

THE INFLUENCE OF COMMUNITY
INSTITUTIONAL INVOLVEMENT
ON DRUG ABUSE
RELATED PROGRAMS

By

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Bachelor of Science

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Stillwater, Oklahoma

1972

Submitted to the Faculty of the Graduate College
of the Oklahoma State University
in partial fulfillment of the requirements
for the Degree of
MASTER OF SCIENCE
July, 1975

Thesis
1975
P 7771
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PREFACE

The focus of this study is on the involvement of various community agencies in the community drug abuse related program. Special emphasis is placed on the influence of these agencies in the initiation, sponsorship, and clientele developmental phases of the program, and on the investigation into the effect of each agency on the success of the drug abuse related program.

At this time I would like to extend my gratitude and appreciation to Dr. Richard Teague, my major adviser, for the opportunity to develop an awareness of this subject and for his very helpful suggestions and patience throughout the entire study. I also want to thank Dr. Donald Allen and Dr. Larry Perkins who were also members of my committee for their critiques of and contributions to the final drafts of this paper.

Thanks also goes to Diane Monn for her typing and contributions to the format of this final copy.

Finally, special thank-yous go to my parents, Mr. and Mrs. W. E. Beadell, and to my husband, Ken. My father and mother, throughout my life, have instilled in me a sense of pride, self-confidence, and a value of learning, and for this I am grateful. Ken has been my source of support and faith, and for the much that I have learned from him, again, thank-you.

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CHAPTER I

PRESENTATION OF PROBLEM

Introduction

Collectivities of persons of diverse backgrounds and dispositions create environments conducive to the development of social problems. To no less degree than other collectivities, the community is confronted with such problems, and due to the immediate nature of many of these, each community has little opportunity to evolve optimal problem solving methods. Indeed, communities often establish set procedures for problem solving with little regard for the particular problem or circumstances. The outcome of one dispute lays the path in favor of a similar outcome the next time. Only a few incidents may be necessary to fix the path of community disputes for 50 or 100 years to come. For some communities this standard procedure has been successful in the effort to develop effective programs to combat community problems. Other communities experience defeat, not realizing any defect in their basic problem solving methodology. Too few are the instances when community problems are dealt with in a truly systematic and thoughtful manner.

Such is the history of drug abuse related programs. In recent years, we have witnessed a number of attempts at combating drug abuse. Program emphasis has varied from prevention, to education, intervention,

and/or punishment. Some of these programs have proved beneficial in combating the problem, while others have been less fortunate. This variation in success does not appear to be inherent in the particular programs and their characteristic objectives, in that similar programs and objectives can be found in several communities, each experiencing different levels of success. Apparently, variables other than "program type" influence the success of particular community programs.

A study of typical responses to drug problems reveals the frequent lack of concern for the individual characteristics of a particular community and the effect of these characteristics on drug problems. Furthermore, assignment of a problem to a particular community agency often ignores the strategic importance of enlisting assistance from interrelated agencies or subsystems of the community. Due to their interrelatedness, the disruption of any one subsystem affects all others in some manner, and, therefore, points to the more desirable inclusion of all subsystems or agencies in the development of a community relevant program.

Phases of community organization, including program development, require working within the framework of people since such programs are both organized of and for the citizens of the community. Consequently, it is in terms of people that community problems must be conceived and their solutions developed (Weaver, 1964). Citizen interaction and participation with the community are usually associated with various community agencies established as a means of citizen representation. It is through these recognized agencies that citizen power is exercised. Therefore, to be of sufficient scope and depth and to be realistic, practical and meaningful, planning efforts must join together local

officials and include contributions from the professions, from science and technology, and from those persons who will provide for or receive the resulting services (St. Souver, 1972). The idea of tying the various community agencies together and involving them in each program phase, from planning and initiation to funding and execution of the plans, would seem to allow for the development of a comprehensive service delivery system resulting in an effective outreach program to the target population, yet with avoidance of needless service duplication or wasted time and financial resources or partisan interest.

In opposition to this viewpoint, and in somewhat more direct sympathy with the "one agency" approach is Amos Hawley, investigator of the community and its structures. Although he is in agreement with a systems approach to the community, Mr. Hawley favors a concentration of power in the development of community programs. This is illustrated by his conclusion based on research regarding urban renewal projects which indicates that the greater the concentration of power in a community, the greater the probability of success in any collective action affecting the welfare of the whole (Hawley, 1968). In this sense, of primary importance to the definition of success is the ability to mobilize the personnel and resources of the community, and Mr. Hawley advocates that ability is greatest where power is most highly concentrated.

Statement of Problem

In reviewing the preceding, it is apparent that differences do exist as to the utilization of community agencies in the development and implementation of community relevant programs. The community

relevant programs focused on in this case are drug abuse related, therefore, the following question is asked with regards to this discrepancy: Is there a significant relationship between the characteristic involvement of the community agencies in a drug abuse related community program, i.e. the number of community agencies involved in the various phases of the program development, and the success of that program in reaching its target population?

Purpose

The purpose of this work was, therefore, to discern whether there does exist a relationship between the involvement of community agencies in a drug abuse related community program and the success of that program. Furthermore, if a relationship was found to exist, additional investigation would be carried out to determine the nature of that relationship, such as what community agencies are most significant to program success and in what phase of program development was the involvement of these community agencies most important. Value of this research lies not only in contributing to existing data concerning community organization, but it is my hope that these consequent results may prove to be of practical value when applied during the actual consideration and development of a drug abuse related program in a community.

Objectives

Involved in the investigation of this research problem were four specific objectives. The first objective was to develop a conceptual framework which, by means of graphic depiction, would identify certain

basic and derived concepts (Zetterberg, 1954) and their relationships, concerning community agency involvement in drug abuse related programs and their characteristic success or failure. From this frame of reference several major hypotheses were drawn which were tested during the course of this investigation. Objective number two involved the development and implementation of a questionnaire whereby information was obtained from particular communities concerning their respective drug abuse related programs. Questions were asked within the previously established frame of reference, community agency and institution involvement, with emphasis placed on those areas having direct bearing on the major hypotheses to be tested. Data analysis and evaluation, using quantitative indices of "success" was the third objective. Finally, the fourth objective was that of applying the results of the data analysis to the problem stated and hypotheses, i.e. drawing conclusions and implications beyond the particular sample of community drug abuse related programs used in this analysis to the larger population of community drug abuse related programs as well as community programs in general.

CHAPTER II

CONCEPTUAL FRAMEWORK AND SUBSEQUENT HYPOTHESIS

Introduction

This section is concerned with the derivation and explanation of a conceptual model depicting the development of community based drug abuse related programs. It will be used to facilitate the analysis of various institutional structuring of communities in their attempts at program development, and the effects such structuring has upon the success of the programs.

Community and Its Institutions of Organization

Many definitions have been offered in the explanation of "community." One such definition states that the word community denotes a number of people sharing certain interests, sentiments, behavior and objectives in common by virtue of belonging to a social group. All the members have social relations, directly or indirectly, with others which are ordered and their totality forms the social structure. Order is accomplished by regulation through social organizations (Greene, 1954). It is this definition, by virtue of its

emphasis on people, their interaction, and the consequent social organizations, that is used in the development of the following conceptual model and its explanation.

Any group, in order to maintain that condition, must in the course of its activities assure its continuance. In being a group form, so too must the community face and try to meet certain basic survival needs--"needs" being operationally defined as dissatisfaction with the present situation, and perception of a desirable alternative to that situation (Teague, 1969). To accomplish this, certain "functional prerequisites," as they have been termed (Bennett and Tumin, 1948), have been assigned to all groups. They include the following:

- (1) maintenance of biologic adequacy
- (2) reproduction of new members
- (3) socialization of new members
- (4) production and distribution of goods and services
- (5) maintenance of order
- (6) maintenance of meaning and motivation

The community, in its attempts to satisfy these prerequisites has established additional smaller groups or institutions. These institutions are operational in their assurance of community survival by each having as its function one, or a combination of several, of the functional prerequisites. Included among those most commonly identified institutions are the following: education, religion, government, social welfare, health, business, family, and justice. In addition, each institution is comprised of various compositional sub-agencies, i.e. clusters of interacting groups which collectively make up the structure through which the institutional activities are carried on and goals pursued. An example of this situation is in regard to the institution of religion and the various faiths and denominations which function as its institutional sub-agencies. Ideally, these sub-agencies

exert comparably equal influence in community decision making, though in given crisis situations there may be political and practical wisdom in concentrating on one rather than the others (Bennett and Tumin, 1948). Regardless of the prevailing agency hierarchy existing within a particular community, the agencies operate interdependently to a great extent, as previously explained. It is such organization of people and their interaction as provided by these fundamental institutions that is referred to in the aforementioned definition of community.

Conceptual Model

Community Institutions

Figure 1 depicts those institutions and their interdependent relationships which are vital to a community and its organizational efforts in community drug abuse related program development. The reader will note that there is a slight variation between these institutions and those previously listed as most commonly identified. This variation is due to the particular problem being considered, that of drug abuse. Each is involved a little differently in the drug problem and has separate professional organizations to deal with the problem. The one institution of "justice" has been divided into two separate institutions--judicial and law enforcement. Those institutional agencies comprising the judicial institution include the various courts, juvenile, misdemeanor, and criminal, and the probationary agencies, again including both juvenile and adult sections. The community institution of law enforcement is composed primarily of the county and city police departments. Examples of Civic Club/Business include such organizations as Rotary, Lions, Chamber of Commerce, etc.

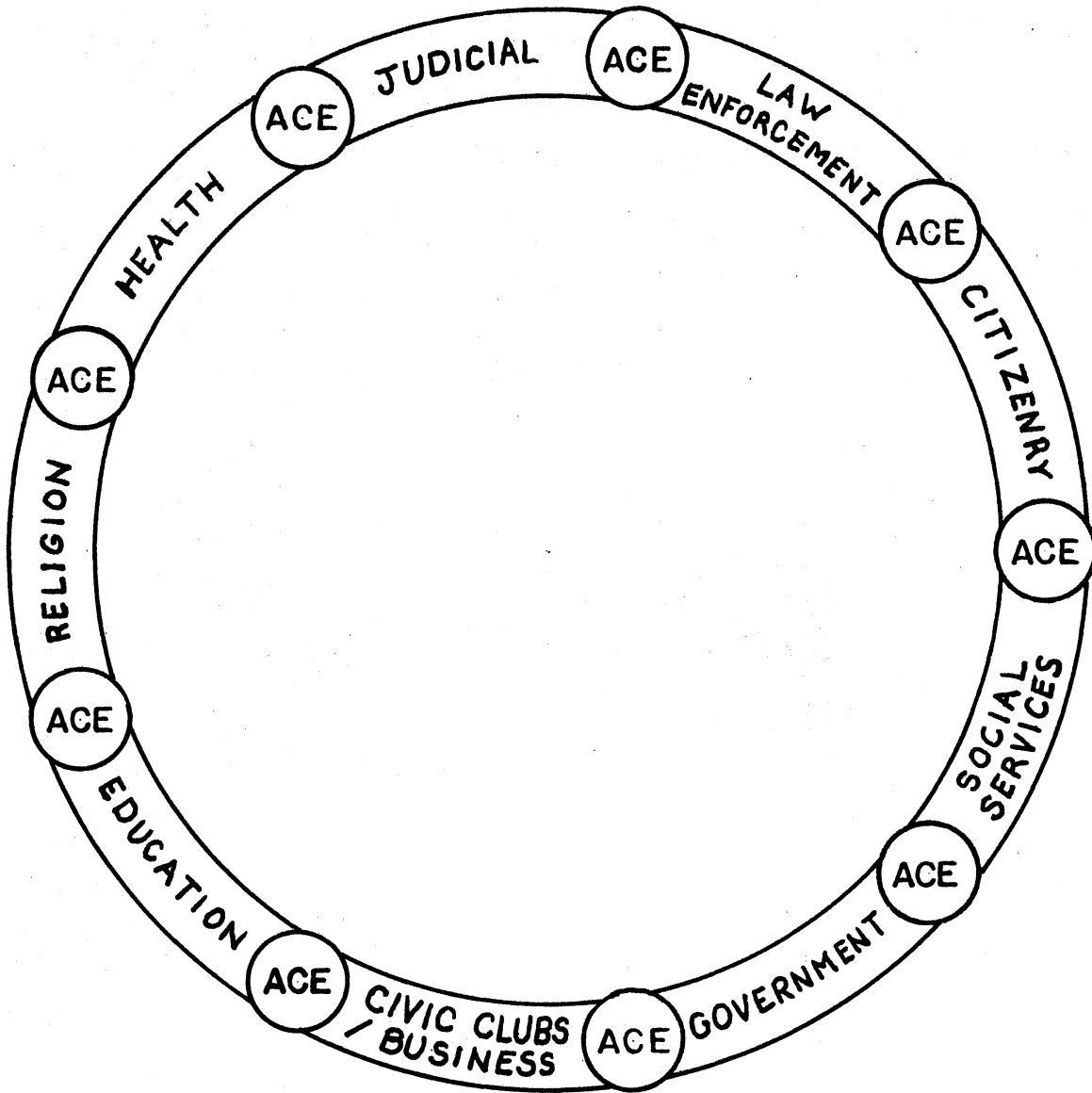


Figure 1. Diagram of Community Institutions and Their Interdependent Relationships

In some cases, these clubs become involved in a community drug abuse program due to national club theme or as part of their community improvement campaign. Drug abuse is a problem affecting the entire community and its citizens, not only those directly associated with the drug abuse offenders. For this reason, I have included the traditional institution of family in a much more inclusive institution, that of the citizenry. The area of Social Services includes activities and educational services of the Public Welfare Department. In this particular area of involvement there is a close interaction with government, both local and federal, for the purpose of funding. The area of Social Services also includes grassroot programs started by concerned citizens.

The areas identified as Areas of Co-Endeavor, or ACE, illustrate the interdependent relationship between the various institutions. The graphic depiction is somewhat limited in regards to this concept, and at this point it is emphasized that each institution is interrelated to every other institution, not just to the two institutions between which it is placed in the conceptual model. An Area of Co-Endeavor is operationally defined in this investigation as any situation in which two or more institutions participate in interaction which is directed toward the achievement of common goals through agreed upon means (Bennett and Tumin, 1948).

Program Development Progress

A problem does not exist unless it is perceived to exist. Moreover, problem perception can be considered the first step in the solution of that problem. Such is the case in the development of drug abuse related programs, as illustrated in Figure 2. A community drug

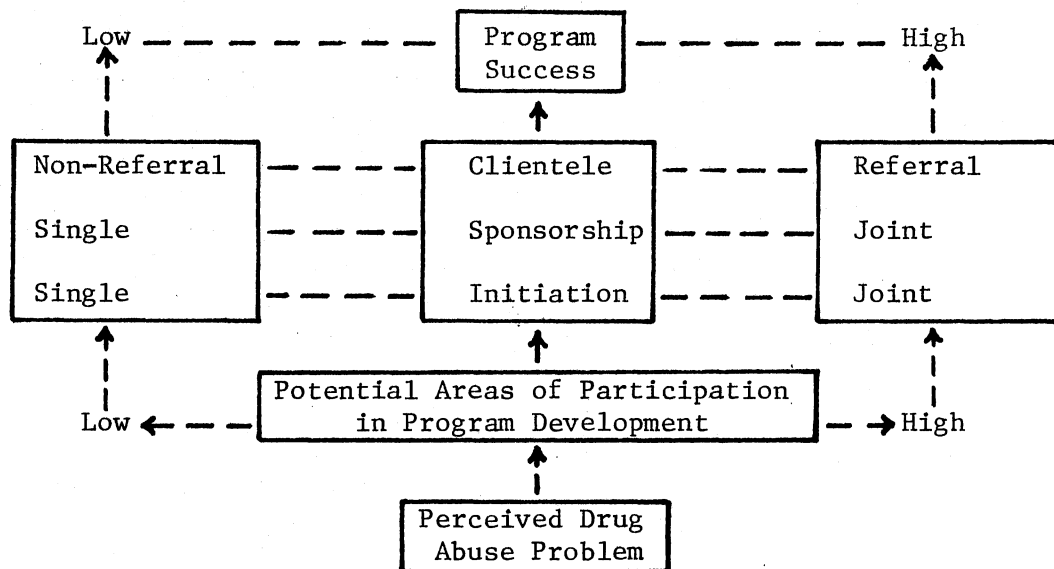


Figure 2. Diagram of the Drug Abuse Related Program Development Process

abuse problem and consequent need for its solution can be perceived by any of the community institutions. The law enforcement and/or education agencies are usually the first to perceive a drug abuse problem in the community due to their close association with both the more evident results of drug abuse, crime and deviance, and the population segment most involved in drug abuse, teenagers and young adults.

Following the perception of a drug abuse problem within the community is the development of a program to combat the problem. Regardless of the particular institutional agency which first perceived the drug abuse problem, agency involvement in the development of this drug abuse related program can range from the involvement of only one of the community agencies to involvement of all community agencies.

The following are three phases of community drug abuse related program development and operation which, for the purpose of this investigation, have been identified as being areas most susceptible to and dependent upon community institution involvement. Within each of these phases it is possible for community agencies to vary considerably regarding the extent of their involvement. Due to this variability and for purposes of more adequate descriptive terminology, such community institutions are henceforth referred to as Potential Areas of Participation or "PAP". In other words, it is conceivable that each community institution in Figure 1, i.e. education, citizenry, judicial, etc., be involved in a community drug abuse related program, therefore each is a potential participant. For example the community institutional area of government has the ability to contribute financial aid to the drug abuse related program if it so chooses and is referred to as a PAP.

Initiation. Initiation refers to the proposing and first establishing of the drug abuse related program. This includes identifying specific program objectives and naming the program. Potential Area of Participation involvement can range from single (low) to joint (high). Single initiation is operationally defined as initiation by only one PAP, while joint refers to the initiation of a community based drug abuse related program by a joint endeavor of two or more PAPs. The measurement of this variable is referred to as the Initiation Index and indicates the number of PAPs involved in the initiation of any one community based drug abuse related program. The Initiation Index can, therefore, range from 1, indicating only one PAP initiator per program, to 9, indicating the involvement of all PAPs in the initiation of the drug abuse related program.

Sponsorship. Sponsorship is defined as lending financial support to the community's drug abuse related program and/or being a member of that program's executive board. Involvement in program sponsorship can range from single sponsorship (low) involving only one PAP, to joint sponsorship (high) involving as many as all nine PAPs. The measurement of this variable is referred to as the Sponsorship Index and defined as the number of PAPs sponsoring the program. This Index can also vary from 1 to 9.

Clientele. The program division indicated in the preceding diagram as Clientele is in reference to the referral practices of the program, i.e. are persons referred to the drug abuse related program by various Potential Areas of Participation and/or does the program refer persons out to other agencies if deemed beneficial to the client? In this area, a program can vary from characteristically not engaging in

any referral activities with PAPs (non-referral) and therefore exhibiting low involvement, to actively interacting with all PAPs reciprocally (referral) which is defined operationally as illustrating a high degree of involvement. Moreover, it is the author's opinion that this variable can be considered an indicator of community sanction of the program in that by referring persons to it, the various community institutions acknowledge it as being instrumental to the community's campaign against drug abuse. The means of measurement of this variable shall be referred to as the Clientele Index, and is determined by the number of Potential Areas of Participation involved in clientele referral with any particular community based drug abuse related program. As with the previous two indices, the Clientele Index can range from 1 to 9. It should be noted that all descriptions of institutional involvement are on a continuum from low to high degrees of involvement.

The final step in program development is evaluation in order to ascertain the effect of that program upon the problem and making adjustments if necessary. There are a number of possible criteria by which program success or failure is determined if in fact it can be measured mathematically. This author is sympathetic to the assumption that statistics per se will never resolve such controversies and, therefore, we as investigators must assume that we are dealing with the variables we are intending to measure (Blalock, 1972). For this investigation, program success will be operationally defined in terms of reaching the target population, i.e. persons who misuse drugs. As explained in a later section, the variable, community size, will be controlled, therefore operating on the assumption that communities of similar size will have correspondingly similar numbers of persons who

abuse drugs, and are similar in their resources to combat that problem. This assumption may not be valid in the case of every community, however, there are no statistics available at this time as to incidence of drug abuse in communities of varying population. Furthermore, an attempt has been made to make the communities more comparable by also controlling program services offered, time reference for response data, and by using a ratio in determining the Success Index. Success of community drug abuse related programs will consequently be comparatively determined on the basis of which community program has made the largest percentage of contacts. The Success Index is defined as persons in a particular community between the ages of 12 and 24 and is derived from the ratio of the number contacted by that community's drug abuse related program to the total population in this age range.

Hypothesis

Figure 3 illustrates the final conceptual framework for the development of a community based drug abuse related program depicting the development process and interrelatedness of the various community institutions in that process. The over-all efficiency of the institutional arrangements can be located on a continuum ranging from minimum chances of program success to maximum chances for program success. As indicated in Figure 3, it is this author's opinion that the situation most conducive to program success is that of high Potential Area of Participation involvement in all phases of program development and operation.

Thus follows the major hypothesis of this investigation: The degree of involvement by Potential Area of Participation in the

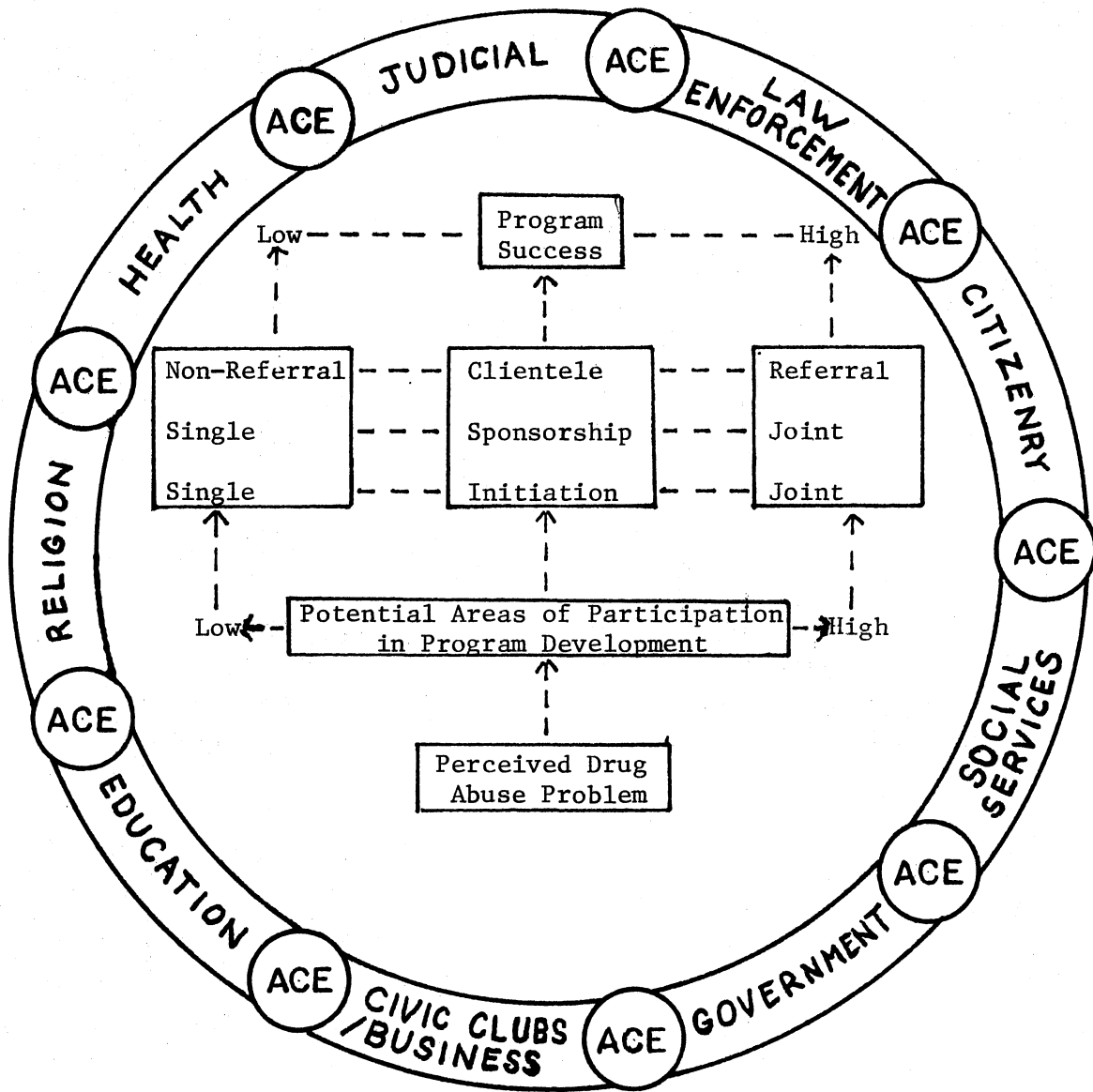


Figure 3. Conceptual Framework for Development of Community Based Drug Abuse Related Programs

development and operation of a community based drug abuse related program is influential in determining the success exhibited by that program. More specifically, the greater the degree of involvement by PAPS in the initiation, sponsorship, and clientele areas of a community based drug abuse related program, as previously defined, the greater is the probability of program success as measured by the number of persons contacted through the program and its services.

CHAPTER III

METHODOLOGY

Data Collection

As referred to earlier in the second objective of this investigation, data collection would be accomplished by means of a questionnaire. The questionnaire, Appendix A, was designed to discern the characteristics of a particular community's attempts at drug abuse control with primary emphasis on the characteristics pertinent to this investigation: community institution involvement in the program areas of initiation, sponsorship, and clientele, and the number of persons contacted through each program. All questions were answered in reference to June, July, and August of 1973 unless otherwise noted. This time frame was selected for the purpose of control in making comparisons, and it is considered that during these months the true community population is most nearly correct, i.e. there is not the influence of college student influx or absence.

Extent of Potential Area of Participation involvement was determined by categorizing, according to those institutions previously established, each PAP indicated as participating in initiation, sponsorship, or referral phases. There is the possibility of additional community based drug abuse related programs operating in the participating communities, therefore, the questionnaire also asks the

respondent to indicate such programs. Upon receipt of such information an attempt was made to include such programs in the investigation, if the criteria for participation were met.

Questionnaires were sent to the directors, or persons holding comparable positions, of drug abuse related programs operating in communities with populations of approximately 25,000 to 75,000. The assumption is made on the part of this author concerning the lower population limit of 25,000 that communities with populations less than this are often unable to support a drug abuse related program either financially or professionally, and/or offer those service, named later in this methodology description, which are prerequisites to participation in this investigation. As for those communities with under 25,000 population which could meet all qualifications, many are in close association with larger communities. Therefore, their subsequent program description would not be valid, but greatly influenced by an intervening variable, the larger community, which would be extremely difficult to control. It is also considered that communities with populations above 75,000 are quite apt to have more than one drug abuse related program in operation, therefore, limiting the potential involvement of community institutions and their representative agencies.

The programs included in this analysis were required to offer the following services: crisis intervention which may include a 24-hour telephone service, often referred to as a hotline; and counseling. These service requirements are additional efforts to insure comparability. It would obviously be inappropriate to compare programs which offered widely different services, since in many instances it is

the nature of the service offered that determines the potential target population size.

Names and addresses for such programs were obtained through a review of the Grassroots Directory, Proceedings of the Alternatives to Drug Abuse Conference, and The National Directory of Drug Abuse Treatment Programs. One hundred and seventy-eight programs were contacted by questionnaire. Ninety-two questionnaires were returned by programs and fourteen were returned marked "undeliverable". Of this total, fifty-four were usable in establishing an Initiation Index, fifty-six for Sponsorship, fifty-five for Clientele, fifty-five for Success, and fifty-one for the Combined Index which includes initiation, sponsorship, and clientele. The remaining were received incomplete or ambiguous.

Data Analysis

Limitations of the data in regards to testing include small sample size and a large number of ties. These have been taken into consideration in the selection of testing techniques and will be considered in the evaluation of the test results. It is possible that the interval level of measurement is appropriate to all variables. There may be some question in the reader's mind as to the validity of the interval level of measurement in regards to the Success Index. I believe that it is acceptable in light of the operational definition of success used, i.e. distinct units are being counted and these units are considered equivalent, units being number of people (Blalock, 1972). However, for the benefit of certain tests I have reduced the variables to dichotomies. The mean was selected as the point of reference in dichotomizing

the variables. The statistical techniques used include the following:

- (1) Chi Square was used initially to determine whether or not there exists between each of the variables (initiation, sponsorship, clientele, and success) associations significant beyond that which would be expected by chance. Each variable was reduced to a dichotomy for this purpose. In using this measurement there was one drawback in that the sample size was rather small. However, where warranted a correction for continuity was used to insure conservatism.
- (2) Yule's Q was also used to check association with special emphasis on this statistic's use as an indicator of statistical significance of a relationship.
- (3) The Difference of Means Test was incorporated in order to compare a community program's Success Index to the actual agencies involved in the development of that program to discern if a particular Potential Area of Participation is more influential in the success of a community drug abuse related program.

Results

Chi Square

Association of the Initiation Index with the Success Index. The two variables, Initiation Index and Success Index, were dichotomized into Above the mean and Below the mean categories, and the observed frequencies (f_o) and computed expected frequencies (f_e) were placed in a 2 x 2 contingency table (Table I). The mean for the Success Index was found to be .1445 indicating that only 14.45% of the target population

was reached by a community drug abuse related program on the average. The mean for the Initiation Index was .3415 which means 34.15% of the Potential Areas of Participation were actually involved in initiation of a program, on the average.

Chi square was computed to be $\chi^2 = .0325$ and at the $\alpha = .05$ level of significance, this is not great enough to conclude there is a relationship between the number of community Potential Areas of Participation involved in the initiation phase and that community's drug abuse related program's Success Index. For a more detailed calculation see Appendix D.

TABLE I

OBSERVED AND EXPECTED FREQUENCIES FOR CHI SQUARE
STATISTIC ON ASSOCIATION OF INITIATION INDEX
WITH SUCCESS INDEX

		Success Index		Marginal Total
		Above Mean	Below Mean	
Initiation Index	Above Mean	7 ^a (6.7)	14 ^b (14.3)	21
	Below Mean	10 ^c (10.3)	22 ^d (21.7)	32
	Marginal Total	17	36	53

Note: Expected frequencies are in parentheses

Association of the Sponsorship Index with the Success Index. The purpose of this test was to determine if there exists an association significant at the $\alpha = .05$ level, between the Success Index and the number of community Potential Areas of Participation involved in the Sponsorship phase of drug abuse related program development. The

variables were dichotomized as before and the frequencies, f_o and f_e , were placed in a 2 x 2 contingency table (Table II). The mean for the Sponsorship Index was .3769 indicating that an average of only 37.69% of the PAPs were involved in a program's Sponsorship phase. The Success Index remained the same as before.

Chi square was determined to be $\chi^2 = .7640$; not great enough to assume that an association exists beyond that of chance between the Success Index and the number of community PAPs involved in the Sponsorship phase of the drug abuse related program development at the $\alpha = .05$ significance level. (Appendix D)

TABLE II

OBSERVED AND EXPECTED FREQUENCIES FOR CHI SQUARE STATISTIC
ON THE ASSOCIATION OF THE SPONSORSHIP INDEX WITH
THE SUCCESS INDEX

		Success Index		Marginal Total
		Above Mean	Below Mean	
Sponsorship Index	Above Mean	9 (7.5) a	14 (15.5) b	23
	Below Mean	9 (10.5) c	23 (21.5) d	32
	Marginal Total	18	37	55

Note: Expected frequencies are in parentheses

Association of the Clientele Index with the Success Index. The two variables in this case, Success Index and Clientele, were dichotomized as before. (Table III) The reader should note in Table III that it was necessary to make a correction for continuity since the observed

frequency in cell "c" was so small (corrected figures are indicated by an asterisk "*").

The Clientele Index mean was found to be .5130 indicating that in the average drug abuse related program 51.30% of the Potential Areas of Participation were actually involved in the Clientele phase. Again the Success Index mean remained .1445.

TABLE III

OBSERVED AND EXPECTED FREQUENCIES FOR CHI SQUARE
STATISTIC ON THE ASSOCIATION OF THE CLIENTELE
INDEX WITH THE SUCCESS INDEX

		Success Index		Marginal Total
		Above Mean	Below Mean	
Clientele Index	Above Mean	13 (9.3) 12.5*	15 (18.7) 15.5*	28
	Below Mean	5 (8.7) 5.5*	21 (17.3) 20.5*	26
	Marginal Total	18	36	54

Note: Expected frequencies are in parentheses and correction for continuity figures are *.

The chi square was computed to be $\chi^2 = 3.42$. This value is greater than that required to indicate association between the two variables at the $\alpha = .05$ level. (Appendix D) Therefore, we can assume, based on this statistic, that the greater the number of community Potential Areas of Participation involved in the Clientele phase of a community's drug abuse related program, the greater that program's Success Index.

Association of the Combined Index with the Success Index. The Combined Index was derived by pooling all the Potential Areas of Participation involved in the Initiation, Sponsorship, and Clientele phases of a program's development.

The Combined Index and Success Index were dichotomized with reference to the mean of each, as in previous cases, and the observed and expected frequencies were placed in Table IV. Again, a correction for continuity was made (asterisked "*" figures in Table IV). The computed $\chi^2 = 3.63$ was great enough to indicate that there does exist an association, beyond that of chance, between the Combined Index and Success Index at the $\alpha = .05$ level of significance (Appendix D). Therefore, we can assume, based on this statistic, that the greater the number of PAs involved in the combined phases of Initiation, Sponsorship, and Clientele of a community's drug abuse related program, the greater that program's Success Index.

TABLE IV

OBSERVED AND EXPECTED FREQUENCIES FOR CHI SQUARE
STATISTIC ON THE ASSOCIATION OF THE COMBINED
INDEX (INCLUDING PAPS INVOLVED IN ALL
PHASES OF PROGRAM DEVELOPMENT) WITH
THE SUCCESS INDEX

		Success Index		
		Above Mean	Below Mean	Marginal Total
Combination Index	Above Mean	13 (9.4) 12.5*	3 (6.6) 3.5*	16
	Below Mean	17 (20.6) 17.5*	18 (14.4) 17.5*	35
	Marginal Total	30	21	51

Note: Expected frequencies are in parentheses and correction for continuity figures are *.

Yule's Q

According to the foregoing it has been ascertained that there does exist a significant relationship between Clientele Index and the Success Index as well as between the Combination Index and Success Index. With this established, one now asks "How strong is that relationship?" To determine this, Yule's $Q = \frac{ad-bc}{ad+bc}$ was used to determine statistical significance. Yule's Q attains its limits of ± 1.0 whenever there is perfect relationship or one of the cells is zero. Yule's Q equals zero when the variables are independent. The results are as follows: Statistical Significance between the Clientele Index and Success Index equals $Q = 0.5689$; Statistical Significance between Combination Index which includes the combined PAPs of the Initiation, Sponsorship, and Clientele phases of program development and the Success Index equals $Q = 0.6421$. Therefore, both relationships are positive, meaning that as the Clientele or Combination Index increases, the Success Index does also, and vice versa. There is a moderate degree of positive association for both with the relationship between the Combination Index and Success Index yielding a higher statistical significance.

Difference of Means Test

The procedure in using this test statistic is comparing two samples of drug abuse related programs with respect to the Success Index of each (Above and Below the mean). One sample included those communities which have incorporated a particular identified area of participation in their program development, and the other sample

included those which have not incorporated that area. This is an attempt to discern if certain Potential Areas of Participation are more influential than others in contributing to the success of a community's drug abuse related program. The assumption of independent random samples is again made. A more detailed description of these tests can be found in Appendix E.

At the $\alpha = .01$ level of statistical significance, only the Judicial Area proved influential to the success of a drug abuse related community program. Therefore, based on this statistical test, community drug abuse related programs that incorporate the Judicial Potential Area of Participation in their development are more likely to experience success than those programs that do not.

The Governmental and Educational Potential Areas of Participation proved to be statistically associated to program success at the $\alpha = .05$ level of significance. In the case of Government participation, however, it is felt by this author that an observation must be made in that, as indicated in Table V, 84% of the community drug abuse related programs involved in this study did incorporate government in their program development. This disproportionate comparison could have an influence on the results of this test statistic and should be considered.

The difference of means test was not applied to the Health area of participation since this area was reported to have participated in some way in 96% (Table V) of the programs involved in this test, therefore, making it useless to attempt a comparison or make any inferences as to the actual effect of the Health area of participation on drug abuse related programs. This high incidence of participation by the Health

PERCENTAGE RATES OF PARTICIPATION IN DRUG ABUSE RELATED
PROGRAMS BY POTENTIAL AREAS OF PARTICIPATION
AS REPORTED BY COMMUNITIES

Potential Areas of Participation	Percentage of Communities Reporting Participation
Law Enforcement	56%
Judicial	64%
Citizenry	64%
Social Services	78%
Government	84%
Civic Club/Business	76%
Education	76%
Religion	60%
Health	96%

area is due primarily to the nature of the problem--in dealing with a problem involving potential physical harm, health services are needed and sought by a program. An observation of the data reveals that in the case of a great many of the community drug abuse related programs, the health area is involved in all three segments of the program-- initiation, sponsorship, and clientele. Where this is not the case, however, the health area was involved in clientele.

CHAPTER IV

CONCLUSIONS AND IMPLICATIONS

Summary and Conclusions

In fulfilling the fourth objective of this investigation as outlined in Chapter I, that of drawing conclusions, the following can be determined. The specific hypothesis tested in this research was that the greater the degree of involvement by Potential Areas of Participation in the initiation, sponsorship, and clientele areas of a community based drug abuse related program, the greater is the probability of program success as measured by the number of persons contacted through the program and its services. This was partially found to be the case with respect to the sample of community drug abuse related programs used. By using the chi square test for relationships, it was found that there was no difference between Success Indices with respect to the number of community Potential Areas of Participation involved in either the Initiation or Sponsorship phases of drug abuse related program development beyond that which could be expected by chance at the $\alpha = 0.05$ level of significance. However, using the same test, it was found that a statistically significant relationship was found to exist between the Success Indices and both the Clientele Index and Combined Index. Upon the additional statistical test, Yule's Q, it was determined that these relationships were positive. Therefore, in respect to these results, the general hypothesis stated at the

beginning of this paper is confirmed, i.e. the degree of involvement of Potential Areas of Participation in the development and operation of community based drug abuse related programs is influential in determining the success exhibited by that program. More specifically, the greater the number of Potential Areas of Participation involved in the Clientele and Combined areas of a community based drug abuse related program, the greater is the probability of program success as measured by the number of persons contacted through the program and its services. It can be seen that no doubt the positive relationship between the Clientele area of program development and Success of the program has an affect on the relationship of the Combined Index to program success. This would probably be true of either of the other two comparisons having resulted in positive, significant relationships; however, by the fact that the relationship between the Combined and Success Indices is greater than that between Clientele and Success implies further evidence that the larger the number of Potential Areas of Participation involved in a community drug abuse related program, the greater the likelihood of success.

Further conclusions can be drawn from the results of the difference of means test used to determine if any one particular Potential Area of Participation is more influential than another in determining program success. Involvement of the Judicial PAPs was found to be of significant influence at the 0.01 level. Government participation resulted in a strong relationship at the $\alpha = 0.05$ level. However, as noted earlier, 84% of the programs reported government involvement and this relatively high disproportioned involvement, in comparison to the other PAPs tested, could have a biasing effect on the test statistic.

Other explanations for this relationship of Government involvement to Success is that government is a primary source of funding to drug abuse related programs and provides a method of formal community sanction to a program. It should also be noted that a relationship between the area of Education and program success was determined, but also at a lower level of significance, $\alpha = 0.05$. This lesser level of significant relationship could be due to a flaw in the categorization of the potential areas of participation. For the purposes of this investigation, educational involvement was limited to representation only by the more formal methods such as public and private schools. The flaw lies in the fact that educational areas are included in many of the other identified Potential Areas of Participation. Therefore, the area of education may not be adequately represented in the test and in fact may have a higher significant relationship to program success.

Limitations

In addition to the above limitation concerning the Educational area of participation, there are others which I can readily identify and are vital to this study. The first has already been mentioned earlier and is in regard to the ambiguity of determining success. This has traditionally been a source of disagreement and debate. I can only offer this defense, and that is I have stated the operational definitions and assumptions on which this work and consequent results have been based and am of the opinion that criticism should be in consideration of that. The second limitation, again, is in regard to the determining of program success, but over which I had little, if any control. This limitation has to do with the possibility of the

representatives of community drug abuse related programs exaggerating the number of contacts made by that program in either a conscious or unconscious attempt to make their program "look good". I can assure the reader, that I have made attempts to discover these exaggerations and exclude them from the data used. I, in fact, only found one such case that I questioned. In it, the respondent reported that the program had reached twice the available contacts. All other programs used in the sample were very close in their reported number of contacts.

A third limitation is concerned with the mailing of the questionnaires to community drug abuse related programs. It is my opinion that often questionnaires are never given serious consideration and/or completed due to incomplete addressing. If only a "blanket" address is used such as one giving only the name of the program or department there is uncertainty as to whom it should be given and, consequently, either a person with insufficient knowledge of the subject is given the responsibility of completing it or no one assumes the responsibility and it is ignored or discarded. In my attempt to avoid this problem, I included on the address both the position title such as director or program coordinator, whichever was listed in the sources used, and the name of the person in that position when available. This may have created another difficulty in that if that person were no longer in that position there may have been uncertainty as to whom the questionnaire should go, the person or position, resulting in an ignored questionnaire. Furthermore, if the person were no longer with the program, the questionnaire could have been forwarded and lost or, again, not completed due to lack of interest.

The fourth limitation which is relevant to this research, and to most other research where questionnaires are used, has to do with that portion of the questionnaires sent, but not returned. A fifty-six percent return is not usually considered excellent. However, I do feel fortunate in having this high of a percentage considering the diverse nature of many drug abuse programs and the limitations above involving the questionnaires. The number of incomplete or ambiguous returned is high and leads me to believe there may be difficulty in understanding the questionnaire. Nevertheless, when dealing with, small samples, as in this research, those cases which did not respond could have quite an affect upon the results if they had responded. Observation of the data received on those communities which did respond reveals that with respect to population, the participating communities were distributed very evenly within the population limits of 25,000 and 75,000. Geographically, twenty-seven states were represented by responding community programs. The eastern and mid-western states were best represented among respondents and the states of California and Michigan had the highest number of respondents. The sections of the United States least represented were the southeast, south-central, and southwest. I feel this is significant, especially since these sections of the United States are not commonly associated with the development of drug abuse programs in the literature. It is my opinion that data from these areas would have contributed greatly to this research, perhaps not in the manner of affecting findings but as a contribution to a more inclusive study. Another characteristic of the communities included in the data was the strong representation of communities with colleges. This, I believe, could help explain why

these communities responded, and perhaps why others did not. College communities would have a very immediate concern for research concerning drug abuse programs due to the composition of their population and its needs. Therefore, representatives of drug abuse related programs in these communities would conceivably be more willing and ready to participate in research which may prove beneficial to their program by yielding results which may improve their program. Whereas non-academic communities might not be so enthusiastic and allow completing the questionnaire to "slide" and go undone. Finally, a reason quite probable as to why some community programs did not respond is that these drug abuse related programs were experiencing difficulties and did not want to report their lack of success. Again, my opinion is that had they returned completed questionnaires the results would not have been changed drastically, only that the research would have a larger body of data as its basis.

Implications

From the foregoing conclusions, the following implication can be discerned. The ideal community drug abuse related program involves all of the community's Potential Areas of Participation, especially in the program's Clientele area, with special emphasis on the active participation of the judicial, governmental, and educational areas of the community. Logically, I do not see the idea of involving all the Potential Areas of Participation as unique. After all, it is agreed that the community is a system formed by interrelated subsystems all of which are necessary participants in the successful operation of the community system. Therefore, why shouldn't this interrelatedness apply

just as strongly in terms of the successful operation of individual community programs? Based on this assumption, I would encourage community programs, drug abuse related and otherwise, to work harder at more cooperative community effort, thus avoiding conflict within the community system. Furthermore, I believe this supports the idea that in evaluating an existing community drug abuse related program, focus should be shifted from only looking at the services offered and thoughts of adding more or changing the style of the program in hopes of increasing contacts, to include consideration of the community support given the services already in existence. This could not only be beneficial in improving the community program, but would also reduce duplication of services and wasteful spending.

At this time I would like to make a few speculations in regards to both the data worked with as well as that which was not available due to non-return of questionnaires. I find the fact that the southern states were so poorly represented in the data to be quite interesting. It seems to me that this area has traditionally been slow to accept change in regard to social relationships which includes response to the drug abuse problem. I feel this is a denial of the problem and believe it is in part due to a strong attitude of the people in the "Bible Belt" that problems of this nature which could be classified as personal should be dealt with at home and not on a public level. Another thought which has occurred to me in considering the data and characteristics of the communities involved has to do with the uniqueness of communities which have a large college or university within them or very close by. In such communities there is a high concentration of professionals and persons who have some experience and/or

special interest in social problems. Both of these population segments can be considered resources which would not necessarily be found in a non-academic community. My point is that it is conceivable that due to these additional resources, those communities which have colleges or universities may have much higher rates of success in their drug abuse related programs. If this were true, it could have a very great effect on the results of this study in that the relationship between large Potential Areas of Participation involvement and community drug abuse related program success could be much stronger for communities without these additional resources, therefore, making these results more significant in explaining community drug abuse related program success. Finally, with regard to the above mentioned limitation concerning the defining of the community area of education, I would like to offer the following proposition in hopes that in subsequent investigations of this nature a more inclusive definition of education can be used. Due to significance of the inclusion of the educational potential area of participation to program success at the 0.05 level, it is very conceivable that the level of significance could have been greater had the area of education been more thoroughly defined. This is based on the assumption that many of the other community Potential Areas of Participation have educational divisions.

I feel that the results of this work could prove very beneficial to communities which are just forming a drug abuse related program, as well as to those community drug abuse related programs which are experiencing difficulties. It is quite possible that implications from this could even go one step further in providing a reference for all community programs. A point, which I feel is quite important, however,

with respect to the results of this research, as well as results of any other research no matter how statistically significant concerning people and their problems, is that the particular situation, which in the case of community drug abuse related programs is the characteristics of the particular community and nature of the drug problem in the community, must be considered in the approach to that community's problems. In other words, I refer back to my introductory statements concerning communities and their methods of dealing with problems, and emphasize the fact that I consider this research as contributing to the knowledge and explanation of successful community drug abuse related programs, but acknowledge the fact that when working with statistics and relationships in the social sciences there is always a certain amount of the unexplained, and for this reason one program may work successfully for one particular community, but not for another. Therefore, evaluation and change, if needed, is a vital part of any drug abuse related program due to the variable nature of both the problem and community within which the program operated.

Future Investigation

I believe that this research can be used as a basis for further, perhaps more in depth, research into the nature and/or relationship between community agencies and drug abuse related programs. There are the questions and challenges of more accurately defining the community area of education and determining the relationship of government to program success when more defined such as in the form of local, state, and federal. Investigation into the influence on a community program of the amount and source of funding could also prove beneficial. I

further feel that special emphasis on data from the southern portions of the United States in future investigations would yield interesting results. In any event, these questions have come to my mind in the course of this investigation, and there are no doubt more in regard to this topic that are worthy of examination. I do feel that the purposes, both academic and practical, of this research have been fulfilled.

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APPENDIX A

QUESTIONNAIRE

QUESTIONNAIRE

Please answer the following questions with regards to the drug abuse related program in your community with which you are primarily associated. If in your community, drug abuse services are incorporated into a more encompassing community program, please answer these questions in reference to only the drug abuse services offered.

I. Is your community within 25 miles of a city with a population greater than 75,000?

_____ Yes

_____ No

If the answer to the above question was yes, is there any type of affiliation between your community's drug abuse related program and that of the larger city? Explain.

II. The following requests are in reference to community agency involvement in your community's drug abuse related program regarding three areas of program development and operation. Examples of replies to these requests may include city police, school board, court system, public welfare, ministerial alliance, Rotary Club, federal government, mental health, etc.

1. Initiation: Please list those agencies or organizations which were instrumental in the initiation of your program. If a private individual is included, also, please indicate his occupation.

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

2. Sponsorship: Please list those agencies or organizations involved in the sponsorship of the drug abuse related program. Sponsorship may include financial support, the furnishing of personnel and/or materials, and/or representation on the program's executive board.

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

3. Clientele Source: Please list those agencies or organizations which refer persons to your program for special services and/or your program refers persons to, when deemed beneficial for the individual. Referrals may be made for purposes including professional counseling, medical care, and rehabilitation, etc.

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

- III. Please answer the following five questions with reference to the months of June, July, and August of 1973. If you consider this time frame misrepresentative of the program's activities, please explain and indicate another three month period which you feel to be more representative and the requested data relevant to that period.

1. How many persons are involved in the program's operation?

_____ Paid

_____ Volunteer

2. Please list the paid positions relevant to your program and the minimum qualifications, if any, for each. (The back of this sheet may be used also)

- 1.
- 2.
- 3.
- 4.

3. For the year including the above three months, what was the program's approximate budget?

\$ _____

4. Of this amount, please indicate the approximate percentages received from the following sources.

_____ % Federal Government

_____ % Community Agency

_____ % State Government

_____ % Private Donation

_____ % Local Government

5. Please check those services which were offered by your program and indicate the number of contacts made regarding those services for the identified 3 month period. The number of contacts should include all instances of contact, not just the number of separate individuals who may have been in contact with the program through several different services. For example, one person may have contact with the program through the hotline, group counseling, and crafts services--

the individual count is not what I am requesting, rather the total number of contacts for each service.

<input type="checkbox"/> referral	<input type="checkbox"/> recreational therapy
<input type="checkbox"/> detoxification	<input type="checkbox"/> legal aid
<input type="checkbox"/> group counseling	<input type="checkbox"/> job placement
<input type="checkbox"/> individual counseling	<input type="checkbox"/> family counseling
<input type="checkbox"/> crisis intervention	Other (specify) _____
<input type="checkbox"/> hotline	_____
<input type="checkbox"/> self-awareness groups	_____

Would you like to have a copy of these research findings? Yes No

APPENDIX B

LETTER ACCOMPANYING QUESTIONNAIRES

I am a Masters Degree candidate in the Department of Sociology at Oklahoma State University. Presently, I am conducting research in the area of community organization and participation regarding drug abuse programs. It is my thesis that the greater the number and degree of participation of community agencies, such as local police, criminal justice system, education, civic organizations, etc.; in the areas of drug abuse program development, the greater the potential of success of that program in reaching the target population. The areas of program development which I have identified include initiation, sponsorship, and clientele source (i.e. how do persons/clients become involved in the program). I acknowledge that determining program success is a difficult task. I, therefore, define it in terms of reaching the target population--focusing on the number of contacts made by the drug abuse program. The sample population which I have chosen include those drug abuse related programs in communities of a population between 25,000 and 75,000 which offer at least hotline and counseling services.

Your program was selected for participation, based on the above criteria, from either the Grassroots Directory or The National Directory of Drug Abuse Treatment Programs. The enclosed questionnaire is an attempt to get at some of the information necessary to complete this research, and I would be very appreciative if you will take a few minutes of time from your busy schedule to complete it in regards to your drug abuse related program and return it in the enclosed envelope. As I'm sure you are aware, time is of importance, therefore, I am asking that you return the completed questionnaire by Monday, May 20, 1974. Let me assure you that your reply will be kept confidential and no reference will be made to your program specifically in the final report. The code number in the upper right hand corner is merely for my information as to which questionnaires have been returned and which ones there may be questions about.

Upon completion of this research, I will be most happy to share with you a summary of my findings and conclusions. If you would like to have a copy of this, please indicate so at the bottom of your completed questionnaire. I would hope that it will be informative and helpful in the operation of a community drug abuse related program.

Thank you, again, for your cooperation and help.

Best Wishes,

APPENDIX C

FOLLOW-UP LETTER

Please find enclosed another copy of the questionnaire which I am using in my research concerning drug abuse related programs and the relationship of their success to the respective involvement of community agencies.

There have been many studies involving drug abuse programs. However, I feel that the subject of this research is unique in its focus, being that of a community concept, and could prove quite beneficial in the development of drug abuse programs. I am again asking for your assistance in gathering the needed data, and would like for you to complete the questionnaire and return it as soon as possible.

Thank you.

Sincerely,

Lynn Pollock

P.S. If you have already completed and returned the questionnaire, I would like to thank you very much for your cooperation. You will receive a summary of the findings if you so indicated on the questionnaire.

APPENDIX D

CHI SQUARE STATISTICS

Association of the Initiation Index
with the Success Index

Level of Measurement: Two nominal scales

Model: Independent random samples

Null Hypothesis (H₀): No difference between Success Indices with respect to the number of community Potential Areas of Participation involved in the Initiation phase of drug abuse related program development.

Alternate Hypothesis (H₁): The greater the number of community Potential Areas of Participation involved in the Initiation phase of a community's drug abuse related program, the greater that program's Success Index.

Significance Level: $\alpha = .05$, direction predicted - one-tail test

Sampling Distribution and Critical Region: degrees of freedom = 1

$$\chi^2 \geq 2.71$$

Computation of Test Statistic: The two variables, Initiation Index and Success Index, were dichotomized into Above the mean and Below the mean categories, and the observed frequencies (f_o) placed in a 2 x 2 contingency table (Table I). The expected frequencies (f_e) were computed on the basis of the assumption that the variables are unrelated, whereas the observed frequencies show us the degree to which this assumption is violated. The formula used to compute chi square (χ^2) is as follows: $\chi^2 = \sum \frac{(f_o - f_e)^2}{f_e}$

Decision: Chi square was computed to be $\chi^2 = .0325$. This is not great enough to warrant rejection of the null hypothesis.

Association of the Sponsorship Index
with the Success Index

Level of Measurement: Two nominal scales

Model: Independent random samples

Null Hypothesis (H_0): No difference between Success Indices with respect to the number of community Potential Areas of Participation involved in the Sponsorship phase of drug abuse related program development.

Alternate Hypothesis (H_1): The greater the number of community PAs involved in the Sponsorship phase of a community's drug abuse related program, the greater that program's Success Index.

Significance Level: $\alpha = .05$, direction predicted - one-tail test

Sampling Distribution and Critical Region: degrees of freedom = 1

$$\chi^2 \geq 2.71$$

Computation of Test Statistic: The two variables, Sponsorship Index and Success Index, were dichotomized as before and the observed frequencies (f_o) placed in a 2 x 2 contingency table (Table II). The expected frequencies (f_e) were determined as before and chi square computed.

Decision: The chi square was computed to be $\chi^2 = .7640$. This is not great enough ($\chi^2 \geq 2.71$) to warrant rejection of the null hypothesis at the .05 level.

Association of the Clientele Index
with the Success Index

Level of Measurement: Two nominal scales

Model: Independent random samples

Null Hypothesis (H_0): No difference between Success Indices with respect to the number of community Potential Areas of Participation involved in the Clientele phase of drug abuse related program development.

Alternate Hypothesis (H_1): The greater the number of community Potential Areas of Participation involved in the Clientele phase of a community's drug abuse related program, the greater that program's Success Index.

Significance Level: $\alpha = .05$, direction predicted, one-tail test

Sampling Distribution and Critical Region: degrees of freedom = 1

$$\chi^2 \geq 2.71$$

Computation of Test Statistic: The two variables in this case, Success Index and Clientele Index were dichotomized with reference to each mean, as before. Observed frequencies (f_o) were placed in a 2 x 2 contingency table (Table III). The expected frequencies (f_e) were determined and chi square computed. A correction for continuity was used since the observed frequency in cell "c" (Table III) was so small (5 or less). This correction consists of either adding to or subtracting 0.5 from the observed frequencies in order to reduce the magnitude of chi square and therefore making the result more conservative.

Decision: The chi square was found to be $\chi^2 = 3.42$. This is large enough to warrant rejection of the null hypothesis (H_0) and accept the alternate hypothesis (H_1) at the .05 level.

Association of the Combined Index
with the Success Index

Level of Measurement: Two nominal scales

Model: Independent random samples

Null Hypothesis (H_0): No difference between Success Indices with respect to the number of community PAPs involved in the Combined phases (Initiation, Sponsorship, Clientele) of drug abuse related program development.

Alternate Hypothesis (H_1): The greater the number of community PAPs involved in the Combined phases (Initiation, Sponsorship, Clientele) of a community's drug abuse related program, the greater that program's Success Index.

Significance Level: $\alpha = .05$, direction predicted - one-tail test

Sampling Distribution and Critical Region: degrees of freedom = 1

$$\chi^2 \geq 2.71$$

Computation of Test Statistic: The two variables, Combined Index and Success Index, were dichotomized with reference to the mean of each. Observed frequencies (f_o) were placed in a 2x2 contingency table (Table IV). The expected frequencies (f_e) were determined and chi square computed. Again, a correction for continuity was made.

Decision: The computed chi square was $\chi^2 = 3.63$. This is large enough to warrant rejection of the null hypothesis (H_0) and accept the alternate hypothesis (H_1) at the .05 level.

APPENDIX E

DIFFERENCE OF MEANS TEST STATISTICS

Difference of Means Test on Law

Enforcement Participation

Programs with Law Enforcement

$$N_1 = 29$$

$$\bar{X}_1 = 16.89$$

$$s_1 = 19.66$$

Programs without Law Enforcement

$$N_2 = 21$$

$$\bar{X}_2 = 10.18$$

$$s_2 = 15.14$$

In order to determine which test model of the t-distribution should be used, the "F" test is made to test the assumption that $\sigma_1 = \sigma_2$.

F test: $H_0: \sigma_1 = \sigma_2$

$H_a: \sigma_1 \neq \sigma_2$

Critical Region: $F_{.05}(28,20) \geq |2.05|$

$F = s_1^2 / s_2^2 = 1.69$

Decision: cannot reject H_0 and must use $t_2 = \sigma_1 = \sigma_2$

$H_0: \mu_1 = \mu_2$ -- There is no difference with respect to Success between those community programs which incorporate Law Enforcement in their development and those that do not.

$H_1: \mu_1 > \mu_2$ -- Those community programs which incorporate Law Enforcement in their development are more likely to experience success than those programs that do not.

Sampling Distribution and Critical Region: degree of freedom (df) = 48

$\alpha = .01$, one-tail

$t_2 \geq |2.4108|$

Computation: $t_2 = \bar{X}_1 - \bar{X}_2 / \sqrt{\left[\frac{(N_1 - 1)s_1^2 + (N_2 - 1)s_2^2}{N_1 + N_2 - 2} \right] [1/N_1 + 1/N_2]}$

$t_2 = 6.819 / \sqrt{(320.98) (.08)}$

$t_2 = 1.33$

Decision: $t_2 = 1.33$ does not fall within the critical region and, therefore, H_0 cannot be rejected.

Difference of Means Test on
Judicial Participation

Programs with
Judicial Participation

$$N_1 = 37$$

$$\bar{X}_1 = 17.34$$

$$s_1 = 20.21$$

Programs without
Judicial Participation

$$N_2 = 13$$

$$\bar{X}_2 = 4.63$$

$$s_2 = 5.26$$

F test: $H_0: \sigma_1 = \sigma_2$

$H_a: \sigma_1 \neq \sigma_2$

Critical Region: $F_{.05}(36,12) \geq |2.41|$

$$F = s_2^2 / s_1^2 = 14.76$$

Decision: $F = 14.76$ is within the critical region and H_0 can

be rejected and $t_1 = \sigma_1 \neq \sigma_2$ used.

$H_0: \mu_1 = \mu_2$ -- There is no difference with respect to Success between those community programs which incorporate the Judicial area in their development and those that do not.

$H_1: \mu_1 > \mu_2$ -- Those community programs which incorporate the Judicial area in their development are more likely to experience success than those programs that do not.

Sampling Distribution and Critical Region: $df = 24$

$\alpha = .01$, one-tail test

$$t_1 \geq |2.492|$$

Computation: $t_1 = \bar{X}_1 - \bar{X}_2 / \sqrt{s_1^2/N_1 + s_2^2/N_2}$

$$t_1 = 12.71 / \sqrt{11.04 + 2.13}$$

$$t_1 = 3.5023$$

Decision: $t_1 = 3.5023$ does fall within the critical region, therefore,

H_0 can be rejected and H_1 accepted.

Difference of Means Test on
Citizenry Participation

Programs with
Citizenry Participation

$$N_1 = 32$$

$$\bar{X}_1 = 15.53$$

$$s_1 = 17.16$$

Programs without
Citizenry Participation

$$N_2 = 18$$

$$\bar{X}_2 = 11.37$$

$$s_2 = 20.31$$

F test: $H_0: \sigma_1 = \sigma_2$

$H_a: \sigma_1 \neq \sigma_2$

Critical Region: $F_{.05}(31,17) \geq |2.15|$

$$F = s_1^2/s_2^2 = 1.4$$

Decision: Cannot reject H_0 and must use $t_2 = \sigma_1 = \sigma_2$.

$H_0: \mu_1 = \mu_2$ -- There is no difference with respect to Success between those community programs which incorporate the Citizenry in their development and those that do not.

$H_1: \mu_1 > \mu_2$ -- Those community programs which incorporate the Citizenry in their development are more likely to experience success than those programs that do not.

Sampling Distribution and Critical Region: $df = 48$

$\alpha = .01$, one-tail test

Computation: $t_2 = \bar{X}_1 - \bar{X}_2 / \sqrt{\left[\frac{(N_1 - 1)s_1^2 + (N_2 - 1)s_2^2}{N_1 + N_2 - 2} \right] [1/N_1 + 1/N_2]}$

$$t_2 = 4.16 / \sqrt{(336.25) (.0869)}$$

$$t_2 = .7695$$

Decision: $t_2 = .7695$ does not fall within the critical region, therefore, H_0 cannot be rejected.

Difference of Means Test on Social
Services Participation

Programs with Social
Services Participation

$$N_1 = 39$$

$$\bar{X}_1 = 14.03$$

$$s_1 = 18.04$$

Programs without Social
Services Participation

$$N_2 = 11$$

$$\bar{X}_2 = 14.12$$

$$s_2 = 20.56$$

F test: $H_0: \sigma_1 = \sigma_2$

$H_a: \sigma_1 \neq \sigma_2$

Critical Region: $F_{0.05}(10,38) \geq |2.09|$

$$F = s_1^2/s_2^2 = 1.58$$

Decision: Cannot reject H_0 and must use $t_2 = \sigma_1 = \sigma_2$

$H_0: \mu_1 = \mu_2$ -- There is no difference with respect to Success between those community programs which incorporate Social Services in their development and those that do not.

$H_1: \mu_1 > \mu_2$ -- Those community programs which incorporate the Social Services in their development are more likely to experience success than those programs that do not.

Sampling Distribution and Critical Region: $df = 48$

$\alpha = .01$, one-tail test

$$t_2 \geq |2.4108|$$

Computation: $t_2 = \bar{X}_1 - \bar{X}_2 / \sqrt{\left[\frac{(N_1 - 1)s_1^2 + (N_2 - 1)s_2^2}{N_1 + N_2 - 2} \right] [1/N_1 + 1/N_2]}$

$$t_2 = -.09 / \sqrt{(345.56) (.1165)}$$

$$t_2 = -.5711$$

Decision: $t_2 = -.5711$ does not fall within the critical region and, therefore, H_0 cannot be rejected.

Difference of Means Test on
Government Participation

Programs with
Government Participation

$$N_1 = 42$$

$$\bar{X}_1 = 15.68$$

$$s_1 = 19.34$$

Programs without
Government Participation

$$N_2 = 8$$

$$\bar{X}_2 = 5.41$$

$$s_2 = 8.44$$

F test: $H_0: \sigma_1 = \sigma_2$

$H_a: \sigma_1 \neq \sigma_2$

Critical Region: $F_{0.05}(41, 7) \geq |3.34|$

$$F = s_1^2/s_2^2 = 5.25$$

Decision: $F = 5.25$ does fall within the critical region,

therefore, H_0 can be rejected and $t_1 = \sigma_1 \neq \sigma_2$ used.

$H_0: \mu_1 = \mu_2$ -- There is no difference with respect to Success between those community programs which incorporate Government in their development and those that do not.

$H_1: \mu_1 > \mu_2$ -- Those community programs which incorporate the Government in their development are more likely to experience success than those programs that do not.

Sampling Distribution and Critical Region: $df = 24$

$\alpha = .01$, one-tail test

$$t_1 \geq |2.492|$$

Computation: $t_1 = \bar{X}_1 - \bar{X}_2 / \sqrt{s_1^2/N_1 + s_2^2/N_2}$

$$t_1 = 10.27 / \sqrt{17.80}$$

$$t_1 = 2.44$$

Decision: $t_1 = 2.492$ does not fall within the critical region and H_0

cannot be rejected at the $\alpha = .01$ level. However, at the $\alpha = .05$ level, $t_1 \geq |1.711|$, H_0 can be rejected and H_1 accepted.

Difference of Means Test on Civic

Club/Business Participation

Programs with Civic Club/
Business Participation

$$N_1 = 38$$

$$\bar{X}_1 = 14.30$$

$$s_1 = 18.16$$

Programs without Civic Club/
Business Participation

$$N_2 = 12$$

$$\bar{X}_2 = 13.20$$

$$s_2 = 19.95$$

F test: $H_0: \sigma_1 = \sigma_2$

$H_a: \sigma_1 \neq \sigma_2$

Critical Region: $F_{.05}(37,11) \geq |2.55|$

$$F = s_1^2/s_2^2 = 1.18$$

Decision: $F = 1.18$ does not fall within the critical region, therefore, H_0 can't be rejected and $t_2 = \sigma_1 = \sigma_2$ is used.

$H_0: \mu_1 = \mu_2$ -- There is no difference with respect to Success between those community programs which incorporate Civic Clubs/Business in their development and those that do not.

$H_1: \mu_1 > \mu_2$ -- Those community programs which incorporate the Civic Clubs/Business in their development are more likely to experience success than those programs that do not.

Sampling Distribution and Critical Region: $df = 48$

$$\alpha = .01, \text{ one-tail test}$$

$$t_2 \geq |2.4108|$$

Computation: $t_2 = \bar{X}_1 - \bar{X}_2 / \sqrt{\left[\frac{(N_1 - 1)s_1^2 + (N_2 - 1)s_2^2}{N_1 + N_2 - 2} \right] [1/N_1 + 1/N_2]}$

$$t_2 = 1.10 / \sqrt{(345.34) (.1096)}$$

$$t_2 = .18$$

Decision: $t_2 = .18$ does not fall within the critical region and, therefore, H_0 cannot be rejected.

Difference of Means Test on
Education Participation

Programs with
Educational Participation

$$N_1 = 38$$

$$\bar{X}_1 = 16.14$$

$$s_1 = 20.27$$

Programs without
Educational Participation

$$N_2 = 12$$

$$\bar{X}_2 = 7.38$$

$$s_2 = 7.90$$

F test: $H_0: \sigma_1 = \sigma_2$

$H_a: \sigma_1 \neq \sigma_2$

Critical Region: $F_{.05}(37,11) \geq |2.54|$

$$F = s_1^2/s_2^2 = 6.58$$

Decision: $F = 6.58$ is within the critical region and H_0 can be

rejected and $t_1 = \sigma_1 \neq \sigma_2$ used.

$H_0: \mu_1 = \mu_2$ -- There is no difference with respect to Success between those community programs which incorporate Education in their development and those that do not.

$H_1: \mu_1 > \mu_2$ -- Those community programs which incorporate Education in their development are more likely to experience success than those programs that do not.

Sampling Distribution and Critical Region: $df = 24$

$\alpha = .01$, one-tail test

$$t_1 \geq |2.4921|$$

Computation: $t_1 = \bar{X}_1 - \bar{X}_2 / \sqrt{s_1^2/N_1 + s_2^2/N_2}$

$$t_1 = 8.76 / \sqrt{16.02}$$

$$t_1 = 2.19$$

Decision: $t_1 = 2.19$ does not fall within the critical region and H_0

cannot be rejected at the $\alpha = .01$ level. However, at the $\alpha = .05$ level, $t_1 \geq |1.7111|$, H_0 can be rejected and H_1 accepted.

Difference of Means Test on
Religious Participation

Programs with
Religious Participation

$$N_1 = 30$$

$$\bar{X}_1 = 14.51$$

$$s_1 = 15.47$$

Programs without
Religious Participation

$$N_2 = 20$$

$$\bar{X}_2 = 13.32$$

$$s_2 = 22.51$$

F test: $H_0: \sigma_1 = \sigma_2$

$H_a: \sigma_1 \neq \sigma_2$

Critical Region: $F_{.05}(29,19) \geq |2.07|$

$$F = s_1^2/s_2^2 = 2.12$$

Decision: $F = 2.12$ is within the critical region and H_0 can be rejected at the $\alpha = .05$ level and $t_1 = \sigma_1 \neq \sigma_2$ used.

$H_0: \mu_1 = \mu_2$ -- There is no difference with respect to Success between those community programs which incorporate Religion in their development and those that do not.

$H_1: \mu_1 > \mu_2$ -- Those community programs which incorporate Religion in their development are more likely to experience success than those programs that do not.

Sampling Distribution and Critical Region: $df = 24$

$\alpha = .01$, one-tail test

$$t_1 \geq |2.492|$$

Computation: $t_1 = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{s_1^2/N_1 + s_2^2/N_2}}$
 $t_1 = 1.19/\sqrt{33.32}$
 $t_1 = 0.21$

Decision: $t_1 = 0.21$ does not fall within the critical region and H_0 cannot be rejected at the $\alpha = .01$ level.

VITA *e*

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