

Abstract

African Americans constitute 13% of the total US population yet account for 31% of drug arrests and close to 40% of those incarcerated in either state or federal prisons for drug related crimes, mostly possession (Drug Policy Alliance (DPA), 2017). However, Caucasians are just as likely to use drugs as African Americans (NAACP, 2017). University students were surveyed to see if they held an explicit racial bias regarding who they perceived as using, manufacturing, and selling drugs. Multiple paired t-tests were conducted comparing AA, CA, and their answers on crack-cocaine and powdered cocaine. Their findings are that AA coke users are rated lower ($M = 22.37\%$, $SD = 8.26$) compared to CA cocaine users ($M = 35.21\%$, $SD = 14.4$) ($t = -5.694$, $p = .000$). Another paired T-test showed that AA were rated higher crack-cocaine criminals ($M = 32.26\%$, $SD = 15.7$), with CA being rated lower ($M = 26.84\%$, $SD = 12.42$) ($t = 2.237$, $p = .029$). These findings indicate that African Americans are associated with crack-cocaine more so than other races and Caucasians are associated with powdered cocaine more so than any other race. This indicated that discriminatory policy, enforcement of said policy, and cultural forces may have influenced the attitudes of Salisbury University students into making them believe that one group (African Americans) are far more likely to be involved in deviant behavior involving an crack-cocaine.

Keywords: implicit bias, mass incarceration, perception, public opinion, attitude.

Associating Race and Drugs?

Investigating the Relationship Between Race and Drug Involvement

Understanding the relationship between perception of race, drug policy and enforcement, and its resulting biases is a crucial piece to unlocking potential remedies for racial tension within the United States. Racism is no new concept, but dialogue about race is currently a hot topic due to political figures and cultural idols speaking out about racism and groups such as Antifa, Black Lives Matter, and alt-right white supremacy groups becoming mainstream. Colin Kaepernick, the pro football quarterback who decided to take a knee during the national anthem to protest discrimination against African Americans, specifically police brutality, and the bloody confrontation between protesters in Charlottesville in the summer of 2017 demonstrates the powerful effects these individuals and groups can cause (Rankin, 2017). Understanding if, how, and why people perceive race as indicators of behaviors is a step towards potential remedies that may alleviate the growing political and public racial tension. This conflict is resulting in the disenfranchisement and even death of individuals in all parties, for example those killed in Charlottesville when an individual drove his car into a crowd of protesters (Penzenstadler, 2017). The term conflict has multiple understandings in different contexts. I use it here to refer to racial tension as conflict in the sense that there are parties, those who support, regardless or how openly or even unknowingly, racist and discriminatory legislation, discriminatory culture, or acceptance of discrimination. The opposing side(s) in this racial tension conflict is/are those who are discriminated, oppressed, and/or those receiving the negative consequences of the racism. Understanding the views held by the average individual is a crucial piece to the larger puzzle of understanding how to deescalate the racial tension in the U.S.

This project is not intended to solve racial issues or cure any racist attitudes. My intentions are to make people aware of their attitudes and provide them with resources that will give them the facts so they may form an educated opinion, to ascertain whether certain ethnic groups are associated with the use of a certain drugs, and to examine if the apparent racial discrimination in drug policy enforcement aligns with the public's opinions about who actually uses illegal drugs. With years of data documenting the disparity of the number of people of color that enter the US justice system (Gibbons et al., 2012) and the association of race and stigmas (Manderson, 1999), the possibility that younger generations carry expectations that certain races and ethnicities are more likely to be involved with specific drugs is real. Could this impact the actual use of these drugs as certain populations feel as though it is more normal for them to use and therefore have fewer reservations against using? This research will not be able to draw lines of causation, but will begin to shed light on the relationship between drug policies; their enforcement, drug use and abuse, and the public's opinion of who uses illegal substances.

Literature Review

The creation of an attitude, a summary evaluation of an object of thought (Vogel and Wanke, 2016), relies on the strength and valence of the relationship between the attitude object and the attitude. Attitudes can be made stronger and have an increased valence (the inherent goodness [positive valence] or the inherent averseness [negative valence] of an attitude object) in three ways; when being seen paired together, when one or the other increases in liking and is then seen together, and the pairing of either with other liked stimuli. Attitudes are also not always static; an attitude can be relevant or not, it can change quickly, and can be influenced over the course of time. All of these affect the accessibility of an

attitude in any circumstance. Racism, a negative attitude assuming that others' lives are worth less than yours due to differing levels of melanin in the skin, has impacted the world throughout history by creating suffering on indescribable epidemic levels. People have associated deviant and dangerous behavior with those of other races (Chae et al., 2017, Clemons, 2014), and expect people of a certain color to act certain ways simply because of the level of melanin in their skin (Graff, 2015, Hurwitz and Pleffy, 1997), and they then treat them as less than human because they are not the same as them. Truly a disease of the mind, racism is theoretically easily cured. Simply put, somebody only needs to change their mind about people of other colors. Yet racism is as good as an example as we can get to describe an instigator of intractable conflicts. Racism has been a persistent conflict instigator throughout history, think US civil war or Indian independence. Understanding the relationship between the attitude racism and the attitude object, another human, can create a better understanding of how changes can be made to decrease the resulting effect of racist discrimination. Racial bias is a product of evaluative conditioning (EC), "attitude change towards an object due to paired exposure with a valence stimulus" (Vogel & Wanke, 2016). Some of the most common and prevalent influences on the strength and valence of our attitudes are the media (alternative or standard), cultural and family influences, and environmental cues and societal norms. Deconstructing the cause and effect structure between racial bias, stimuli, and the outside influences that create racism is essential to acquiring a clear concept of racism and its resulting effects.

Historical Factors: How We Got to Mass Incarceration in the Twenty-First Century

One aspect of understanding racial bias lies in the expectation that certain races use certain drugs. The crack epidemic in the 1980s mainly affected poor peoples of color and

drugs were commonly used to scapegoat an illegal substance to a troubling subordinate group, for example a racial minority (Reinarman & Levine, 1997). During one of the most prevalent public scare campaigns, The War on Drugs that began in the 80s, urban black individuals bore the brunt of consequences including arrests, deaths, raids, infringement of rights, and societal image smearing (Hurwitz & Pleffy, 1997). These ‘drug scares,’ as coined by Reinarman and Levine, have created a negative racial bias towards people of color (POC). What have basically been smear campaigns organized by government agencies, media counterparts, and other actors against different discriminated groups have supported a cycle of ignorance about drugs and suffering from those lost in the addiction cycle that has afflicted communities of POC in the United States (Reinarman & Levine, 1977). These drug scares have been praised as successful by those orchestrating them, so if they truly work would the student population of a town on the Eastern Shore of Maryland, a former slave state with large numbers of POC and a relatively conservative political stance, though the university is somewhat liberal, show evidence of an explicit racial bias?

Institutional racism in drug policy is not an issue unique to the United States. Many states such as the U.K., Australia, and Canada have laws that criminalize certain substances that can be associated with a specific race or ethnic group at the time the laws were enacted (Manderson, 1999). For example, in the U.S. African Americans have been associated with crack-cocaine, not the powdered cocaine that is associated with white users. In the 80s as the crack epidemic gripped the United States and mainly affected African American (AA) communities. In consequence AA’s have been associated with crack-cocaine because of its cheap price and availability in inner city communities, whereas the more expensive powdered cocaine was associated with white use. In Australia, the members of the Chinese

race were associated with opium instigating legislation to solve the social issue. Furthermore racist rhetoric is not uncommon in legislation regarding illicit substance use. The Opium Act of 1895 that was passed in Australia specifically prohibits the sale of opium to the “natives” (Manderson, 1999). This was one of the first legislative acts that restricted substance use while also referring to a specific race’s behavior as further reason to criminalize the substance. This act also included discourse that describes the Chinese immigrants as seducers of black women through the ‘magic’ of opium. Global drug policy has unquestionably been affected by racism and discriminated groups have been the victims again and again.

The dangers of the drug were usually not the key motivator to ban the substance, but instead drug policies tended to be enacted in accordance with specific instances of public outcry and the subsequent criminalization of the substance. Legislation was also conveniently used to associate specific problem groups of people with the drug they were criminalizing, attempting to solve two problems with one stone. Public outcry was in response to a mixture of immigration, racism, poor economic circumstances, and the dissemination of proper racial roles via mass media (Manderson, 1999). With the U.S. housing a quarter of the world’s prisoners and almost half of that population serving time for drug charges (TSP, 2017) it seems clear that drug policy in the United States has more to do with political motives than the health and safety of its citizens.

In the United States the current era of mass incarceration is truly unique. The U.S. alone houses almost a quarter of the world’s 9 million incarcerated individuals according to the ACLU (DPA, 2016). Graff (2015) argues that this period of mass incarceration is an evolved form of Jim Crow laws, which was the evolution of slavery. During and after the Reconstruction racist attitudes slowly began to hide behind closed doors, but thrived in the

upper echelons of the government and certain industries that created the discriminatory legislation. African Americans have long been discriminated against and the War on Drugs obviously was a war on African Americans and other POC, through heroin and then crack-cocaine. The war even labeled a non-ethnic group, the “hippies,” with marijuana use and sales (Graff, 2015). This racism is documented in an interview in 1994 with a former advisor in the Nixon administration, John Ehrlichman stating that

“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or blacks, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”

While the Nixon administration is not known for being honest, the penetration of racism into the highest echelons of the government should have provided a warning sign that the drug war he was promoting so heavily was not to keep US citizens healthy or to protect the youth from developing drug habits.

The intentions behind those orchestrating the War on Drugs are pretty clear-cut when you not only look at interviews with those in power at the time, but also at the fact that despite its ineffectiveness in reducing drug use the war is continued resulting in the decimation of POC communities (Reinarman & Levine, 2017). Their intentions were not

simply the safety of the American people, but they likely included implementing these drug policies to forward discriminatory policy that support white supremacy and maintenance of the status quo. Furthermore it is not surprising that those arrested for minor drug possession, after losing access to publically funded programs such as welfare, federal education assistance, their driver's license may be permanently revoked, find themselves restricted from participating even partially in the formal economy. Those who have been arrested have a 68% re-arrest rate because they are no longer able to function fully or even partially in mainstream society or the formal economy (Graff, 2015).

There are multiple variables contributing to the current racial demographic disparity in the U.S. prison population that stem from these discriminatory policies. Goode (2002) explains how "point of contact" factors affect public inner city selling versus suburban private selling and has had an impact on who gets arrested selling drugs. Suburban illicit substance distribution, or selling drugs in the suburbs, is more commonly done by White Americans more than African Americans, whereas African Americans or Hispanic Americans more commonly partake in inner city selling. Suburban drug dealers tend to partake in private transaction with buyers they know personally or through a friend. Subsequently they are not as easily detected by patrolling police officers. Conversely inner city drug dealers tend to sell in view of the public and to strangers therefore they are more easily sighted by patrolling officers (Goode, 2002). Additionally police patrol inner city high-crime colored areas far more often than white suburban areas.

Understanding Racism in Relation to Drug Involvement

Hurwitz and Pleffy (1997) found racial stereotypes to be only moderately correlated with attitudes towards generic crime issues, that if the crimes being considered are violent

and the policies considered are punitive then the stereotype that African Americans are guilty of more crimes is supported. Using the Lexington crime survey, an explicit attitude measure, they studied people's attitudes towards race and crime. Attitudes can fall into two categories: explicit or implicit. An explicit attitude is a consciously aware attitude, for example I have an attitude that I like avocados, I know I like avocados and I tell people so. An implicit attitude is a subconscious attitude that may or may not align with its counterpart explicit attitude. For example a closet racist will not openly express racism or admit they are racist, but if tested in a manner that can control for conscious correction of a non-socially acceptable attitude than the implicit attitude can be revealed. In this way, Hurwitz and Pleffly may have missed potential implicit biases because they only used explicit measures. Their finding of only moderate correlation strength is showing a mix of true implicit attitudes and the conscious attempt to make the answers socially acceptable.

Understanding how implicit racial bias has affected the court system and law enforcement is also a crucial piece to the puzzle. Implicit racial bias, in contrast to explicit, is a racially biased attitude held within an individual and not always apparent even when questioned. Certain implicit attitude tests (IAT) can ascertain whether an individual holds implicit attitudes that contradict their proclaimed explicit attitudes. In 2002, Correll et al. investigated whether ethnicity was a factor in identifying potentially threatening individuals. They created a version of an IAT as a 2 x 2 within-subjects design; Target Ethnicity (African American vs Caucasian) and Object type (Gun vs No gun). Correll and his colleagues then ran this design in four different environments with the first three with students from a college campus and the last trial with participants found at random in public locations. They found that people were more likely to shoot black people if the target was armed and more likely to

shoot unarmed black people than their white counterparts. This study is one of many noting the implicit racial bias held by many people that they might not explicitly proclaim or even believe they have (see also Chae, 2017; Nance, 2017).

This implicit race bias is also not fully understood by the Supreme Court and therefore the legislation they support affects people of color due to their lack of understanding. Chief Justice John Roberts believes racial bias is explicit and under conscious control as implied by a statement from him in 2007; “the way to stop discrimination on the basis of race is to stop discrimination on the basis of race” (Clemons, 2014). By assuming that people are in control of their actions and are not influenced by outside forces driving them to certain choices, Justice Roberts makes the fatal attribution error, assuming peoples’ actions are the product of poor internal personality characteristics rather than situational circumstances. The implicit racial bias is not only in the highest echelons of the court system, public defenders, public prosecutors, law enforcement, trial judges, and their juries have all proven to be affected by implicit racial bias usually negatively affecting colored minorities. This has played a huge role in the havoc wreaked on colored communities due to mass incarceration and the War on Drugs.

The assumption that drug addiction is a moral deficiency, which was the driving force behind the Rockefeller Drug Laws (Windsor & Dunlap, 2010), and deserved harsh punishment to discourage the use and sale of the illicit drugs, has created a framework that punishes an individual based on their choice of lifestyle. This framework insinuated that using certain psychoactive substances, marijuana or cocaine, is immoral while use of legal psychoactive substances, for example pain medication and alcohol, is not immoral. The Rockefeller Drug Laws were based on assumptions and beliefs that have turned out to not

stand the test of the scientific method, such as that drug users were all criminals and bad people (Windsor & Dunlap, 2010). Furthermore the Rockefeller Drug Laws have made communities believe their punishment to be the largest motivator against association or use of illegal substances, but do not have the data to support its methods. Rather it is employment and child related reasons that are cited most regularly by participants in surveys about drug use desistance (Windsor & Dunlap, 2010). According to research conducted on African American families in New York from 1995 until 2007, crack/cocaine and heroin were viewed as the most dangerous drugs followed by alcohol, and marijuana last, with the exact reverse order for their beneficial aspects (Windsor & Dunlap, 2010). Their participants noted that their views of harmful effects tended to be based on the amount of dysfunction the substance caused to normal obligations such as to one's children, or to go to class or work. This shows that people expected certain people to do drugs and they expect these people to be morally deficient,

Gibbons et al. (2012) found that discrimination was directly linked to anger and that anger was directly related to a decrease in self-control. The erosion of self-control over time led to increased susceptibility to negative emotionality. The result is a decrease in one's "capability to defy the urge to use illicit substances and an corresponding increase interest in using substances to numb the resulting emotional turmoil and anger (Gibbons et al., 2012). Gibbons et al.'s data indicates an indirect positive correlation between discrimination and substance use exists implying that discrimination could increase substance use and/or the reverse could be true. Unfortunately his study was limited to African Americans and therefore lacks somewhat in its generalizability.

Gibbons et al. (2012) goes further in a second study correlating discriminatory experiences with illicit substance word associations, Gibbons et al. used a latent growth curve analysis of FACHS data to follow 889 families in two states, Iowa and Georgia, and recorded the relationship between discrimination, self-control, and substance use. Gibbons et al. (2012) found that when a person experiences a discriminatory situation, they have an increase in illicit substance-related cognitions, “even for those who were not regular users” (p. 1097). The results from their second study suggest it was not the anticipation of stress from the discriminatory situation that led to the substance-related cognitions, but that discriminatory cognitions may lead African American adolescents to elicit substance-related cognitions similar to those with low self control regardless of their previous levels of self reported self control. As extensive as Gibbons et al.’s (2012) study was, being the first to link discrimination, self control, and substance use directly, it was conducted using a sample with twice as many women than men, all of whom were African American.

If discrimination can deplete self-control over time, and low self control is related to substance use for African Americans, I imagine finding similar relationships in other discriminated groups, even those not based on race. Furthermore the relationship between discrimination and self control may lead to many other issues within the discriminated community that reach far beyond substance use such as gang violence that follows illegal drug traffic. The importance of how discrimination may increase substance use is another key factor in understanding why mass incarceration has so disproportionately affected certain racial groups. Furthermore if those who are discriminated against are more likely to use substances then could there be a relationship between race and perceived substance use as well?

Publicly Available Data Analysis

In this section I will compare different sets of local Maryland and national statistics relating to race, drug arrests, and incarceration rates. I compiled these charts using data from the Maryland Uniform Crime Report, Census Datum, and The Sentencing Project data.

Maryland Uniform Crime Report Statistics

	Male	Female	White	Black	American Indian	Asian	Pacific Islander	Total
Total arrests	76%	24%	49%	50%	>.01%	~.01%	>.01%	212623
Drug Abuse Arrests	81%	19%	43%	56%	>.01%	>.01%	>.01%	32251
DUI's	76%	24%	68%	30%	>.01%	~.01%	>.01%	20457

Census Population Statistics

	Black/ African American	American Indian	Asian	Pacific Is.	Hispanic	White, not Hispanic
US pop	13.30%	1.30%	5.70%	0.02%	17.80%	61.30%
MD pop	30.70%	0.60%	6.60%	0.10%	9.80%	51.50%
Difference	-17.40%	0.70%	.90%-	-0.08%	8.00%	9.80%

The Sentencing Project Statistics

	White	Black	Hispanic	Other
People in federal/sate prisons	33.80%	35.40%	21.60%	9.20%

The top chart reports the percentage of the race and what they were arrested for including total arrests. The second chart shows demographics by race for the US and Maryland. The final bottom chart is a racial breakdown of the federal and state prison populations.

These charts show us that black individuals consist of only 13.3% of the total US population while non-Hispanic whites consist of 61%, over five times the percentage of blacks. Yet we find black people outnumbering white people in prison and in arrest numbers and higher proportional percentages of Hispanic individuals as well. This is not due to the black community doing drugs at higher rates as study after study has shown that African Americans and Caucasian Americans use, abuse, and sell illegal drugs at similar rates (Clemons, 2014). To put this in perspective one-in-nine men of all races were likely to be imprisoned since 2001, a rate of one-in-seventeen for white males but only one-in-six for Latino males and one-in-three for black males (TSP, 2017). Overall, women are imprisoned at smaller rates, but at similar percentages by race with black females having the highest likelihood of imprisonment.

In Maryland the African American population accounts for just less than one-third of the population, yet they make up 50% of total arrests and 56% of drug arrests. When illegal drug use rates are similar between blacks and whites according to Clemons (2014), and blacks almost doubling their proportional representation in Maryland prisons according to the Uniform Maryland Crime Report, the effects of institutional racism are likely to blame. Enforcement of Rockefeller Drug Laws, implicit race bias in law enforcement and the local court system, as well as police arrest tactics likely would have reasonable influence the rate of POC imprisonment (Correll et al., 2002, Goode, 2002, Windsor & Dunlap, 2010). The Maryland court and prison system have shown to be influenced by racial biases. Their disproportionate arrests and imprisonment of POC, especially black citizens, highlights the lack of social progress our policies have created. If drug use is continually why do we find POC accounting for an excessive majority of those arrested and imprisoned for drug

involvement rising (Gibbons et al., 2012; Manderson, 1999)? The drug policies and enforcement, both federal and local to Maryland have exhibited ineffectiveness achieving in their goal and inadequate in providing fair and equal treatment to all.

Changing policy and rules of engagement regarding enforcement may be potential factors to increase fairness, but ultimately they will not get at the root of institutional racism and solve the problems it is causing. For example soldier Joshua Maxwell explained his rules of engagement in a war zone in a social media post: “Our rules of engagement in Afghanistan were if you see a guy with an AK-47, you cannot open fire or take his weapon. You can ask him to put it down, but cannot force him to do so. Unless he raises it to shoot you, you cannot open fire. Doing so is an act of murder.” He goes further to then question why police not held to the same or stricter standard than those fighting a war, and he brings up a legitimate question.

Philando Castille was an African American male who was shot and killed in Minnesota after being pulled over with his wife and four year old daughter in the car. Video from the incident reveals that Castille notified the officer that he was carrying a legally concealed firearm, which was confirmed after the fact. After the police was informed that Castile was armed he told Castille to not pull the weapon out, repeated the command multiple times and then proceeded to shoot Castille 7 times while still in the car despite a clear lack of evidence that he was reaching for his weapon instead of his ID which he was also asked for. The officer involved, Jeronimo Yanez, was charged with three felonies; one count of second-degree murder and two counts of dangerous discharge of a firearm. He was acquitted of all charges almost six months after the incident and received no punishment from the police department. Would Philando Castille still be alive if the police officer involved followed

more stringent rules of engagement and did not assume that Castille meant to harm him because of he was black?

Literature findings on the topic of race are plentiful, and drawing a connection between the court and prison systems, institutional racism, and implicit racial bias is not a new undertaking. While many have looked at the relationship before, little published literature addressed whether apparent institutional racism has been correlated to, or caused, implicit racial bias. I intend to investigate the potential relationship between the two and if local Salisbury students have an implicit racial bias in relation to drugs and race.

In the present study I sought to investigate university students' perceptions of users of illegal drugs. I expect the respondents to identify African Americans as the most likely to be involved with any drug, as African Americans have been systematically and repeatedly associated with deviant behavior including negative involvement with drugs. As noted by Graff (2015), races have also been associated with specific drugs, not just general behavior. I hypothesize that because of the Nixon administration associating black with heroin in the 70s and the crack epidemic in the 80s that African Americans will be associated with these two drugs, heroin and crack-cocaine, at higher rates than the other races. As for powder cocaine and methamphetamine, they have been stereotypically associated with white users (Manderson, 1999), and I would expect to find that true in the survey results as well. For marijuana I have found conflicting sources as to which race with it associated more (National Survey on Drug Use and Health, 2007). As for alcohol I do not expect to find any significant differences between which race is expected to be involved more with the drug one way or another. As a legal substance I expect it to be more accepted for use by all.

Method

Respondents

The respondents were from Salisbury University, a public university on the Eastern Shore of Maryland. The university has a four prominent academic schools: the Siedel School of Education and Professional Studies, The Fulton School of Liberal Arts, The Henson School of Science and Technology, and the Purdue School of Business. Salisbury is $\frac{3}{4}$ white and most of the students are from Maryland, a strong democratic state. Yet, the Eastern shore lends itself being much more conservative voting historically republican.

Salisbury University students were given the questionnaire in Biological Basis of Behavior, Sensation and Perception, and Research Methods. These classes were chosen due to their accessibility to myself as an undergraduate for a research project. The total number of participants offered the survey was 84, with 72 participants responding (86.74%). These students ranged from Sophomore to Seniors with majors including mainly Psychology and Biology. Sixty-one point one percent of the participants identified as younger than 21 while 38.9% identified as 21 or older. Of the 72 respondents 18 (25%) were male and 54 (75%) were female. The majority identified as Caucasians ($N = 52$, 72.22%), followed by African Americans ($N = 10$, 13.88%), Asian ($N = 6$, 8.3%), and Hispanics ($N = 2$, 2.77%). These participants were chosen due to their accessibility. The majority of the participants were white females ($N = 41$, 56.94%). Almost all were within the 18-22 age range ($N = 68$), and the majority identified as being raised in a house with an income between \$25,001 – \$150,000 ($N = 49$).

Survey

Section 1 asked for demographic information; sex, age, race, income, major, and high school diversity. Section 2 asked questions of some basic drug related knowledge. Section 3 questioned which race, either White, African American, Asian American, Native American, or Hispanic American, the respondent thought used illegal drugs on a 9-point scale from -4 = (far less often than others) to +4 = (far more often than other groups) and 0 being the same as other groups. In section 4 there were a series of questions for six drug mini-sections; alcohol, heroin, cocaine, crack-cocaine, marijuana, and methamphetamine. These questions addressed who the respondent thought used, distributed, was arrested for, and was addicted to the specific drug. They were asked to write in the percentage of users/addicts/distributors/manufacturers that they thought would be associated with each race. Each drug mini-section also included a question about which socio-economic class to see if it was correlated with specific response trends.

Procedure

I administered the survey (see appendix) in four different classes, two sections of Biological Bases of Behavior, one section of Sensation and Perception, and one section of Research Methods all in the month of October in the 2017 Fall semester. All are classes in the Psychology Department at Salisbury University in Salisbury, Maryland. A disclaimer was read noting that their participation would not affect their class standing, their answers would be anonymous, and informing them of places and people they could reach out to if they found the survey caused them adverse effects.

I placed an empty envelope at each seat for all the respondents. The professor then left the room and I made it clear to the respondents that participation was not mandatory and

would not affect their class standing. The respondents were told it would take approximately 20-30 minutes to complete the survey. Then I distributed and went over the consent form. The consent form, I explained, informs the respondents the reasons why the survey was being conducted and that the survey was not expected to take longer than 30 minutes. I further explained that their data would remain anonymous.

Results

The data was analyzed in SPSS. The results were compared by sex, age, and household income with no significance. Means by race were recorded and compared as well as their answer choices recorded and compared to see if one race was chosen consistently in a section. These results did result in some significance. Further t-tests were conducted between specific answer choices by race within the mini-section the significance was found.

Section 2

No single race was chosen to be significantly more associated with any specific drugs than the others on the 9-point scale questions. The majority of the participants chose the correct (factual) answer; “alcohol” as the leading cause of death (N=31, 43.05%), “drug possession” as the most common offense (N=46, 63.88%), that no single race tends to use drugs at drugs more than the rest (N=22, 30.55%) and “African Americans” as the most likely to be incarcerated for drug related offenses (Use and Distribution) (N=56, 77.77%, N=40, 55.55%).

Section 3

No significant difference was found identifying a single race as using all illegal drugs significantly more than other racial groups.

Section 4

CA had the highest means overall for all drugs except crack-cocaine. For every drug, except crack-cocaine, CA were rated the highest for use, crimes, addiction, and distribution. For CA overall: the use questions $M = 31.55$, for the crime questions $M = 31.25$, for addicts questions $M = 33.44$, and for distribution questions $M = 29.01$. For crack-cocaine AA use $M = 32.39$, distribution $M = 31.15$, crimes $M = 33.26$, and addiction $M = 30.71$ were significantly higher than CA use $M = 27.72$, distribution $M = 26.55$, crimes $M = 26.84$, and addiction $M = 29.75$.

A bivariate correlation analysis of the relationship between crack/crack-cocaine and race revealed a strong negative correlation between AA crack-cocaine users and CA crack-cocaine users ($r = -.560, p = .001$). AA were associated more heavily with crack-cocaine, CA were not. A similar correlation was found between AA cocaine users and CA cocaine users ($r = -.311, p = .01$). Conversely, CA were more heavily associated with powdered cocaine and AA were not. If you gave a high % rating to AA you gave a low % rating for CA. When comparing CA cocaine users to CA crack-cocaine users another negative correlation appeared ($r = .262, p = .05$). This displayed that CA were associated significantly more with cocaine than with crack-cocaine

Multiple paired t-tests were conducted comparing AA, CA, and their answers on crack-cocaine and powdered cocaine. Their findings are that AA coke users are rated lower ($M = 22.37\%$, $SD = 8.26$) compared to CA cocaine users ($M = 35.21\%$, $SD = 14.4$) ($t = -5.694, p = .000$). AA are rated lower as cocaine addicts ($M = 23.34\%$, $SD = 8.81$) when compared to CA cocaine addicts ($M = 35.71\%$, $SD = 15.33$) ($t = 5.195, p = .000$). AA were rated lower as cocaine criminals ($M = 23.33\%$, $SD = 8.81$), in contrast with CA rating higher

($M = 35.70$, $SD = 15.32$) ($t = -1.672$, $p = .099$). Where crack-cocaine is concerned the paired T-test revealed the AA were rated higher (significant only to $p = .10$) crack-cocaine distributors ($M = 31.15\%$, $SD = 13.45$), when compared to CA crack-cocaine distributors ($M = 26.55\%$, $SD = 11.70$) ($t = 1.833$, $p = .071$). Another paired T-test showed that AA were rated higher crack-cocaine criminals ($M = 32.26\%$, $SD = 15.7$), with CA being rated lower ($M = 26.84\%$, $SD = 12.42$) ($t = 2.237$, $p = .029$).

No race was significantly associated with marijuana more than another, except in the crime question. AA were rated significantly higher as marijuana criminals ($M = 31.86\%$, $SD = 13.03$), compared to lower CA rates ($M = 26.06\%$, $SD = 9.38$) ($t = 3.056$, $p = .003$).

Discussion

My findings partially support our main hypothesis that racial bias towards POC using illegal drugs would be apparent in Salisbury University. My hypothesis that African Americans (AA) would be more associated with heroin was incorrect. Hypotheses that were not supported are associating African Americans as heavier drug users and associating blacks with crack-cocaine overall rather than simply in comparison with whites and powdered cocaine. It is interesting to note that despite Reinerman and Levine's (1997) findings and Hurwitz's and Pleffy's (1997) findings that POC specifically African Americans have been found to be associated with specific illegal substances due to drug scares, our survey showed no significant difference between races when asked if each race was more or less likely to use illegal drugs on a 9-point scale. This could be due to conscious mental correction of one's implicit attitude to make a more socially acceptable answer, commonly referred to as the effect of demand characteristics in psychology, if they believe choosing a specific race is not socially acceptable. Furthermore the majority of my respondents did not choose whites as

the biggest users despite the fact that they are by in large the largest group consuming the largest amounts of drugs.

The results from Section 4 can be interpreted as having conflicting meanings. The results from indicated that Caucasian Americans were thought of as most likely to be associated with drug related crimes. This is interesting because it is a reflection of real life; black people are incarcerated at higher rates while white people are committing most of the crimes proportionately. This finding could indicate that Salisbury students might be aware of many of the racial stereotypes and consciously make an effort to not fall prey to the incorrect stereotypes. This is one of many of the limitations of using a student population, they have certain predictable attributes even in their diverse population that make them distinctly different from other non-student populations.

My hypothesis that African Americans were more likely to be associated with crack-cocaine and heroin as they were historically was not fully supported. When you look at individual drugs, rather than drugs as a whole, African Americans were only associated more than Caucasian Americans with crack-cocaine crimes, despite Caucasian Americans having the highest means for the section overall. These interesting findings support Graff (2015) and Manderson (1999) who found that the African American community in the United States was systematically associated with crack-cocaine more so than any other racial/ethnic group. It is interesting to see the African Americans are also associated more with marijuana crimes in the survey. Is this an effect of association of African American and deviant behavior, or is an effect of discrimination and the resulting heightened substance use (Gibbons et al., 2015; Vogel, 2016)? There is no data supporting the idea that African Americans are committing more crimes in relation to marijuana than other races, but potentially repeated drug scares

and the association of dark skin and deviant behavior might be to blame (Reinarman & Levine, 1997). Marijuana is an interesting illicit substance because of its unique combination of medicinal benefits, its grey legality (being legal in a state level, but not a national level), availability, and ability to be used heavily and not cause significant impairment. These reasons and more are likely to be the cause of why marijuana doesn't follow association patterns with races like other drugs in recent history.

As for heroin and alcohol no race was significantly associated with heightened involvement in any of the tested illicit substances. There are many possible reasons for this and there is little literature to review about why that may be. I would venture to guess that despite being historically associated with heroin, in the more recent past they have been associated with crack-cocaine, maybe marijuana more so than heroin and that is why they are now being more associated with those substances instead of heroin.

The data suggest that African Americans have been associated with crack cocaine use, crimes, addiction, and distribution more so than any other race. As the crack epidemic mainly affected African Americans this does not come as a surprise. There is a significant difference between the ratings prescribed to crack-cocaine and cocaine depending on whether the race was black or white. African Americans were rated higher in relation to crack-cocaine and whites higher in relation to cocaine. I would argue that a combination of drug policy, policy enforcement, and institutional systemic racism are the main contributing factors to associating the African American community with crack-cocaine more than any other. My findings support Hurwitz and Pleffy (1997), and Maderson (1999), Reinarman and Levine (1997) linking crack-cocaine to African Americans. Their data includes much of the national statistics I have mentioned above, resources that observed the crack epidemic and its effect

on inner city POC communities, and how African Americans and crack-cocaine have been systematically associated with each other.

While U.S. policy makers continue to promote and pass legislation that targets racial groups we will likely see no change in the association of African Americans with crack-cocaine. Despite lowering the sentencing disparity from 100-1 to 18-1 the difference is arbitrary due to the fact that 18 years in jail is not comparable to 1 year in jail for a drug that is chemically almost identical. Concurrently as the African American community on average has an income far below that of their white counterpart they will likely continue to find themselves using the cheaper alternative to cocaine that is crack-cocaine (Graff, 2015). So being black and being discriminated against may increase susceptibility to using illegal drugs (Gibbons et al., 2012). Blacks are expected to use crack-cocaine more than any other according not only to Manderson (1999), Reinerman and Levine (1997), and Hurwitz and Pleffy (1997), but also our findings support that African Americans are associated with crack-cocaine. This in combination with institutional racism apparent in our justice system nationally (DPA, 2016, Goode, 2002) denotes that American society is facilitating mass incarceration mainly affecting POC.

Influences such as the media, cultural changes, and inaccurate heuristics built on specific and context dependent experiences collectively create implicit racial bias in the U.S. and Maryland courts and law enforcement. A true deconstruction and reconstruction of the system is required. Implementing change in one area is not likely to address all of the issue and influences causing the problem that is the disproportionate mass incarceration of POC and the resulting racial biases. A systemic change in the judicial branch is needed.

Racism is not just some national problem in some big cities, this is also a problem right here in Salisbury. In Maryland, blacks account for only one third of the population, but account for more than half of all those incarcerated. It was students in Salisbury that associated blacks with crack-cocaine and whites with powdered cocaine. If Maryland continues to follow suit with the national trend of institutional racism the average Marylander will suffer. As many Salisbury students are Maryland residents they are likely the future of our state. When citizens are taken off the street and put into jail, the populace loses potential labor that could be used to grow the local economy. Not only do we lose labor, but also now the fruits of our labor must be used to support the housing of the new prisoner in the form of taxes. It is a lose-lose for the taxpayer that grows with every arrest. Not only does this hurt on an economic level, but also institutional racism has a profound effect on culture. As devaluation of human life affects those in power, we start to see a disregard for human welfare from those in charge of the welfare of the populace. I think it is obvious that we cannot solve many of the issues in our society if we do not address the root of racism; that the life of another is worth less than yours. Until then POC and frankly all those not in the ranks of the elites will suffer one way or another as those in power make decisions without regard to the safety and happiness of others.

Sadly there's not much any individual can do about the problem as a whole, it's only a large movement by the people that can invoke rapid social change. When attempting to invoke change in another what I would suggest is leading by example. Break the status quo; don't support companies with racist owners and vote with your dollar. Boycotting companies and corporations has become popular in today's corporate controlled society. Make an effort to truly analyze your interactions with others and identify your thoughts and actions that are

affected by others' race and try to neutralize any negative influences and dispel any racist attitudes you may be holding. Don't tell others how to act, lead by example and ideally as more and more follow suit enough people will work with and change the institutions around them that create many of the racial stereotypes. Similar to global warming no single person can solve this problem of racism, but a truly global effort could have a significant impact.

Limitations and Further Research

My project has evolved from semester to semester. As I dug further into the problem I realized that my research question might not be realistically answered with my timeframe, experience, and resources. Despite rigorous searching for relevant sources little research has been conducted investigating the relationship between drug policy and enforcement on the Eastern Shore of Maryland and people's attitudes towards drug involvement by race. With numerous articles and books written on drug policy and enforcement and a decent amount written about people's attitudes towards drug involvement by race I compiled a reasonable idea of how they might relate, but did run into significant difficulty relating my sources to the Eastern Shore specifically and the attitudes of those inhabiting the Eastern Shore. Research as proposed in my original proposal would take a significant amount of time over what has been assigned as my deadline.

Another limitation of my survey was its depth. Not only did I come up with more questions and different ways to ask them the moment after I got Institutional Review Board approval, but I had to keep my survey short enough that it did not seriously hamper the curriculum plan of the professor whose classes I administered the surveys. With 30 minutes maximum to go over instructions, administer, and collect the surveys that left the respondents roughly 23-25 minutes to complete the survey, which was not a simple multiple choice

survey. It required math, simple math yet more processing power than simply choosing one of multiple choices. That along with the demographics section and the second race and drug use section made for a somewhat lengthy survey. Another topic I would have liked to include which came up in the preliminary research was attitudes towards prescription drugs in relation to race and policy enforcement, which is causing epidemic numbers of overdoses in the United States currently.

Where my survey examines explicit racial bias because the respondents are fully aware of what the questions are and what I am trying to find out by asking them, an IAT would attempt to understand implicit attitudes, those that I may not be conscious of, but still may affect our behavior. The importance of that is my respondents could have potentially been affected by demand characteristics influencing them to choose more socially acceptable answers instead of reporting what they truly believed to be accurate. An IAT, done properly, would have allowed me to tap into the respondents' implicit, unconscious, and arguably 'more real', attitudes towards race and drugs. After learning of IAT I believe that my results would have been different if I had set up my experiment to gather implicit attitudes rather than explicit attitudes and therefore would allow us to make greater claims about how the Salisbury community truly feels towards drugs and race

I was not able to manage proposing my survey to UMES, which would have greatly diversified our sample populations, as they have a very different demographic than that of Salisbury University. Though it would have also greatly increased my sample size, it would also have added many hours of work inputting their survey results. Another limitation I encountered was our inability to sample a more diverse population at Salisbury University. The survey was only given to students taking upper level psychology courses, mostly

psychology majors, and I was not able to sample many outside majors. I did reach out to their psychology department chair, but was never answered. My results would have been more generalizable to the population of the Salisbury community if I had surveyed from a general psychology 101 pool as these classes tend to have a wide range of majors. Our last limitation regarding sampling was that if I was given more time I would have liked to survey local high school students. The IRB process for that is extremely lengthy and stringent and would have likely taken two semesters. As always pooling from a larger and more representative sample will yield more accurate results, given more time and resources I would have liked to taken my survey to all of the different groups listed above. Together they would have likely created an extremely diverse respondent pool and allowed for even greater and more in depth statistical analysis. Another aspect of issues with my sample population lies in the relatively liberal attitude of college campuses and quite apparent liberal attitude of Salisbury University students. Reaching out to the local Salisbury population would have likely given different results.

Conclusion

Dialogues about race and racial issues are key to help understand the discrimination and suffering due to racism. Reading through countless accounts of seemingly racially motivated police brutality cases and court cases, watching the rise of white nationalism in the modern day United States, and seeing news reports of nooses being left locker rooms for black grade school age kids creates a feeling disgust and distress that follows me around every day.

By researching racism and racist behavior it has been discovered that there are a multitude of influences that can create a racist attitude in an individual. Mere exposure of two

stimuli together can strengthen the relationship between the two in an individual's mind (Vogel, 2016), the media has done a fantastic job at creating an image of black Americans, and other POC, as criminals, degenerates, and drug users repeatedly to the point that if one were to use mainstream media as a guideline they would likely expect Black Americans, and other POC, to commit a majority of the crime and to be at fault for many of the issues plaguing their communities (Hurwitz and Pleffly, 1997). Alongside the constant media desecration of the image of POC, institutional racism has been the foundation for many discriminatory measures that disproportionately affect POC (DPA, 2016; Graff, 2015; US, 2013). Change requires dialogue, and dialogue requires understanding and a willingness to listen and learn. By sampling the attitudes of Salisbury University students, I have started along the path of understanding racial bias.

My findings were largely expected. African Americans were associated significantly more with crack-cocaine and Caucasian Americans with powdered cocaine. These findings are likely the effect of discriminatory practices from the racist citizen all the way up to the policy makers writing discriminatory legislation. The effects of racism are horrendous and apparent and we know what is going on, I know we are all affected by it one way or another. The first step to solving a problem like this is admitting you have a problem. Current and past research has indicated that racism is an overarching issue throughout the nation and many are aware of the issue, but the majority has yet to take action.

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Appendix:

Survey:

Perceptions of Drug Use, Distribution, and Drug Crimes by Race Survey

Demographics: Please **circle the letter** that corresponds to the answer that best describes you. If other is chosen please specify. Number 2 and 30 must be answered or your survey will be excluded from the analysis.

1. Are you _____?

a. Male

b. Female

c. Other: _____

2. Please report your age:

a. Under 18

b. 18

c. 19

d. 20

e. 21

f. over 21

3. Please select the choice that best describes your housing situation.

a. On campus dormitory housing

b. Off campus housing affiliated with SU (UP, UV, UO, the gathering)

c. Off campus not affiliated with SU

4. Do you live _____?

a. By yourself

b. With parents

c. With roommates

d. Other: _____

5. Please choose your Race.

a. Asian

b. African American/African

c. White/Caucasian

d. Middle Eastern

- e. Pacific Islander
- f. Native American
- g. Other: _____

6. Are you Latino/Hispanic?

- a. Yes
- b. No

7. What is/was your average yearly household income in the house you grew up in?

- a. Under \$25,000
- b. \$25,001-\$150,000
- c. Above \$150,000
- d. Not sure/ no response

8. Circle approximately what percentage of your high school was comprised of students of color (those who might not identify as white)?

0%-----10%-----20%-----30%-----40%-----50%-----60%-----70%-----80%-----90%-----100%

9. Please fill in the blank with the full title of your major(s).

Please read each question carefully and **circle the letter** of the answer that best answers each question or query or fill in the blank. These questions will ask you questions that pertain to drug use and your opinions regarding it.

1. Which drug(s) causes the most deaths in the US?
 - a. Heroin
 - b. Opiates
 - c. Cocaine
 - d. Alcohol
 - e. Marijuana
 - f. MDMA/Ecstasy
 - g. Other (specify): _____

2. What type of offense is the majority of inmates serving prison time for?
 - a. Violent crimes
 - b. Drug trafficking
 - c. Drug possession
 - d. DUIs
 - e. Property crimes
 - f. Other (specify): _____

3. Which race/ethnic group would you consider to use the most drugs?

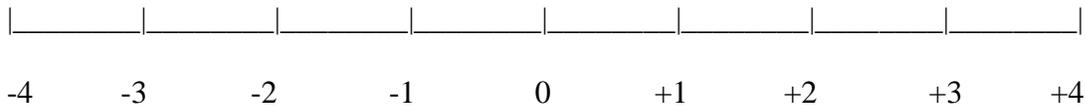
- a. African Americans
- b. Asian Americans
- c. Caucasian Americans
- d. Latino Americans
- e. Native Americans
- f. Other (specify): _____
- g. No single race/ethnic group uses drugs more than another.

4. Which group is incarcerated the most in relation to drug use?

- a. African Americans
- b. Asian Americans
- c. Caucasian Americans
- d. Latino Americans
- e. Native Americans
- f. Other (specify): _____
- g. No single race/ethnic group is incarcerated more than the rest.

5. Which group is incarcerated more often in relation to drug distribution?
 - a. African Americans
 - b. Asian Americans
 - c. Caucasian Americans
 - d. Latino Americans
 - e. Native Americans
 - f. Other (specify): _____
 - g. No single race/ethnic group is incarcerated more than the rest.

Answer the following questions based on a scale from -4 to + 4. These questions ask the frequency in which you believe a certain ethnic group uses a substance in relation to all other ethnic groups. The term ‘illegal drugs’ for the purposes of this study refers to any of the following drugs: Cocaine, Crack-cocaine, heroin, marijuana, and Methamphetamine. **Circle the number on the scale that best represents your beliefs, using the following format:**



Far Less Often

Same Rate as

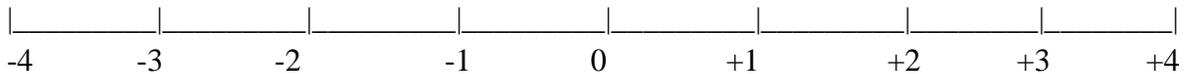
Far More Often

than Other Groups

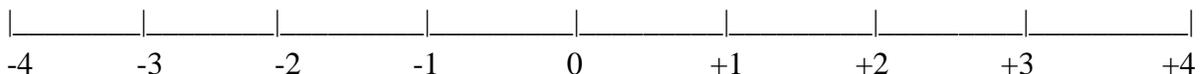
Other Groups

Than Other Groups

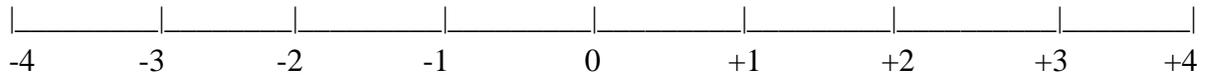
6. How often do you believe the average **African American** uses illegal drugs compared to other ethnic groups?



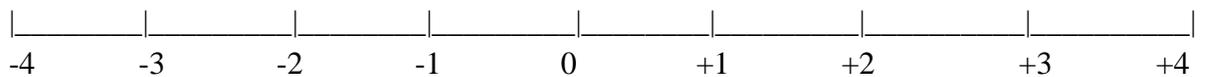
7. How often do you believe the average **Asian American** uses illegal drugs compared to other ethnic groups?



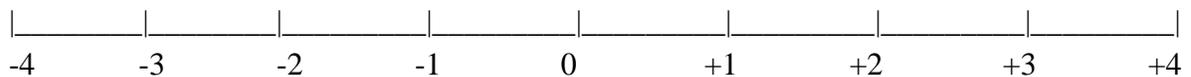
8. How often do you believe the average **Caucasian American** uses illegal drugs compared to other ethnic groups?



9. How often do you believe the average **Hispanic American** uses illegal drugs compared to other ethnic groups?



10. How often do you believe the average **Native American** uses illegal drugs compared to other ethnic groups?



For the following questions please **write the corresponding percentage in the blank** you believe each race/ethnicity is accurate. **Please use only percentages ending in 5 or 0 and make sure they add up to 100% total.** An ethnicity is defined as ‘the fact or state of belonging to a social group that has a common national or cultural tradition.’

Example: what percentage of each race/ethnicity would you associate with **eating bananas**?

- a. African Americans __15%__
- b. Asian Americans __10%__
- c. Caucasian Americans __25%__
- d. Hispanic Americans __25%__
- e. Native Americans __10%__
- f. Other (specify): __Irish__ __15%__

Total: 100%

Alcohol

1. What percentage of each race/ethnicity would you associate with **Alcohol use**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

2. What percentage of each ethnicity/race would you associate with **Alcohol related crimes**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

3. What percentage of each race/ethnicity would you expect to be **Alcoholics**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

4. What percentage of **Alcohol users** would you expect to find in each socioeconomic class?

- a. Below poverty line _____%
- b. Low/working class _____%
- c. Middle-class _____%
- d. Upper-class _____%

Heroin

5. What percentage of each race/ethnicity would you associate with **Heroin use**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

6. What percentage of each race/ethnicity would you associate with **Heroin**

Distribution?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

7. What percentage of each ethnicity/race would you associate with **Heroin related crimes**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

8. What percentage of each race/ethnicity would you expect to be **Heroin addicts**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

9. What percentage of **Heroin users** would you expect to find in each socioeconomic class?

- a. Below poverty line _____%
- b. Low/working class _____%
- c. Middle-class _____%
- d. Upper-class _____%

Cocaine

10. What percentage of each race/ethnicity would you associate with **Cocaine use**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

11. What percentage of each race/ethnicity would you associate with **Cocaine**

Distribution?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

12. What percentage of each ethnicity/race would you associate with **Cocaine related crimes**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

13. What percentage of each race/ethnicity would you expect to be **Cocaine addicts**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

14. What percentage of **Cocaine users** would you expect to find in each socioeconomic class?

- a. Below poverty line _____%
- b. Low/working class _____%
- c. Middle-class _____%
- d. Upper-class _____%

Crack-Cocaine

15. What percentage of each race/ethnicity would you associate with **Crack-Cocaine** use?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

16. What percentage of each race/ethnicity would you associate with **Crack-Cocaine**

Distribution?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

17. What percentage of each ethnicity/race would you associate with **Crack-Cocaine related crimes**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

18. What percentage of each race/ethnicity would you expect to be **Crack-Cocaine addicts**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

19. What percentage of **Crack-Cocaine users** would you expect to find in each socioeconomic class?

- a. Below poverty line _____%
- b. Low/working class _____%
- c. Middle-class _____%
- d. Upper-class _____%

Marijuana

20. What percentage of each race/ethnicity would you associate with **Marijuana use**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

21. What percentage of each race/ethnicity would you associate with **Marijuana**

Distribution?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

22. What percentage of each ethnicity/race would you associate with **Marijuana related crimes**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

23. What percentage of each race/ethnicity would you expect to be **Marijuana addicts**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

24. What percentage of **Marijuana users** would you expect to find in each socioeconomic class?

- a. Below poverty line _____%
- b. Low/working class _____%
- c. Middle-class _____%
- d. Upper-class _____%

Methamphetamine

25. What percentage of each race/ethnicity would you associate with **Methamphetamine use?**

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %
- g.

26. What percentage of each race/ethnicity would you associate with **Methamphetamine**

Distribution?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

27. What percentage of each ethnicity/race would you associate with **Methamphetamine related crimes**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

28. What percentage of each race/ethnicity would you expect to be **Methamphetamine addicts**?

- a. African Americans _____%
- b. Asian Americans _____%
- c. Caucasian Americans _____%
- d. Hispanic Americans _____%
- e. Native American _____%
- f. Other (specify): _____ %

29. What percentage of **Methamphetamine users** would you expect to find in each socioeconomic class?

- a. Below poverty line _____%
- b. Low/working class _____%
- c. Middle-class _____%
- d. Upper-class _____%

30. Do you still want your data to be used in the study?

- a. Yes
- b. No

- Thank you for your time