

“Crack is Wack”: Race, Class, and National Attitudes Towards Drug Addiction

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Introduction:

Every nation or society appears to have its own way of dealing with drug addiction among its constituents. Some societies emphasize public health approaches like rehabilitation or treatment programs as the proper way to deal with drug addiction. Whereas, various states like the Filipino and American governments believe that punitive law enforcement is the most appropriate way to deal with this issue. In the U.S., the War on Drugs is a sociological phenomenon that has spanned a number of presidential administrations and stratified numerous communities. For my quantitative research project, I am interested in looking at American attitudes about the war on drugs, by gauging American respondents' beliefs on national spending on drug addiction. These responses will come from the General Social Survey (GSS). For the most part, this paper will focus on general drug use. However, crack and cocaine were of great focus in the war on drugs. I am aware and acknowledge that “drug addiction” and “drug/substance abuse” are distinct concepts with similar or overlapping meanings. However, for the purposes of this paper, I will use these terms interchangeably. Additionally, it's important to explore the public discourse surrounding substance abuse and how the discourse is being framed, in order to gain a better understanding of the attitudes that the public holds and where those attitudes may potentially have stemmed from.

Literature Review:

Americans do have views and attitudes towards national spending on drug addiction that tend to be in the realm of major public concerns. How were public concerns formed? It was not a case of just looking around at one's neighborhood or reading statistics on substance use. Instead, according to the literature, politicians and the media have been key players in framing the discourse surrounding drug addiction which has in turn influenced public concern on the "war on drugs" (Beckett 1994; McGinty et al. 2015). Think of the famous PSA ad "This is Your Brain on Drugs", where a man is shown cracking an egg on a frying pan to illustrate what one's brain looks like under the influence of an illicit substance as a way to warn Americans about the effects of substance abuse. The media gave the campaign a platform to speak about the war on drugs and it gave legitimacy to this "war". Think about it this way, news media outlets gravitate towards issues over other topics. By prioritizing or spending a lot of time discussing substance abuse in the context of the criminal justice system, the media is highlighting the importance of the issue at hand, which in turn influences the way that the public thinks about drug addiction (McGinty et al. 2015). In similar terms, the media is influential in setting public agenda, and the war on drugs is a high priority on this public agenda.

To understand the war on drugs is to understand the historic context of the racialization of crime. In American society, crime and deviancy have always been associated with blackness. To be black was to be the other, i.e. deviant. During the civil rights movement, blacks were seen as deviant, unruly, subversive, and disruptive for resisting against Jim Crow segregation laws. As a response to protests, "Law and Order" rhetoric, that was utilized by politicians like Barry

Goldwater and President Nixon, became a popular and convenient way to oppose resistance from blacks (Beckett 1994). Goldwater had argued that blacks were destroying their neighborhoods and leaving streets in chaos due to the protests that they were holding. He had viewed the political protests as being conflated with ordinary or street crime and had advocated for bringing back law and order to “lawless and chaotic” ghettos (Beckett 1994). Administrations like the Reagan Administration continued the tradition of law and order discourse and added that street crime was a result of a decline in moral standards (and exacerbated by the development of the welfare state) (Beckett 1994; Nielsen, Bonn, and Wilson 2010; Benoit 2003). Morals tend to be viewed as personal beliefs of what is right or wrong. Thus, this idea of “declining moral standards” is discussed in such a way that assumes that people are individually deciding to make poor decisions about their life, like doing drugs, instead of being influenced by micro or macro social forces that drive decision-making (Nielsen et al. 2010; Barry et al. 2016; Lindesmith 1959; Benoit 2003). This is important to highlight because a sense of moral decline is directly linked to attitudes on drug addiction, and whether or not one feels sympathetic towards this issue (Nielsen et al. 2010; Barry et al. 2014).

Furthermore, sympathy and support for national spending on drug addiction may be withheld by respondents because they believe that individuals who abuse drugs are undeserving of receiving aid. Instead, conservative respondents (who tend to be white) believe that because drug abuse is an illegal activity where laws are being broken, drug abusers are then criminals who deserve to be punished (Timberlake et al. 2001; Barry et al. 2001; McGinty et al. 2015; Lindesmith 1959). Bringing this back to the GSS questionnaire, perhaps if spending on drug addiction is framed (in a respondent’s mind) as welfare that is targeting blacks, maybe respondents would feel less sympathetic and less inclined to allow their tax dollars to go to these

type of programs. Especially because the literature has shown that whites (and other traditionally conservative groups like men and protestants) are much less likely to support welfare programs because the term “welfare” has been racialized with blacks in mind (Timberlake et al. 2001). Approaching this intersectionally and theoretically, a white male protestant would be the most opposed to or least supportive of spending on drug addiction, especially on rehabilitation or treatment programs (Timberlake et al. 2001). Thus, a program that is known to help disadvantaged blacks might be less supported by white respondents.

On the other hand, white respondents differ in support of spending on drug addiction based on their political persuasion. If they explained race differences in socioeconomic standing as a result of structural factors like lack of educational opportunities and discrimination (which are typically liberal views), then they were more likely to believe that “too little” is being spent on rehabilitation programs (Timberlake et al. 2001; Barry et al. 2014). Living in an urban neighborhood also made respondents believe that “too little” is being spent on rehabilitation, which probably reflects the social reality of urban dwellers: they live in closer proximity and are more likely to be exposed to substance abuse than other demographics (Timberlake et al. 2001).

Drug use and addiction are not new issues or concepts. People have been doing drugs since at least biblical times. And throughout history, the rate of drug addiction has fluctuated from sharp increases to steady decline. In recent memory, general drug use had its “heyday” or reached its peak in 1979 and had steadily declined since then (Beckett 1994). Research in 1979 and 1980 has shown that despite drug use being at a record high at the time, there was minimal public concern about the epidemic (Beckett 1994). It wasn’t until the late 1980s (when general drug use was in decline) that President Bush Sr. had declared drug addiction as the nation’s most

important issue (Beckett 1994). Under the Reagan and Bush administrations, drug abuse was more clearly framed in a criminal, rather than public health or social context and the primary solution to this issue was law enforcement rather than drug treatment, job creation, or educational opportunities (Beckett 1994; Timberlake et al. 2001; McGinty et al. 2015; Benoit 2003).

The framing of drug addiction as criminal, helped to trigger the public's concern of security and safety. In turn, the public began to support more law enforcement efforts, more punitive sentences, and less civil rights for alleged drug offenders (Beckett 1994; Timberlake et al. 2001; Benoit 2003). How could a decline in drug use lead to more public concern about a drug epidemic? (Beckett 1994; McGinty et al. 2015) suggest that it is the reported severity of drug abuse (of crack and cocaine in particular) rather than the reported incidence of drug abuse that has helped frame drug addiction as the most pressing issue that is affecting the U.S. as a nation. Adding on to the reported severity of drug abuse, drug use became racialized as well. It was difficult for law enforcement and the public to divorce drug use from minority communities, and as such, the drug problem became a black and Latino problem (Nielsen et al. 2010). Crack (the diluted and less powerful version of cocaine) quickly became associated with black and Latino communities because it was cheaper to obtain than powder cocaine and because blacks were more likely to participate in open-air crack markets (Nielsen et al. 2010). Although crack is less powerful than cocaine, due to its association with the black community (a group that has been historically criminalized), crack has a higher sentencing/mandatory minimum sentence in court than powder cocaine (which has been associated with white Americans) (Nielsen et al. 2010; Benoit 2003). Despite crack being heavily associated with the black community and black people being more likely to be apprehended for possessing crack, white people are actually more

likely to smoke crack than any other demographic (Substance Abuse and Mental Health Services Administration 186: 2015). Seeing as drug use has been criminalized and consequently racialized by politicians and the media, the reporting of drug abuse has become more severe which has helped to define it as the nation's most pressing issue and an issue that is salient to the public agenda (Beckett 1994; Nielsen et al. 2010; Barry et al. 2016; Benoit 2003).

As drug addiction emerged as the nation's most urgent issue in the 1980s, federal expenditures on drug control have skyrocketed since then. Between 1981 to 1998, the federal budget for drug control increased by over 600 percent (Timberlake et al. 2001). Although spending on drug addiction is like an umbrella concept that encompasses different programs, I specifically mention the concept of "drug control" because national funding targeted criminal justice and law enforcement programs rather than rehabilitation, treatment, or prevention initiatives. In fact, while funding for law enforcement substance abuse programs had increased dramatically, the budget for substance abuse treatment programs had declined from 31 percent to 18 percent between 1981 and 1998 (Timberlake et al. 2001; Benoit 2003). It is important to note that public health solutions to drug addiction were rarely covered by news media outlets. In fact, substance abuse treatment programs were only discussed in 3% of news stories on substance abuse from 1998 to 2012 (McGinty et al. 2015). Research has also shown that the general American public supported and favored criminal justice initiatives over drug rehabilitation programs (Timberlake et al. 2001; McGinty et al. 2015). However, various demographics of Americans have disagreed on the best way that the nation should approach drug addiction. Liberals and Democrats were significantly more likely to support treatment and rehabilitation programs than conservatives and Republicans (Timberlake et al. 2014; Barry et al. 2016).

This also reflects a limitation in the General Social Survey's questionnaire on national drug spending. The wording of the questionnaire is vague and doesn't define or specify what is meant by "national spending on drug addiction". What policies and spending could the creators of the questionnaire be referring to? Lack of clarity could result in people answering the question based on their own interpretation instead of from a clear-cut understanding of what the question was asking. For some respondents, they might imagine that spending on drug addiction refers to drug treatment and rehabilitation. For other respondents, they might envision that spending would refer to criminal justice policies. The way that they imagine the concept of "spending on drug addiction" will ultimately alter the type of responses that they give, especially if they have strong views about the best methods to combat drug addiction. This appears to be a limitation in terms of construct validity--meaning that the creator of the questionnaire didn't do an adequate job of operationalizing or explaining what is meant by national spending on drug addiction (Bryman (2012: 159)). I did discover that the GSS does have a variable that measured attitudes on national spending towards drug treatment efforts. However, the hypothetical spending on drug treatments would have been targeted towards children and youth (a demographic that is considered to be naive and impressionable). Thus, I suspect that many respondents would have responded differently if drug treatments would benefit youth vs. if they would benefit adults.

Despite these limitations, I propose three hypotheses based on my literature review, with national spending on drug addiction being my dependent variable, and class and race working as my independent variables. Admittedly, I didn't find much literature on social class and attitudes towards drug addiction, but I hope that my research can help to fill some gaps in literature. In addition, looking at political or ideological affiliations in relation to attitudes toward spending on drug addiction--while interesting--are outside the scope of my research. Thus, I hypothesize

(H1): if a respondent belongs to the upper class, then they will be more likely to believe that the nation is spending too much on drug addiction. (H2): If a respondent is white, then they will be more likely to believe that the nation is spending too much on drug addiction. (H3): If a respondent is white and belongs to the upper class, then they will be more likely to believe that the nation is spending too much on drug addiction.

Methods:

I will be obtaining independent and dependent variables and data from the GSS's 2010 data set. And in spite of my previous reservations with the drug spending questionnaire, I have the utmost confidence that the GSS is among a tradition of robust and high quality data sets where the sampling procedures are rigorous, and accordingly representative of the greater national population. The GSS in particular is a cross-sectional survey that attempts to capture the attitudes of Americans at a specific point in time. Their sample consists of randomly selected 18+ adults who speak English or Spanish. In order to maintain a nationally representative sample and keep survey costs down, the GSS subsamples non-respondents. Additionally, the GSS collects data by conducting structured in person interviews. The 2010 sample for national spending on drug addiction is 2,044. Overall, the samples used in the GSS are generalizable to a larger population and as a result, the GSS is strong in external validity. Moreover, the GSS conducts ethical research by providing informed consent to respondents, where the interviewers detail to them that their participation in the research is completely voluntary and they can stop the interview at any time. The respondents are informed that their information will remain confidential and will eventually be destroyed in order to further protect their identities.

In terms of how the variables were measured, the GSS developed them in such a way that allows for them to be quantified. In fact, the questionnaire responses are distinct rather than open-ended or descriptive, which means that basic or sophisticated analyses can be conducted on variables and then transformed into useful statistics. For instance, in terms of my dependent variable, respondents were asked about their attitudes towards dealing with drug addiction and in particular, whether the nation was spending 1. Too Little, 2. About the Right Amount, or 3. Too Much on drug addiction. In terms of my independent variable of class, respondents had the choice of responding that they belonged to 1. Lower Class, 2. Working Class, 3. Middle Class, 4. Upper Class. Finally, in terms of race, respondents either chose to identify as, 1. White, 2. Black, 3. Other. I will be conducting a secondary data analysis on my independent and dependent variables by running bivariate and multivariate crosstabs, testing for measures of association, and finally running a chi-square test to test for statistical significance. By conducting this secondary analysis, I will be able to quantify my variables and test my hypotheses.

Results:

In terms of univariate findings, Figure 1 displays that more than half of respondents (55.74%) believed that the nation was spending “too little” towards drug addiction. While a third of respondents (33.50%) believed that the nation was spending “about the right amount” towards drug addiction. In addition, a minority of respondents (10.76%) believed that the nation was spending “too much” on drug addiction. As seen in Figure 2, about half of the upper class respondents (51.5%) believed that the nation was spending “about the right amount” towards

drug addiction. Another sizeable portion of upper class respondents (36.4%) believed that the nation was spending “too little” on drug addiction. A little bit more than one tenth of upper class respondents (12.1%) believed that the nation was spending “too much” on drug addiction. Knowing a respondent’s class allows us to predict a respondent’s attitudes towards national spending on drug addiction 15% more accurately. As shown in Figure 3, the direction of association is positive and the strength of association is moderate between class and attitudes because the gamma value of .150 falls between .10 to .29.

As illustrated in Figure 4, the majority of white respondents (53.3%) believed that the nation was spending “too little” on drug addiction. 34.9% of white respondents believed that the nation was spending “about the right amount” towards drug addiction. A small percentage of white respondents (11.8%) believed that the nation was spending “too much” on drug addiction. Knowing a respondent’s race allows us to predict a respondent’s views on national spending on drug addiction 16.7% more accurately. Figure 5 shows that the direction of association is negative and the strength of association between race and attitudes towards spending on drug addiction is moderate because the gamma value of $-.167$ falls between .10 and .29. As Figure 6 exemplifies, less than half of upper class white respondents (39.1%) believed that the nation was spending “too little” on drug addiction. On the other hand, nearly half of upper class white respondents (47.8%) believed that the nation was spending “about the right amount” towards drug addiction. Finally, a small percentage of upper class white respondents (13%) believed that the nation was spending “too much” on drug addiction. Running a measure of association between three variables would’ve been impossible, thus that type of analysis will not be included between race, class, and attitudes on spending towards drug addiction. In terms of statistical significance, figure 7 illustrates that the relationship between our variables of class and attitudes

towards spending on drug addiction cannot be considered as statistically significant because the chi-square value of .073 is greater than the P-value of .05. Additionally, figure 8 demonstrates that the relationship between our variables of race and attitudes towards spending on drug addiction cannot be considered as statistically significant because the chi-square of .067 is greater than the P-value of .05. Therefore, we cannot generalize our findings to the population level.

Discussion:

After conducting and running analyses on my variables, it appears that there is a moderate association or relationship between class and views towards spending on drug addiction, as well as race and views, within the drug addiction questionnaire's sample. Quantitative social scientists are concerned with saying that their research results are generalizable to a larger population. However, I can't say with confidence that the moderate relationship that I found between my variables are representative of or generalizable to a larger population as my test of significance illustrated that the moderate relationships are not statistically significant. As a limitation, perhaps missing values in the GSS's variables might be responsible for a lack of statistical significance among the variables. Particularly, in the attitudes towards spending on drug addiction variable, there are more missing values than actual responses. As seen in figure 9, 1,030 respondents responded inapplicable. Perhaps, if those 1,030 responses had responded either "Too Little", "About the Right Amount", or "Too Much", then

the variables would have shown up as statistically significant. As a quick aside, I checked the other years in the GSS for the drug addiction variable to see how the inapplicable responses varied over time, and it turns out that, it wasn't until 1984 that inapplicable responses were high in the variable. From 1984 till present, the inapplicable responses remained quite high, with the 2006 questionnaire reporting 3026 inapplicable responses as a record high.

There could also be other potential intervening variables or factors that are mediating the relationship between race, class, and views on government spending towards drug addiction. It would've been interesting to explore how responses towards government spending on drug addiction could have been altered if respondents were drug addicts or had a relative/friend that was addicted to drugs. In addition, it would've also been interesting to see whether tv use or how much respondents watch the news could have changed my results. As in, if one constantly sees a reporting that X celebrity has overdosed on prescription pills or a reporting that X community is dealing with a heroin epidemic, then one may begin to believe that not enough government programs have been put in place to prevent substance abuse.

In terms of actual results, although upper class respondents and white respondents were technically more likely to believe that the nation was spending "too much" on drug addiction than other groups like lower class and black respondents, only a small minority of upper class and white respondents believed this. This makes sense because, generally speaking, respondents were more likely to believe that the nation was spending "too little", and any respondent that believed that the nation was spending "too much" was in the minority. In particular, more than half of white respondents and about a third of upper class respondents perceived that the nation was spending "too little" on drug addiction (which is the opposite response to "too much"). In

fact, figure 2 exemplifies that upper class respondents were about 25% more likely to believe that the nation was spending “too little” on drug addiction than “too much”. However, the majority of upper class respondents (51.5%) were pretty satisfied with the nation’s handling of drug addiction as they believed that that the government was spending “about the right amount”. The picture slightly changed when looking at upper class white respondents. Figure 6 illustrates that upper class white respondents were slightly less satisfied with the nation’s handling of drug addiction, and were instead slightly more likely to believe that the nation was spending “too little” on drug addiction than upper class respondents of any racial background. On the other hand, upper class white respondents (13.0%) were among some of the most likely demographics to believe that the nation was spending “too much” on drug addiction, only behind middle class white respondents (13.1%), upper class black respondents (16.7%), and lower class “other” respondents (25%).

Interestingly enough, there appears to a visible class difference for black respondents in terms of views on the nation’s handling of drug addiction, which isn’t quite as pronounced among white respondents. 0.0% of lower class black respondents believed that the nation was spending “too much” on drug addiction, compared to 16.7% of upper class black respondents. Additionally, there is a much smaller gap in beliefs across class for white respondents, as 10.4% of lower class white respondents compared to 13.0% of upper class white respondents believed that the nation was spending “too much” on drug addiction. I’m not sure what could potentially explain these differences across class and race, as there may be other intervening factors that I haven’t considered that are influencing these results. However, controlling for class and looking at discrepancies in attitudes held by respondents of different races could be explored in future research. Overall, the findings technically support each of my hypotheses and there appears to be

a moderate relationship between variables within this sample. Yet, the findings are only specific to this sample and cannot be generalized to a larger sample. Future research could potentially think about examining past attitudes on spending for drug addiction in order to see how attitudes may have changed over time, and what intervening factors (education, hours of news watched, political membership, etc.) could help to shift those changes.

References:

1. Nielsen, A. L., Bonn, S., & Wilson, G. (2010). Racial prejudice and spending on drug rehabilitation: The role of attitudes toward blacks and Latinos. *Race and social problems*, 2(3-4), 149-163.
2. Timberlake, J. M., Rasinski, K. A., & Lock, E. D. (2001). Effects of conservative sociopolitical attitudes on public support for drug rehabilitation spending. *Social Science Quarterly*, 82(1), 184-196.
3. Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatric Services*, 65(10), 1269-1272.
4. McGinty, E. E., Kennedy-Hendricks, A., Baller, J., Niederdeppe, J., Gollust, S., & Barry, C. L. (2015). Criminal Activity or Treatable Health Condition? News Media Framing of Opioid Analgesic Abuse in the United States, 1998–2012. *Psychiatric Services*.
5. Barry, C. L., Kennedy
Webster, D. W., & McGinty, E. E. (2016). Understanding Americans' views on opioid pain reliever abuse. *Addiction*, 111(1), 85-93. -Hendricks, A.
6. Lindesmith, A. R. (1959). Federal law and drug addiction. *Social Problems*, 7(1), 48-57.
7. Beckett, K. (1994). Setting the Public Agenda: "Street Crime" and Drug Use in American Politics. *Social Problems*, 41(3), 425-447.
8. Benoit, E. (2003, June). Not just a matter of criminal justice: States, institutions, and North American drug policy. In *Sociological Forum* (Vol. 18, No. 2, pp. 269-294)
9. RESULTS FROM THE 2014 NATIONAL SURVEY ON DRUG USE AND HEALTH: DETAILED TABLES PREVALENCE ESTIMATES, STANDARD ERRORS, P VALUES, AND SAMPLE SIZES [PDF]. (2015, September 10). Rockville, MD: Substance Abuse and Mental Health Services Administration

Appendices:

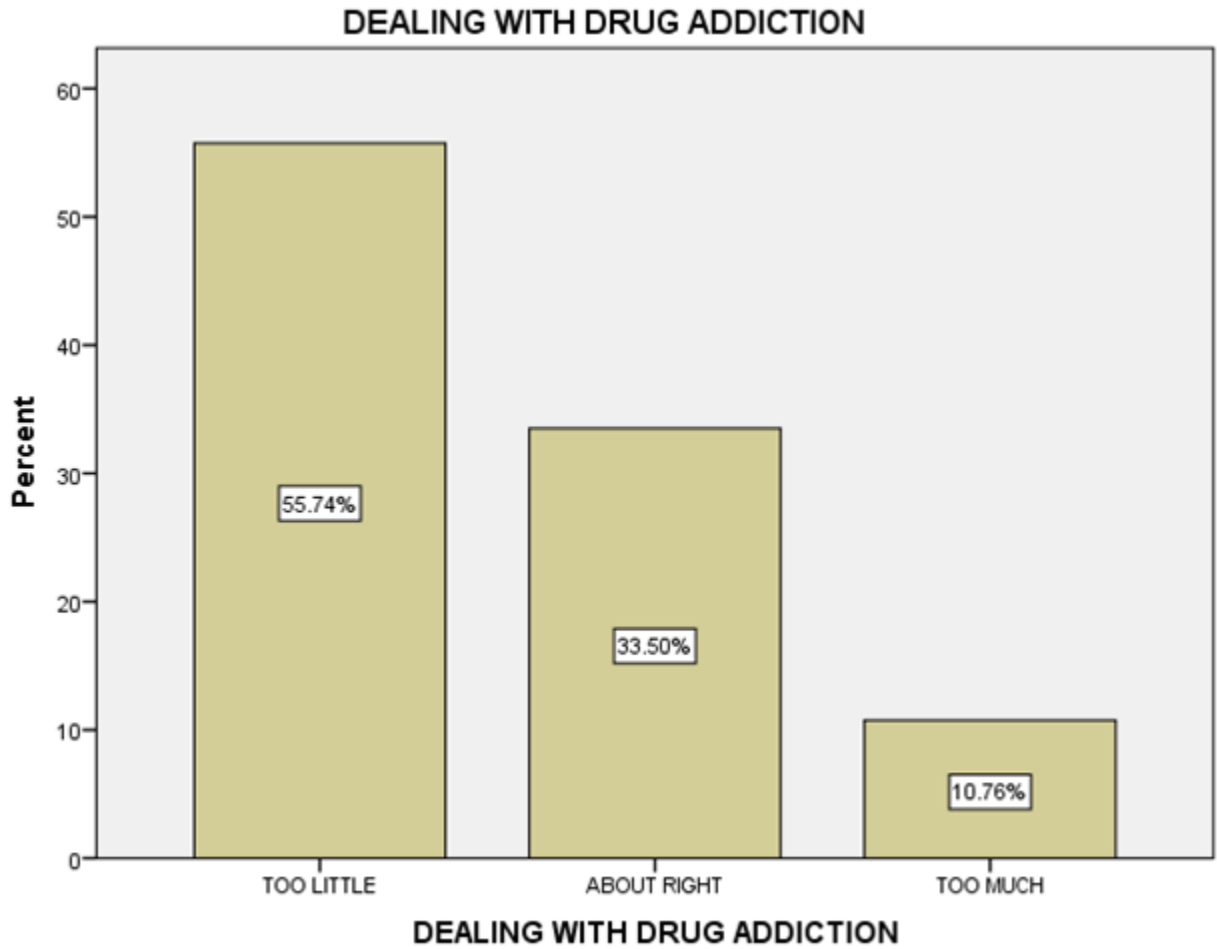


Figure 1

natdrug DEALING WITH DRUG ADDICTION * class SUBJECTIVE CLASS IDENTIFICATION Crosstabulation						
			class SUBJECTIVE CLASS IDENTIFICATION			
			1 LOWER CLASS	2 WORKING CLASS	3 MIDDLE CLASS	4 UPPER CLASS
		Count	51	260	216	12

natdrug DEALING WITH DRUG ADDICTION	1 TOO LITTLE	% within class SUBJECTIVE CLASS IDENTIFICATION	63.7%	58.7%	52.6%	36.4%
	2 ABOUT RIGHT	Count	23	141	144	17
		% within class SUBJECTIVE CLASS IDENTIFICATION	28.7%	31.8%	35.0%	51.5%
	3 TOO MUCH	Count	6	42	51	4
		% within class SUBJECTIVE CLASS IDENTIFICATION	7.5%	9.5%	12.4%	12.1%
	Total		Count	80	443	411
% within class SUBJECTIVE CLASS IDENTIFICATION			100.0%	100.0%	100.0%	100.0%

Figure 2

Symmetric Measures					
		Value	Asymptotic Standardized Error ^a	Approximate T ^b	Approximate Significance
Ordinal by Ordinal	Gamma	.150	.050	2.997	.003
N of Valid Cases		967			
a. Not assuming the null hypothesis.					
b. Using the asymptotic standard error assuming the null hypothesis.					

Figure 3

natdrug DEALING WITH DRUG ADDICTION * race RACE OF RESPONDENT Crosstabulation						
			race RACE OF RESPONDENT			Total
			1 WHITE	2 BLACK	3 OTHER	
natdrug DEALING WITH DRUG ADDICTION	1 TOO LITTLE	Count	384	99	61	544
		% within race RACE OF RESPONDENT	53.3%	61.9%	63.5%	55.7%
	2 ABOUT RIGHT	Count	251	51	25	327
		% within race RACE OF RESPONDENT	34.9%	31.9%	26.0%	33.5%
	3 TOO MUCH	Count	85	10	10	105
		% within race RACE OF RESPONDENT	11.8%	6.3%	10.4%	10.8%
Total		Count	720	160	96	976
		% within race RACE OF RESPONDENT	100.0%	100.0%	100.0%	100.0%

Figure 4

Symmetric Measures					
		Value	Asymptotic Standardized Error ^a	Approximate T ^b	Approximate Significance
Ordinal by Ordinal	Gamma	-.167	.063	-2.689	.007
N of Valid Cases		976			
a. Not assuming the null hypothesis.					
b. Using the asymptotic standard error assuming the null hypothesis.					

Figure 5

natdrug DEALING WITH DRUG ADDICTION * race RACE OF RESPONDENT * class SUBJECTIVE CLASS IDENTIFICATION Crosstabulation							
				race RACE OF RESPONDENT			Total
				1 WHITE	2 BLACK	3 OTHER	
class SUBJECTIVE CLASS IDENTIFICATION							
			Count	31	17	3	51

1 LOWER CLASS	natdrug DEALING WITH DRUG ADDICTION	1 TOO LITTLE	% within race RACE OF RESPONDENT	64.6%	60.7%	75.0%	63.7%
			Count	12	11	0	23
		2 ABOUT RIGHT	% within race RACE OF RESPONDENT	25.0%	39.3%	0.0%	28.7%
			Count	5	0	1	6
		3 TOO MUCH	% within race RACE OF RESPONDENT	10.4%	0.0%	25.0%	7.5%
	Count		48	28	4	80	
	Total	% within race RACE OF RESPONDENT	100.0%	100.0%	100.0%	100.0 %	
2 WORKING CLASS	natdrug DEALING WITH DRUG ADDICTION	1 TOO LITTLE	Count	176	53	31	260
			% within race RACE OF RESPONDENT	57.0%	63.9%	60.8%	58.7%
		2 ABOUT RIGHT	Count	102	24	15	141
			% within race RACE OF RESPONDENT	33.0%	28.9%	29.4%	31.8%
		3 TOO MUCH	Count	31	6	5	42
	% within race RACE OF RESPONDENT		10.0%	7.2%	9.8%	9.5%	
	Total	Count	309	83	51	443	
Total	% within race RACE OF RESPONDENT	100%	100.0%	100.0%	100.0 %		
3 MIDDLE CLASS	natdrug DEALING WITH DRUG ADDICTION	1 TOO LITTLE	Count	167	24	25	216
			% within race RACE OF RESPONDENT	49.6%	61.5%	71.4%	52.6%
		2 ABOUT RIGHT	Count	126	12	6	144
			% within race RACE OF RESPONDENT	37.4%	30.8%	17.1%	35.0%

		3 TOO MUCH	Count	44	3	4	51	
			% within race RACE OF RESPONDENT	13.1%	7.7%	11.4%	12.4%	
	Total		Count	337	39	35	411	
			% within race RACE OF RESPONDENT	100.0%	100.0%	100.0%	100.0%	
4 UPPER CLASS	natdrug DEALING WITH DRUG ADDICTION	1 TOO LITTLE	Count	9	2	1	12	
			% within race RACE OF RESPONDENT	39.1%	33.3%	25.0%	36.4%	
		2 ABOUT RIGHT	Count	11	3	3	17	
			% within race RACE OF RESPONDENT	47.8%	50.0%	75.0%	51.5%	
		3 TOO MUCH	Count	3	1	0	4	
			% within race RACE OF RESPONDENT	13.0%	16.7%	0.0%	12.1%	
	Total		Count	23	6	4	33	
			% within race RACE OF RESPONDENT	100.0%	100.0%	100.0%	100.0%	
	Total	natdrug DEALING WITH DRUG ADDICTION	1 TOO LITTLE	Count	383	96	60	539
				% within race RACE OF RESPONDENT	53.4%	61.5%	63.8%	55.7%
2 ABOUT RIGHT			Count	251	50	24	325	
			% within race RACE OF RESPONDENT	35.0%	32.1%	25.5%	33.6%	
3 TOO MUCH			Count	83	10	10	103	
			% within race RACE OF RESPONDENT	11.6%	6.4%	10.6%	10.7%	
Total			Count	717	156	94	967	

		% within race RACE OF RESPONDENT	100.0%	100.0%	100.0%	100.0 %
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Figure 6

Chi-Square Tests			
	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	11.535 ^a	6	.073
Likelihood Ratio	11.445	6	.076
Linear-by-Linear Association	8.717	1	.003
N of Valid Cases	967		

a. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 3.51.

Figure 7

Chi-Square Tests			
	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	8.762 ^a	4	.067
Likelihood Ratio	9.340	4	.053
Linear-by-Linear Association	5.527	1	.019
N of Valid Cases	976		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.33.

Figure 8

natdrug DEALING WITH DRUG ADDICTION					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 TOO LITTLE	544	26.6	55.7	55.7
	2 ABOUT RIGHT	327	16.0	33.5	89.2
	3 TOO MUCH	105	5.1	10.8	100.0
	Total	976	47.7	100.0	
Missing	0 IAP	1030	50.4		
	8 DK	36	1.8		
	9 NA	2	.1		
	Total	1068	52.3		
Total		2044	100.0		

Figure 9