

## **Results of the 2008 District #1 Parent Survey Making Sobriety Attractive Project**

### **Data Collection**

We surveyed District #1's parents in 2008 on their attitudes and beliefs about underage drinking and use of other drugs. We asked about their own and their child/children's drinking behavior. We notified parents of the survey and requested their participation via postcard. After the initial postcard, two follow-up cards were mailed to remind parents of the survey and encourage them to participate. These extra mailings substantially improved the response rate.

### **What about parents who didn't take the survey?**

As with any survey, there is the chance that the results collected from the sample (152 DISTRICT #1 parents) do not match the results that would be obtained from the entire population (all DISTRICT #1 parents). We made every attempt to collect a representative sample, but some level of bias is impossible to eliminate. In this case, much of the difference likely results from the fact that certain groups of parents are more likely to complete the survey than others. For example, 85% of those who responded to the survey were female. It is likely that mothers and fathers have different levels of interest in and attitudes toward underage drinking issues. It appears that mothers were more highly motivated to complete this survey, so the responses from mothers are more strongly represented in these results.

In addition, we notice that the results represent an active rather than passive parenting role. This leads us to believe that those who may be somewhat less involved in parenting tended not to volunteer to answer the survey. In summary, we can be reasonably confident that these results are close to the overall attitudes of the more conscientious DISTRICT #1 parents, but do not know how well they represent the entire population.

### **What do we know now?**

**DISTRICT #1 parents disapprove of underage drinking in almost any situation.** Most parents also employ active strategies to prevent their children from using alcohol or other drugs. These include, (1) monitoring their children's activities, (2) modeling restraint in their own use of alcohol and other drugs (AOD), and (3) talking with their children about AOD use.

However, **many parents have serious misperceptions** about whether or not their children use AOD and about how much (or little) their child's peers use. Compounding the misperception is **a lack of knowledge about the harmfulness of underage alcohol use and its consequences.** The following report identifies the nature of these issues and provides information which can assist parents in being more effective at helping their children resist perceived peer pressure to use alcohol and other drugs. Question by question results are included following the "Selected Results and Implications."

## Report on Selected Results and Implications District #1 High School Parent Survey

### Attitudes Toward Underage Drinking

- DISTRICT #1 parents tend to disapprove of teenage drinking under any circumstances, although levels of disapproval depend on the situation.
  - 94.1% disapprove of 9<sup>th</sup> – 12<sup>th</sup> graders using alcohol.
  - 89.3% disapprove of under 21-year old college students using alcohol.
- 98% of parents say that they “would be upset” if their child/children came home and had been drinking. (Only 86% of students believe that their parents would be upset!)
- A large majority of parents (64.1%) drank when they were under the legal age. Having had this experience can make it more difficult for these parents to believe that many teenagers do not drink and that many more can be persuaded to not drink. However, this group of parents still disapproves of underage drinking.

### Parenting Strategies

- Nearly all DISTRICT #1 parents (95.1%) believe that they can “make a difference in what [their] children do concerning alcohol use.”  
 Research indicates that having conversations with one’s children about alcohol and other drugs (as 67.7% of #1 parents have done), modeling restraint (the parent’s own drinking), plus monitoring children’s activities are the most effective ways to make a difference.

### Talking with Children and Correcting Misperceptions

Research tells us that kids whose parents talk to them about alcohol and other drug use are 12% less likely to drink regularly. But, in order for this talk to be effective, both parents and children need to have an accurate picture of alcohol and other drug use in the environment.

- DISTRICT #1 parents, like parents in other surveys we have conducted, tend to think that “children in general” drink more, and more often, than is actually the case, but believe that their own children do not drink. 23.3% of DISTRICT #1 parents think their eldest child does drink, while 35.3% of DISTRICT #1 high school students say that they do drink.
- Most parents and DISTRICT #1 students (67.7% & 85.6%) agree that they talk to each other about alcohol and other drugs, yet some children are not revealing to their parents that they drink or that they use drugs like marijuana (24.7% used in the past month), nicotine (23.5% smoked in the past month), caffeine pills, LSD, ecstasy, cocaine, heroin, etc. (Use of the latter illegal drugs is limited to around 5% of the student population.)

It is gratifying that 73.8% of kids say that they listen when their parents talk, but perhaps the finding that 50.3% of students perceive most of these “talks” as lectures, rather than conversations, provides a clue to some of the kids’ unwillingness to speak honestly to their parents. Or perhaps most of the parents who responded to the survey are right in thinking that their children don’t use alcohol or other drugs, and the students who do use belong to the parents who did not respond to the survey.<sup>1</sup>

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<sup>1</sup> It is not likely that all the parents in this survey are accurate in their perception that their children do not use alcohol or other drugs. Even in a random sample survey (as opposed to this voluntary sample survey) conducted recently among neighboring Ottawa County parents, we found that most parents (75%) believed other people’s children drink but that their own abstain (Attitudes Matter, 2000).

Whatever the explanation, one solution is continued efforts among parents and kids to engage in open and honest communication about the pressures kids are facing and about how to make smart and satisfying decisions in regard to those pressures. Parents are “heroes” to their children. Most children want more than anything for their parents to be proud of them. Some experts believe that if parents can persuade their children that their love is unconditional, and that they want to help the children deal with real or “phantom” peer pressure, the children are more likely to be honest and to accept help.<sup>2</sup> For instance, it can save lives if you make sure your children know that you will come to pick them up if they ever find themselves tempted to drive after drinking or ride with someone who has been drinking, and that you will not punish them for calling for help. In such a circumstance, however, you should be committed to getting professional help for a child who has been drinking. **It is also an act of love and community responsibility to notify the parents if you know that other children have been drinking.** Too many kids do not get help for their alcohol and other drug use (83% in Michigan) because their parents do not know they are using AOD

Certainly our research this year (2008) has demonstrated that there is a great deal of “phantom peer pressure” on DISTRICT #1 students. Survey results for both parents and students reveal significant MISPERCEPTIONS. These misperceptions lead to the belief that nearly “everybody drinks,” except perhaps “me” or “my children.” The pressure to drink, or be silent if one disapproves of others’ drinking, is based on this erroneous (phantom) belief. The results of the surveys reveal the nature of the basic misperceptions.

When asked what percentage of students at your child’s school drank alcohol in the past 30 days, the parents replied:

- o 6.8% thought 1-15% of the students had
- o 31.1% thought 16-30% of the students had

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<sup>2</sup> The following is a model conversation based on correcting misperceptions as revealed through a social norms campaign:

Parent (P): What percent of students in your grade do you think drink weekly or at least once a month?

Student (S): Oh, almost all students drink that much.

P: What do you mean by most – what percent, for example?

S: I bet that at least 97% drink each month or week.

P: That’s interesting, because a survey conducted at your school last year found that 79% of your classmates had alcohol 1 or 2 or zero times last year. And 52% had zero in the last month.

S: Yeah, right - that can’t be true. What kind of survey is that!

P: Think about it for a minute, how do you know how often people drink?

S: You should just listen to the conversations in the hallway on Monday morning, or see some of the crazy behavior at parties, not that I do anything like that.

P: Well, I’m sure that some students are doing crazy things that get everybody’s attention. But just because some kids are doing wild things doesn’t mean that most are, it just means that they are getting the most attention.

This conversation could continue and go off in many directions. The parent could suggest that the next time the student is at a party, they try and notice how many of those present are actually drinking, how many are drinking irresponsibly (girls having more than one and boys having more than two), and how many are not drinking or are being responsible. The student could be encouraged to talk to her or his friends about what they actually do.... They could discuss what most students do to avoid drinking alcohol at a party .... (“Understanding Peer Pressure,” [www.alanberkowitz.com](http://www.alanberkowitz.com).)

Note that the hypothetical parent is employing a social norms approach, that is, clarifying that most do NOT engage in dangerous behavior. Note also, that the parent could not do so unless he/she had been provided factual information on actual use/non-use at the child’s school.

- **28.2% thought 31-50% of the students had**
- 28.2% thought 51-75% of the students had
- 4.9% thought 76-100% of the students had

In fact, 68.9% of DISTRICT #1 students did NOT drink in the past 30 days. So about 1% of the parents gave the correct answer.

- DISTRICT #1 students were asked how much they drank in the past 30 days. Column A shows the percent who responded, “I don’t drink.” Column B reports students’ estimate how many of their peers did NOT drink in the past 30 days.

| <u>A. Self Report</u>        | <u>B. Students’ estimate</u> |
|------------------------------|------------------------------|
| 9 <sup>th</sup> graders 84%  | 4%                           |
| 10 <sup>th</sup> graders 75% | 4%                           |
| 11 <sup>th</sup> graders 53% | 3%                           |
| 12 <sup>th</sup> graders 32% | 3%                           |

We know from other research that the students’ self report is the most accurate figure. Both students and parents **seriously underestimate the rate of abstinence**. Research clearly shows that students who misperceive drinking to be the overwhelming norm feel pressure to drink. Less well known, but obvious, is the pressure on parents to believe that “everybody’s kids,” are drinking (except, maybe, their son or daughter), and that “resistance is futile.”

This phenomenon is apparent even in the figures for college students. Like most people, parents think all college students drink. But, nationally, *the rate of abstinence among college students averages 19%*. Furthermore, among all Americans aged 12 – 20, **30% did not drink in the past 30 days**. Among adults aged 26 and older, nearly half (46%) did not drink in the past 30 days (2001 *National Household Survey on Drug Abuse*, Department of Health and Human Services, [www.SAMHSA.gov](http://www.SAMHSA.gov)).

The prevalence of drinking in American society is significantly overestimated by most people most of the time. The resulting pressure tends to prevent individuals from “admitting” that they do not drink, or drink quite moderately, and tends to prevent society from trying to reduce the amount of drinking that actually does go on among teenagers, or even the amount of heavy and dangerous drinking that goes on among adults. (The alcohol industry makes about 50% of its profits from underage drinkers and people who are addicted to alcohol and other drugs.<sup>3</sup>)

### **Modeling Moderation**

- 68.0% seldom or never drink:
  - 21.4% report using alcohol once a month.
  - 18.4% say once every two months (6 times per year).
  - 28.2% seldom or never drink (13.3% say never and 14.7% say 1 – 2 times a year).
- 31.1% of parents say that they drink weekly:
  - 23.3% say once a week.
  - 7.8% say 3 times a week.

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<sup>3</sup> Underage drinking accounts for 19.7 percent of the alcohol consumed in the U.S. and adult excessive drinking accounts for another 30.4 percent. Together, that is 50.1 percent of the alcohol consumed in the U.S. and 49 percent of consumer expenditures for alcohol in 1999 (the most recent year for which necessary data was available), according to a new White Paper, *The Economic Value of Underage Drinking and Adult Excessive Drinking to the Alcohol Industry*, issued by The National Center on Addiction and Substance Abuse (CASA) at Columbia University. The CASA White Paper is based on the study published in the February 26 issue of JAMA, the Journal of the American Medical Association. and led by Susan Foster, CASA Vice President and Director of Policy Research and Analysis. February 27, 2003.

- Students seem to have a fairly accurate perception of their parents' drinking. They say that in the last 30 days,
  - 49.3% of their parents drank seldom or not at all (0 – 1 time a month).
  - 19.8% drank 2 – 3 times per month
  - 30.8% drank once a week or more
- 74.5% of DISTRICT #1 parents believe that underage drinking leads to permanent damage to the memory.

[The U.S. Department of Healthy and Human Services says that drinking is harmful for men when they have more than 2 drinks per day; it is harmful for women when they have more than 1 drink per day, and even small doses of alcohol increase the chances of breast cancer. Also, experts agree that it is very harmful for a woman to have 4 or more drinks, or a man to have 5 or more, on a single occasion. Drinking is always harmful for teenagers. One drink by a person still in their teens does as much damage as two drinks for an adult over the age of 26.]<sup>4</sup>

### Monitoring Children

It is often said that if you want to know whether or not a child uses alcohol or other drugs, all you have to know is whether or not the parents or, at least, the friends do or do not. Parents who know their children's friends and who make it a point to confirm their children's activities (what they are doing, with whom, when and where) are likely to know if their children are really safe. In general, knowing that there is going to be adult supervision and confirming that there will be no alcohol or other drugs served or *easily available*, combined with a conversation with the child at the end of the evening is sufficient to reassure a parent that his/her trust is well-placed. Most DISTRICT #1 parents reported that they take these reasonable, minimal precautions.<sup>5</sup>

- Most parents (74.8%) said that when their children “went to a friend's house or party, I/we called their parents to ensure there would be adult supervision (always [28.2%] or at least sometimes [46.6%]).

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- <sup>4</sup>Alcohol also causes cancers of the throat, esophagus, stomach, and colon; strokes and heart disease.
  - Alcohol is the major factor in teen sexual activity, including date rape.
  - It is harmful to: those who have health problems of almost any kind,
  - people who have a family history of alcoholism or other drug addiction,
  - pregnant women (alcohol causes birth defects, brain damage, or even death of the fetus)
  - anyone driving or doing a job that requires judgment or coordination,
  - anyone with ADD/ADHD,
  - when combined with prescription or OTC medications of almost any sort,
  - when consumed on an empty stomach,
  - when a woman has 4 or more, a man 5 or more, drinks on one occasion,
  - all persons still in their teens or younger (alcohol causes brain damage affecting memory, ability to learn new information and ability to think critically; also, teen drinkers are more likely to have social problems, experience depression, have suicidal thoughts, and experience violence, including sexual violence).

<sup>5</sup> One area of concern that is almost impossible to monitor is the availability of alcohol and other drugs (*especially prescription drugs*) at other people's homes. Most high school students, when asked where they obtain alcohol and drugs say that they get it from “their friends' homes” (from unlocked liquor cabinets and medicine cabinets), or that they arrange for older brothers and sisters (their own or those of friends) to purchase what they want. The use of others' prescription drugs, a practice called “Pharming,” is especially common in upper socioeconomic neighborhoods, and many parents have never considered locking up the family's medications. It is quite common for addicted teenagers to report that they started using drugs by stealing or buying ADHD medication from other students. Neither the parent nor the student pre-survey delved into these matters. The post-survey will make an attempt to get at location, but the best monitoring strategy for parents is conversation with their children and with other parents.

- Half of the parents (51.0%) said that when their children “went to a friend's house or party, I/we called their parents to ensure there would be no alcohol.” We believe that many parents are reluctant to make such a call because the other parents will be insulted, or at least inconvenienced. However, most parents believe these calls are important and say that they “welcome” them.
- **100.0% said “I would welcome a call from other parents** to ensure that there was not going to be alcohol at my home.”
- **99.0% said that they would always “welcome a call** from other parents to ensure that there was going to be parental supervision at my home.”
- 97.1% reported that they normally waited up for their children to come home in the evening. For many parents this is primarily an occasion to hear what the evening was like, to see if the kids had fun, etc. That this is also an excellent monitoring strategy that in no way detracts from the primary desire to encourage children to share their experiences. It in fact reinforces closeness and trust.

### **Teaching Children about the Dangers of Alcohol and Other Drugs**

- DISTRICT #1 parents (96.1%) clearly indicate that they want the schools’ help in teaching their sons and daughters about the dangers of using alcohol and other drugs during their formative years. (97.1% say that parents must also teach about the dangers, that this is a job to be shared with the school.) **The parents (47.5%) do NOT want the schools to teach their children how to drink “responsibly.”**

A possible obstacle to either parents or the schools teaching children about the consequences of alcohol use during the teenage years is lack of up-to-date knowledge about those consequences.

The True/False factual statements on the survey reveal that many parents are aware of the results of the last 10 – 15 years of research on alcohol in relation to adolescence, e.g., the permanent damage to the developing brain, especially the memory, caused by teen alcohol use.

- Most DISTRICT #1 parents are reasonably well informed about alcohol and its consequences. On the T/F questions<sup>6</sup> at the end of the survey, the majority knew that:
  - The younger a person is when starting to drink, the higher the chances of addiction.
  - Children can and do become addicted prior to age 18.
  - TV and radio advertising contribute to increases in underage drinking.
  - Underage drinking results in permanent damage to the memory.
  - Underage drinking usually leads to lower grade point averages.
  - Commercials during sports programs reach more teens than adults.
  - Adolescents need only drink half as much as adults to suffer the same negative effects on the brain.
  - Teens that drink frequently usually do NOT outgrow alcohol use and DO become problem drinkers or addicts as adults.
  - Underage frequent drinkers can NOT catch up with non-drinkers in brain development in adulthood.

Clearly both school personnel and parents need to have information about consequences among their sons and daughters peers<sup>7</sup> as well as about national research on underage drinking. See the attached

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<sup>6</sup> Note: See the American Medical Association Fact Sheet on “Effects of Alcohol on Brains of Adolescents” and “Underage Drinkers at Higher Risk of Brain Damage,” <http://www.ama-assn.org/ama/pub/category/9416.html>. See also, for more information, [www.alcoholpolicysolutions.net](http://www.alcoholpolicysolutions.net).

chart re. consequences reported by DISTRICT #1 High School students on the ALERT PRSP Survey, March 2007. Also see the attached, “Why is it OK for Adults to Drink, But not OK for Teenagers? (including DISTRICT #1 student survey results).

### Conclusions and Comparisons

The “Michigan Substance Abuse Risk and Protective Factors, 2000-2001 Student Survey, Public School Results,” a report of results from the survey of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades tells us that:

- In Michigan, 50% of students in this age group have used alcohol.
  - The MSA PRSP Survey of students reveals that 35.3% of DISTRICT #1 students had used alcohol in the past 30 days.
- In Michigan, 80% of students will have had alcohol by 12<sup>th</sup> grade.
  - In DISTRICT #1, 68% of 12<sup>th</sup> graders say they drink.
- **In Michigan, 15% of students had consumed 4 or more drinks on one occasion in the past two weeks.**
  - **In DISTRICT #1, 24.3% typically drink 4 or more drinks (“binge”) when they drink.**
- In Michigan, more than half of 12<sup>th</sup> graders had used marijuana or other drugs (other than alcohol or tobacco).
  - In DISTRICT #1, 19.8% of the high school students had used marijuana in the past 30 days; 7.7% had used other drugs in the past 30 days.
- In Michigan, 41% had used tobacco.
  - In DISTRICT #1, 23.5% had used tobacco in the past 30 days.
- In DISTRICT #1, 88.4% say they have never driven under the influence.

What is important here, though, is that even if fewer DISTRICT #1 students drink than other Michigan teenagers, these rates of drinking are extremely damaging to the kids themselves, and to the community (see Consequences Chart). Also, **compared to other Michigan students, twice the percentage of DISTRICT #1 students who do drink, “binge” (MI=15%; DISTRICT #1=30%).**

We hope that in the next six months of reporting back to DISTRICT #1 students accurate figures (from the student survey) on the numbers of students who drink/don’t drink, who use marijuana/don’t use marijuana, etc.,<sup>8</sup> we will see the beginning of the decreases in dangerous drinking, and increases in abstinence. We know that it takes four to five years to see changes averaging 30% to 50%, but we have begun the process. Continued yearly use of surveys and reporting back through posters and other means of communication can, we believe, significantly increase the percentage of abstinence, thus reducing the incidence of underage drinking and drug use, and changing the social atmosphere at DISTRICT #1 High School.

**For a quick look at the issues of concern among DISTRICT #1 students, see the attached:**

The CONSEQUENCES and CRAFFT Report, showing correlations reveals that the most common Consequences students report experiencing as a result of drinking are (1) Getting into fights and (2) Driving Under the Influence. Students also report academic problems and social problems in addition to fighting, e.g., Unwanted Sex Contact. The chart reveals a statistically significant relationship between frequent drinking and negative consequences.

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<sup>8</sup> Rates for use of other drugs are significantly lower than the rates for alcohol use: 76.9% do not use tobacco, 85% do not use marijuana, and 95% do not use other drugs, e.g., cocaine, heroin, etc.

The CAGE instrument in an AOD Screening Instrument used to determine whether or not adolescents are experiencing AOD Use Disorders (from heavy drinking and/or drug use) and/or Addiction to AOD.

Results reveal that

- 69 students (18% of School Enrollment) Answered “Yes” to Two or More Questions revealing that they need Professional Assessment and Intervention, possibly Treatment;
- 26 students (6.8% of School Enrollment) Answered “Yes” to Three or More Questions indicating that they need Immediate Professional Assessment, Intervention, and, probably, Treatment.

The Screening, Testing, and Referral for Recovery (STARR) Program offered by the MSA Project can be of great benefit to these students. It is a free, four session intervention which can diagnose problems and in many cases remedy those problems. Students can self-refer directly by calling Geoffrey L. Stevens at 269-929-2333 or by going through the School’s Counseling Office. Students can also do their own additional screening by going to [www.alcoholscreening.org](http://www.alcoholscreening.org) for a confidential measure of their need for intervention or treatment.

Correlations between the Consequences and the CRAFFT results show what percent of students who answered “yes” to two or more screening questions (thus revealing a probable problem) have experienced which of the consequences. Parents can use this chart to identify the most likely symptoms AOD Use Disorders their children may reveal. For example, if a student answered “yes” to two or more CRAFFT questions, **the probability the student has gotten into a fight after having drunk alcohol or used some other drug is nearly 50%**. Thus parents need to take it seriously if they know that their child is fighting, has performed poorly on a test or is frequently missing school or turning in papers late. Other symptoms, such as trouble with the police or having to be punished for unacceptable behavior or also strong indications of AOD use. It is never too soon to get professional help for a teen that is using alcohol, cigarettes, marijuana or other drugs. In fact, early intervention by a professional with certification in addictions or in substance use disorders can prevent serious lifelong problems.

**For help in the event that insurance does not cover a child 14 or older, call Network 180 in Kent County at 336-3909 or 800-749-7720.**

**The Making Sobriety Attractive Project  
RESULTS FROM PRSP SURVEY, 2007  
IN A KENT COUNTY MICHIGAN HIGH SCHOOLS  
Answers to CAGE Addiction Screening Instrument**

|   |  |
|---|--|
| Kent County HS PRSP Survey, 2008 Answered Yes | Percentage   |
| To 1 question                                 | 15% possible alcohol and other drug (AOD) problem; watch for signs of more use |
| 2 questions                                   | 11% possible AOD Use Disorder; professional assessment recommended             |
| <b>3 questions</b>                            | <b>5% probable AOD Use Disorders, professional assessment recommended</b>      |
| <b>4 questions</b>                            | <b>1% probable AOD Use Disorders, professional assessment recommended</b>      |

**How to read this chart:**

- 32% of Students Answered “Yes” to One or More Questions = Possible Disorders; need close observation by parent or guardian;
- **69 students (18% of School Enrollment) Answered “Yes” to Two or More Questions = Need Professional Assessment and Intervention, possibly Treatment;**
- **26 students (6.8% of School Enrollment) Answered “Yes” to Three or More Questions = Need Immediate Professional Assessment, Intervention, and, probably, Treatment.**

**Correlation of “Yes” answers to CAGE with reported Consequences**

| Kent County HS PRSP Survey, 2007                            | Number of CAGE questions with answers of Yes |              |
|---|--|--------------|
|   | 0 or 1                                       | 2 or more    |
| <b>Consequences after or while using AOD</b>                |  |              |
| <b>Potentially Violent</b>                                  |  |              |
| Had unwanted sex or sexual contact                          | 21.4%  | <b>83.3%</b> |
| Got into an argument or fight                               | 16.2%  | <b>44.9%</b> |
| Been punished by a parent or guardian                       | 22.1%  | <b>34.8%</b> |
| Drove a car while under the influence                       | 8.3%   | <b>26.1%</b> |
| Got in trouble with the police                              | 4.6%   | <b>21.7%</b> |
|   |  |              |
| <b>Recognition of Academic Consequences Grows w/ Time</b>   |  |              |
| Missed school   | 31.0%  | <b>58.0%</b> |
| Have turned in late papers, missed tests or failed to study | 28.7%  | <b>56.5%</b> |
| Performed poorly on a test                                  | 24.2%  | <b>36.2%</b> |

**How to read this chart:**

- Sample—If student answered Yes on 0 or 1 CAGE questions, the probability that the student has gotten into a fight after having drunk alcohol or used some other drug is low (5.5%).
- If a student answered Yes to 2 or more CAGE questions, the probability the student has gotten into a fight after having drunk alcohol or used some other drug is 49.5%.

- In all cases, the probability of a consequence is higher for those who answered Yes to two or more CAGE questions (17% of the population). **This pattern is statistically significant.**

### Charts Showing Consequences re. Student AOD Use: Specific Consequences Identified by Students

The following charts show a **statistically significant relationship between heavy using and experiencing negative consequences**. They also represent a **statistically significant change from 2006 to 2008 in the patterns in all categories**. Between 2006 and 2008 fewer students suffered the listed consequences due to the use of AOD in the past 30 days. This is to be expected since there was *an increase in the students who abstained from AOD use* and a *decrease in “binge” drinking*. Also, the charts reveal that consequences *with potential for violent outcomes*, which had been the most common in 2006, (e.g., driving a car under the influence, getting into trouble with the police, getting into a fight or argument, and having unwanted sex or sexual contact) decreased significantly while the *academic consequences* increased. We believe that this “increase” can be more accurately labeled as an increase in recognition that these kinds of consequences can be expected from AOD use. There is no question that most students who drink earn lower grades and have more academic problems.

#### District #1 Alternative School with 2 Years of Prevention

| District #1 Alternative School with 2 Years of Prevention.<br>Percent of all students who used AOD (in the past 30 days) and reported experiencing the named consequence in 2006 v. 2008. |       |       | Percent of Change in Consequences since Baseline Year of 2006 | Percent of Heavy Drinkers (had 4 or more drinks per occasion) who suffered the named consequence in 2008 |
|---|-------|-------|---|--|
| Consequences  | 2006  | 2008  |   | 2008 Consequences for Heavy Drinkers   |
| <b>Potentially Violent</b>  |       |       |   |  |
| Driven a car under the influence  | 59.3% | 21.4% | 64%   | 32.0%  |
| Been in trouble with the police   | 37.0% | 26.2% | 29%   | 32.0%  |
| Had unwanted sex or sexual contact  | 30.8% | 31.0% | -1%   | 36.0%  |
| Got into a fight or argument  | 48.1% | 54.8% | -14%  | 56.0%  |
| Been punished by parent or guardian   | 55.6% | 33.3% | 40%   | 32.0%  |
| <b>Recognition of Academic Consequences Grows w/ Time</b>   |       |       |   |  |
| Performed poorly on a test or project   | 29.6% | 28.6% | 3%  | 28.0%  |
| Missed school   | 51.9% | 69.0% | -33%  | 84.0%  |
| Turned in late papers, missed a test or failed to study   | 44.4% | 71.4% | -61%  | 80.0%  |

### District #1 Comprehensive School with 2 Years of Prevention

| District #1 Comprehensive School with 2 Years of Prevention. Percent of all students who used AOD (in the past 30 days) and reported experiencing the named consequence in 2006 v. 2008. |       |       | Percent of Change in Consequences since Baseline Year of 2006 | Percent of Heavy Drinkers (had 4 or more drinks per occasion) who suffered the named consequence in 2008 |
|--|-------|-------|---|--|
| Consequences   | 2006  | 2008  |   | 2008 Consequences of Heavy Drinkers  |
| Had unwanted sex or sexual contact   | 12.1% | 6.7%  | 45%   | 21.7%  |
| Got into a fight or argument   | 18.8% | 11.2% | 40%   | 43.5%  |
| Been in trouble with the police  | 6.6%  | 4.6%  | 30%   | 20.3%  |
| Been punished by parent or guardian  | 17.0% | 12.8% | 25%   | 49.3%  |
| Driven a car under the influence   | 11.5% | 9.4%  | 18%   | 39.1%  |
| <b>Recognition of Academic Consequences Grows w/ Time</b>  |       |       |   |  |
| Performed poorly on a test or project  | 5.5%  | 12.1% | -120%   | 44.9%  |
| Turned in late papers, missed a test or failed to study  | 16.4% | 15.5% | 5%  | 59.4%  |
| Missed school  | 13.6% | 17.0% | -25%  | 62.3%  |