

Both positive and negative consequences were reported by a number of the drug users, although the majority of the younger users responded on this question that it was inappropriate, as they no longer used drugs. Of those who did report any consequences, getting sick was the most frequently reported negative consequence (8.9%

RU4: EXPERIENCES WITH DRUGS

Penang & Selangor Upper Secondary

	Drug Users			Non Drug Users			Respondents		
	A	B	C	A	B	C	A	B	C
1. High on drugs	300 48.7	205 33.3	110 17.8	4836 99.4	18 0.3	13 0.2	5202	226	123
2. Had bad trip	385 62.6	139 22.6	90 14.6	4815 98.9	24 0.5	24 0.5	5266	166	114
3. Taken drug unknowingly	424 68.9	130 21.1	61 9.9	4763 97.9	77 1.5	23 0.4	5253	210	84
4. Taken mixture of drugs	425 69.1	100 16.2	81 13.1	4818 99.0	25 0.5	14 0.2	5309	127	126
5. Taken drugs in injection	515 83.7	66 10.7	26 4.2	4834 99.3	13 0.2	16 0.3	5417	79	43

Penang & Selangor Lower Secondary

	Drug Users			Non Drug Users			Respondents		
	A	B	C	A	B	C	A	B	C
1. High on drugs	938 80.0	119 10.1	115 9.8	8439 98.5	59 0.6	63 0.7	9944	198	198
2. Had bad trip	784 68.0	201 17.4	167 14.5	8275 96.6	129 1.5	125 1.4	9575	357	314
3. Taken drug unknowingly	803 70.5	183 16.0	152 13.3	8241 96.2	170 1.9	89 1.0	9860	375	255
4. Taken mixture of drugs	830 72.7	164 14.3	147 12.9	8353 97.5	84 0.9	69 6.8	9707	264	227
5. Taken drugs in injection	849 73.7	149 12.9	153 13.2	8360 97.6	112 1.3	78 0.9	9721	254	247

KEY:

- A Have never tried or have never had this experience
- B Have rarely had this experience
- C Have often had this experience

RU5: CONSEQUENCES OF USING DRUGS

Penang & Selangor Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. Never used drugs	299	(30.4)	4829	(96.3)	5193
2. Got sick	97	(9.8)	38	(0.7)	139
3. Got arrested	66	(6.7)	31	(0.6)	99
4. Felt good	176	(17.9)	20	(0.3)	198
5. Got into fights	38	(3.8)	8	(0.1)	47
6. Had trouble at home	58	(5.9)	29	(0.6)	87
7. Felt closer to others	128	(13.0)	7	(0.1)	136
8. Had trouble at school	36	(3.6)	24	(0.4)	61
9. Felt depressed	85	(8.6)	28	(0.5)	114
Total	983		5014		6074

Penang & Selangor Lower Secondary

	Drug Users		Non Drug Users		Respondents
1. Never used drugs	800	(65.8)	8268	(96.3)	9653
2. Got sick	109	(8.9)	92	(1.0)	226
3. Got arrested	42	(3.4)	74	(0.8)	131
4. Felt good	83	(6.8)	53	(0.6)	155
5. Got into fights	29	(2.3)	12	(0.1)	46
6. Had trouble at home	50	(4.1)	27	(0.3)	80
7. Felt close to others	28	(2.3)	9	(0.1)	40
8. Had trouble at school	26	(2.1)	16	(0.1)	52
9. Felt depressed	48	(3.9)	30	(0.3)	87
Total	1215		8581		10470

reporting this); against which 6.8% reported feeling good and enjoying the experience. Other negative consequences were reported by four percent or fewer of the younger sample: trouble at home; feeling depressed; getting arrested; getting into fights; and having trouble at school were reported by very few individuals. On the positive side, only 2.3% felt that drugs had made them feel closer to others.

A much larger proportion of the older users reported such consequences of their drug use: 17.9% said that drugs made them feel good; and 13.0% said that drugs made them feel closer to others. These two positive responses were the most frequently reported ones: negative consequences included sickness (9.8%); depression (8.6%); getting arrested (6.7%); and having trouble at home (5.9%). Fewer than four percent of all older drug users reported getting into fights and having trouble at school as consequences.

On RU4 and 5, the reader will have noticed that, although neither age group reports experiences and consequences of drug taking which support the rather florid picture conjured up by the concept of 'drug abuse', the older individuals come closer to this picture than do the younger individuals. Few of the younger sample seem to have gained much pleasure or much pain from their usage; whereas a larger number of the older sample - although still a minority - have experiences which betoken some deeper involvement with their habit: getting high, feeling good, and feeling closer to others may all be seen as positive reasons why the individuals would wish to continue their habit. Against such rewards, the costs also mount in the older sample: costs directly consequent upon the habit itself, such as bad trips; and those social costs which may be more indirectly associated with it: poor family or school relationships, or even encounters with the police. At this point in their drug use, it would seem that rewards somewhat outweigh costs for the older user sample: the pleasure to be gained by the habit is not widely expressed, but nonetheless does not seem to be swamped by the bad experiences.

E. Attitudes towards drugs

One of the major hypotheses investigated in the present study was that drug using schoolchildren differed from their contemporaries who did not use drugs in all aspects of their attitudes towards drugs: that is to say that they differed in their knowledge and beliefs about drugs; in the feelings that they have about drugs and drug taking; and in their intended behaviour with respect to drugs. Thus, the underlying model of motivation presumes that the individual acts in ways which are consistent with his beliefs and with his feelings wherever

circumstances permit this behaviour; and that at least part of the differences in behaviour between users and non-users relates to different underlying conceptualizations of drugs and drug taking. Other factors will of course also enter into the picture, including the individual's perceptions of the constraints on the expression of such behaviour: for example, it could be the case that users were less concerned about the laws relating to drug taking than are non users; and that this might in part account for the differences in their behaviour.

Principally, however, this subsection is concerned with attitudinal differences and the questionnaire used a variety of formats to investigate the range of beliefs, feelings and behavioural intentions related to drugs and drug taking.

ATT1 Feelings and beliefs about drugs: I

This question prefaced a number of statements for agreement or disagreement with the phrase. "People have many different ideas about drugs":

- a. "If you can't sleep, it is O.K. to take a sleeping pill without a doctor's permission". The large majority of non-users expressed disagreement with this statement (both in the Upper and Lower Secondary schools, the proportion was identical at 88%); whereas the users, although still more likely to disagree than to agree, were much less unanimous (64% of Lower, 63.6% of Upper school users disagreeing with the statement).
- b. "It's alright to smoke a little cannabis (ganja) now and then at parties". Only 3% of non-users would agree with this statement at either age level, compared with 15% of younger users and 40% of other users.
- c. "If you drink (spirits) regularly it can cause mental or physical harm". Older individuals, whether users or non-users, were considerably more likely to agree with this statement than were younger individuals who presumably were less aware of or exposed to exemplars of spirits drinking. Within each age group, there was also some tendency for users to be less likely to agree with the statement than non users, which should be related to different patterns of alcohol use between the groups. Respective percentages for agreement with the statement: Upper non-users 88%; Upper users 79%; Lower non-users 68%; Lower users 55%.
- d. "If you use ganja regularly it can cause mental and physical harm". A very similar pattern to the spirit question emerges here: older individuals are more convinced of harmful effects from regular ganja

ATTN: Feelings and Beliefs about Drugs: 1

Penang and Selangor Upper and Lower

	L O W E R				U P P E R			
	Drug Users		Non Drug Users		Drug Users		Non Drug Users	
	A	D	A	D	A	D	A	D
1. Sleeping pills OK	36.0 425	64.2 764	13.0 1097	88.2 7409	38.9 209	63.6 341	12.2 592	88.0 4270
2. Smoking ganja at parties	15.1 177	85.0 996	3.0 281	97.4 8185	39.9 214	62.5 335	3.3 163	96.7 4702
3. Drinking brandy causes harm	55.2 647	44.3 518	68.0 5756	31.6 2662	79.1 424	20.8 112	88.1 4265	11.9 579
4. Regular ganja causes harm	53.5 627	45.8 536	71.8 5979	20.9 2433	86.0 461	14.0 75	92.1 4460	7.8 382

use than are younger, with within each group non-users more in agreement with the statement than users. Percentages of agreement: Upper non-users 92%; Upper users 86%; Lower non-users 71%; Lower users 53%.

ATT2 Feelings and beliefs: II

This question, in contrast with the previous series, asked questions about drugs in general. When posed at this degree of generality, significant differences in belief and feeling were expressed by users and non-users on a range of items. To summarize:

Drug users show a greater tendency than non-users to assert that -

Drug users make a lot of friends
Not all drug users become addicted
Drugs help one to do things better
Drugs help one relax
Drugs make one feel good

There is some slighter trend in the same direction with relation to -

Some drug are harmless
Drug taking leads to illness /Disagreement with
this statement/

Drug users and non-users overall had very similar patterns of responses on the remaining items on this question -

People who take one drug will want to take others
Drugs are only harmful if taken regularly
People who start taking drugs cannot sleep
Drugs make people confused.

ATT2 Analysis by school grade level

The previous section reported user/non user differences throughout the sample; analysis by age and grade level amplifies this:

Age differences predominate on
People who take one drug ... others
Drugs make people confused
With little further user/non user difference.

ATT2: Feelings and Beliefs about drugs II

Selangor & Penang upper secondary

	Drug users					Non drug users				
	A	B	C	D	E	A	B	C	D	E
1. Take one take others	35.2 215	36.7 224	15.4 94	9.1 56	3.4 21	36.9 1787	39.7 1922	18.3 889	2.6 127	2.1 104
2. Drugs - good	10.6 65	26.3 161	30.1 184	18.3 112	15.5 95	3.7 181	10.5 511	31.0 1502	15.8 767	38.5 1866
3. Drugs - illness	21.8 133	35.0 214	24.4 149	14.9 91	4.9 30	39.7 1923	35.7 1732	16.7 809	3.0 148	.42 208
4. Not all hooked	13.4 82	34.0 208	25.2 154	20.8 127	7.7 47	3.6 176	19.8 963	31.7 1539	23.1 1121	21.0 1017
5. Drugs - harmful	34.0 208	37.5 229	13.9 85	10.6 65	5.0 31	23.4 1136	25.8 1249	21.8 1056	15.7 762	12.5 604
6. Drugs - harmless	13.1 80	36.3 222	29.3 179	13.9 85	8.3 51	7.0 340	22.6 1094	34.9 1690	18.7 906	16.1 782
7. Drugs - confused	13.2 81	38.0 232	36.2 221	9.5 58	3.4 21	23.2 1127	35.5 1720	34.0 1650	3.3 161	3.3 160
8. Drugs - do better 5	2.9 18	15.2 93	34.2 209	28.3 173	20.1 123	1.4 71	4.3 212	22.9 1109	26.4 1278	44.0 2130
9. Can't stop	10.9 67	22.1 135	24.0 147	30.6 187	13.2 81	20.9 1016	27.8 1350	23.6 1146	20.6 999	5.9 289
10. Relax	7.0 43	31.9 195	33.4 204	17.3 106	11.3 69	2.1 106	11.3 550	34.2 1656	21.9 1035	29.9 1445
11. Drugs takers - friends	23.6 144	18.8 115	24.9 152	19.3 118	14.4 88	4.2 204	9.3 454	33.6 1630	23.5 1138	28.3 1373

ATT2: Feeling and Beliefs about Drugs: II

Selangor and Penang Lower Secondary

	Drug users					Non drug users				
	1	2	3	4	5	1	2	3	4	5
1. Take one take others	242 20.6	266 22.7	295 25.2	188 16.0	179 15.2	1685 20.0	2072 24.6	2159 25.7	1036 12.3	1346 16.0
2. Drugs - good	84 7.1	183 15.6	351 30.0	301 25.7	233 19.9	715 8.5	743 8.8	2510 29.8	2118 25.2	2781 33.1
3. Drugs - illness	166 14.1	252 21.5	358 30.5	187 15.9	191 16.3	1124 13.5	2247 26.7	2571 30.6	936 11.1	1187 14.1
4. Drugs - not all hooked	112 9.5	172 14.7	359 30.6	215 18.3	150 12.8	249 2.9	854 10.1	3138 34.3	1554 18.5	1498 17.8
5. Drugs - harmful	172 14.7	276 23.5	318 27.1	229 19.5	151 12.9	1170 13.9	2080 24.7	2243 26.2	1466 17.4	1454 17.3
6. Drugs - harmless	117 10.0	258 22.0	338 28.8	244 20.8	177 15.1	467 5.5	1445 17.2	3092 36.8	1678 19.9	1698 20.2
7. Drugs - confused	163 13.9	295 25.2	336 28.7	184 15.7	148 12.6	992 11.8	2249 26.7	3255 38.7	879 10.4	970 11.5
8. Drugs - do better	89 7.6	144 12.3	299 25.5	363 31.0	252 21.5	160 1.9	413 4.9	2156 25.6	2722 32.4	2970 35.3
9. Can't stop	219 18.7	300 25.6	163 13.9	222 18.9	153 13.0	1549 18.4	2344 27.9	2166 25.7	1277 15.2	1122 13.3
10. Relax	101 8.6	159 13.5	344 29.4	303 25.8	232 19.8	245 2.9	693 7.6	2962 35.2	2218 26.4	2280 27.1
11. Drug takers - friends	99 8.4	177 15.1	338 28.8	308 26.3	223 19.5	275 3.2	783 9.3	3198 38.0	2150 25.5	2025 24.1

KEY:

- 1 AGREE STRONGLY
- 2 AGREE
- 3 NOT SURE
- 4 DISAGREE
- 5 DISAGREE STRONGLY

ATT2: TABLE

Agreement with Statement	<u>LOWER</u>		<u>UPPER</u>	
	Users	Non users	Users	Non users
Take one take others	43.3	44.6	71.9	76.6
Drugs feel good	22.7	17.3	26.9	14.2
Drugs lead to illness	35.6	40.0	56.8	75.4
Not all get addicted	24.0	13.0	47.4	23.4
Harm only from regular	38.2	38.6	71.5	49.2
Same are harmless	32.0	22.7	49.4	29.6
Make confused	39.1	38.5	51.2	58.7
Help do better	19.9	6.8	18.1	5.7
Start .. can't stop	44.3	46.3	33.0	48.7
Help relax	22.1	10.5	38.9	13.4
Users make friends	23.5	12.5	42.4	13.5

User/Non-user differences predominate on

- Drugs .. help relax
- .. make more friends
- .. help do better
- .. feel good
- .. harmful only if regular (Older sample only)
- .. same are harmless (")
- .. start .. cannot stop (")

Both age and user/non-users differences found on

- Drugtaking leads to illness
- Not all get addicted

ATT3: The Image of the Drug User

Earlier sections have shown the relative isolation of the majority of the sample from the world of the drug user: they do not have many acquaintances who use any form of drug; and what information they have may will be media derived. Hence, the first statistic to be put foreard when considering what image the sample has of the drug user in the massive don't know group: 44% of non-user responses are "don't know"; and indeed even amongst users 35% of questions about the typical user evoked don't responses. The hypothesis that this section rested on that drug users over a wide range of attributes, would have a more favourable image of the typical drug user than world the non user: Bynner found this to be true of the young cigarette smoker, Weiner to be true of the young drug user in their British surveys.

In the present survey, it was found that, overall, users and non-users had fairly similar images of the typical drug user. Thus, the next few paragraphs will discuss the image of the drug users held by the

ATT3: The Image of the Drug User

Penang and Selangor Upper & Lower Secondary

	DRUG USERS			Non Drug Users			Respondents		
	True	False	DK	True	False	DK	True	False	DK
	1. Is lonely person	37.4 655	25.1 439	38.2 669	30.5 4038	17.1 2260	52.7 6958	63.3 4875	36.7 2827
2. Gets well with parents	17.6 308	56.0 981	26.4 463	6.0 797	60.2 7952	33.7 4449	11.4 1184	88.6 9224	5180
3. Must be free	44.1 772	22.1 388	32.4 567	45.2 5976	13.6 1804	41.0 5415	75.2 6991	24.7 2301	6270
4. Popular with opp. sex	32.4 567	27.2 477	36.3 636	21.3 2813	23.0 3037	55.4 7316	47.7 3409	52.3 3745	8353
5. Often bored	31.7 555	28.9 507	39.9 699	34.2 4517	14.4 1902	47.8 6313	68.6 5334	31.4 2444	7232
6. Feels bullied	27.9 489	30.8 539	38.6 676	23.7 3130	20.2 2675	55.3 7300	52.9 3749	47.1 3336	8334
7. Can be relied on	22.2 388	42.8 749	35.3 619	6.4 851	46.1 6098	46.4 6132	18.7 1317	84.2 7038	7061
8. Is shy	17.6 309	42.6 746	35.1 615	8.4 1109	42.8 5662	47.9 6331	18.3 1488	81.6 6628	7268
9. Is grown up	29.0 508	34.5 604	32.3 566	15.0 1992	36.0 4755	47.3 6245	32.1 2619	67.8 5526	6800
10. Wants to leave school	35.7 626	29.6 519	32.9 577	35.1 4637	19.4 2572	45.0 5953	62.8 5466	37.2 3240	6800
11. Escape problems	46.5 815	20.4 358	32.1 562	53.8 7102	8.2 1091	37.8 4993	84.2 8174	15.8 1531	5833
	5992	6272	6649	36962	39808	61160	44605	47838	77426

KEY

Percentages in the column for Respondents refer to the non-Don't Know responses.

school population as a whole, with, after this, a note of what small differences exist between users and non-users.

Rank ordered in terms of the strength of agreement with the characteristic of the typical drug user, the whole sample would describe such a user thus: (percentages are of those who did not give don't know responses):

He: Does <u>not</u> get on well with parents	88.6%
Tries to escape his problems	84.2%
Can <u>not</u> be relied upon	84.2%
Is <u>not</u> shy	81.6%
Must be free	75.2%
Is often bored	68.6%
Is <u>not</u> grown up	67.8%
Is a lonely person	63.3%
Wants to leave school	62.8%
Feels bullied	52.9%
Is <u>not</u> popular with the opposite sex	52.3%

Hence, on most items the sample as a whole has a fairly decided image of the user if it has an image at all (there were many fewer don't know responses in upper schools than lower in both states). The image held is, by and large, an unattractive one: he has problems to escape, is unreliable, immature, bored much of the time, and is lonely. He is seen as something of a rebel: he does not get on with parents, needs to be free, wants to leave school and lacks shyness. By itself, this latter image of rebelliousness might seem likely to attract many of schoolage: however, it is tempered and indeed soured by its combination with the drop-out image previously described. Although he may be seen as the rebel, the average school child conceptualizes the drug user as a rather less adjusted and sociable rebel than did Bynner's British subjects see the typical schoolboy smoker. Unlike the latter, too, drug takers are not particularly viewed as popular with the opposite sex.

If this is the image overall, it might be hypothesized that drug users would hold a sharply different point in view - perhaps maintaining the rebel image, but placing the user in a more favourable light. But, in fact, on every characterization of the typical drug user, user and non-users thought alike, only differing in emphasis. Thus, in the case of each of the items listed below, substantial majorities of users agree with non-users, the groups differing in the size of the minority which disagree with the categorization of the typical user as:

Not getting on well with parent	(18% of users, 6% non users think he does get on)
Often bored	(30% of users, 14% non users think he is not bored)

Cannot be relied on	(22% of users, 6% non users think he can be relied on)
Is immature	(29% of users, 15% non users think he is grown up)
Wants to leave school	(30% of users, 19% non users think he does not)
Tries to escape problems	(20% of users, 8% non users think he does not)

Such similarity between users and non-users in their image of the typical drug user is remarkable, and these slight differences in emphasis must not be allowed to mask the overall similarity of image.

ATT4 Attitudes to Use of drugs among young people

"Do you worry about the use of drugs among young people today?" Leading on from the generally negative view expressed in the last item analysed, it is entirely consistent to find a high overall level of concern: 88.5% of the sample reported some degree of worry with the situation. Only the drug users in Selangor deviated at all from this and even there the 79% expressing worry still represents a very substantial proportion. Thus, both user and non-user elements of the school population reflected the current debate and concern about drug taking: and may indeed have felt that, in the light of it, their expression of concern was the only possible answer.

ATT5 A projective question: "If you were a parent..."

Given a general level of concern, what, more precisely were the individual's worries related to? Supposing the respondent were the parent of a teenage child, what would his reaction be if he discovered his child using cigarettes, heroin, ganja, alcohol or stimulants/sedatives?

Non-users of both age groups would react much more strongly than would users to any of these drugs being used by "their child". The uniformity of response across drugs is striking: if an individual feels strongly that his child should be stopped from using heroin, ganja or stimulants, then he is also equally likely to seek to stop him using cigarettes or alcohol.

	<u>Response</u>			
	<u>On average %</u>	Would stop him	Disapprove	Would not care
Lower non-users	87.7	5.7	4.5	2.0
Upper non-users	71.6	26.9	0.5	0.8
Upper users	62.5	30.0	4.0	3.4
Lower users	45.2	29.2	15.9	9.5

ATT4: Attitudes to Use of Drugs among Young People

Selangor Upper Secondary

	Drug Users		Non Drug Users	
1. Worry a lot about it	169	47.8	2138	66.9
2. Worry a little about it	110	31.1	721	22.5
3. Don't worry too much	50	14.1	238	7.4
4. Don't worry at all	24	6.7	98	3.0
TOTAL	353		3195	

Penang Upper Secondary

	Drug Users		Non Drug Users	
1. Worry a lot about it	129	61.7	1120	67.1
2. Worry a little about it	43	20.5	375	22.4
3. Don't worry too much	26	12.4	120	7.1
4. Don't worry at all	11	5.2	53	3.1
TOTAL	209		1668	

Penang & Selangor Upper Secondary

	Drug Users		Non Drug Users	
1. Worry a lot about it	298	53.0	3258	66.9
2. Worry a little about it	153	27.2	1096	22.5
3. Don't worry too much	76	13.5	358	7.3
4. Don't worry at all	35	6.2	151	3.1
TOTAL	562		4863	

ATT5: A Projective question: "If you were a parent.."

Penang & Selangor Upper and Lower Secondary

	Lower												Upper			
	Drug Users				Non Drug Users				Drug Users				Non Drug Users			
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
1. Cigarettes	12.8 146	18.6 213	24.9 284	46.3 528	2.4 202	4.8 411	23.5 1980	70.5 5924	7.5 45	5.5 33	15.1 91	54.1 325	1.4 70	1.9 94	21.3 1023	76.2 3661
2. Heroin	7.9 91	16.3 186	32.1 367	42.9 490	1.1 99	2.9 250	29.7 2497	66.8 5607	0.6 4	1.5 9	27.1 163	53.0 318	0.4 22	0.2 14	28.5 1373	72.0 3459
3. Ganja	7.5 86	14.2 162	29.3 335	48.7 556	1.0 88	2.9 250	29.5 2479	67.1 5643	1.0 6	2.8 17	26.6 160	51.8 311	0.4 22	1.6 77	28.4 1367	71.6 3439
4. Alcohol	9.2 106	16.0 183	30.5 348	42.6 486	1.7 148	3.5 297	29.5 2480	65.3 5491	4 24	3.3 20	27.1 163	47.8 287	1.0 52	1.2 58	29.5 1418	69.0 3312
5. Stimulants	1.0 114	14.3 164	29.3 335	45.6 520	1.5 131	3.0 252	28.6 2406	66.8 5613	1.0 6	3.3 20	27.1 163	50.6 304	0.7 35	0.6 29	27.8 1337	71.6 3438
Total	9.5 543	15.9 908	29.2 1669	45.2 2580	2.0 668	4.5 1460	5.7 11842	87.7 28273	3.4 85	4 99	30.0 740	62.5 1545	0.8 201	0.5 141	26.9 6518	71.6 17287

KEY

- A Would approve
- B Would not Care
- C Would disapprove
- D Would try to stop him.

Only amongst the lower users is there any real body of respondents who "would not care" or would even approve of their offspring using drugs. Lower non-users are the most sure that they would attempt to stop their child using any drug.

Approval for usage of any drug is found amongst the younger drug users for cigarettes (13%) and, for each subgroup, cigarette use has some (very small) approval for usage. Save for the rather bravado responses of a few of the younger drug users, no other drug gains real approval for use.

ATT6 The law as a sanction - I

ATT7: The Law as a Sanction: II

(If ganja not against law - would you?)

Penang and Selangor Lower & Upper Secondary

	Lower		Upper		Lower	Upper
	Drug users	Non drug users	Drug users	Non drug users	Res-pondents	Res-pondents
1. Try it	11.5 137	4.2 360	20.8 103	7.3 359	537	468
2. Use it more often	7.5 90	0.7 60	11.1 55	0.2 13	162	69
3. Use it less often	9.0 108	0.8 70	4.8 24	0.0 2	188	26
4. Use it as often	5.5 66	0.7 60	10.3 51	0.1 4	142	56
5. Not try it	66.3 791	93.4 7900	52.5 259	92.2 4476	9243	4793
Total	1192	8450	492	4854	10272	5412

The older sample were asked what the legal position of ganja should be in their opinion. Clear user/non-user differences manifested themselves here: 81% of non-users said that ganja should be unlawful for all (Selangor was slightly more emphatic than was Penang), as against percentages thinking this of 69.4% of Selangor users and 38% of Penang users. Within each group - both states users and non-users - a small but noteworthy percentage (approximately 15%) considered that ganja use should not be unlawful for anyone. Penang users strongly favoured legalizing ganja for adults; whereas no other group considered this step with much favour.

ATT6: The Law as a Sanction - I

Selangor Upper Secondary (Q57 - Upper)

	Drug Users		Non Drug Users		Respondents
1. Should be unlawful for everyone	241	69.4	2586	82.0	2863
2. Should not be unlawful for those over 21	26	7.4	79	2.5	106
3. " " " " " " " 18	7	2.0	0	0.2	16
4. " " " " " " " 16	16	4.6	13	0.4	29
5. Should not be unlawful for anyone	57	16.4	466	14.7	532
Total	347		3153		3546

Penang Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. Should be unlawful for everyone	95	37.8	1283	78.9	1392
2. Should not be unlawful for those over 21	63	25.0	56	3.4	120
3. " " " " " " " 18	62	25.0	5	0.3	69
4. " " " " " " " 16	5	0.2	5	0.3	10
5. Should not be unlawful for anyone	26	10.3	277	17.0	308
Total	251		1626		1899

Penang & Selangor Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. Should be unlawful for everyone	336	56.1	3869	80.9	4255
2. Should not be unlawful for those over 21	89	14.8	135	2.8	226
3. " " " " " " " 18	69	11.5	14	0.3	85
4. " " " " " " " 16	21	3.5	18	0.3	39
5. Should not be unlawful for anyone	83	13.8	743	15.5	840
Total	598		4779		5445

Having indicated their views on the desirability of legal sanctions on ganja usage, how in practice did the present position of the law affect their own use of the drug?

The vast majority of non users (93.4% of younger, 92.2% of older respondents) would not try ganja even if it were legalized. Of the users 66% of the younger group and 52.5% of the older group responded in the same fashion with a correspondingly larger minority of users reporting that they would indeed try ganja if the legal position were altered.

Add to the above findings an earlier section's statistic that for only one in five of the older sample was fear of getting caught cited as a reason for their non-use of ganja; and it would seem that the position of the law as a sanction, though wished for by the vast majority, is nonetheless not likely under present circumstances to be much of a factor in an individual's decision whether or not to use ganja.

ATT8: Kind of Information about Drugs most of Interest

Penang and Selangor Upper Secondary

	Drug users	Non drug users	Respondents
1. Physical effects	170 (28.0)	1180 (24.7)	1365
2. Psychological effects	205 (33.8)	1417 (29.7)	2240
3. Legal aspects	46 (7.6)	133 (2.7)	182
4. Counselling	57 (9.4)	194 (4.0)	255
5. Other information	23 (3.8)	124 (2.6)	149
6. Not interested	104 (17.1)	1712 (35.9)	1842
Total	605	4760	

36% of non-users expressed themselves as being not interested in any aspect of drugs (compare 17% of users making this response). Given this basic difference, users and non-users had a similar order of preferences for information: both groups were most interested in psychological and then in physical effects of drugs; with counselling, the legal aspects and other information commanding little interest.

ATT9: Source of Information about Drugs

Penang and Selangor Upper & Lower Secondary

	Lower		Upper		Lower	Upper
	Drug Users	Non Drug Users	Drug Users	Non Drug Users	Res-pondents	Res-pondents
1. Brother/sister	8.6 103	4.9 411	15.0 91	3.3 162	545	257
2. Parents	13.4 160	12.5 1040	6.3 38	7.0 337	1280	377
3. Friend (girl)	5.3 63	1.8 153	6.6 40	1.9 93	238	133
4. Friend (boy)	12.0 143	6.3 526	26.8 162	12.0 579	711	748
5. Own experience	5.8 69	3.0 256	9.2 56	1.7 82	351	140
6. TV, radio/news	41.5 493	60.5 5010	23.7 143	55.2 2650	5862	2850
7. School programme	5.4 65	4.1 341	2.1 13	7.7 371	442	390
8. Religious or other org.	2.1 26	1.9 162	1.1 7	2.5 120	203	129
9. Others	5.4 65	4.5 378	8.7 53	7.9 381	471	443
Total	1187	8277	603	4795	10103	5467

The importance of the media relative to direct social contacts was investigated in the present question.

Major sources (%)

	Lower users	Lower non-users	Upper users	Upper non-users
Media	41.5	60.5	23.7	55.2
Friends	17.3	8.1	33.4	13.9
Parents	13.4	12.5	6.3	7.0
Brother/sister	8.6	8.1	15.0	3.3

For the sample as a whole the media represent the preponderant source of information, with users being somewhat less completely reliant on media and somewhat more likely to rely on friends for information. Yet again this emphasizes the isolation of the majority of school-children from any "youth drug culture": drugs are something read about or heard of via broadcasts rather than being part of friends' experience

for the average non-user, whereas for the older user, friends are the single most important source. On other items, the younger sample has been shown closer to its parents than the older; this may explain the somewhat greater role of parents as major information sources among the younger sample, both of users and non-users.

None of the other sources suggested in the question received more than the occasional mention: and it is interesting to see in this finding an indication of the ineffectiveness of schools, and of religious and other organizations, many of which are actively putting out information about drugs. Only 9% of Selangor upper schoolchildren and 16% in the Penang upper schools claimed to have had no information via school; yet very few see school as a major source of information about drugs. Indeed, in every group, more individuals state that they had learned about drugs from direct experience than claim an organization as their prime source of information.

ATT10 What has been the effect of the information received?

Worry on the part of public educators about the effect of information campaigns-that they might inadvertently add to drug abuse - appears to be largely but not entirely unfounded. Only 2% of the entire sample said that the information that they had received had made them more interested in trying drugs. However, the effect although minimal amongst non-users is an appreciable one amongst users: 9.5% of the Selangor and 10.6% of the Penang users claimed that it had increased their interest in trying drugs.

53% of the non-users reported that the effect of information had been to make them afraid of trying drugs; this was much less common among users - 25%. Information given to users would appear to be equally likely to lessen interest, or to leave the individual unaffected as it would to create fear in the drug user.

A similar proportion (11%) of users and non-users claimed not to have received any information on drugs.

Presuming that the majority of information given by the media, parents, schools and other organizations to be strongly anti-drugs, the present question might be picking up an exaggeratedly low rate of individuals admitting that their interests have been aroused by information: a somewhat conformist individual will be aware of what would be the socially desirable response to such information - to say that it had put them further off drug taking. Even given some allowance for this, these figures should give reassurance to those who fear the effects of schools' even discussing sensitive issues.

ATT10: What has been the effect of information received?

Selangor Upper Secondary (Q72 - Upper)

	Drug Users		Non Drug Users		Respondents
1. More interested in trying drugs	33	9.5	40	1.2	73
2. Less interested in trying drugs	59	17.0	251	7.9	315
3. Afraid of trying drugs	108	31.1	1769	56.0	1899
4. Has not affected me	107	30.8	809	25.5	933
5. Have not received any information	40	11.5	288	9.1	332
Total	347		3157		3552

Penang Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. More interested in trying drugs	28	10.6	16	0.9	45
2. Less interested in trying drugs	113	42.5	111	6.7	227
3. Afraid of trying drugs	46	17.1	795	48.1	849
4. Has not affected me	55	20.9	444	26.9	504
5. Have not received any information	21	7.9	284	17.2	309
Total	263		1650		1934

Penang & Selangor Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. More interested in trying drugs	61	10.0	56	1.1	118
2. Less interested in trying drugs	172	28.1	362	7.5	542
3. Afraid of trying drugs	154	25.2	2564	53.3	2748
4. Has not affected me	162	26.6	1253	26.0	1437
5. Have not received any information	61	10.0	572	11.8	641
Total	610		4807		5486

ATT11: What would happen to a pupil found using drugs in your school?

Selangor and Penang Lower & Upper Secondary

	Lower		Upper		Lower	Upper
	Drug users	Non drug users	Drug users	Non drug users	Res-pondents	Res-pondents
1. Nothing happens	13.3 158	4.6 390	5.0 31	1.2 59	632	90
2. Pupil-sch. counsellor	22.2 264	26.1 2195	34.6 212	26.1 1265	2622	1495
3. Pupil-Hosp.	17.3 206	16.5 1394	10.7 66	13.0 629	1700	702
4. Parents notified	15.1 179	14.5 1225	17.6 108	21.5 1083	1498	1206
5. Pupil expelled	13.4 159	17.1 1439	20.9 128	22.0 1061	1682	1202
6. Police notified	14.4 171	17.3 1457	7.0 43	10.4 503	1726	555
7. Others	4.1 49	3.5 298	3.9 24	4.4 214	365	244
Total	1186	8398	612	4814	10225	5494

Hypothesizing that one of the factors which might influence an individual's decisions about drug taking would be his perception of the school's likely response, the question was posed: "What would happen to a pupil in your school found using drugs?" It might be predicted that, if such considerations of consequences were likely to sway the individual's decision, then the evidence for this would lie in different perceptions between users and non-users.

School's response (%)

	<u>Lower users</u>	<u>Lower non-users</u>	<u>Upper users</u>	<u>Upper non users</u>
No response	13.3	4.6	5.0	1.2
Helping (counsellor, hospital, parents)	54.6	57.1	62.9	60.6
Punishing (Expulsion, Police)	27.8	34.4	27.9	32.4
Other responses	4.1	3.5	3.9	4.4

Some trend in the expected direction is found in each age group: non-users are more likely to believe that punishment (in the shape of expulsion or reports to the police) would follow discovery than are users; and, again

at both upper and lower levels, users more often believe no action would be taken than do non users. However, in all groups the majority believe that the school would take a helping stance, referring the drug taking individual to a school counsellor, to the general hospital or to his parents, in the order of likelihood. Penang children, of all groups, were slightly more inclined to believe the school would be referred to general hospital - perhaps reflecting the rapport established between schools in the state and the Penang General Hospital.

ATT12 What should happen to a pupil found using drugs?

If the previous question sampled schoolchildren's expectations of actions, the present are (asked only at upper levels) effectively asked for comments upon the school's actions. What should happen?

Penang drug users' major response (38%) was to feel that nothing should happen: or if not this, then school counsellors, hospital or parents should be the course of action. This response was highly a-typical of the remainder of the sample: whether non-users from either state or users from Selangor, very few (1.4%) took the line that nothing should happen; and virtually all their suggestions centred on these three helping agencies - counsellor, hospital or parents. A minority (12%) felt that the police should be notified; and an even smaller number (7%) considered suspension from school to be desirable.

Comparison of the present and previous questions indicates that the school's actions in dealing with a drug using pupil are likely to be met with support from the large majority of the school population, whether user or non-user. Only the Penang users might contain a substantial element who resent school action of any kind.

ATT13: Source of help if one had a drug problem

Penang and Selangor Upper Secondary

	Drug Users	Non Drug Users	Respondents
1. Parents	183 (29.9)	1268 (26.3)	1474
2. Brother or sister	33 (5.3)	146 (3.0)	181
3. Friends	66 (10.7)	240 (4.9)	312
4. Doctor/Psychiatrist	179 (29.2)	2045 (42.5)	2249
5. Priest/religious teacher	14 (2.3)	177 (3.6)	193
6. School counsellor	29 (4.7)	261 (5.4)	293
7. Teacher	17 (2.7)	182 (3.7)	200
8. Ex drug user	64 (10.4)	358 (7.4)	429
9. No one	27 (4.4)	130 (2.7)	159
Total	612	4807	5490

ATT12: What should happen to a pupil found using drugs?

Selangor Upper Secondary (Q74 - Upper)

	Drug Users		Non Drug Users		Respondents
1. Nothing should happen	27	7.8	25	0.7	52
2. Pupil sent to sch. counsellor	105	30.4	975	30.8	1093
3. Pupil referred to gen. hospital	79	22.5	657	20.8	747
4. Parents should be notified	58	16.8	646	20.4	716
5. Pupils should be suspended	19	5.5	251	7.9	274
6. Police should be notified	22	6.3	388	12.3	413
7. Others	35	10.1	214	6.7	254
Total	345		3156		3549

Penang Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. Nothing should happen	98	37.8	20	1.2	120
2. Pupil sent to sch. counsellor	57	22.0	361	21.9	423
3. Pupil referred to gen. hospital	38	14.6	474	28.7	516
4. Parents should be notified	28	10.8	279	16.9	312
5. Pupils should be suspended	10	3.8	138	8.3	150
6. Police should be notified	18	6.9	272	16.5	292
7. Others	10	3.8	106	6.4	119
Total	259		1650		1932

Penang & Selangor Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. Nothing should happen	125	20.6	45	0.9	172
2. Pupil sent to sch. counsellor	162	26.8	1336	27.8	1516
3. Pupil referred to gen. hospital	117	19.3	1131	23.6	1263
4. Parents should be notified	86	14.2	925	19.2	1028
5. Pupils should be suspended	29	4.8	389	8.0	424
6. Police should be notified	40	6.6	660	13.7	705
7. Others	45	7.4	320	6.6	373
Total	604		4806		5481

"Supposing you had a problem with drugs which of the following people do you think would best be able to help you?"

A list of possible helpers was given after this question, and from this list, 42.5% non-users selected a Doctor/Psychiatrist, and 23.6% their parents as best fitted to help; with each of the remaining categories of possible helpers (friends, religious teacher, counsellor etc) receiving a low number of choices. Drug users were less clear in their choice of a doctor who, at 27.2%, received a very similar number of choices to the parents category (29.9%). For the user, friends (10.7%) and ex-drug users (10.4%) were also relevant figures. Inter-state differences in the proportion of users selecting a doctor as their choice should be noted: whereas 34.7% of Selangor users gave this response, only 21.9% of Penang users did so: the Penang users' predominant choice being their parents 47%.

ATT14 Is there a counsellor in your school?

Intended as a factual question - what was the current provision of helping services in schools? - the present question turned out to differentiate users and non-users. In both states, over 70% of non-users said that there was indeed such a counsellor in their school, whereas only 55% of users (again in both states) agreed that there was. Now, the users and non-users come from the same schools, yet show this large discrepancy; and a variety of reasons could be advanced to account for it, most plausible amongst which would relate to the differential need each group felt for the services of a counsellor. Those who have no need to call on these services presume the existence of such a person those who have had occasion to test the provision of counselling having a more realistic appraisal of the situation.

F. Rural and Urban Differences

If drug use is in part a function of the pressures and influences upon the individual, and in part, of the availability of the drug in the individual's locality, then one might postulate broad differences in the pattern of drug use between urban and rural settings.

In order to investigate such a hypothesis, one might work out an index for each individual, to classify him along an urban-rural continuum: but more simply, and perhaps more realistically given that a pupil spends much of his day in the school and its area, one could also subdivide the sample along the continuum by classifying the school (and thus the pupils) according to its degree of urban-ness.

ATT14: "Is there a counsellor in your school?"

Selangor Upper Secondary (Q76 - Upper)

	Drug Users		Non Drug Users		Respondents
1. Yes	191	55.8	2257	71.9	2479
2. No	151	44.1	878	28.0	1047
Total	342		3135		3526

Penang Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. Yes	82	55.4	1151	70.6	1248
2. No	66	44.5	479	29.3	549
Total	148		1630		1797

Penang & Selangor Upper Secondary

	Drug Users		Non Drug Users		Respondents
1. Yes	273	55.7	3408	71.5	3727
2. No	217	44.2	1357	28.4	1596
Total	490		4765		5323

Four such categories were used in classifying the present survey of Selangor State: schools were classified as falling into one of the following four groups:

- A - City Schools: those within the capital, Kuala Lumpur, itself.
- B - Urban Schools: other urban areas, contiguous with or separated from Kuala Lumpur.
- C - Semi-Urban Schools: those from small towns in the state.
- D - Rural Schools: those located in the smallest communities.

It will be appreciated that even the rural schools in this survey are more likely to come under some urban influence than are rural schools in some other States in Malaysia.

URB1: Total number of Drug Users and Non Users

Selangor Lower Secondary Schools

	A	B	C	D
Drug Users	155 (10.5)	319 (11.7)	167 (12.4)	55 (11.1)
Non Users	1324 (89.5)	2400 (88.3)	1178 (87.5)	441 (88.9)
	<u>1479</u>	<u>2719</u>	<u>1345</u>	<u>496</u>

Selangor Upper Secondary Schools

	A	B	C	D
Drug Users	182 (11.4)	105 (8.3)	48 (10.8)	5 (6.2)
Non Users	1419 (88.6)	1163 (91.7)	397 (89.2)	75 (93.8)
	<u>1601</u>	<u>1268</u>	<u>445</u>	<u>80</u>

Although one might hypothesize that, overall, drug abuse might more characterize city and urban rather than semi-urban and rural environments, the survey of Selangor Schools shows little evidence for such a trend: all the areas have approximately the same proportion of drug users in their school children. The small variations which exist (10.5% in one group, 11.7% in another) are of a level which could occur by chance; and the non-significance of the differences is further borne out by the lack even of any consistent trend when upper and lower samples are compared. A significant trend would show, for example, $A > B > C > D$ for both upper and lower schools, whereas one has no such trend:

Upper: $A > C > B > D$

Lower: $C > B > D > A$

It should be further noted that the one group in which there appears to be a somewhat exceptionally lowered rate of drug use - the upper Rural group - is also the smallest sub-sample, and hence provides a much less reliable estimate of the actual rate in the population. One should, in other words, treat extrapolations from this sub-sample of 80 individuals with considerable caution, when comparing with other sub-samples of 2700, 1600 individuals etc. Indeed, if there were a diminished risk of drug use in the rural population, this should show in the lower as well as the upper sample, for the factors which might differentiate rural from urban children (differences in drug availability; pressures upon the individual etc) should not act differentially upon older and younger children.

Hence, it is possible to state that, overall, the evidence of drug abuse amongst the school aged population is remarkably similar in city, urban, semi-urban and rural settings.

URB2 Drugs of Choice

Given an overall similarity of level of drug abuse between town and country (reflecting perhaps a uniformity of pressures and influences leading to drug use) it would still be possible to find rural-urban differences in the types of drugs favoured by those who are users.

Here again, it would be true to say that the differences actually found are remarkably small, and that the pattern of preferences is very stable across the different areas. What does provide a difference in preferred drugs is the younger-older sample split (noted elsewhere in this report) which holds true regardless of area, and whose very stability with area lends added confidence to this finding of changes in fashion between younger and older age groups. Thus, the older sample's heavy preference for ganja, then sedatives, heroin, tranquillizers and stimulants, with morphine only rarely used, is found with consistency throughout the older pupils from all areas. (Note again that the sub-sub sample of 7 older drug users from rural schools is a very small one indeed). Similarly, the lesser popularity of ganja amongst the younger age group is found in each area: in each area, sedatives, stimulants, tranquillizers and LSD are nearly on a par with each other, with somewhat smaller numbers using heroin, morphine/opium; and fewer still using ganja. Thus, there is very little truth in popular beliefs that there are rural preferences for ganja, and urban preferences for other drugs: what differences exist are almost entirely relatable to age differences.

URB2: Drugs of Choice

Selangor Upper Secondary - Drug Users (Drug Types vs. School Groups)

Schools	Ganja	Tranq	Heroin	Sedatives	Morphine	Stimulants	Total
Group A	105 35.4	31 10.4	52 17.5	44 14.8	24 8.1	41 13.8	297
Group B	46 27.1	27 15.9	21 12.4	47 27.6	10 5.9	19 11.2	170
Group C	28 33.7	8 9.6	12 14.4	15 18.1	8 9.6	12 14.4	83
Group D	2 28.6	0 0.0	1 14.3	3 42.9	0 0	1 14.3	7
Total	181	66	86	109	42	73	557

Selangor Lower Secondary - Drug Users (Drug Types vs. School Groups)

Schools	Ganja	LSD	Tranq.	Heroin	Sedatives	Mor./Opium	Stimulants	Total
Group A	28 6.7	53 12.8	75 18.1	61 14.7	80 19.3	57 13.7	61 14.7	415
Group B	71 8.3	121 14.1	154 17.9	111 12.9	173 20.1	102 11.9	128 14.9	860
Group C	42 9.0	67 14.3	69 14.8	59 12.6	87 18.6	64 13.7	79 16.9	467
Group D	17 13.6	17 13.6	14 11.2	12 9.6	25 20.0	14 11.2	26 20.8	125
Total	158	258	312	243	365	237	294	1867

URB3 Parental occupation, and rural-urban differences in drug use

In the sample as a whole, with some exceptions noted in SOCl, parental social class is a poor predictor of whether or not an individual is likely to use drugs; in other words, drug use is fairly evenly distributed throughout all of Malaysia's social classes. Examining the sample now along the rural to urban continuum, there is found to be this same pattern in each area: the social class composition of the drug user group is closely representative of the total social class composition of the areas's schools. Only one out of the 128 cells of the analysis (8 occupational categories x Father/Mother x 4 areas x 2 age groups) shows any real deviation from the expected level. This is the Upper School Fathers of professional status in urban areas; and such a single deviation would be expected by chance. Thus, if drug users in cities include a higher proportion of children from higher class homes then this merely reflects the fact that the school population as a whole in the urban areas has a higher proportion of children from such backgrounds and has no further significance.

URB4 Religion, and rural-urban differences in drug use

In the case of the minority religious groups in Selangor schools, Hindus, Catholics and other Christians, and those of no religion, no group is disproportionally represented amongst the drug users with any consistency across the rural-urban continuum. Disproportionate representation does occur, however, for some of these groups in some areas: for example, older (but not younger) Roman Catholics in urban areas (but not in city, semi-urban or rural areas); and again younger (but not older) Hindus in city and urban areas but not in semi-urban and rural areas.

Taking now the major groups: Muslims are heavily overrepresented amongst the older city population, somewhat overrepresented in older semi-urban and rural groups; and at the expected level only in the urban areas outside Kuala Lumpur, both among older and younger samples. Furthermore, in all remaining areas, young Muslims are under-represented.

The Buddhist pattern is more consistent: among all older age groups, Buddhists are significantly underrepresented; the same is true of the younger urban group. However, they are somewhat overrepresented among the younger city and semi-urban groups, and overrepresented to a greater degree in the rural areas.

URB3: Parental Occupation and Rural-Urban Differences in Drug Use

Selangor Lower Secondary

Father's Occupation	Group A		Group B		Group C		Group D	
	Drug User	Non Drug User						
1. Not working	9	78	39	277	17	122	4	27
2. Manual worker	17	179	55	445	37	390	20	223
3. Semi-skilled	8	98	25	232	23	212	29	119
4. Skilled	17	130	30	230	17	97	2	11
5. Office work	41	435	50	581	14	93	0	11
6. Serving in a shop	3	21	24	88	6	38	0	10
7. Shop owner	16	108	27	234	10	78	0	24
8. Teacher	1	46	5	62	5	49	0	7
9. Professional work	11	122	17	160	5	40	0	8
Total	123	1217	272	2809	134	1119	55	441

Selangor Upper Secondary - Drug Users vs. Non Drug Users

Father's Occupation	Group A		Group B		Group C		Group D	
	Drug User	Non Drug User						
1. Not working	15	125	11	115	5	44	0	9
2. Manual work	36	320	13	261	20	166	1	35
3. Semi-skilled	18	94	6	89	5	22	4	15
4. Skilled work	15	155	7	92	3	29	0	4
5. Office work	33	309	27	272	2	41	0	2
6. Serving in a shop	17	108	4	92	4	36	0	7
7. Teacher	8	46	5	60	1	15	0	1
8. Professional work	16	111	21	106	4	7	0	1
Total	158	1268	94	1087	44	360	5	74

URB3: Parental Occupation and Rural-Urban Differences in Drug Use

Selangor Lower Secondary

Mother's Occupation	Group A		Group B		Group C		Group D								
	Drug User	Non Drug User													
	89	76.1	91.2	74.3	208	77.6	1767	78.5	105	77.2	803	72.2	40	72.7	302
5	4.3	69	5.6	25	9.3	143	6.4	10	7.4	140	12.6	8	14.5	78	17.7
5	4.3	44	3.6	6	2.2	51	2.3	9	6.6	87	7.8	7	12.7	46	10.5
2	1.7	24	2.0	4	1.5	41	1.8	3	2.2	15	1.3	0	0.0	4	0.9
5	4.3	60	4.9	2	0.7	75	3.3	3	2.2	6	0.5	0	0.0	0	0.0
2	1.7	11	0.9	7	2.6	32	1.4	2	1.5	20	1.8	0	0.0	4	0.9
5	4.3	35	2.9	8	3.0	64	2.8	0	0	15	1.3	0	0.0	4	0.9
3	2.6	55	4.5	6	2.2	58	2.6	3	2.2	17	1.5	0	0.0	2	0.5
1	0.9	18	1.5	2	0.7	19	0.8	1	0.7	9	0.8	0	0.0	0	0.0
Total	117	1228		268		2250		136		1112		55		440	

Selangor Upper Secondary

Mother's Occupation	Group A		Group B		Group C		Group D								
	Drug User	Non Drug User													
	123	79.1	993	77.1	72	74.2	828	76.1	30	69.8	297	79.4	4	80.0	48
12	7.2	116	9.0	5	5.2	90	8.3	8	18.6	51	13.6	1	20.0	17	22.7
5	3.0	10	0.8	2	2.1	20	1.8	1	2.3	6	1.6	0	0.0	6	8.0
2	1.2	13	1.0	1	1.0	2	0.2	0	0	1	0.3	0	0	1	1.3
6	3.6	35	2.7	3	3.1	42	3.9	0	0	2	0.5	0	0	0	0
6	3.6	64	5.0	1	1.0	45	4.1	2	4.7	12	3.2	0	0	3	4.0
7	4.2	47	3.6	8	8.2	41	3.8	1	2.3	4	1.1	0	0	0	0.0
5	3.0	10	0.8	5	5.2	20	1.8	1	2.3	1	0.3	0	0	0	0.0
Total	166	1288		97		1088		43		374		5		75	

URB4: Religious Group Membership

Selangor Lower Secondary

Religion	Group A		Group B		Group C		Group D	
	Drug User	Non Drug User						
1. Roman Catholic	2	40	13	126	12	27	4	8
2. Islamic	51	594	80	700	84	781	28	328
3. Buddhist	54	422	102	968	27	173	18	77
4. Christian	15	94	31	165	13	26	1	8
5. Hindu	19	94	54	297	11	129	2	8
6. None	7	43	20	65	3	10	0	3
7. Rather not answer	4	34	17	78	12	28	0	6
Total	152	1321	317	2399	162	1174	53	438

Selangor Upper Secondary

Religion	Group A		Group B		Group C		Group D	
	Drug User	Non Drug User						
1. Roman Catholic	8	44	16	62	2	11	0	0
2. Islam	113	705	33	360	30	223	4	47
3. Buddhist	30	434	25	467	7	103	0	23
4. Christian	8	63	9	80	1	10	0	2
5. Hindu	6	59	13	119	6	40	0	3
6. None	7	70	7	41	0	5	0	1
7. Rather not answer	8	39	2	34	1	5	0	1
Total	180	1414	105	1163	47	397	5	77

Clearly with the exception of the older Buddhists, religious-group affiliation has little consistent relationship with likelihood of drug taking. The data from the present analysis does show, however, another kind of pattern: that of patterns of acquaintanceship. Studies of friendship and acquaintanceship have shown that groups are generally fairly homogenous in terms of ethnic and religious group membership. The data on religious group membership by rural/urban areas presented above would be precisely the kind one would expect if drug use occurred fairly much at random with respect to religion as such; and was directly related to acquaintanceship networks, some of which may be themselves predicted on religions or ethnic group lines. Thus in one area, the fashion for drug taking might spread amongst friends who were Muslims; in another area, amongst friends who were Roman Catholics; and in yet another area, amongst Hindus. Although the Buddhists come closest to being a group amongst whom drug use is consistently rarer than might be expected by chance, there are no religious or ethnic groups which show any consistent pattern of drug use throughout city through to rural areas; and instead the present analysis provides further indication of the importance of group acquaintanceship networks in the transmission of the drug habit.

URB5 Expectations of education and rural-urban differences in drug taking

It has been noted in SCH 1, 2 and 3 that there is a general association between drug taking and somewhat lowered expectations of education and one might hypothesize that rural-urban differences in such effects would occur. Among the lower age group, there is indeed found such a difference: the drug takers in city and urban areas show a slightly greater depression of ambitions compared with their contemporaries who do not take drugs than do the rural and semi-urban drug users - more of whom expect college education. This rural-urban effect is however, not found so clearly amongst the older age group. One could summarize the overall picture thus: given that all Malaysian adolescents in school are fairly ambitious educationally, and that use of drug has something of a depressing effect upon such ambitions, then the trend is somewhat more noticeable amongst city and urban school children than it is amongst the more rural ones. (Paradoxically, it is only amongst the semi-urban upper age group that drug users believe their parents to be less educationally ambitious for them than do the non-users; elsewhere, there users and non-users have similar distributions).

In summary, within the more diverse of the two states surveyed, Selangor, there were found to be very few differences between urban and rural drug use patterns; though it may well be the case that comparison of Selangor with a more predominantly rural state would show some differences between urban and rural.

URB5: Educational Aspirations

Selangor Upper Secondary

How much edu. you really get	Group A		Group B		Group C		Group D	
	Drug User	Non Drug User						
1. Don't expect any exam.	3 10.7	6 0.4	1 1.0	8 0.7	1 2.1	1 0.3	0 0	1 1.3
2. Pass MCE	41 22.8	255 18.3	30 28.8	302 26.3	14 29.8	93 23.6	0 0	13 16.9
3. Pass HSC	13 7.2	151 10.8	13 12.5	163 14.3	4 8.5	52 13.2	0 0	10 13.0
4. Go to college	13 7.2	132 9.5	14 13.5	141 12.3	10 21.3	51 12.9	0 0	15 19.5
5. Go to U.	110 61.1	852 61.0	46 44.2	536 46.6	18 38.3	197 50.0	5 100.0	38 49.4
Total	180	1396	104	1150	47	394	5	77

Selangor Upper Secondary

How much educ. parents like you to have	Group A		Group B		Group C		Group D	
	Drug User	Non Drug User						
1. Don't care abt. exam	1 0.5	13 0.9	1 1.0	8 0.7	1 2.1	5 1.3	0 0	1 1.3
2. Pass MCE	14 7.7	79 5.6	9 8.6	121 10.4	11 22.9	34 8.6	0 0	7 9.1
3. Pass HSC	5 2.7	48 3.4	4 3.8	36 3.1	1 2.1	7 1.8	0 0	5 6.5
4. Go to college	8 4.4	72 5.1	7 6.7	72 6.2	4 8.3	31 7.8	0 0	10 13.0
5. Go to U.	154 84.6	1207 83.1	84 80.0	931 79.7	31 64.6	320 80.6	5 100.0	54 70.1
Total	182	1419	105	1168	48	397	5	77

URB5: Educational Aspirations

Selangor Lower Secondary

How much educ.	Group A		Group B		Group C		Group D	
	Drug User	Non Drug User						
1. Don't care about passing	6 3.9	5 0.4	14 4.4	25 1.0	5 3.0	14 1.2	2 3.8	5 1.1
2. Pass Form 3	45 29.0	133 10.0	89 27.8	345 14.4	29 17.7	92 7.8	10 19.2	39 8.9
3. Pass Form 5	6 3.9	61 4.6	26 8.1	149 6.2	18 11.0	45 3.8	2 3.8	21 4.8
4. Pass Form 6	17 11.0	62 4.7	22 6.9	133 5.5	8 4.9	32 2.7	2 3.8	19 4.3
5. Go to college	9 5.8	121 9.1	29 9.1	264 11.0	24 14.6	146 12.4	12 23.1	62 14.1
6. Go to U.	72 46.5	942 71.1	140 44.0	1484 61.8	80 48.8	849 72.1	24 46.2	293 66.7
Total	155	1324	320	2400	164	1178	52	439

5G Non-normative responses by drug users

The recurrent themes of the previous sections has been the similarity between the drug user and his contemporary who is a non user in their responses to the questionnaire items, in attitudes, beliefs, social relationships, social background and so on. The response to an item given by the majority of non users has also been the response selected by the majority of drug users, such that few items have discriminated between the two groups. However, it has been repeatedly noted that, although the large majority of responses of the drug users fall within the range of response to an item given by the non users (hereafter labelled "normative responses") there may be a minority of drug users' responses which fall outside the range given by the non users (thus "non-normative responses"). To give an example, the majority of users may, when asked what are their educational aspirations, give University as their most frequent response, with then College, HSC, MCE and Form Three being given by fewer and fewer of this group; among the drug users, a similar pattern may be found with University as majority response, etc; but with the addition that a minority group within the drug users will give the non-normative response that they do not care about passing at all.

Given then that the majority of drug user's responses are normative, falling within the range that would be found among non users, one still may ask whether there exists a minority within the drug users who consistently respond in this non-normative way, or whether these occasional non-normative responses are found throughout the drug user population, and follow no particular pattern. Thus, for example, if fifteen percent of the drug users answered non-normatively on Question A; and a similar percentage gave non-normative answers on Question B, C, D, etc. was it the same sub-set of drug users being detected each time?

One might, a priory, argue that such a group should exist within the "drug user group" identified in this survey, for, although fashion and social pressures in the youth culture may account for much of the recent increase in drug use, there still will remain, presumably, those who, for reasons of psychological need, inadequacy or unbearable social stress, would use drugs to meet their personal problems. In other words, the "classic" drug user might well continue to exist, although now masked and outnumbered by the "social" users; and might be detected in terms of his non-normative position on a range of topics in the questionnaire.

To test the possibility that it was the same sub-group of drug users who consistently gave non-normative answers, a re-analysis of the data was conducted as following.

Questionnaire items were selected on which the non-normative responses had been most notable among the drug users; twelve such items from the Upper Secondary School instrument, and nine from the shorter Lower School questionnaire; and for each, the non-normative response was flagged. Thus for example, "Do not care about passing" was the only response to be flagged on the question about educational aspirations. All other responses (University, College, etc) which were normative for the user sample, were unflagged.

Item flagged were as follows:

<u>Item</u>	<u>Response(s) flagged</u>
Own educational ambitious	Do not care about passing
"School rules are too strict"	Agree
* State of health	Poor
"Bored a lot of the time"	Agree
"Usually do what I want"	Agree
* "No chance to be successful in life"	Agree
In serious trouble, would turn to...	Friend; <u>or</u> no-one
If your child smoked ganja...	Would not care; <u>or</u> would approve
"Drug takers make a lot of friends"	Agree
* Indicates items included only in the Upper version of the questionnaire; all other items being included in both Upper and Lower versions.	

The responses to the selected items by all drug users were then reviewed and flagged as appropriate; thus, an individual who responded normatively throughout would receive no flage, and one who was consistently non-normative would receive twelve flage (nine if in the Lower School Sample). The presence of a sub-group of non-normative users within the broadly normative user population would be indicated on this analysis by a distrubition of flage heavily clustered around a minority of individuals; whereas an absence of such clustering would indicate a more regular scatter of non-normative responses throughout the user population.

NNR1: Frequency count of flagged non-normative responses to selected questions given by drug users in each group of schools

Total No. of Flage	0	1	2	3	4	5	6	7	8	9	10	11	12	Total
Selangor Upper	44	93	89	58	38	18	6	7	1	1	0	0	0	355
Penang Upper	22	43	41	30	12	24	44	43	11	0	0	0	0	270
Selangor Lower	159	252	202	84	23	9	1	0	0	0	-	-	-	730
Penang Lower	119	157	133	69	24	8	1	0	0	0	-	-	-	511

The frequency count of non-normative responses by individual drug user shows little or no evidence of any clustering of such responses in a few individuals; which shows that there exists no sub-group within the drug users who consistently express views which set them apart from the non users of drugs (and from a majority of wholly normative drug users). Instead, the pattern shows that the majority of users give occasional non-normative responses, and are thus flagged on one, two or three out of the twelve (or nine) items. This pattern is clear in all Lower Schools, and in the Upper Schools in Selangor. In Penang Upper Schools, it is again the case that no individuals are found to be highly consistent in responding non-normatively; however, it will be observed that there is a wider scatter of such responses in this group: whereas only 4.2% of Selangor Upper drug users have 6 or more flage, 36.3% of Penang Upper drug users have 6 or more flage.

The Penang finding, however, does not indicate the existence in this state but not elsewhere of a consistent minority group, for three reasons. First, analysis shows that the individuals who have 6, 7 or 8 flags do not exhibit a consistent pattern in themselves. Thus, the six non-normative flags of the first case may not map at all onto the second case, the third case may show a different pattern again, and so on. Second, such a broader spread of non-normative responses would be expected in the Penang Upper Group who exhibit, overall, more such responses on the selected items. Third, one would expect, a priory, a group of consistent non-conforming individuals to be much more discontinuous from the remainder of the drug users (whose non-normative responses exhibit almost a random scatter) than is the case here: in this sub-sample, there is no clear break between the lower and higher scorers.

Thus, even in the Penang Upper sample, just as the clearer cases of the other drug using groups, the analysis shows that there is no consistently non-normative sub-group within the drug users.

The main finding of the survey can therefore be stated in the following way: the drug users in the school sample very largely share the same background, aspirations, attitudes and beliefs of their non-drug using contemporaries; and there exists no sub-group amongst the drug users who consistently give responses which are non-normative.

CHAPTER SIX

The Drug User in the School: a summary of the findings

1. The extent and nature of drug use in the Malaysian secondary school population

The large majority of secondary schoolchildren in Malaysia have never tried any illegal drug, nor have any interest in doing so, and those individuals who have tried such a substance have generally a limited experience, such that an individual who is labelled a "drug user" may well have only one or two experimental sessions with one substance and then cease all such activities. Hence, it should be borne in mind that, in Malaysia, drug activity and drug experience among youth is notably less than that reported from many countries; and there are dangers attendant in too easily labelling - and thus stigmatizing - the adolescent who, in the process of achieving adult identity, is experimenting with a whole range of behaviours suggested to him by contemporary youth culture. Well-meaning reaction to these behaviours by the adult world may have an effect opposite to that intended; and instead of warning youth off a dangerous habit, may in fact serve to glamourize the behaviours because they are disapproved of.

Nonetheless, the present survey indicates that there are causes for concern over youthful drug use in Malaysia. Although the use of drugs is confined to a minority of the age-group, indications are that the proportion of individuals who have some experience has grown in recent years; that the age of initiation can in some cases be below ten years of age; that a number of individuals while in school have experienced as many as five types of drug, and a small number have become regular users; that a wide range of the more dangerous substances are easily and cheaply available locally - and, even more to the point, known to be easy to obtain by many schoolchildren in the survey; and that the majority of the age group appear to be very ignorant of the nature and properties of the various drug substances.

In such a situation, where society is understandably concerned, its reaction must be based upon as reliable a set of facts as can be obtained: extrapolation from a few well publicized extreme cases to youth as a whole is not only inaccurate but may actually worsen the situation. For this reason, the present representative survey of the secondary school population of two of the states of Malaysia, Penang and Selangor was conducted; and used an anonymous self-reporting questionnaire to assess the extent of drug use within this population, a method which is perhaps best able to give an accurate picture of a sensitive issue. The research team was well aware of the possible biases

involved with any research methodology: suffice it to say at this point that the degree of internal consistency of responses which were given allows a certain confidence to be placed upon the present findings.

Using the very broad and inclusive definition of a drug user as any individual who had some experience of an illicit drug substance, it was found that an overall 11.5% of the 16,166 schoolchildren in the sample could be so classified: but it should be stressed that this term embraces the majority whose experience may be one or two tries of one substance as well as the minority who are regular, widely experienced users. Drug use is found at each age in the secondary school; and various factors point to there being two 'peaks' in that population, with somewhat different patterns of preference in the older and younger groups.

Mono drug use is the single largest pattern of usage found in the sample: of any twenty users, nine will have only experienced one type of drug. However, a further quarter will have tried four or more types of drugs. If mono users are the largest group, so also are they most often occasional users, whatever is their drug of preference, having only one or two experiences of the drug: mono drug users most commonly are users of ganja or (if in the younger age group) of sedatives.

The present survey did not seek case histories; nonetheless, one can adduce that the person who experiments with drugs is most likely to have smoked cigarettes previously, plus perhaps used alcohol; tried some form of soft drug, and, in the majority of instances, either ceases his experimentation after one or two occasions, or has very sporadic use of a few drugs over a period of time. Very few individuals in the survey had started with opiates, which are almost inevitably associated with poly drug use. Of those who continue with their drug habit, further drugs are tried: and, in Selangor state, but not Penang state, it is likely that the next drug would be heroin, after a start with ganja. In Penang, however, the second drug is most likely to be a sedative; and this interstate difference persists during the progress of the small group of those who become major poly drug users.

Among the younger users, sedatives are the most common first drug, with tranquillizers as a likely second drug, an opiate as third, LSD as a fourth; with in Penang a fifth drug most likely a further soft drug, and in Selangor the fifth more likely to be a further hard drug amongst those who continue their habit through to this level.

It should be clearly stated that, although most poly drug users started their habit with cigarettes, and then proceeded to ganja or sedatives, only a proportion of the present users of cigarettes, ganja or sedatives will ever proceed to regular drug use at all, let alone to the forms of poly drug use just described.

Thus, it is very likely that in the Selangor sample, an individual who has tried any particular drug has used it only once or twice. In the Penang sample, there is a larger proportion who report more frequent usage, although in the older group here, it is still the case that for all drugs except tranquillizers, more than half of those classified as users of a particular drug are only one or two time users.

Bearing this finding out, one discovers that, in response to a question asking how their personal drug use has changed in the past year, the majority report that their rate has stayed the same or diminished during the period: i.e. that their experimental use has ceased, and they now no longer use any substance. Increased usage of drug is, of course, reported by some individuals; but, to put it in perspective, out of the total school population, less than one percent have increased their use of any particular drug during the previous year. Of the total sample, in comparison, three times this number report an increase in their rate of alcohol consumption. Thus, for just over one third of drug users, the preceding twelve months has seen an increase in their usage: and it is this group who should claim most public attention and help.

Few non-users of drugs claim to know how easy it is to obtain any drug locally, whereas, in marked contrast, many drug users not only know about availability but perceive that drugs are relatively or very easily obtained locally. Such differences between non user and user clearly relate to their various degrees of contact with drug-using groups: but these very perceptions may also be considered factors in themselves enabling or inhibiting the drug habit. If an individual is not only curious but also perceiving drugs to be easily available, one may hypothesize that he has an increased likelihood of trying a drug.

For curiosity about drugs is perhaps the single most significant finding to be reported in this section: although a large majority (generally around eighty or ninety percent) have neither tried a particular drug nor are interested in it; and a small minority have actual experience of the drug, there remains a small but important group who have not tried the drug, and yet who would be interested in doing so. If these individuals are willing to declare their interest, one can easily imagine that there exists within the majority an undeclared interest and curiosity, held in check and not admissable even in anonymity as a result of individual fears, social disapproval and legal sanctions.

The age groups, as already noted, differ more in their drugs of preference than do the two state: thus, the younger group in both states give sedatives, tranquillizers and amphetamines more frequently

than they do heroin, morphine or ganja. The older groups in both states give ganja more frequently than they do amphetamines and morphine, with heroin and tranquillizers varying in their frequency between the states. (Note that here, order of preference refers solely to the number in each category who have ever tried a particular drug, and includes no weighting for frequency of usage or order of inception).

Cigarette and alcohol use by the whole sample was also ascertained in the questionnaire. These drugs, although legal, should be included in any survey of drug use for two reasons: first, the motivational patterns which lead to their use by young people have been shown to be similar. Second, case histories of individuals who currently use illegal drugs almost inevitably include an earlier phase of cigarette use, with frequently the use of alcohol as well, although clearly the majority of smokers and drinkers do not proceed to other drugs.

Tobacco and alcohol are the most commonly used drugs in the Malaysian secondary school population as a whole; and their use is especially pronounced among those who use other drugs. Thus, for example, in the older forms, over thirty percent of non drug users are smokers, but as many as seventy-five percent of the drug users are smokers, many of whom are heavy smokers. A similar, if weaker, association holds between use of alcohol and use of other drugs though here, few individuals in any group are heavy drinkers.

If one asks at what age did the smoker have his first cigarette, the drinker his first alcohol, and the drug user his first illegal drug, then the pattern found is similar for each substance in the present sample. A small percentage claim that their first experience was at ten years or less; then, very few individuals suggest an age before fourteen. The peak age of initiation for all three are the years fourteen, fifteen and sixteen; with again a tailing off at later ages. Thus, if individual recollections are to be relied upon, we have a picture of these years being the period of wide experimentation by those individuals who ever do use any of the substances. The peak age of initiation to cigarettes and alcohol is, interestingly, the same for drug users and non-users, indicating that, if the transition is made, it is made after only a short experience with legal drugs.

Thus, the association found by many previous studies between cigarette smoking and the use of other drugs and, to a lesser extent, alcohol use and other drugs, is again found in the present population. (One should again note, however, that the majority of youthful smokers and drinkers never move on to other drugs). Fifteen and sixteen years

of age, the peak years, are likely to be the time at which the present generation wish to mark their arrival into the adult world; and the choice of their friendship group at this time may well influence the behaviours they adopt to mark their status.

2. The user of drugs compared with his contemporaries at school

A. Social background

A review of the existing, predominantly American, literature on the social background of drug users leads one to hypothesize that social disadvantage - economic, environmental and familial - would characterize the drug user; just as innumerable studies of other social problems throughout the world have found these problems related to lower social class, poor economic circumstances, poor housing conditions and disturbed family circumstances.

This is not the case with youthful drug abuse in Malaysia. Children of the poor and the unemployed use drugs, but so also do the children of teachers, professionals, shopowners, skilled workers, office workers: all classes in society have children who use drugs illicitly. And, more importantly, each social class, the large majority of children have never experimented with drugs; and the proportion of those who have is approximately the same at each level of society. If one states that approximately eleven in every hundred secondary school children will have had some experience with drugs, than the fact that thirteen in every hundred children of unemployed fathers have had this experience does not represent a significant trend away from this basic community-wide phenomenon of youth. Nor indeed are the unemployed the only group whose children slightly deviate from the population average; approximately seventeen in every hundred children of teachers are classified in the present survey as users. Thus, one can dismiss the notion that drug abuse in Malaysia is limited to the children from one particular group: a minority of individuals at each social level use or have used drugs.

Such a finding is by no means without parallel in the literature on drugs: the more recent wider ranging surveys of youth culture in Britain, Canada and elsewhere have shown a similarly diverse picture; and have indicated that, whilst true drug addiction may relate to social disadvantage under the kind of drug management conditions obtained in the United States, looking at teenage drug use in terms of the classic "social deprivation syndrome" is misleading where, instead, one should see such experimentation as a feature of one group within a youth culture. Some individuals do use drugs in response to such social pressures; many more do so because of the current fashion for their use.

Parental social class (mother's occupation as well as father's) thus does not serve to differentiate user from non-user in Malaysia. Further evidence that it is one's contact with youth culture and not social pressures that lead some towards use is given in a number of ways. Two "waves" of drug abuse seem to exist in the sample: the peaks of these waves being in Form 6 and in Forms 1 and 2, with a trough in between. Now if drug use were primarily a response to social circumstances, then one would not expect such marked peaks and troughs with age: perhaps a slowly rising trend with age might be expected, as age made access to drugs easier. But the fact of the young secondary school age "wave" strongly indicates fashions spreading through the age groups.

A similar conclusion may be drawn from the findings on religious group differences in the incidence of drug use. The relatively higher user rates amongst the religious minority groups is, arguably, the result of the closer contact which is maintained by minorities within any community, rather than anything intrinsic about the nature of the groups - or the religions - themselves. Those, however, who proclaim themselves to be of no religious background are strikingly overrepresented amongst the drug users. The reader should bear this finding in mind, until further evidence is presented on the attitudes and value systems of drug users as they contrast with those of users: a more general factor is emerging.

Drug use, far from being the male phenomenon often portrayed, is involving an increasingly larger percentage of girls in Malaysia; males still predominate amongst users, but a substantial minority in all state and at all ages are female.

Although it is still true to say that there are many more boys than girls amongst the drug users - in Penang, the ratio is two boys for every girl; in Selangor, the ratio is somewhat more even - the conception of drug abuse as an exclusively male social problem is far from accurate. It also seems that, compared to earlier estimates of drug use in Malaysia, the proportion of girls in the user population has increased; and one may speculate that even in as short a period as the past ten years, the social role of the female in society has undergone appreciable change. Greater freedom of action for women in addition to all the benefits which have accrued, has perhaps also made some women as vulnerable as men to the influences which lead to drug use.

B. The Individual and his School: ambitious and attitudes

In attempting to describe what if anything distinguishes the drug using subset of a school population, one obvious area of difference might lie with the school itself: the individual's educational ambitions and attitudes. Are users predominantly those who are rebellious against the school, who reject its authority and who have correspondingly lower educational aspirations? Note that, if such an association were to be found, one would still have to discuss whether drug use caused such a pattern of response; or whether both drug use and such responses to school are themselves caused by the same set of factors.

Educational ambition is very strong in Malaysia; and although drug users were found to have lower ambitions than their non-user fellow pupils, ambition is fairly resilient: a considerable number of users wish to go through to University. However, when one switches attention to the lower end of educational aspirations, a striking difference is found: virtually no non-user ever expressed himself unconcerned about passing exams, but a substantial group of drug users (especially in the Penang upper schools) expressed just such a view.

When one asked pupils what level of education they actually expected to attain, there was again a trend towards somewhat lower expectations amongst users: in Selangor, the trend was very slight; but in Penang upper schools, it was much more pronounced. In Selangor, over half of the older users as well as the older non-users expected to get to University; in Penang, approximately this same proportion of non users expected University education; but sixty five percent of this state's users expected to get only H.S.C. or less. These expectations mirrored the high hopes all groups but the Penang drug users saw their parents as having for them. In this latter group, forty-four percent believed that their parents were not concerned with their passing. Fewer than one in a hundred of all other pupils had this feeling about their parents, including, one should note, the drug users in Selangor.

Older drug users are much more likely to see their school as too authoritarian, with its rules and regulations being too strict. Very few pupils feel that they are wasting their time at school: the main difference being that a somewhat larger minority of users than non-users did agree that their time was being wasted. No real difference emerged between user and non-user on the matter of self expression in school; three quarters of all pupils felt that they could say what they thought in school.

A much more telling difference between the groups comes when one asks about their record of absenteeism: consistently across the two states, drug users are more often absent from school, sometimes far more than a few days, than are non-users. We can take this perhaps partly as an indication of greater actual sicknesses amongs the users, and partly as a truer record of disenchantment with school than the users have given on the attitude items. As a competitor for the pupil's time with his school work, television watching does not really differ between the groups; nor are the groups aware of any particular differences in the level of school marks they are achieving: with disarming accuracy, the majority of children report that their marks are average.

C. Self descriptions and family relations

In their general value system, in their perceptions of themselves, and in their relations to those close to them, drug users have in several previous studies, been shown to differ from matched non-drug using contemporaries. Poor family relationships, some writers have suggested, are much more important factors in the creation of delinquency than are any social position; and if one takes, as some writers do, the delinquency- rebellion model of drug use in youth, then we should find a significant trend within our sample. A further factor associated with drug use in some published surveys has been personal disturbances and inadequacies; though, as was noted earlier in this report, such findings tend to describe the long term heavy user more than they do the occasional user, who, as we have seen, predominates among our "drug using" sample here. Finally if such factors are found to distinguish user from non-users, are they to be seen as causes or consequences of drug taking? Family relationships could worsen, and personal problems deepen as a result of adopting the habit.

In the Malaysian Secondary School population some drug users present a strikingly different picture of state of health and happiness: an appreciable minority of users in Penang reported themselves to be in poor health; more users than non-users reported frequent minor medical and nervous upsets; and, overall, nearly half of the users rated themselves as unhappy (whereas only a quarter of their non-user contemporaries so saw themselves). This is a clear and consistent picture of unhappiness and illhealth: it nonetheless needs clearly stating that it is characteristic only of a minority of drug users in the sample. The majority of users, like the (much larger) majority of non-users are in good health and state of mind.

Similarly, if one spends the time and effort the survey did on assessing the perceptions each individual held of himself via a self-description exercise, then many differences between user and non-user groups as a whole, which, being further analysed, show themselves to be differences between a minority of the drug users and the remainder of the population, user and non-user alike. Thus, one might be in a position to say that if a certain minority self image was held by an individual, then that individual is likely to prove to be a user of drugs; but that such a self image was not characteristic of the majority of drug users.

Hence, a higher proportion of drug users than non-users (but by no means a majority of all users) see themselves as isolated (feeling bored much of the time; not feeling close to their friends; lonely, bullied; wishing to be alone;) as in rebellion (their parents don't understand them; they want to leave school and make a lot of money; feel grown up; wish to try new things; and believe that one does not have to obey laws if one does not agree with them); as reliant upon their peers (a whole range of items attest to this); and hold a rather fatalistic view of their situation (believing that in order to succeed, one needs luck more than hard work; and that people like themselves don't have much chance to be successful). On many other self description items, user and non-users gave the same type of responses, reinforcing the point that, on the whole, the two groups are not discriminable in terms of their self images, save for some of the perceptions held of themselves by a minority group within the users.

In relationships with their parents, the majority of the schoolchildren felt their relations to be good; almost uniformly, children felt somewhat closer to their mother than their father; and thought their parents were neither too strict or too lenient; but "just right". Older individuals throughout the sample clearly experienced a more adult relationship with their family; if they had done wrong, then they were more likely to be reprimanded or met with sadness from their parents than to be punished much; if they were in serious trouble, older individuals were likely to turn to friends as well as family for assistance, in contrast with the heavier reliance upon parents shown by the younger individual.

Superimposed upon these findings, there remain some differences between users and non-users in family relationships. Assuming all the above observations, some drug users anticipate the "mature pattern" of less reliance upon parents for help in trouble; and might be somewhat less upset by the strong disapproval of parents (as opposed to that of friends) than would be non-users. A small but striking minority of the

drug users would, if their parents discovered they had done something wrong, anticipate indifference on their parents' part, an almost unheard of expectation amongst non-users.

Thus, to summarize, a majority of drug users see themselves and their relations with their parents in exactly the same way as do the non-users of their age; but there exist within the user group some whose self images and family relationships deviate from the norm in the hypothesized way, and are isolated, rebellious, fatalistic and much influenced by their peer group, being also more adult in their pattern of behaviour than the majority of their contemporaries.

D. Reported reasons for drug use

Most of the questionnaire probed into the background of the individual school child, his value system and attitudes, and his relationships with parents, friends and school; all potentially illuminating areas for the understanding of drug users' motivations and needs with respect to their habit. Some questions asked the user directly about his reasons for the use of drugs, and the non-user about the reasons which inhibited him from adopting the habit. As has been stressed before, the direct approach enables us to appreciate drug usage as the individual sees it himself; it does not necessarily give us better information about motivations which can override other less-directly gained data. In the matter of his own behaviour with regard to drugs, no more than in any other behaviour, even the most self-aware individual is not omniscient.

If one first examines the reasons given by the users of all drugs combined, a hierarchy of reasons emerges which is stable across the two states, thus giving one confidence in the rank ordering of relative importance. The questionnaire suggested a number of possible reasons, some of which have been cited in the literature as the likely motivations amongst casual and experimenting drug users, and others of which are more frequently given by longer term and more dependent users. The drug users in the sample overwhelmingly cited the former type of reason.

Curiosity, and the influence of friends together accounted for approximately sixty percent of all reasons given, the pattern that might be predicted of a young and non-dependent group, and which contrasts with the findings of studies of voluntary patients in hospitals, drug offenders and other longer term users. Sixteen percent gave coping with their problems as a main reason, with a further twelve percent citing

the use they made of drugs as an aid to studying. Very few indeed mentioned the 'rebellious reasons' suggested to them as possibilities to be independent or to be different; and only slightly more gave enjoyment or self understanding as reasons. It should be mentioned here that, on this question, a large proportion of those who had elsewhere shown themselves to have had some experience of drugs (and hence were included in our "Drug User" category) here denied that they were currently using drugs, when faced with a direct challenge which implied that they were still using drugs.

Examining the reasons given more closely by type of drug user, one finds a predictable pattern; mono drug users heavily concentrate upon the curiosity reason; whereas those who have tried several drugs mention curiosity less often, and rate the influence of friends, the attempts to forget problems and the sheer enjoyment more highly than do non-users.

Finally, one would expect that, just as the available drugs differ considerably in their effects, so would their users in the reasons they give. Something of this trend is found. First for each drug type, the older age group tends to mention curiosity most often, and the younger age group stresses the importance of friends' influence. But beyond this, each drug has its own order of reasons given. Amphetamines, for example, are cited by the older group as an aid to study; whereas no other drug is seen in this light by either age group. Perhaps rather surprising in the light of what users of the drugs in other countries have claimed, ganja and L.S.D. users do not cite self understanding as a reason for their use (although perhaps such a response is more likely to be evoked in leisurely interviews than in the questionnaire situation).

If these were some of the reasons which attracted the individual towards drug use of some degree, than what, if anything, inhibited his use; and were these checks the same as those which completely prevented the remainder of the sample from using drugs? Do users and non-users share the same fear of repercussions of drug taking?

Very largely, the inhibitions which operate are the same ones for user and non-user: for the younger child, parental disapproval and fear of loss of energy and ambition are the main reasons given. The older individual is much more likely to cite the dangers of addiction than is the younger (a rather curious reflection of the beliefs of both users and non-users, in that the question was asked with reference to ganja). Next older non-users cite principle ("It's against my beliefs") and parental disapproval much more frequently than do their contemporaries

who have drug experience; for them, the hard reality of getting caught and of others' bad drug experiences is next utmost in their mind. Strikingly of the drug as a reason which limits or stops their usage if drugs.

Finally in this area, as so many studies have illustrated the role of friends in recruitment, and as the answers to other questions on the present survey have confirmed this importance, so we investigated the extent to which the individual felt that he knew people who used particular drugs. The typical non-user was found to be very much isolated from the drug users: strikingly few of the younger age group of non-users knew any users of any drugs (and in later informal discussions, some such individuals expressed disbelief that anyone in their school had ever used drugs). Older non-users only had slightly greater personal knowledge of the drug use amongst their contemporaries.

Drug users, however, are much more aware of others who use both their own and other drugs; with the older users showing more such knowledge than the younger, and indicating their membership in a fairly close knit user community. It would be of interest to confirm this by more direct interview methods than could be employed in the present study, with its aim of widespread, representative coverage of the whole secondary school group.

E. Attitudes towards drugs

Do drug users in Malaysia have a completely different view of drugs and drug taking from their contemporaries who do not take drugs? Do the two groups have alternative beliefs about the nature of the substances, and their effects? Alternative emotional responses about drugs and their use? And two different sets of intentions to behave, related to these feelings and beliefs, which, given the appropriate circumstances, give rise to the correspondingly different behaviours of users and non-users? Finally, do users and non-users see the constraints upon drug usage - the legal, social and other constraints - in different ways?

Many surveys have reported that drug users have generally more favourable attitudes to drugs than do non-users; and the present survey is no exception. Thus, drug users are more likely than non-users to see the occasional use of ganja at parties as being acceptable (very few of the non-users indeed take this view); to believe the drug takers make a lot of friends; that drugs help one relax, make one feel good, and may help one to do things better. They are more likely to underplay the chances of addiction (which the non-users if anything over-play), and to believe that only some drugs are harmful, or that occasional use renders them harmless. Non-users emerge as having a very stern code

of beliefs about drugs, about whose harmfulness even in occasional use they seem convinced; and this transfers to other areas: the larger majority of them would consider it wrong to take a sleeping pill without a doctor's prescription if one could not sleep; and as firmly believes that the regular drinking of spirits could cause mental or physical harm as they believe that ganja's regular use could lead to mental and physical harm. Although the majority of drug users would agree with these last three statements, they are much less unanimous in this view; here, again, one must distinguish within the drug using category between a majority who think in ways similar to any non-user, and the minority who express the kind of views seen in other surveys as being "typical" of the user. Many studies have argued persuasively, on the encouragement of young people to drink and smoke, that what makes these activities attractive is the public image of the smoker or the drinker; an image which may be partly fostered by advertising campaigns and by popular thinking about cigarettes and alcohol use, and partly derives from the teenager's own position. For many such individuals, these studies argue, one of the outward badges of maturity and perhaps of rebellion against authority is the use of cigarettes and alcohol. Might the same also be true of drugs: that for a segment of the school age population, the image of the drug taker would incorporate the maturity and independence strivings of the individual?

Interestingly, whereas the studies cited showed teenagers to have no problem with the "image of the smoker" or of "the drinker", the present study found a substantial minority of individuals who could express no clear image of the drug user, a further reflection of the rather more clandestine and isolated role of the drug user in Malaysian society as far as the non-users and users have in fact fairly similar pictures of the typical drug user; and the image is remarkably constant across the ages and states. The typical drug user is seen as: not getting on well with his parents; seeking to escape his problems; unreliable; needing to be free; wanting to leave school; not shy; not mature and probably lonely. Neither age group could decide whether he would be popular or not.

This rather unattractive composite image held by Malaysian school children resembles the image Scottish schoolchildren (in Davies and Stacey's study) held of the heavy-drinking teenager: one who might be tough - a desirable attribute in itself - but to the point of antisociability; seeking the desire for adult status, but in a rather maladjusted way. In view of what other parts of the Malaysian Survey have shown it is not perhaps surprising that this is the image of the drug user held by most non-using children; what is perhaps more striking is that this unattractive - rebel image is also held by children who are themselves users, and may well serve to show that the majority of those who have some experience of drugs do not identify

themselves with "the typical drug user". Only about two or three in ten of those we have classified as "drug users" in this survey hold a rather different image of the typical user: they do not see him as escapist, immature, unreliable, often bored, or as particularly rebellions against school or home; but even they are not convinced of his popularity.

Indeed, for the majority of users, as well as for virtually all non-users, drug use amongst young people is something they worry about - and they presumably conceptualize the current debate and concern as being about another, more drug-dependent, group than they. If they themselves had a child who was using drugs then they would disapprove of this and most probably attempt to stop him: and they would be almost as strongly against their child using alcohol or cigarettes as they would his using other drugs. Most schoolchildren wish to use the force of law against drugs - a feeling which was, not surprisingly, stronger among non-users than users (but even here, seventy percent of users in Selangor and forty percent of users in Penang believed that ganja should be unlawful for all). There was a small but consistent dissenting minority amongst users and non-users in both states, who felt that ganja should not be unlawful for anyone.

Although the sample were strongly in favour of legal sanctions against drug use they themselves felt that they would not be interested to try ganja even if it were legal; an opinion almost unanimous amongst non users, still strongly expressed among younger users, and held by just over half of the older users.

One of the major concerns that has been expressed publicly has been whether providing children with information about drugs during the course of the nationwide debate on drugs in the media, in schools and so on, may itself lead to greater interest on their part; and that the end result of such campaigns and discussion may be greater experimentation with drugs. Hence it was of interest to ask the present group of schoolchildren about the sources of their information about drugs, to find out what aspects of such information most interested them, and to ascertain the effect they feel such information has had upon them.

The importance of the media in the transmission of information is clear: it is the preponderant source for all non-users, and is also the major source for younger users. The non-users' isolation from direct contact with the drug scene is again emphasized here - only about one in ten of them consider their friends an important source: here, the striking contrast is with the older drug users, for fifty percent of whom people of their own age, friends, brothers, sisters, are the major source, with the media being placed this high by less than a quarter.

Nearly four in ten of the non-users, when asked what kind of information about drugs most interested them, replied that no aspects were of interest; for those who did express interest, as for the majority of users, psychological effects of drugs were cited most often, with physical effects also frequently mentioned. Very few individuals professed themselves interested in counselling, legal aspects or any other kind of information.

The concern felt by public educators, that their campaigns might unwittingly be increasing drug use, would appear to be largely unfounded: only two percent of schoolchildren confessed that they had been made more interested in trying drugs by the information they had received. One in ten of the drug user subsample, however, did think that information given had increased their interest in trying drugs. A public educator should balance this against the much larger proportion of individuals (drug users as well as non-users) who stated that the effect had been to make them afraid of trying drugs; and the appreciable numbers for whom the information had created fear in them, or lessened their interest; or simply left them unaffected. If these individuals' responses are to be believed, than the overwhelming effect of information received from all sources has been to create a negative and offputting picture of drugs and drug taking.

A final area of enquiry concerned the school, and its likely responses to drug taking. What would happen to a drug using pupil discovered in your school we asked, expecting that non-users might see the school as more likely to respond in a punitive fashion than would the users; and that this might contribute in its own way to the differences in their behaviour. And indeed, children who do use drugs are more ready to see the school as likely to make no response to a drug user than are those who do not use drugs. Amongst these non-users, some believe that the school might well turn the pupil over to the police or expell him. Generally, however, user and non-user would expect the school to take a helping rather than a punishing role, using counsellors, the hospitals and parents as its agents. This was what the overwhelming number of children believed should happen; only amongst the Penang drug users was there any substantial opinion that nothing should be done; and very few of the non-users felt that punitive action was the right course for a school to take. This also accorded with the predominant view that a doctor or psychiatrist and then their parents would be the people best able to help them if they had a problem with drugs - perhaps a pointer to who would for the present sample be a credible communicator in any information campaign. Users also tended to see friends and ex-drug users as relevant individuals (whereas the non-users did not) - so that, again, if a campaign were being directed specifically towards

known users, this might be useful to know. Most individuals believed that a school counsellor would be useful, and that their school did indeed have one (though non-users, who will seldom have tested this opinion, were more unanimous on this matter than were users).

F. Rural and Urban Differences

The study compared patterns of drug use in schools in four different areas of Selangor - city, urban, semi-urban and rural settings. There might be two contributory factors towards hypothesized rural-urban differences: variations in the pressures and influences leading to drug use; and variations in the sheer availability of the drug substances.

Very few of the predicted rural-urban differences were in fact found in the present sample - although it could well be that even the more rural areas of Selangor are still so city-influenced that such differences would not emerge until one contrasted urban with the rural areas found in other states.

All areas in Selangor showed approximately the same proportion of drug users among their schoolchildren; and what small fluctuations that occurred do not go beyond the level that would be expected by chance. Again, the popularly believed rural preferences for one set of drugs and urban preferences for another have little basis in fact, at least as far as the school age group is concerned. (Indeed, if rural-urban differences are indeed found among adult drug users, than this provides further evidence that the youth drug pattern should be seen as a new phenomenon). Age differences in drugs of preference, not rural-urban ones, seem to determine which drugs a particular user experiences.

The social-class background of users in each area closely resembles that of the non-users in the same area: if drug users in the cities include a higher proportion of children from professional homes, then this merely reflects the preponderance of such social classes in the city and urban areas.

Most interestingly of all, the pattern of drug use which emerged when drug use was tabulated against religious group in each area was that there was no consistent pattern: no group was consistently over- or under-represented in every area. The entirely patchy pattern which was shown in this analysis indicates that religious affiliation has little or no relationship with drug use. Rather, the analysis shows another kind of pattern: that of acquaintance networks; and the data found are precisely the kind one would expect if drug use followed friendship groupings (which themselves be based on local ethnic or religious groups).

G. A hard core of drug users?

Throughout the report, emphasis has been laid on the basic similarity between drug users and non-users on their background, attitudes, aspirations and beliefs. Surely, the reader must be saying, are there no important differences between the groups, or are there not at least a group within the drug users who conform more closely to the popular stereotype of the drug users? It will have been noted, in fact, that a minority of drug user responses on many questions lie outside the range of answers given by the non-user population: such that, for example, while most drug users, like virtually all non-users, are educationally ambitious, a minority of users do not care at all about their schooling.

Is there, then, a sub-group among the sample's drug users who consistently give such non-normative responses, which would add up to an "alternative philosophy" or a set of values which would set them apart from all their other contemporaries? The very brief answer - based on a careful analysis of who gave the non-conforming responses - in that no such consistent group exists within the school drug using population.

This concludes the summary of findings drawn from questionnaire responses of the large and representative sample of secondary school children in Penang and Selangor, from which a fairly clear picture has emerged on the extent and nature of drug taking; and differences between drug users and their contemporaries in social background, family relationships, school matters, self image, general attitudes, attitudes towards drugs, and reported reasons for using or avoiding drugs. A final chapter will briefly consider the implications of these findings.

CHAPTER SEVEN

Implications for Policy

In comparison to many countries of the world, Malaysia does not have a major epidemic of drug abuse amongst its school age population. Yet the findings of the present study also indicate that there are no grounds for complacency about the pattern which exists. It is possible to see a trend towards wider use of all drug substances; the development of attitudes by parents and others which may be unhelpful to the young who are at risk; a continuing lack of knowledge about drugs and their effects on the part of both educators and school children; and the uncertainty which schools and parents have about how to handle things when one of their children turns out to be using drugs. Each of these aspects of the current situation will tend, unless altered, to contribute towards a social problem which existing agencies appear to be unable to deal with.

Trends in the patterns of drug usage

Drug use, largely of an experimental nature, has been found in a larger segment of the secondary school population than has hitherto been suspected of involvement with drugs; and there is also evidence from the survey that experimentation with drugs is occurring at a somewhat earlier age than popularly assumed. In the absence of any previous school survey of a comparable nature in Malaysia, one should phrase statements about trends with extreme caution for it is possible that what we have been witnessing are fluctuations in fashion rather than a steady and continuing increase in drug abuse. Indeed, during discussions with some teachers who had themselves been students in the late 1960's, it was suggested to us that drug use had in fact been more common in those years than it is now: this is of course entirely impressionistic, but may yet cause one to reflect upon the role of fashion in determining youthful behaviour. Alternatively if this viewpoint was true, the increased incidence being reported of late may well be due to an increased awareness on our part. However, it is quite unlikely that those with a vested commercial interest in drugs will allow the youthful market to decline; and the statistics of the Central Narcotics Bureau on the manufacture and sale of illicit drugs show a continued rise in activity in this country. Hence, even if all the social and psychological factors which increase the individual's likelihood of using drugs were to remain the same, commercial market forces may be sufficient to produce a continued rise in the number of young individuals who will try these substances.

Curiosity about the drugs themselves and the influence of friends who already use drugs, rather than any basic personality inadequacy or deprived social circumstances have emerged as the major reasons why individuals first try drugs. Were it true that interest in drugs was confined to a deprived or inadequate sub-section of the population, then, although prevention would hardly be made easy, at least the groups "at risk" would be smaller and perhaps also be more easily identifiable. But this is not the case here: it is the perfectly average child - in background, aspirations, belief system and social relations - who is the standard drug experimenter. The most striking finding of the whole survey was precisely this normality - and it is this normality which makes the problem in some ways less manageable, because it is less identifiable.

The reader will recall that when schoolchildren in the survey were asked whether they had tried each of the named drug substance, there were, in addition to those who claimed using a particular drug, also a larger percentage who said that they had not tried any drug but would be interested in doing so. In view of the strong disapproval of drugs publicly expressed by the majority of school children, it is likely that this latter group may even have been larger than the figures indicate and that, especially where soft drugs were concerned, there was a fair degree of interest in their use. Most of these individuals will not satisfy their curiosity because it is held in check by a set of fears about immediate bodily consequences and social and legal repercussions and it is up to society to provide the curious teenager with reasoned and informed arguments to reinforce his initial emotional response of fear rather than unsubstantiated propaganda, which his peers can characterise as being typical of adult authority.

Attitudes towards drug taking in society

The responses of society to drug abuse are determined by how its individual members perceive the problems associated with such abuse. These perceptions and subsequent responses will also be influenced by prevailing attitudes and beliefs.

The problem of drug abuse has become of late one of the most publicised topics and a climate of opinion has been created which has turned the drug issue into one of national survival along with the major political issues of the day. Clearly drug abuse is seen as a threat to society as well as to the individual user. In such a climate of opinion, it is understandable if members of the public develop attitudes towards drugs and their use which are unequivocally condemnatory and which view drug taking in terms of its worst possible consequences.

It is important at this stage to re-iterate the present situation in Malaysia in relation to drug use amongst secondary schoolchildren. Using a very broad definition of drug user, viz any individual who has some experience of non-medical use of drugs, it was found that an overall 11.6% of the 16,166 schoolchildren in the sample were so classified. It must be emphasised that the majority of the sample were experimental users who used drugs infrequently or socially and hence were NOT DEPENDENT on these substances. Further, the majority within this subpopulation had experimented with one or two different drug substances only.

The sub group which poses serious concern are the minority group /consisting of about 2.5% of the sample/ who are regular drug users, and who have wide experience with different drug types. This population therefore comprises those poly-drug users who have invariably increased their drug consumption over the last year. Even on the case of this sub population it is incorrect to use the term "addicts". The terms "addict" and "addiction" have been used too loosely to refer to individuals and to the phenomenon where both physical and psychological dependence on drugs occurs.

The subpopulation described here includes individuals who are either physically or psychologically dependent on drugs. Those who are physically dependent on drugs (the true addicts) constitute a very small proportion, only about one percent (1%) of all drug users. This small group are drug users who will show withdrawal signs on cessation of drug use and require both detoxification and intensive psychotherapy.

In real numbers the study indicates that out of 16,166 secondary schoolchildren interviewed, approximately 162 were fully dependent of hard drugs and required treatment. A further 242 individuals were regular drug users who were psychologically dependent on the drug but who may not necessarily have shown signs of withdrawal on cessation of drug use.

Since the study was representative in design, the same analysis may be extended to the total secondary school children population in the states of Penang and Selangor; and this computed figure will give a fairly accurate picture of the real extent of the drug abuse problem in these states.

The discussion so far has only taken into consideration the nature of the drug, the frequency of use and to a smaller extent the number of different drugs used. Clearly another major consideration

which has been ignored so far is the consequences of multiple drug use. It must be stated at the beginning that while there is good documentation concerning the pharmacological interaction between the drug and the drug-taker and the interaction between the drug-taker and the environment, there is very little accurate literature on the consequences for an individual of multiple drug use. While it is established that the consumption of a tranquilliser-type drug together with a barbiturate hypotic compound will cause a more intense pharmacological effect, like increasing the period of hypnosis no such statement can be made for many other drug combinations. Further, during the earlier hospital study (A Medico-Social Study of Patients Volunteering for Treatment for Drug Dependence at General Hospital Penang. PROJECT REPORT NO. 6; Centre for Policy Research, Universiti Sains Malaysia), it was noted that whilst there existed a low incidence of previous psychological disturbances amongst drug dependents and their families, some cases were detected where drug dependents showed psychotic-type behaviour. These individuals whilst having no history of mental illness prior to drug use, were in all cases poly drug abusers and nearly in every instance were regular users of both heroin and cannabis. This observation needs further study but it is would be safe to state that there are numerous adverse reactions which are still unknown.

From the school study, it was noted that 11 out of every 20 who had ever used drugs had used more than one drug substance; and further 5 out of 20 were using, or had used, at least 4 or more different drug types. In real numbers this means that out of the 1866 who admitted that they had used drugs, 1032 had used more than one drug. Of this sub population, 469 pupils admitted to having used 4 or more different drug combinations.

Faced with this situation, the attitude of society towards drug taking is critical. Parents and others, aware of the potential dangers of drug abuse are likely to react with alarm at the prospect that a young person is likely to use drugs. Their response often only takes into account possible consequences: it disasterously ignores the motivation which leads to drug use.

It must be appreciated that the motivation which leads the 'normal' individual (leaving aside the small minority of drug users who may be using drugs as a psychological crutch) to use drugs to-day may be precisely the same motivation which has always led adolescents to choose some behaviour to mark out their identity. This understanding is essential in determining the approach to prevention activities.

Prevention

In considering various preventive approaches, one must bear in mind the communicable nature of drug-using behaviour. Initial interest in drugs and their various effects often appears to be communicated directly from user to non-user. Such interest may also be generated by poorly conceived or executed information and educational programmes. Once interest has been created in a drug, the potential drug user who has decided consciously or unconsciously to experiment usually places himself in a situation where he will have reasonably ready access to the drug, e.g. by frequenting known drug using areas or by joining the company of known users. In countries like Malaysia where drug use is not socially accepted, initiation tends to occur through contact with users who themselves are in a relatively early phase of their drug-taking careers. (See L.G. Hunt 1973).

Earlier, it was pointed out that from the study a trend towards multiple drug use by individuals was becoming evident. These multiple drug users may shift from one drug to another when the first or preferred drug is unavailable or difficult to obtain. Further a substantial number of them take different drugs in sequence or simultaneously in order to achieve the desired effect. This implies that effective control imposed on the availability of one drug, in the absence of comparable controls on others, may result in the increased use of another drug, which may have greater consequential effects.

The study has identified four sub-populations of users who can broadly be divided into two categories comprising (a) the experimental and social/occasional user; and (b) the regular user who is either psychological and/or physically dependent on drugs. The approach in developing control activities for the two groups is distinguishable into (i) Preventive (early) intervention and (ii) therapeutic intervention. However given the interrelationship between drug users and non-users, between those at highest risk and those at lesser risk, it would seem difficult to dissociate one from the other. It therefore appears more appropriate to consider the control programme as a continuous process and that the intensity, and modalities applied would vary according to the degree of drug use.

Preventive (Early) Intervention

Since the availability of dependence producing drugs is a necessary precondition for their use and hence for the development of problems associated with their use, controls intended to prohibit or otherwise limit the availability of these drugs must be the most widely utilised preventive approach. The existence of legal controls is

ineffective UNLESS such legal controls are effectively applied. Early and effective suppression of illicit drug traffic is important, because once it gains the support of the criminal subculture, it becomes a difficult problem to repress. To ensure concerted action there is need for co-operation at district, state, national, regional and international levels between all agencies directly involved in enforcement activities.

Amongst the main approaches aimed at reducing demand, the role of education, in its widest sense, is paramount. Education is an essential element in prevention but it must include the education of all; the professionals involved, the actual and potential drug users, and the community in which drug use occurs. It is extremely important to present only accurate objective information about drug use and to avoid overemphasis or unsophisticated "SCARE" approach. Since the target group are the social and experimental drug users, both of whom, as the study has shown, have rather mixed feelings about drugs but have some acquaintance with their uses, it is important that anti-drug campaigns be in a position to verify the information which may be provided. To take an example, current public discussion of drugs makes little or no differentiation between hard and soft drugs in their effects, although as pointed out, there are important differences between particular drugs in bodily effects, in the degree to which they can become addictive, the dosage which can be lethal, and so on. Some current propaganda, indeed, serves to blur distinctions in the hope of scaring individuals away from all drug substances. While this "scare" approach may have some effect on the conservative non-user, it is not likely to be helpful in the case of the exposed non-user or the social/experimental user. In the development of educational/information programmes the W.H.O. Expert Committee on drug dependence note. "Education is a two-way process in which the facilitation of learning and maturation is more important than the acquisition of facts. It is a process not confined to the class room. It assumes that the individuals for whom the programme is designed will participate actively in the process of its implementation, evaluation, and any necessary modification. It aims at the enhancement of decision - making skills, the clarification of values and their translation into action and the development of coping skills. It is concerned with growth and development and tailors its activities to the developmental level, the social and cultural background, and the interest of participants. It does not ignore appropriate information: education cannot occur in a vacuum, and its substance is information. Drug education programmes seeking, through modification of interests and attitudes, to reduce the probability of drug-related problems developing in persons already involved in drug use, or at high risk of becoming

so involved, should avoid over concentrating on the biochemical and pharmacological properties of particular drugs. Instead, such programmes should deal with the personal needs and problems of participants as well as with socio-cultural and other environmental factors associated with problem-related drug use".

In Malaysia, such drug education/information programmes can be accommodated within existing programmes - within formal education or informally. Drug education, as formal education, can be undertaken through school curricula. It must be positive and innovative techniques should be utilised to develop positive attitudes and values. School and youth counselling services have an important role and every effort must be made to make them available widely. At the same time informal education, through community education programmes geared towards defined target groups such as parents, community leaders, youth leaders and other must be developed. Here as elsewhere is essential to inculcate a realistic attitude toward the drug user and the drug problem.

The study has shown that the major motives for experimenting with drugs were curiosity and the expression of adolescent rebellion. It is, as mentioned earlier, an expression of identity. The response of adult members of society often tends to be harsh and authoritarian. Such response may not always be effective and may even turn out to be counter-productive as some youths may have turned to drug taking simply as an expression of rebellion against authority. Rather than using an authoritarian approach which would tend to weaken the influence of the adult on the youthful drug user, it may be more prudent to respond to the individual by treating him as an adult who could be reasoned with rather than ordered. It must be emphasised that one is NOT requiring a relaxation of all social constraints, rather than intelligent application of them. Clearly, in some instance, there is and will be a need to apply severe methods to control certain populations of drug users who manifest their activities in a destructive manner. What is being advocated is a stern, but understanding approach in dealing with the drug user. It is important to distinguish the individual's motive for drug use, and his attitude before taking any decisive action.

HANDLING AND TREATMENT OF THE DRUG USER AT THE HOME AND IN THE SCHOOL

The discussion in this chapter has so far centred on the dissemination of information about drugs to the non-users and to the social/experimental users. Brief attention has also been given to the approaches and attitudes which might be more effective in convincing the young who are curious about drug substances.

In this section, the handling of the dependent drug-user (i.e. both the functional drug user and the dysfunctional user)* is discussed. There will be instances when both parent and teachers are faced with a confessed dependent drug user. Here the approach is no longer one of prevention but of treatment; and often both parents and teachers are unable to react to this situation.

In the questionnaire, we asked how individuals thought their school should, and then would, respond if someone were found using drugs; we also put the respondents into the role of parents, and asked them how they would respond to a child of theirs who was using drugs. With a small group taking a non - interventionist line, the majority felt that the appropriate response to a drug user was to help rather than to punish: to offer counselling, hospital treatment or parental guidance. They also felt that schools should take a helping role, rather than resorting to expulsion or police action especially when other measures were available.

Posing the same questions now to ourselves: What should be done? What are the implications of each possible response to the discovery of (let us say) regular drug use by an individual close to us? If as parents, we respond by reacting punitively; or if, as we respond by expelling the child, what do these actions do for the individual?

Expulsion removes the potential source of trouble from the school, and is an attractive alternative as far as managing the institution is concerned. It however stigmatizes the central individual who is involved; it may throw him deeper into the kind of social situation which promotes drug use; and at the very least, isolates the individual from the familiar school environment, and disrupts or terminates his education. As a strategy of management of the drug user, this represents a poor choice, unless there was reason to believe that effective and adequate therapeutic facilities were available. The latter is currently lacking in Malaysia.

Further before committing a regular user to treatment, it is extremely important to determine whether he is a functional user or a dysfunctional user. If the user is a functional user and has not reached a level at which clinical treatment is required, but remains a

NOTE: * A functional drug user is a person, who whilst taking drugs, can continue to work and continue to shoulder his responsibilities.

A dysfunctional drug user is a person, whose drug taking habit interferes with his physical and/or social functioning as well as family and occupational responsibilities.

regular user, then it would seem that counselling and guidance within the individual's accustomed environment has the greatest chances of solving his problems and hence managing his drug use. This avoids disruptive breaks and the possible stigmatisation of the individual which removal from school would have. In contrast, a dysfunctional user (the addict) needs clinical treatment and intensive psychotherapy, and in this case may merit removal to an educational therapeutic Centre.

Similarly a parent who is able to achieve the difficult task of (re)gaining his adolescent's respect, and retaining him in the family, will have a better chance of success than the parent who reacts by rejecting or pitying or denouncing the child as unworthy to be a member of the family. Where deep-seated problems seem to underly the adolescents use of drugs, expert advice should be obtained.

To summarise: The unrestrained use of drugs in our society may indeed pose a threat to the fabric of society. We have not however reached a stage where one could say that drug use had already spread out of hand. It is clear that the treatment facilities available are totally inadequate and the most damaging way society - parents, teachers, policy makers and others - could respond would be to see the issue simply as one of many social menaces, without realising the basically unremarkable and entirely normal human motivations which have led part of the present adolescent generation to use drugs in expressing their identity. Rather than generalising about drug users, distinguish them into the various subgroups; treat the curious and experimenting adolescent as reasonable individuals who can be educated; treat the regular dependent users in the way which will be most helpful to them rather than alienating them by the process of stigmatisation; be honest in using the process of influence one has; above all realise that the menace to society lies in the manufacture, traffickers and pushers of drugs, high-placed and local, rather than in their commercial victims; then perhaps the problem may become managable.

SELECTED BIBLIOGRAPHY

The literature on drugs and their abuse is extensive, with specialist scientific journals devoted to the topic from medical, pharmacological, public health, psychiatric, sociological, psychological and legal aspects; many books, research monographs and conference proceedings present further original data; and there exist many secondary sources which review the literature for various audiences: fellow scientists, health educators, legislators, and the concerned public. The research reviewed in the opening chapters of the present monograph was necessarily only a very small segment of total literature; references to particular studies discussed are given within the text, and will not be repeated here. Rather, a select list of titles is given which, it is hoped may prove useful to a reader wishing to take any aspect of the subject further.

a. Malaysia

"Survey of the Drug Scene in the State of Penang"; written and published by the Society for Contemporary Affairs, Penang, 1973. This provides a preliminary report on drug addiction in Penang, drawing its evidence from the prison, hospital and schools; and has an excellent chapter on research methodology. Although its scope was necessarily limited, the Survey provides valuable data for the period up till 1970. (Available via Universiti Sains Malaysia Library).

Drug Abuse Research Project Papers, Centre for Policy Research, Universiti Sains Malaysia, 1976 -continuing. Publications of the studies which the project has undertaken in Malaysia in addition to the present report on schools: an ongoing series, which will cover the social background of voluntary patients seeking drug treatment in hospital; and of individuals coming before the courts on drug offences, and those imprisoned for such offences; sociological and psychological studies of known addict populations; an anthropological study of a drug-using social group; and a rural area follow-up study to the present schools survey. Studies are also under way of the trends in officially-gathered statistics on drug abuse; and on the rehabilitation of addicts.

Eight working papers presented at the National Drug Abuse Seminar, 1975, available through the Ministry of Law, Kuala Lumpur; covering sociological pharmacological, legal, educational, rehabilitation and social welfare aspects of drug abuse in Malaysia.

K.SINGER, The Choice of intoxicant among the Chinese, British Journal of Addiction 1974 69 257-268. Relevant for purposes of comparison, Singer's study was conducted in Hong Kong, and combines cultural sensitivity with psychiatric professionalism.

b. The Social and Psychological aspects of drug use

W.H. McGLOTHIN: Drug Use and Abuse, Annual Review of Psychology, 1975 26 45-64

An up to date and incisive review of the current literature, which builds upon earlier reviews (e.g. Psychological Bulletin, 1973, 79, 92-106). McGlothlin sets a high standard for research into drugs, and characterizes many of the existing surveys as being too small and unrepresentative. Among some of the best of the individual studies are:

R.S.P. WEINER, Drugs and School Children, London, Longman, 1970

R.H. BLUM, Students and Drugs, San Francisco, Jossey-Bass, 1969

E.GOODER, The Marijuana Smokers, New York, Basic Books, 1970

D. KANDEL, Adolescent marijuana use: the role of parents and peers, Science 1973 181 1067-1070.

c. Drugs and social policy

Drug Use in America: Problem in Perspective: The National Commission on Marijuana and Drug Abuse, Washington, 1973

/Canadian/ Commission of Inquiry into the non-medical use of drugs. Final Report, Toronto, 1973. (N.B. the interim report of the commission is readily available as a paperback, published by Penguin, Harmondsworth, 1971, under the title of Non-Medical Use of Drugs)

I. CHEIN et al. The Road to H: Narcotics, delinquency and social policy, New York: Basic Books, 1964

W.H. McGLOTHIN (editor) Chemical comforts of Man: the future, Journal of Social Issues 1971 27 Part 3 (whole issue)

Report by the Advisory Committee on Drug Dependence: Cannabis, London, H.M.S.O. 1968 (The Wootton Report)

Although each one of the above reports reflects the cultural setting in which they were written, many of the problems faced are similar to those now being experienced by policy makers in Malaysia; and some of the proposals they set forward may inconsequence be of relevance to this country.

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A. Siri Monograf/Monograph Series

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