

# ATTITUDES ABOUT DRUGS AND THE DRUG USE OF INDIAN YOUTH

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*Abstract: Alcohol, marijuana, and inhalants are the easiest drugs to obtain, but all drugs are available to some students. Younger students felt that inhalants were easier to get than marijuana. Availability does not have a major effect on use; if there is motivation to use, drugs are available. Perceived harm is linked to use, and 8th-grade reservation youth show the lowest belief that drugs are harmful; only 51% believe that using marijuana regularly will lead to "a lot" of harm. In general, non-Indian youth show higher rates of perceived harm, congruent with their lower rates of drug use.*

Prevention efforts have tended to take one of three approaches: (1) law enforcement has been aimed primarily at reducing drug availability, (2) educational efforts have been aimed at making youth see drugs as dangerous, and (3) developmental approaches have tried to make young people resistant to using drugs by improving their personal adjustment and by giving them skills to refuse drug use and, in addition, to reduce intent to use drugs. There are three attitudes that grow out of these approaches and that can be viewed as relevant to drug use of Indian youth: perceived availability of drugs, perceived harm from using drugs, and intent to use drugs.

## Perceived Availability of Drugs

A question was asked on the survey as to how hard it would be for students to obtain each of the different types of drugs. Table 4-1 shows the percent of students who felt that it was either "fairly easy" or "very easy" to obtain a particular drug. As might be expected, the older students in all three groups felt that drugs were easier to obtain. The older youth are able to move around more, to get transportation into the city, and even have more money with which to buy drugs.

Table 4-1  
Perceived Availability of Drugs Among 8th and 12th Graders: Percent Marking Either "Fairly Easy" or "Very Easy" to Get Each Drug

	8th Grade			12th Grade		
	RI %	NRI %	Ang %	RI %	NRI %	Ang %
Alcohol	65	81	80	90	94	96
Marijuana	47	53	40	76	80	76
Stimulants	18	39	31	29	59	56
Hallucinogens	13	21	16	16	33	30
Cocaine	17	30	24	27	47	43
Downers	20	40	33	27	55	51
Inhalants	58	70	69	66	79	79
Tranquilizers	17	33	30	20	45	46
PCP	15	26	19	15	30	27
Heroin	16	27	20	13	31	26
Narcotics other than heroin	16	31	24	19	41	36

Some substances were viewed as generally easier to get than others. Alcohol, of course, leads the list, followed closely by marijuana and inhalants. Most of the older students felt that they could get these substances without difficulty. Most younger students felt that they could get alcohol, but the next easiest substance for younger to obtain people was inhalants, which were easier to obtain than marijuana. The other drugs were harder to obtain, but it is clear that every drug is available to a significant section of these youth. If one wants to take a drug, he or she can get it.

It has already been noted earlier in this volume that reservation Indian youth show lower rates of alcohol use but higher rates for getting drunk, a pattern attributed to the physical isolation of many reservations that makes it necessary to go to considerable effort to get alcohol. Although alcohol is perceived as not hard to get, Table 4-1 shows that reservation youth do find it somewhat more difficult to obtain than do non-reservation youth. But the only behavior reduced by this lower availability is the frequency with which alcohol is used. The dangerous patterns of alcohol use that occur when youth get drunk are found more frequently among reservation youth.

Other drugs are also slightly harder to obtain on the reservation. But the rate of use of these other drugs by reservation youth is just as high as or higher than the rate of use by city youth, illustrating a major point about drug availability: although it can influence drug use, it is not the major factor in determining whether drugs will be used. Johnston, O'Malley, and Bachman (1988) have shown that, as drug use has

changed over the years, availability of drugs has not changed to the same extent or in the same direction. The data generally show that where there is motivation to use drugs, youth will somehow gain access to those drugs.

### Perceived Harm From Drug Use

Although perceived availability of drugs is not particularly related to drug use, Johnston, O'Malley, and Bachman (1988) have convincingly shown that perceptions about the harmfulness of drugs are closely related to the levels of use in populations of students. These researchers have found that since 1981 drugs have been perceived as more and more harmful, and correspondingly the rates of use have gone down.

Table 4-2 shows the percent of students who believe that using a drug once or twice will lead to a lot of harm, and Table 4-3 shows the percent who believe that using a drug regularly will lead to a lot of harm. Note first that all students do discriminate between the harm that can result from different drugs. For instance, very few students believe that use of alcohol once or twice is harmful but the percentage is substantially higher with respect to other drugs. A much larger number of youth believe that regular use of drugs is harmful. Almost one-half of the students surveyed believe that taking cocaine even once or twice is harmful.

There are some interesting findings about individual drugs. Students in all three groups and at both grade levels believe that getting drunk regularly is more harmful than regular use of marijuana — a perception that may be related to the visible consequences of alcoholism on “skid row.” The consequences of long-term regular marijuana use may be observed only rarely and may not be as apparent as the “drunk tank.” Second, reservation 8th graders rate the harm from regular use of inhalants substantially below that of getting drunk regularly. To some extent, this perception may be true at the low levels that younger children use inhalants, but the danger to chronic inhalant users is much higher than reservation 8th graders perceive it. This low level of perceived harm may account in part for the longstanding problem of inhalant use among younger Indian students.

The most revealing finding in Tables 4-2 and 4-3 relates to the consistently lower rating of harm from drugs by reservation 8th graders when compared to the ratings by both the other 8th graders and the reservation Indian seniors. This perception is still evident at the 12th-grade level, but the differences are not as large. These younger Indian students do not appreciate the dangers associated with drug use to the extent that other students do.

**Table 4-2**  
**Percent of Students Who Believe That Using a Substance Once or Twice Will Lead to "A lot" of Harm**

	8th Graders			12th Graders		
	RI %	NRI %	Ang %	RI %	NRI %	Ang %
Use alcohol	7	7	4	3	2	2
Get drunk	16	22	21	14	11	10
Marijuana	22	28	30	17	12	17
LSD	49	55	56	55	57	55
"Sniff" inhalants	32	39	37	48	43	35
Stimulants	39	39	39	41	32	31
Cocaine	42	49	50	49	49	49
PCP	50	55	55	59	64	58

**Table 4-3**  
**Percent of Students Who Believe That Using a Substance Regularly Will Lead to "A lot" of Harm**

	8th Graders			12th Graders		
	RI %	NRI %	Ang %	RI %	NRI %	Ang %
Use alcohol	29	45	44	42	34	37
Get drunk	65	89	93	80	83	87
Marijuana	51	70	82	62	56	70
LSD	68	82	91	83	86	91
"Sniff" inhalants	38	73	77	60	75	80
Stimulants	65	73	81	71	67	78
Cocaine	70	83	91	82	84	93
PCP	69	84	92	85	89	93

### Intention to Use Drugs in the Future

Perceived harm is an attitude that relates to drug use. Another set of predictive attitudes is whether or not a young person believes that he or she will use drugs in the future. If a young person expresses a strong belief that he or she will not use drugs in the future, at least some level of protection is provided. Certainly this attitude can and does change over time, but while it is in place drug use is unlikely. The converse also holds: a young person who fully expects that he or she will use drugs at some future point will likely do so when the opportunity presents itself.

Table 4-4  
8th-Graders' Intentions Regarding Drug Use

	RI %	NRI %	Ang %
Never used drugs and never will	47	67	81
Never used drugs, but may in the future	10	5	4
Used drugs, but do not plan to use them again	24	16	9
Used drugs and probably will use them again	19	12	6

Beliefs about future drug use are reported in Table 4-4. The results are remarkable and go a long way toward explaining the exceptionally high rates of drug use found among Indian youth. Nearly one-third of reservation Indian 8th graders anticipate that they will use drugs in the future compared to 17% of non-reservation Indian 8th graders and only 10% of Anglo 8th graders. From another point of view, the data show 81% of Anglo youth saying they never used drugs and never will; less than one-half of reservation children can make the same statement.

Most younger children tend to say what they think is the "right" thing to say. Among Anglo 8th graders the "right" response is, "I will not use." But one of three reservation children says, "I will use drugs," suggesting that drug use is tolerated and accepted and that all too many of these Indian children do not believe that it is the wrong thing to do.

Whatever the reason, young Indian children are developing accepting attitudes about drugs. The messages that drugs are harmful and that they should not want to use them are not getting through. There is an immediate need for more intensive drug education among young Indian children and particularly among young reservation Indian children. Changing attitudes will not by itself resolve the problems of Indian youth, but it is absolutely essential. Without a fundamental change in attitudes about drugs, it is not likely that other interventions will succeed.

#### Reference

- Johnston, L., O'Malley, P., & Bachman, J. (1988). *Illicit drug use, smoking, and drinking by America's high school students, college students and young adults: 1975-1987*. Rockville, MD: National Institute on Drug Abuse. (DHHS Publication No. ADM89-1602)