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Making Sobriety Attractive
A Drug Free Communities Support Program – SP 13016-01
February 16, 2009

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Continuation Application for Year 5
Progress Report for the SAMHSA-Supported Drug-Free Communities?
“Making Sobriety Attractive” (MSA) Project in Kent County, MI
Sponsored by the Kent County SA Prevention Leadership Coalition
and
Implemented by ALERT Labs

(Alcohol Laboratories for Education, Research, and Training)¹
**Helping Teens & Adults with Alcohol and Other Drug (AOD) Impairments through
Prevention Programming, Recovery Coaching, Adolescent Intervention, & Grant Writing**
February 16, 2009

I. REPORT ON PROGRESS AND ACCOMPLISHMENTS

A. Goal 1: Reducing Substance Use

Project Summary: The main goal of the MSA project is the same as SAMHSA’s *Goal #1*, “to reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.” More specifically, the MSA project aims “to reduce student use of alcohol, tobacco, marijuana, plus other illegal drugs such as cocaine, heroin, ecstasy, etc., and illegal medicine use.” (In Year 3 we added reducing *illegal medicine use* (using over-the-counter and others’ prescription drugs to get high) to our plan and will be collecting post-test data this year.) The overarching strategy of the project is what SAMHSA defines as “Environmental,” and employs the U.S. Department of Education Higher Education Center’s “Environmental Management”² specifications. We are following the paradigm Dr. Nancy L. Harper and her colleagues³ developed at Michigan’s Grand Valley State University (GVSU) between 1999 and 2006, which was declared as a National Model Program by the U.S. Department of Education in 2004, [<http://www.higheredcenter.org/environmental-management>].

The Model focuses on use of the “Social Norms” Approach to Environmental Management embodied in a Social Norms Campaign using posters, brochures, and – new this year in District #2 -- a student led Outreach Theatre program bringing the social norms messages to both parents and students as well as school staff and members of the greater community.

¹The mission of ALERT Labs is to promote health and safety through Alcohol and Other Drug Prevention (including Brief Intervention and Referral).

²Environmental Management includes attention to the following:

1. School *social norms* and expectancies
2. School policies and procedures
3. Availability of alcohol and other drugs
4. Enforcement of regulations and laws
5. Availability of alcohol-free social and recreational options

³ Two of whom have served as staff for the project to-date and who will become Co-Project Directors for Year 5.

Pre- and post-test community assessment and project evaluation via survey research bracket the campaign and provide the evidence-base. Originally we designed the Model for implementation in colleges but we have now adapted it to high schools and their communities. Also included in the model is STARR, a Brief Intervention employing SAMHSA's Model Program, BASICS, adapted to the needs of high school students who have already begun using alcohol and other drugs (AOD). STARR also uses social norms messages to help AOD using students place their behavior in a peer and parent context.

1. We begin at each new school with a survey of student use, attitudes and values surrounding AOD and related protective factors. We also survey parents re. three protective behavioral strategies: modeling, monitoring, and talking -- using evidence based knowledge as a foundation for parent-teen conversation (talking and listening with knowledge of the consequences of AOD use by teens).

2. We create posters for students and brochures and a monthly *Parents Are Heroes Newsletter* for parents & (and coalition members as well as local prevention agencies) reporting the significant findings of our research: especially the relevant social norms for AOD related behavior among both students and parents. Both parents and students are usually surprised to learn that fewer students are drinking and using other drugs than they had thought. They are often also surprised to learn that other students/parents share their concern about the risks involved in underage use of AOD. Even more surprising to many are the significant and widespread negative consequences to students who use AOD. For instance, in 2006, 60% of students who drank on six or more occasions in the preceding 30 days, got into serious arguments and fights, while 53% drove under the influence (at the schools in what we call "District #1").

3. Many are also surprised to learn that most of the students who already are drinking or using other drugs need direct intervention in order to stop. For these students we provide STARR (Screening, Testing, And Referral for Recovery), a brief intervention program for students who have begun to develop substance use disorders as a result of their AOD use. The program is free to students and meets the school's requirements for intervention with students who violate the disciplinary code re. AOD use. Also, students may self-refer and parents may refer directly if they know that their child needs help. This is a prevention, not a treatment program, but may lead to referral for either or both heavy substance use⁴ and mental health problems.

⁴ We do not want to appear to be labeling teen use of AOD as "bad" behavior or "immoral" as is implied by the term "abuse." We operate on the assumption that Substance Use Disorders can be profitably placed on a continuum ranging from **Trial or Moderate Use** at one end to **Addiction** at the other. We define any use of AOD by high school students as "dangerous" because of the known consequences to health, mortality, academic and social accomplishments. "Abuse" is a pejorative term common in phrases such as "child abuse" or "domestic abuse." It suggests a behavior which is voluntary and destructive as opposed to an act which is compulsive and genetically determined, which is characteristics of heavy or dangerous use as well as of addiction as revealed in recent research. The term "abuse" unfortunately places blame on the victim of a genetic condition and cultural values which support use of alcohol for "fun." "Abuse" implies that those who make heavy use of alcohol or other drugs could use more moderately IF they simply would, that they, unlike the dependant drinker, are free to choose moderation or to "Just Say No." Recent research, however, is revealing the presence of specific genes and brain conditions (e.g., low serotonin levels) that appear to cause all of the sets of behaviors and consequences that the DSM-IV uses to distinguish between "abuse" and "dependence." See www.nida.nih.gov.

4. The “surprises” brought to the attention of parents and students create a feeling of shared community and mutual concern. Students who believed that nearly all the other students were drinking and drugging, are relieved to find that they are in the majority that does NOT. Students, who find that AOD use puts them in the minority and at high risk, begin to consider getting help in ending their use. Parents are reassured to learn that nearly 100% of their neighbors disapprove of underage use of AOD and that they welcome calls to confirming supervision of teenage social events and that they do not serve alcohol to teens.

5. Thanks to the work of a community volunteer, we have been able to begin in our District #2 Comprehensive School, a student “Outreach Theatre,” troupe that gives interactive performances for students and staff in classrooms and for parents, students, staff, and community members after school and evenings. These performances reinforce the messages from the posters and brochures, thus expanding and enhancing the Social Norms campaign that is a central part of our strategy. Like the other media used in the campaign, performances encourage viewers to examine their choices around AOD and to develop a more thorough understanding of the consequences of their choices in relation to parenting, socializing, working/studying, etc. We are applying for outside funding to expand the theatre strategy to additional MSA schools based on success of the strategy in the ALERT Labs Model Program. Ultimately, we hope to be able to arrange for the Troupe to perform for a broad range of community groups and organizations, including City Government, Churches, Business Clubs, etc.

The entire theatre project is based on Social Norms Theory and is designed to contribute to the goals of the MSA Project being implemented by ALERT Labs, that is to identify existing norms for alcohol use and to motivate individuals and groups to change their behavior to be consonant those norms, e.g., not drinking while underage, not driving under the influence. Specific Outcome Objectives will be based on SAMHSA’s DFC Goals re. reducing underage substance use and enhancing collaboration throughout Kent County. The student troupe will use social norms in order to correct misperceptions of existing normative behavior re. teen, and ultimately adult, use of AOD while promoting collaborations among schools and other community institutions/organizations to adopt the Coalition’s “Community Standards for Alcohol Use. The Theatre Project’s specific goal is to reduce teen drinking and it’s most dangerous public consequence, driving under the influence, and the collateral injuries and fatalities resulting from automobile crashes.

6. The changes in perception that occur as the result of social norms messages lead to behavioral changes in AOD use among students and to increased conversations about AOD between parents and their children. Ultimately, correction of key misperceptions leads to an environment in which disapproval of underage use of AOD is enhanced and widely shared thus reducing teen use of AOD is significantly reduced.

As shown in the following “Progress Report,” the MSA project is beginning to show the same kinds of changes taking place at the selected high schools that led to success at Grand Valley State University, where dangerous drinking dropped by 30% and frequent heavy drinking (bingeing) dropped by 56%.

Project Summary Listing of Positive Changes from 2006 -2008 in Three High Schools.

A. Statistically Significant Results After Two Years: 2006 - 2008

1. Last 30 Days Reduced Frequency (occasions) of AOD Use:
Alcohol=17.9%/19.1%; Tobacco=27.9%; Other Drugs=55.6%
2. Increased Perception of Parental Disapproval: **Tobacco=117.5%**
3. Increased Perception of Harm to Teens: **Marijuana=37.2%**
4. Increased Abstinence: **Marijuana=8.1%; Other Drugs=32.1%**
5. Reduced Student Misperception of the Norms for AOD use among peers:
Alcohol = 8%; Marijuana=10.5%
6. Increased Peer Disapproval of Use:
Alcohol = 31.8%; Marijuana=34.4%; Tobacco=16.6%
7. Students who answer “yes” to two or more of the screening questions (from CAGE or CRAFFT) are likely to experience significantly **higher rates of consequences** from their AOD use as compared to students who said “yes” to 0 or 1 question.
8. The Consequences of AOD Use that students experience show a statistically significant relationship between heavy using and experiencing negative consequences in all three schools. There are also significant changes from 2006 or 2007 to 2008 in the patterns in all categories for all three schools. For example:
 - **Driving under the influence decreased by 55%.**
 - **Experiencing unwanted sex or sexual contact decreased by 44%.**
 - **Getting into fights or arguments decreased by 40%.**
 - **Getting into trouble with the police decreased by 30%.**

B. Selected Positive but Not Statistically Significant Results After Two Years: 2006 – 2008

1. Last 30 Days Reduced Frequency (occasions) of AOD Use: Marijuana=7.1%/17.3%
2. Last 30 Days Reduced Use: Marijuana 14.2%/10.3%
3. Increased Perception of Parental Disapproval: Alcohol 34.3%; Marijuana=19.3%
4. Increased Perception of Harm to Teens: Alcohol=7.8%
5. Increased Abstinence: Alcohol = 4.7%/5.8%; Marijuana=28.6%; Tobacco=71.6%
6. Reduced Student Misperception of the Norms for AOD use among peers:
Alcohol = 13.3%/ 8%; Marijuana=17.6%/10.5%
7. Reduced Misperception of peer use over 30 days:
Alcohol = 12.3%; Marijuana=12.4%; Tobacco=15.5%
8. Increased Peer disapproval of use: Alcohol = 5%; Tobacco=6.1%
9. Increased Perception of AOD as “high risk”: Alcohol=9%; Tobacco=5.9%
10. Parents’ began to correct their misperception that most students used alcohol. There was an 36% increase in recognition of the fact that the majority of students were abstinent from alcohol in the past 30 days. Correct perceptions increased from 25% to 34%.

C. Positive but Not Statistically Significant Results for One Year: 2007 – 2008

1. Last 30 Days Reduced Frequency (occasions) of AOD Use: Alcohol=3.6%;
Tobacco=7.1%
2. Reduced Student Misperception of the Norms for AOD use among peers: Alcohol=8.6%;
Marijuana=5.4%; Tobacco=9.4%

3. Peer disapproval of use: Alcohol = 5%; Tobacco=6.1%

Project Progress Report Re. SAMHSA Core Measures and Objectives for Goal #1, Reducing Substance Use

Alcohol is the most popular drug among Americans, most of whom begin using in during their teen years, well before the legal minimum drinking age of 21. It is also the “Number One Killer of young people between the ages of 10 and 24,”⁵ and the choice of the largest single age group of addicts in the U.S., young people aged 18 – 20, about half of whom start drinking before the age of 15.⁶ Most “Other Drug” use, with the exception of cigarette smoking, tends to follow after alcohol. Thus, students who drink eventually try other drugs such as marijuana, others’ prescriptions, cocaine, LSD, etc. The ultimate goal of the MSA project is to make a positive change in these statistics, at least in Michigan’s Kent County, the location of the second largest metropolitan area in the state, Grand Rapids. In 2007-08, we saw impressive decreases in the use of AOD at the three high schools in what we will call “District #1” and “District #2.” These designations are used to maintain confidentiality for the data.

District #1 includes two high schools. One is an ‘Alternative’ school serving around 100 students per year. Alternative school students are those who have experienced delays in their expected graduation date for any of several reasons. These schools enroll a unique population which makes excessive use of AOD. When we started with this particular school in 2006, we found that about 70% of the students used alcohol, 78% used cigarettes, 63% used marijuana, and 33% used other drugs.

The other District #1 school is a “Comprehensive” High School serving all other students in the community (not including some who may attend a private school) with a population of about 750 students. Use of AOD at the Comprehensive school is more normative for the County. When we started with this particular school in 2006, we found that about 35% of the students used alcohol, 20% used cigarettes, 22% used marijuana, and 4% used other drugs.

Many of the figures we will present in relation to the MSA Outcome Objectives and SAMHSA’s CORE Measures will combine District #1 schools because the response rate at the Alternative School to MSA’s Parent Survey was too small to allow meaningful statistical analyses. (This is a predictable outcome given the absence of a key protective factor for most of the “alternative” students, parental involvement, monitoring, modeling, and talking to children about AOD use.) Both schools have been the beneficiaries of two years of the MSA Project and are thus at the point where we expect to see our objectives begin to be met.

District #2 includes a comprehensive high school and access to the same alternative high school as district #1. Therefore, since the alternative school is reported on under that district, we will report only on outcomes for the comprehensive school in District #2.

MSA’s Outcome Objectives

Objectives are organized into two groups, those focusing on *students* and those focusing on *parents or interaction of parents and student*. The objectives that have been met to-date for one or both Districts are highlighted (see details further on in the report):

⁵ Alcohol is THE common factor in the four leading causes of death among persons aged 10 - 24: (1) automobile crashes, (2) unintentional injuries, (3) homicide, and (4) suicide.

⁶ The Surgeon General’s Call to Action To Prevent and Reduce Underage Drinking, <http://www.surgeongeneral.gov/topics/underagedrinking/>

Outcome Objectives re. Student AOD-related Behavior

1. Reduced Student Misperception of Norms Objective – see CORE 1
2. Reduced Underage AOD Use Objective – see CORE 1 & 2
3. Increased Abstention Objective – see CORE 1
4. Increased Perception of Risk Objective – see CORE 3
5. Reduced Consequences Objective – see CORE 3

Outcome Objectives re. Parents or Parents & Students

6. Reduced Adult Misperception of Norms Objective – see CORE 4
7. Increased Talk Objective – see CORE 2 & 4
8. Increased AOD-Related Parenting Objective – see CORE 2 & 4

SAMHSA's Core Measures

MSA Objectives are correlated to the **CORE**:

1. Past 30 Day Use – correlates to Objectives 1, 2 & 3
2. Average Age of Onset - correlates to Objectives 2, 7 & 8
3. Perception of Risk- correlates to Objective 4 & 5
4. Perception of Parental Disapproval- correlates to Objectives 6, 7 & 8

Accomplishments re. Outcome Objectives.

All Objectives except #8, Increased AOD-Related Parenting, have been met for all schools with exceptions for selected substances, most often tobacco.

A. Objectives that have been met for [school]:

1. Reduced Student Misperception of Norms Objective: All Schools except for tobacco at District #1 Comprehensive.
2. Reduced Underage AOD Use Objective: ALL SCHOOLS.
3. Increased Abstention Objective: District #1 except for tobacco.
4. Increased Perception of Risk Objective: District #1 Alternative School.
5. Reduced Consequences Objective: ALL SCHOOLS.
6. Reduced Adult Misperception of Norms Objective: District #1.
7. Increased Talk Objective: District #1 Alternative school.
8. Increased AOD-Related Parenting Objective: Met in ALL SCHOOLS re. modeling and knowledge of consequences.

B. Objectives that have NOT been met for [school]:

1. Reduced Student Misperception of Norms Objective: District #1 Comprehensive -- tobacco not met.
3. Increased Abstention Objective: District #1 Comprehensive -- tobacco not met.
4. Increased Perception of Risk Objective: District #1 Comprehensive and District #2.
6. Reduced Adult Misperception of Norms Objective: District #2.
7. Increased Talk Objective: District #1 Comprehensive School.
8. Increased AOD-Related Parenting Objective: This objective has not been met re. monitoring and knowledge of student norms.

These results indicate that more emphasis needs to be placed on:

- Reducing use of tobacco, increased parent talk and parenting strategies in District #1 Comprehensive,
- Increasing perception of risk in both comprehensive schools,
- post-test Parent Survey in District #2 will clarify needs re. adult misperception in District #2,
- Enhancing AOD-related parenting objectives in all schools.

The following detailed report of results will be organized by categories showing the interrelationships among the Outcome Objectives and CORE Measures of success.⁷

Section 1: Correcting Misperception of Norms

Section 2: Reduction of AOD Use, Increase in Abstinence and Reduced Age of Onset

Section 3: Increased Perception of Risk and Reduced Consequences/Disorders

Section 4: Improved Parental AOD Related Behavior

Section 5: STARR Brief Intervention Program

Section 6: Recommendations for Schools for Years 4 and 5

Section I: Correcting Misperception of Norms

Decreasing misperceptions leads to increased reduction in, and abstinence from, AOD use. As perceptions of AOD use in the population grow closer to reality (actual use), the rate of reduction and abstinence accelerates.

OUTCOME OBJECTIVE #1. REDUCED STUDENT MISPERCEPTION OF NORMS:

To reduce by at least 3% -- by the end of year 2 -- students' misperceptions about the norms for AOD use among their peers, and increase the norms for peer disapproval of AOD use. See CORE 1. This objective has been met for all schools except for tobacco at District #1 Comprehensive School

OUTCOME OBJECTIVE #6. REDUCED ADULT MISPERCEPTION OF NORMS:

To reduce by at least 3% -- by the end of year 2 -- parents' and other adults' misperceptions about the norms for AOD use among high school students. This objective has been met for District #1. Data are still being collected for District #2.

Misperception vs. Actual Use: Students' perception of normative use among their peers in a school community is almost always much higher than the actual use. Parents' perceptions are also generally higher than actual use, but by a smaller margin. Thus the goal of social norms campaigns is to reduce these misperceptions by presenting to students and parents accurate reports, organized in motivational messages using multiple media, on the actual norms among

⁷ Detailed reports on the CORE results are submitted semi-annually to SAMHSA through the on-line program COMET and are not to be included in the Reapplication Report.

students their high school. This process begins with a confidential survey to identify misperceptions (“how I think my peers use”) and actual norms (a compilation of “how I use”).

District #1, Combined Alternative and Comprehensive Schools with 2 Years of Prevention of
 In the social norms campaign, posters and other media normally present the “Do NOT use” figures in order to emphasize the message that “most do not use.”

Students' (Mis)Perception of Use	vs.	Actual use	State (MI) Averages ⁸	State/ MSA
Alcohol: 95.5%		35.3% (64.7% Do NOT Use)	57% Do NOT Use	MSA 18% lower
Tobacco: 89.4%		23.5% (76.5% Do NOT Use)	75% Do NOT Use	MSA 66% lower
Marijuana: 91.3%		20.8 % (80.2% Do NOT Use)	82% Do NOT Use	MSA 16% <u>higher</u>
Other drugs: 74.7%		7.7% (92.3% DO NOT Use)	[95.3% nationally] ⁹	MSA 63% <u>higher</u>

Note: “Heavy Drinkers” for 2008 = **22.3%**. These students have 4 or more drinks in a row (= 8+ drinks for an adult)¹⁰

	2006	2008	% Change
<u>sometimes</u> (less than 2 times a month):	3.3%	3.1%	- 6.1%
<u>occasionally</u> (2 or 3 times a month):	7.5%	7.9%	+ 5.3%
<u>frequently</u> (4 or more times a month):	13.1%	11.3%	- 13.7%
Total=		22.3% or about 189 students “Binge”	

NOTE: is reasonable to conclude that the 22.3% of students who are still drinking heavily after two years of prevention programming have progressed far enough on the continuum of alcohol problems (from none to complete dependence) that *they are unable to stop or reduce their alcohol use without help and therefore need professional intervention, beginning with the STARR brief intervention offered by the MSA.*

District #2 comprehensive School with 1 Year of Prevention

Students' (Mis)Perception of Use	vs.	Actual use	State (MI) Averages ¹¹	State
<u>MSA</u>				
Alcohol: 94.0%		35.2% (64.8% Do NOT Use)	57% Do NOT Use	MSA 18% lower
Tobacco: 90.2%		22.1% (77.9 % Do NOT Use)	75% Do NOT Use	MSA 12% lower
Marijuana: 84.4%		15.3 % (84.7% Do NOT Use)	82% Do NOT Use	MSA 15% <u>lower</u>
Other drugs: 73.8%		6.2% (93.8% DO NOT Use)	[95.3% nationally] ¹²	MSA 32% <u>higher</u>

⁸ YRBSD Youth Risk Behavior survey for 2007, Michigan results.

⁹2007 National Survey on Drug Use and Health (NSDUH) by SAMHSA.

¹⁰ MSA has chosen to use “4 drinks” as the “binge” number because it is the number for adult women and “5 drinks” is simply too high to use for teens given their developing brains. The actual binge number for teenagers probably should be “2 drinks” for girls and “2-3 drinks” for boys.

¹¹ YRBSD Youth Risk Behavior survey for 2007, Michigan results.

¹²YRBSD Youth Risk Behavior survey for 2007, Michigan results.

***Note:** “Heavy Drinkers” for 2008 = **69.9%**. These students have 4 or more drinks in a row (= 8+ drinks for an adult)

	<u>2006</u>	<u>2008</u>	<u>Percent Change</u>
<u>sometimes</u> (less than 2 times a month):	4.9%	3.9%	- 20.4%
<u>occasionally</u> (2 or 3 times a month):	10.1%	11.1%	+ 9.9%
<u>frequently</u> (4 times a month):	11.0%	<u>9.6%</u>	<u>- 12.7%</u>
	<u>=32.3% or about 266 students “Binge” drink.</u>		

NOTE: The District #2 school with 1-year of prevention started with lower rates of AOD use than the District #1 schools, but has a much higher rate of binge drinking.

Reduction in Misperceptions. During the first and second year of the MSA Project, we counted on posters to do most of the work of informing students about the actual norms for their school. For instance, at the beginning of the semester we used a poster with the following message:



Posters Function as Protective Factors

This past year, our Project Evaluator conducted a Chi-Square tests on data collected in District #1. The results indicate that there is a statistically significant pattern of change across the two years from 2006 to 2008. The change shows that the MSA Social Norms Campaign **Posters in the school served as a protective factor** for those students who reported having seen them **(1) by reducing the number of drinking and drug using occasions per 30 days**, and also **(2) by reducing the typical number of drinks consumed at parties**. The test results were statistically significant at the p-level of 0.000.

Brochures and the monthly *Parents Are Heroes Newsletter* inform parents of actual norms and inform them about their own misperceptions. For instance, the following appeared in the Newsletter of November 2008:

Most Parents Surveyed by MSA Know Whether or NOT Their Children Use Tobacco or Other’s Prescriptions But Are Less Accurate in Estimating Use of Alcohol and Marijuana, the first and second most used drugs. See the following Chart reporting combined data for all schools:

% Parents who believe their child DOES NOT use	% Teens Who Do NOT use	% of Parents' Misperception	% Parents who would be upset if their child used
Alcohol 82%	68.8%	16%	98% (83% extremely)
Tobacco 85%	81.3%	4 %	97% (77% extremely)
Marijuana 95%	84.2%	11%	94% (91% extremely)
Other Drugs 95%	92.8%	3%	99% (94% extremely)

District #1: Alternative School with 2 Years of Prevention

- a. **Decrease in Student Misperception of norms for peer use:**
Alcohol = -13.3% Marijuana=-17.6% Tobacco=-3%
- b. **Decrease in Student Misperception of actual peer use by frequency over 30 days:**
Alcohol=-13.0% Marijuana=-14.4% Tobacco=-6.2%
- c. **Increase in Peer disapproval of use:** Alcohol = 116.9% Tobacco=61.5
- d. **Decrease in Parents' ¹³ Misperception about norms for AOD use by high school students:**
Alcohol=-15.1% Marijuana=-21.8% Tobacco=-78.9% Other Drugs=-18.7%

District #1: Comprehensive School with 2 Years of Prevention

- a. **Decrease in Student Misperception of norms for peer use:**
Alcohol = -8% Marijuana=-10.5% Tobacco=-2.1%
- b. **Decrease in Student Misperception of actual peer use by frequency over 30 days:**
Alcohol=-16.9% Marijuana=-18.5% Tobacco=-8.6%
- c. **Increase in Peer disapproval of use:**
Alcohol = 31.8% Marijuana=34.4% Tobacco=16.6%
- d. **Decrease in Parents' Misperception about norms for AOD use by high school students:**
Alcohol=-15.1% Marijuana=-21.8% Tobacco=-78.9% Other Drugs=-18.7%
- e. **Increase in District #1 Parents' Perception that others would welcome calls assuring adult supervision and no AOD served to teens:** from 98.9% to 100% say "yes."

District #2: Comprehensive School with 1 Year of Prevention

- a. **Decrease in Student Misperception of norms for peer use:**
Alcohol = -8.6% Marijuana=-5.4% Tobacco=-9.4
- b. **Decrease in Student Misperception of actual peer use by frequency over 30 days:**
Alcohol=-12.3 Marijuana=-12.4% Tobacco=-15.5%
- c. **Increase in Peer disapproval of use:** Alcohol = 5.0% Marijuana=0.7% Tobacco=6.1%
- d. **Decrease in Parents' ¹⁴ Misperception about norms for AOD use by high school students:**
The second year of Parent Survey data will be collected in March 2008.

¹³ These are combined figures for District #1 schools. Parent responses for the Alternative School were too few for statistical analysis.

¹⁴ These are combined figures for NKHS and CPHS. Parent responses for NKHS were too few for statistical analysis.

Section 2: Reduction of AOD Use, Increase in Abstention and Reduced Age of Onset

OUTCOME OBJECTIVE #2. REDUCED UNDERAGE AOD USE--see CORE 1: To reduce by at least 3%-- by the end of year 2 -- the amounts and frequencies of student underage drinking in the last 30 days. **This objective has been met for all schools.**

OUTCOME OBJECTIVE # 3. INCREASED ABSTENTION--see CORE 1: To increase by at least 3% -- by the end of year 2 -- the percent of students abstaining from AOD use during the last 30 days. **This objective has been met for District #1 except for tobacco.**

District #1 Alternative School with 2 Years of Prevention

Average Age of onset – Positive Change is *Increase* in Age: Alcohol= +1.4% increase (The younger an individual is when beginning to use AOD the more likely he/she will experience severe impairment and addiction. Efforts to delay students’ beginning to use tobacco and alcohol results of significant harm reduction. Those who do not begin to smoke in adolescents are unlikely to ever smoke and those who do not begin to drink alcohol until in their 20’s or later are less likely to suffer serious consequences or addiction.)

Past 30 Day Use – Reduction in use: Frequency, Amount, Binge, and Increase in Abstention. (Though even one use harms teenagers’ brains, the consequences of heavy use are extreme, e.g., the American Medical Association points out that one drink of alcohol for a teen is equal in brain damage to two drinks for an adult.)

- a. **Percent Decrease in Frequency** (# of occasions) How many times used?
Alcohol= -17.9% Marijuana = -7.1% Tobacco=-27.9% **Other Drugs=-64.3% Decrease**
- b. **Percent Decrease in average # of Drinks** per occasion
Alcohol =17.6% (Mean number of drinks per occasion 4.60 in 2006; 3.79 in 2008)
- c. **Percent Decrease in “binge” drinking** (4, 5, 6 or more drinks per occasion)=-31.8%
- d. **Percent Increase in Abstention**
Alcohol = 4.7% Marijuana=28.6% Tobacco=**71.6%** Other Drugs=32.1%

NOTE: We were able to fund a smoking cessation program at this school. A local health care provider sent two nurses to meet with identified student smokers. The nurse recorded student blood pressure, lung capacity and heart rate measurements. Students were then allowed to smoke tobacco. The same measurements were taken and shared with each student. Students who stopped smoking also became peer mentors and delivered presentations to middle school students. We attribute the drop in tobacco use to the combination of the nursing program and the social norms posters. The posters served as a catalyst to get students thinking about their tobacco use. The nursing program then delivered individualized scientific feedback to each student, reinforcing the social norms foundation.

District #1 Comprehensive School with 2 Years of Prevention

Average Age of onset – Positive Change: Alcohol= +0.7%

Past 30 Day Use

- a. **Percent Decrease in Frequency** (# of occasions) How many times used?
Alcohol= -19.1% Marijuana = -17.3% Tobacco=increased +1.4% **Other
Drugs=increased +86.3%**

- b. **Percent Decrease in average # of Drinks** per occasion
Alcohol = 15.8% (Mean number of drinks per occasion 1.65 in 2006; 1.39 in 2008)
- c. **Percent Decrease in “binge” drinking** (4, 5, 6 or more drinks per occasion)= 16.6%
- d. **Percent Increase in Abstinence**
Alcohol = 5.8% Marijuana=8.1% Tobacco=1.5%

District #2 Comprehensive School with 1 Year of Prevention

Average Age of onset – Positive Change: Alcohol= none

Past 30 Day Use

- a. **Percent Decrease in Frequency** (# of occasions) How many times used?
Alcohol=+8.5% Tobacco=-7.1 **Other drugs=increased +26.5%**
- b. **Percent Decrease in average # of Drinks** per occasions
Alcohol=7.4% (Mean number of drinks per occasion (1.95 in 2006; 1.81 in 2008)
- c. **Percent Decrease in “binge” drinking** (4, 5, 6 or more drinks per occasion)= 10.0%
- d. **Percent Increase in Abstinence**
Alcohol = decreased 0.9% Marijuana=1.2% Tobacco=1.3%

The results re. “Other Drugs” are cause for great concern. We believe that the increases may be due to the operation of one or more active dealers in the District #1 and #2 schools or area. We are reaching out to administrators to encourage increased law enforcement. We are also focusing more attention to the other drugs in our social norms campaign. On the other hand, the significant decrease at District #1 Alternative School is an extremely important change.

Section 3: Increased Perception of Risk and Reduced Consequences/Disorders

OUTCOME OBJECTIVE #4. INCREASED PERCEPTION OF RISK: To increase by at least 3% -- by the end of year 2 -- the percent of students who perceive the use of alcohol, tobacco, and marijuana as high risk. See CORE 3. **This objective has been met for District #1 Alternative School.**

OUTCOME OBJECTIVE #5. REDUCED CONSEQUENCES: To reduce by at least 5% -- by the end of year 2 -- students’ experience of consequences, especially the more violent consequences, e.g., driving under the influence, fighting, etc.¹⁵ See CORE 3. . **This objective has been met for District #1 except for tobacco.**

District #1 Alternative School with 2 Years of Prevention

Percent Increase in Perception of Harm/Risk (to someone “my” age) – *Positive Change*
(Recognizing the danger of harm leads to reduced use.)

Alcohol=9.0% Marijuana=37.2% **Tobacco= decreased 5.3%**

Reduction in Consequences. The charts for all three schools show a statistically significant difference **between heavy using and experiencing negative consequences.** They also represent a **significant change from 2006 to 2008 in the patterns in all categories.** **Further, they** demonstrate that from 2006 to 2008 fewer students suffered the investigated 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” use.* 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

¹⁵ This objective was added to the MSA Project in Year 3.

be more accurately labeled as an *increase in recognition* that these kinds of consequences can be expected from AOD use, which recognition can be attributed to social norms posters and brochures. 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. 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
Driven a car under the influence	59.3%	21.4%	-63.9%	32.0%
Been in trouble with the police	37.0%	26.2%	-29.2%	32.0%
Had unwanted sex or sexual contact	30.8%	31.0%	1% increase	36.0%
Been punished by parent or guardian	55.6%	33.3%	-40.1%	32.0%
Got into a fight or argument	48.1%	54.8%	12.2% increase	56.0%
Performed poorly on a test or project	29.6%	28.6%	-3.4%	28.0%
Missed school	51.9%	69.0%	32.9% increase	84.0%
Turned in late papers, missed a test or failed to study	44.4%	71.4%	60.8% increase	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
Been in trouble with the police	6.6%	4.6%	-30.3%	20.3%
Had unwanted sex or sexual contact	12.1%	6.7%	-44.6%	21.7%
Driven a car under the influence	11.5%	9.4%	-18.3%	39.1%
Got into a fight or argument	18.8%	11.2%	-40.4%	43.5%
Been punished by parent or guardian	17.0%	12.8%	-24.7%	49.3%
Performed poorly on	5.5%	12.1%	120% increase	44.9%

a test or project				
Turned in late papers, missed a test or failed to study	16.4%	15.5%	-5.5%	59.4%
Missed school	13.6%	17.0%	25% increase	62.3%

District #2 Comprehensive School with 1 Year of Prevention

District #2 Comprehensive School with 1 Year 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 2007	Percent of Heavy Drinkers (had 4 or more drinks per occasion) who suffered the named consequence in 2008
Consequences	2007	2008		2008 Consequences of Heavy Drinkers
Been in trouble with the police	8.4%	6.3%	25.0%	16.7%
Had unwanted sex or sexual contact	---	7.3%	N/A	17.9%
Driven a car under the	14.1%	11.4%	19.1%	3%
Got into a fight or argument	22.0%	14.7%	33.2%	27.4%
Been punished by parent or guardian	21.5%	21.1%	1.9%	36.2%
Performed poorly on a test or project	7.1%	17.5%	146.5% increase	24.8%
Turned in late papers, missed a test or failed to study	15.4%	24.6%	59.7% increase	46.2%
Missed school	10.5%	23.6%	124.8% increase	39.0%

The percent of students who indicate through answers to CAGE or CRAFFT screening questions in the student survey that they are experiencing AOD Use Disorders has also decreased since the inception of the MSA Project. Students who continue to use heavily, however, are most likely to say “yes” to two or more questions on these instruments and also likely to have more consequences than those who say “yes” to zero or one question:

Outcomes of CAGE AOD Use Disorders Screening Test for District #1 2006/2008 and of CRAFFT AOD Use Disorders Screening Test for District #2, 2007/2008¹⁶

¹⁶ CAGE Screening Questions

1. Have you ever felt you should **Cut down** on your drinking?
2. Have people **Annoyed you** by criticizing your drinking?
3. Have you ever felt bad or **Guilty about** your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (have an **Eye opener**)?

CRAFFT Screening Questions

1. Have you ever ridden in a **Car** driven by someone (including yourself) who was “high” or had been using alcohol?

SCORING for both CAGE and CRAFFT:

With one "yes" it is **possible that a problem** exists or is developing. With "yes" to two or more, it is highly likely a problem exists and further professional screening is needed.

RESULTS: Responses to survey questions from the CAGE indicate that for District #1: 38.3% (or ~40 students) at the Alternative School and 15.8% (or ~120 students) at the Comprehensive School are **experiencing symptoms of use disorders**, possibly addiction, and need further professional screening or

Number of Questions Answered "Yes"	% "Yes" Response District #1 Alternative School 2006/2008 CAGE	% "Yes" Response District #1 Comprehensive School 2006/2008 CAGE	% "Yes" Response District #2 Comprehensive School 2007/2008 CRAFFT
Yes to one	18.5% / 26%	17.2% / 14%	20% / 21.7% SIGNIFICANT CHANGE
Yes to two – possible AOD problem	14.8% / 24%	8.9% / 10%	12% / 12.6%
Yes to three – probable AOD problem	7.4% / 11.9	3.7% / 3.8%	12% / 8.5% SIGNIFICANT CHANGE
Yes to four – very likely AOD problem	3.7% / 2.4%	1.5% / 2.0%	7% / 7.5%
TOTALS – CAGE: likely to have AOD DISORDERS	45% / 38.3%	14.1% / 15.8%	31% / 28.6%
Yes to five – CRAFFT: very likely to have AOD problem			5% / 5.2%
Yes to six – CRAFFT: very likely to have AOD problem			2% / 1.5% Total Likely to have AOD Disorders= 38% / 35.3%

4. Do your **Family** or friends ever tell you that you should cut down on your drinking or drug use?
5. Do you ever **Forget** things you did while using alcohol or drugs?
6. Have you gotten into **Trouble** while you were using alcohol or drugs?

We used CAGE for the first two-years of the MSA Project because we had used it on college students at GVSU and had several years of norms for comparison. When we decided that the CRAFFT was a better instrument for high school students, we switched to it for our third high school. As of Year 3 of the Project, we began to use CRAFFT at all schools.

intervention such as that offered by the STARR Program.

Responses to survey questions from the CRAFFT indicate that for District #2: 35.3% (or **423 students are experiencing symptoms of use disorders**, possibly addiction, and need further professional screening or intervention such as that offered by the STARR Program. For District # 2, significant changes occurred with those having answered 1 or 3 yes responses. See RECOMMENDATION #1 below.

Also, there is a statistically significant correlation between saying “yes” to 2 or more screening questions and experiencing a higher rate of consequences:

Correlation of Experiencing Consequences & Answering Yes to 0/1 or to 2 or more Questions On a Substance Use Disorders Screening Instrument

Consequences after or while using AOD	Number of CAGE questions with answers of Yes	
	0 or 1	2 or more
Missed school	31.0%	58.0%
Have turned in late papers, missed tests or failed to study	28.7%	56.5%
Got into an argument or fight	16.2%	44.9%
Performed poorly on a test	24.2%	36.2%
Been punished by a parent or guardian	22.1%	34.8%
Drove a car while under the influence	8.3%	26.1%
Got in trouble with the police	4.6%	21.7%
Had unwanted sex or sexual contact	2.2%	16.6%

Comment [MSOffice1]: Need same kind of chart for KHHS, see next page.

to

How 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 44.9%.

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.**

Consequences after or while using AOD	Number of CRAFFT questions with answers of Yes	
	0 or 1	2 or more
Missed school	16.9%	36.1%
Have turned in late papers, missed tests or failed to study	14.4%	43.3%

Got into an argument or fight	6.9%	28.9%
Performed poorly on a test	13.4%	25.2%
Been punished by a parent or guardian	13.9%	34.4%
Drove a car while under the influence	2.1%	28.5%
Got in trouble with the police	1.7%	14.8%
Had unwanted sex or sexual contact	2.2%	16.6%

District #1 Comprehensive School with 2 Years of Prevention

Percent Increase in Perception of Harm/Risk (to someone “my” age)= no change.

Reduction in Consequences and in the percent who indicate through answers to CAGE or CRAFFT screening questions in the student survey that they are experiencing AOD Use Disorders – see chart for District #1 Schools.

District #2 Comprehensive School with 1 Year of Prevention

Percent Increase in Perception of Harm/Risk (to someone “my” age)

Alcohol=none Marijuana=1.5% Tobacco=none

Reduction in Consequences and in the percent who indicate through answers to CAGE or CRAFFT screening questions in the student survey that they are experiencing AOD Use Disorders--see chart for District #2 School.

Section 4: Improved Parental AOD Related Behavior

OUTCOME OBJECTIVE #7. INCREASED TALK: To increase by at least 3% -- by the end of year 2 -- the percentage of students who say they have talked with their parents, and parents who say they have talked with their children -- expressing strong disapproval of teen AOD use.¹⁷ This talk is intended to motivate and enable positive communication about underage AOD use, thus increasing protective factors following year two of the project and postponing initiation of AOD use. See CORE 2 & 4. **This objective has been met for District #1 Alternative school.** Analysis for District #2 will be conducted upon completion of the post-test Parent Survey in February/March 2009.

OUTCOME OBJECTIVE #8. INCREASED AOD-RELATED PARENTING: To reduce by at least 3% -- by the end of year 2 -- parents’ re. AOD use misperceptions about the

¹⁷ Originally this Objective called for a 10% increase in percent of parents and students who reported conversations on AOD use. However, both parents and students in these schools report a much higher percentage of mutual talk about AOD than the national average of around 36%.

norms for parental *monitoring* of children, *modeling* of moderation, and *knowledge* of student norms and consequences re. AOD use. See CORE 2 & 4. **This objective has not yet been met.**

District #1 Alternative School with 2 Years of Prevention

Parent/Child Talk: National figures indicate that children whose parents talk to them about AOD are about 50% less likely to use. More specific analysis of MSA Project data, using a likelihood ratio test, indicates with a p-value of 0.000 that there is a relationship between the number of drinking occasions in the past 30 days and the student's perception of whether his/her parent would be upset if he/she had come home after drinking. The stronger the student's perception, the less likely he/she is to use AOD. And the stronger the parents' message of disapproval, the stronger the students' perception. Both lead to reduced use of AOD.

Additional analysis using a Chi-Square Test indicates a statistically significant trend. That is, the frequency with which a parent talks to a child about alcohol influences the number of drinking occasions. More talking equals less drinking. The Chi-Square statistic in this case is 32.001 with a p-value of 0.022. That is using a 5% level of significance, we are 95% certain that these patterns are not random.

Percent increase in parent/child talk about AOD. Results are based on analysis of combined data for all of District #1 students:

- a. Parents re. Alcohol = 2.2% (In 2006, 67.4% of parents stated that they had talked to their kids about alcohol use and abuse; in 2008, 69.6%.)
- b. Students re. Alcohol=no change (In 2006, 86.0% of students replied "yes, at least once"; in 2008, 85.6% said "yes".)
- c. Students re. Marijuana=no change (In 2006, 75.8 replied "yes, at least once"; in 2008, 75.9% said "yes".)
- d. Students re. Tobacco Use=no change (In 2006, 81.7% replied "yes, at least once"; in 2008, 81.0% said "yes".)

Percent Increase in Students' Perception of Parent Disapproval – *Positive* Change is increase in perception of parent disapproval. (Both national and MSA statistical analysis show that the majority of students who know their parents strongly disapprove will ABSTAIN from AOD use.) Also, students who do not use AOD say that the primary reason they abstain is because they don't want to disappoint their parents.

Alcohol= 34.3%

Marijuana=19.3%

Tobacco=117.5%

District #1 Comprehensive School with 2 Years of Prevention

Percent increase in parent/child talk about AOD. See Alternative School for report. Because of a low number of respondents to the Parent Survey, results for District #1 were calculated on combined data.

Percent Increase in Students' Perception of Parent Disapproval

Alcohol= no change (The percent of perceived disapproval was 86.5% for both 2006 and 2008.)

Marijuana=no change (The percent perceived disapproval in 2006 was 92.1% and in 2008 was 91.4.)

Tobacco=no change (The percent perceived disapproval in 2006 was 86.6% and in 2008 was 85%).

Improvement in Parenting. Returns were too few in the Alternative School to allow analysis; therefore composite analysis was undertaken for combined results from the Alternative School and the Comprehensive School of District #1:

Modeling: (How often do you drink?) =15% decrease

In 2006 parents reported drinking an average 38.1 times per year; in 2008, 32.4 times per year

Monitoring: Increases in protective behavior

Do you call others to ensure adult supervision = 7.4% (77.4% say "yes")

Do you welcome calls from others to ensure adult supervision = 2.3% (98.9% say "yes")

Do you call others to ensure there will be no AOD served to teens = 9.8% (51.1% say "yes")

Do you welcome calls from others to ensure there will be no AOD served to teens = 2.2% (100%)

We normally wait up for teens to come home in the evening=1.5% 97% say "yes" (includes "sometimes do this").

Talking: Expressing disapproval of AOD use to teens and having accurate knowledge of AOD

We have talked to our children about alcohol 2.2% = (69.6% say "yes")

Students say parents have talked to them about alcohol =no change (85.6% say "yes")

Students say parents have talked to them about marijuana = no change (75.9% say "yes")

Knowledge of AOD:

Survey Questions: To the best of your knowledge, are the following five questions True or False?

- Underage drinking results in permanent damage to the memory. True: 2006= 79%; 2008 = 74.5%
- Underage drinking usually leads to lower grade point averages. True: 2006= 97%; 2008 = 90%; Change = -7%
- The younger a person is when starting to drink, the higher the chances of alcohol addiction. True: 2006= 93.3%; 2008 = 95.7%; Change = ++2.4%
- Adolescents need only drink half as much as adults to suffer the same negative effects on the brain. True: 2006= 82% %; 2008 = 80.6%; Change = -+1.4%
- Teens who drink frequently usually outgrow alcohol use and do not become problem drinkers or addicts as adults. False: 2006= 97%; 2008 = 90%; Change = -7%

District #2 Comprehensive School with 1 Year of Prevention

Percent increase in parent/child talk about AOD.

- Parents** = no data (The post-test parent survey for this school is scheduled for February 2009.)
- Students re. Alcohol= 6.1% (In 2006, 83.1% of students said parents had talked to them "at least once"; in 2008, 88.2% said so.) The increase is statistically significant.
- Students re. Marijuana and Tobacco=no change

Percent Increase in Students' Perception of Parent Disapproval

Alcohol and Marijuana = no change

Tobacco=8.0% increase

- Improvement in Parenting.** The post-test parent survey for this school is scheduled for February 2009.)

Section 5: STARR Brief Intervention Program

In 2008, the STARR (Screen, Test, and Refer for Recovery) Intervention Program was integrated into the disciplinary program at District #2 Comprehensive School. The program was slow in starting but has now begun to accelerate with the addition of self-referral and parent referral in addition to disciplinary and Counselor referral. The following charts program use to-date:

Total Students	Source of Referral	# Rec Further Treatment	Primary Drug
2007			
Referrals Fall 2007/January 2008:			
18	17 Disciplinary 1 Self Referral*	6	11 Alcohol 6 Marijuana 1 Amphetamines
Referrals 2008/Jan. 2009			
19	14 Disciplinary 2 Self Referral* 3 Parent	2	14 Alcohol 5 Marijuana
Totals=	19		19
2007: 11 Alcohol related, 7 drug related of those 6 were marijuana & 1 was Amphetamines			
2008: 14 alcohol 5 marijuana			

*Use of a STARR Poster and and STARR Referral Card (to be given to students), begun in December 2008, is expected to increase self referrals.

Now that enough students have completed the program, we have initiated an evaluation. In the 2008-2009 school year, 21 students have completed STARR to date. There is a fairly even distribution between grade levels (24% senior, 38% junior, 24% sophomore, 14% freshman). Of the referrals, 76% were for alcohol related issues.

STARR students experience negative consequences at a much higher rate than the general student body:

Consequence	STARR Students Answered "Yes" (n=21)	General Student Body Answered "Yes" (n=825)
Got trouble while using AOD	67%	15%
Drove car after using or ridden with driver who used AOD	57%	47%
Forget what you did while using AOD	57%	26%
Had unwanted/unplanned sex	14%	7%

Also of note, 57% of STARR students reported that someone in their family has an addiction. Clearly, genetics is a significant factor in heavy AOD use.

The Screening, Testing, and Referral for Recovery (STARR) Program offered by the MSA Project is 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, LMSW, at [phone number] or by going through the School's Counseling Office and through their parents. Students can also do their own additional screening by going to www.alcoholscreening.org for a confidential measure of their need for intervention or treatment.

STARR sessions are offered at the schools in order to make it easier for students. Also, it allows the Facilitator to become visible and thus less "foreign" to students in general and enables him to get to know school staff, all of whom are encouraged to do referrals. Furthermore, the visibility of the STARR Program in general helps to reduce stigma on getting counseling, seeking help for AOD problems, etc. We hope to make it clear to all that AOD problems are not rare among teenagers and that getting help is a reasonable thing to do. We encourage those students who feel comfortable with revealing their problems (since most other s know it anyway) to talk about their sessions and refer friends to the Facilitator.

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.

4 signs your friend
may have a **problem**
with **alcohol** or other **drugs.**

- 1 **Driving under the influence**
- 2 **Losing interest in favorite activities**
- 3 **Fighting with friends and parents**
- 4 **Missing school and assignments**



STARR MAKING SOBRIETY
PROGRAM ATTRACTIVE

Getting into trouble at school or at home because of alcohol is not normal. It's often a sign of a possible problem.

STARR Program
Consists of an assessment and 4, 1-hour sessions led by a trained social worker. This program is FREE to KHHS students. Completing the STARR program will reduce a suspension from

★ Email to schedule an appointment

★ Email: geofferystevens@m

Section 6: Recommendations for Schools for Years 4 and 5 re. Goal #1, Reducing Substance Use

RECOMMENDATION #1: SCHOOLS SHOULD MAKE INCREASED EFFORTS TO IDENTIFY DRINKERS AND REFER THEM TO THE STARR PROGRAM FOR INTERVENTION without waiting for them to get into the disciplinary system. MSA Program will provide a STARR Poster and STARR Referral Cards for students and staff, and brochures and Newsletter information for parents, students, and staff, and will consult with Counselors. Referral Cards will be distributed following Outreach Theatre performances along with appropriate brochures.

RECOMMENDATION #2: MSA project needs to emphasize WITH PARENTS the importance of talking with their children and making their disapproval of AOD use very clear. The Parent Survey reveals that 97% of parents disapprove of high school students using alcohol but only 67% have talked to their kids about their disapproval. MSA staff will revise the Parent Survey to get more information about reasons parents may have for not talking to their children about AOD use.

RECOMMENDATION #3: Schools need to help in efforts to reach parents via MSA Newsletter and brochures (“Parents are Heroes” and “21 Reasons Teens and Alcohol Don’t Mix”), through web sites, and at school events. District #2 Comprehensive school has begun to include the Newsletter in their monthly mailings to parents and include a link to our Web site with MSA Project information, www.alertlabs.org.

RECOMMENDATION #4 : MSA Staff and School Representatives need to address the likelihood that the **86.3%increase** in “Other Drug” use in District #1 and the 37.% increase in District #2 may be traceable to aggressive drug dealing in or near the school. Collaborative efforts should be made to encourage additional law enforcement efforts in school communities. **2006= 4.0% % v. 2008= 7.2%**

B. Goal 2: Increasing Collaboration: *Coalition will establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance use among youth.*

Kent County Substance Abuse Prevention Leadership Coalition (Coalition) Mission: *Develop and implement a strategic plan that will prevent the onset and reduce the progression of substance abuse by building county agency capacities and county-wide infrastructure that strengthens prevention efforts, and by infusing data across all strategic planning steps for improved decision-making.*

1. The Coalition in the past year has coalesced into a cohesive group with clearly identified tasks for its committees as defined in its operational by-laws. Each committee has goals that it sets each year through a review and update of its implementation plans. These goals are lead to tasks designed to move the coalition forward to attain the major goals outlined in its Strategic Plan.

a. **The Resource Committee** has as a primary task collecting data through resource scans of the community and the Coalition members. These scans identify strengths, gaps and duplication in community resources based on strategic priorities. This committee reviews the scans each year and collects new data during the year. This committee also oversees some of the community events sponsored by the Coalition this coming year. Last year it was responsible for the Family Day Event 2008 in collaboration with CADCA's National Family Day.

b. **The Membership Committee** reaches out to bring new members into the Coalition. In its implementation plan it designates which groups shall be approached. It also provides resources for all Coalition members to use to in reaching out to bring new members into the Coalition. Further, this committee sponsors some of the community events sponsored by the Coalition, including an annual Town Hall.

c. **The Data Committee** oversees the collection of local data in accordance with Coalition Goal 4 – Data Systems: *Policies and procedures for regular data reporting in place at all agencies that serve Kent County*. Primary data sets are those concerning the first three Goals of the Coalition, reducing underage drinking, youth marijuana use, and adult heavy drinking. The Committee partners with the Kent County Health Department and the Community Research Institute of the Johnson Foundation, Grand Valley State University, to collect and organize data which is stored into a data warehouse housed on Community Research Institute computers.

d. **Ad hoc** committees are occasionally established to investigate emerging issues. At the current time there is an ad hoc committee formed to investigate crack/cocaine use in Kent County. A white paper is due this March from the Grand Rapids African American Health Institute concerning this issue.

e. **The Executive Committee** is comprised of the chairs of the other committees as well as the co-chairs of the Coalition. Its tasks are to recommend matters for investigation by the Coalition at large and to plan the agenda of the monthly meetings.

2. For the year 2009, the Coalition's committees are planning four community events.

Following are a listing of each event along with brief descriptions. The main purpose is to raise awareness of problems with underage drinking in the community, with youth marijuana use and with adult heavy drinking. These events are designed to educate and support families in regard to these goals. Also, the events work to enhance collaboration throughout Kent County to solve these problems.

a. **Town Hall**—Collaboration occurs between organizations, the Coalition, and the community with an emphasis on the family domain. The Town Hall agenda also allows community input into solutions to reduce underage drinking in Kent County.

b. **May Coalition Event with the Faith-Based Community**—Creation and mobilization of an event that utilizes area churches and faith communities as a vehicle for delivering a message designed to decrease chronic heavy adult alcohol consumption, remove the stigma of addiction, and support recovery.

c. **Family Day**—Promotion of a community alcohol-free event promoting positive youth practices that enhance youth refusal and decision making skills re. alcohol and other drug use.

d. **Red Ribbon Celebration**—The Red Ribbon celebration is a community event where red ribbons are worn as a symbol of unity against the illegal use of alcohol, tobacco and other drugs. The celebration is also designed to encourage community support for drug-free youth.

3. The Making Sobriety Attractive Campaign sponsored by the Coalition has made significant contributions to the community through its collaboration with members of the Coalition in the past year.

a. **The Making Sobriety Attractive** campaign has collected a large data set over the past four years from the schools with which it has been involved. MSA has shared this data in a composite format to support the goals and activities of the Coalition and its members. Through its work in local schools, MSA has demonstrated that a relatively low cost social norms campaign can reduce alcohol and other drug use and save lives.

One of the ways that the data have been used is for the Coalition’s annual “Data and Gaps” report. Each year the Data Committee creates a data-driven report that characterizes the state of alcohol use by underage drinkers in Kent County, the state of marijuana use by youth, the state of adult heavy drinking and the state of other emerging issues as identified by studies in ad hoc committees. The MSA data set is combined with other local data such as the Michigan MiPHY¹⁸ data from Kent County and the BRFSS for Kent County. The Behavioral Risk Factor

¹⁸ The Michigan Profile for Healthy Youth (MiPHY) is an online student health survey offered by the Michigan Departments of Education and Community Health to support local and regional needs assessment. The MiPHY provides student results on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health in grades 7, 9, and 11. The survey also measures risk and protective factors most predictive of alcohol, tobacco, and other drug use and violence. MiPHY results, along with other school-reported data, will help schools make data-driven decisions to improve programming funded under the Title IV Safe

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Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. This year the Data and Gaps report will feature MSA data separately from MiPHY data so that trends in various parts of the county may be detected. This report will be submitted to the Coalition at the end of February.

MSA also shares its data with the Kent County Independent School District, a county organization that provides services for all the public schools in Kent County. One of the functions of the Kent Intermediate School District is to apply for and distribute government funds that support drug prevention services, such as Safe and Drug Free Schools monies. The KISD uses the data from MSA to support its application for, and disbursement of, these funds.

b. Dr. Harper, **the MSA Executive Director**, reports to the Coalition periodically at its monthly meetings about the progress of the MSA at the schools and provides answers to members' questions and suggestions.

c. **MSA shares its Co-Project Director & Evaluator** with the Coalition for various purposes, including co-chairing the data committee. This staff person attends the monthly meetings of the Coalition, the monthly meeting of the Executive Committee and leads the Data Committee in achieving the goals that it sets each year in its implementation plan. This staff person spends approximately five hours each work collaborating with other members of the Coalition.

4. The Coalition is undergoing training with a neighboring county's coalition (Ottawa County) by a media specialist. The purpose of the training is to sharpen the marketing skills of chosen members of the Coalition so that the Coalition speaks with one voice about alcohol and drug issues. It is the desire of the Coalition to be recognized by the media as THE organization to seek when looking for information concerning alcohol and other drug issues. This goal is already partially achieved as in the past year local television stations have interviewed the Coalition staff person and other Coalition members concerning its community events. Other local media have also contacted the Coalition for alcohol and other drug information. A local alliance of healthcare providers and businesspersons are seeking speakers from the Coalition for its monthly meeting.

5. New Resources & Social Capital Generated.

- i. **Connection to other funding streams.** In the last year, MSA staff applied for an NIH grant with the Grand Rapids Alliance for Health that would have provided matching funds to expand the Alcohol Education portion of the project. The grant

and Drug-Free Schools (SDFS) program of the No Child Left Behind Act of 2001 as well as other prevention and health promotion programming.

was not funded for 2008, but we have been invited to reapply and are in the process of doing so.

In January, the members of the Coalition and MSA Project applied for a Prevention Network grant to support development of an Outreach Theatre program that will allow high school students at one of the MSA schools to develop a series of performance scenarios for presentation to their peers and eventually to parents and other members of their community. We have not year heard from the granting organization.

MSA staff members continue to work closely with a developing project, the Regional Student Council (RSC), funded by the OK Conference (for athletics, forensics, music and other performing arts) which serves 51 schools in and around Kent County. The RSC is developing an AOD Prevention Program in partnership with the MSA project. Current goals include training a group of RSC students to facilitate after school programs on the role of AOD use in high school, and developing a brief stage performance on the importance of prevention to be presented at a March 19 Student Leadership Summit sponsored by the RSC. Students are being taught about the results of research on AOD and trained to use the social norms approach to prevention. At this point, the MSA and RSC are discussing how to partner in a conference-wide prevention program modeled on the MSA. This may be the basis for a five-year extension proposal in the final year of the current project.

6. Lessons Learned.

Because we found it almost impossible get a significant percentage of parents to come to the schools for MSA events such as Town Halls, we have committed to putting outreach efforts into a new Web site. We believe that the interactive and diversified materials we can make available through this medium will enhance what we have been able to do through our Social Norms Campaigns, especially when it comes to reaching adults in the school communities. Information for parents and others is readily available, including all issues of the new Parents Are Heroes Newsletter, both new and old versions of the Posters, results of research on the MSA project and relevant national research and reports. We hope to be able to report on the success of the Web site by the end of year four and beginning of year five of the project.

This has been the first year that the MSA expected one school district to maintain the program, while the staff expanded the project to another district. We have discovered that we really need to spend more than two years in each school. This year we agreed to consult primarily through email and telephone with “last year’s” schools in order to be sure that the post-test surveys are carried out in a timely manner, that the posters provided by the staff are placed appropriately and changed on schedule, and that the MSA project is included in other appropriate school activities. Unfortunately, we have discovered that the MSA program has not been maintained as all had agreed it would. Part of that has to be attributed to a new principal and superintendant in one case and to the assignment of responsibility to an Assistant Principal, who had never been heavily involved in the project, in another case. We have been able to work

directly with the principal in this case and he has decided to take back primary control over the project.

We have decided that this is an opportunity to “make lemonade” out of a difficult situation. Because posters were not placed in the classrooms at this school during the immediate past semester, we plan to go ahead with placing the posters in the classrooms during the current semester and to conduct our normal annual survey evaluation thus taking advantage of the opportunity to treat this school as a kind of “control” to which we will compare outcomes in a school which has been following the program. This will give us a chance to take a look at the effects of stopping a social norms campaign for five months and then restarting it again after having conducted it for two full years. Fortunately the only part of the program to suffer has been the Poster Campaign, so we will be get looking again at the importance of the poster medium and its content re. functioning as it has in the past as an effective protective factor.

Also, by examining the freshman class especially carefully, we will be able to test the hypothesis that new norms of AOD behavior developed over the past two+ years by the upper class students will “seep” into the culture of the new freshmen. If these freshmen, who have never been exposed to the poster campaign turn out to be more like their sophomore and junior peers than like the freshman class of three years ago (during the baseline survey) we will have evidence to argue that the school culture has changed and remained that way in spite of the absence of an ongoing social norms poster campaign. Results will not be conclusive but will pave the way for further examination of the “seep” hypothesis. As far as we have been able to discover, there has never been a study of this sort. We seem to have an opportunity here to explore new territory in a manner of extreme importance to social norms/environmental prevention theory and research.

We realized last year that having just one person to provide our STARR intervention for all the referrals would almost certainly not be sufficient as the program grew – and it has doubled in the number of referrals by this half-way point in the academic year. Most of the growth has been in parent and self-referrals, and to some extent in School Counselor non-disciplinary referrals. As we expected at the end of last year, we are going to need to bring local agencies into the STARR program, begin charging families insurance for the service and obtaining State funds through our County office for the uninsured beginning at the start of next year’s program. We have continued pursuing efforts to institutionalize the brief intervention program and believe that we will be able to develop a local partnership that will provide continuing high quality service, even to expand it into new schools.

As a result of this experience, we have decided that we must remain actively involved with each school for at least three or more years in order to assure that the project is fully institutionalized. Thus, we are not going to leave Kenowa Hills this year in order to work with a new, fourth, school. And in fact what we need to do is resume a higher level of activity at the first two

schools with which we worked. So, in Year Five, we will continue working closely with three schools while taking on a fourth.

As a part of this effort to develop more partnerships within the Coalition, we have begun to develop a plan for significantly expanding MSA through a proposal for year 6 – 10 year funding. More of that is described in the next section.

7. Meeting Needs of Diverse Cultural Aspects of the Community. The MSA staff is diverse in a variety of categories. It includes persons who are disabled, Native American, over 60 years of age and under 30, male and female, black/brown and white. We also always strive to include additional diversity in the Site Teams that work with us at each school. If we are unable to find a member of the school or local community to represent the ethnic makeup of the school system, we add to the Site Team the necessary mix.

For the coming year, number 5, and into years 6 – 10, we hope to take the MSA program from the suburban, where we have been working for the past four years and into an Urban school system. This system serves a majority black, brown, and lower-socioeconomic population. We are working on a partnership with an Grand Rapids African American medical research agency to enhance our cultural preparedness to serve this population. Our experience has been with populations that are primarily white and middle class, though including a growing and significant minority sector, will we believe be transferrable to this other cultural mix. For instance, we will continue to use posters, student theatre, brochures and newsletters but the underlying cultural motivational appeals will probably need to change.

Our preliminary plans at this time are to mount a full scale MSA Prevention program at one of the five schools in the urban system while monitoring, through our survey, AOD attitudes, values and practices at the other four schools. We believe that we can prove to the school system as a whole after no more than two years that decreases in negative factors and increases in positive protective factors have occurred as the result of the MSA program and resulted in significant reduction in student use of AOD (as they have over the past four years of the project). Once we have achieved that goal, we believe we will be requested to institute the program in all of the schools in the system.

As we carry out this plan, we will of course also be working to enhance access to outside funding to expand MSA and to institutionalize it in these schools as well as in the schools with which we began—and preferably beyond.

Also, we are dealing with an expansion of about 120 minority students in District #1, which has grown from population of around 600 to about 750 students. The percent of minority enrollment has grown to about 12% in what was previously essentially an all white school. The percentage is still less than the State average of 25% but is still large enough that we may see a variety of changes in the culture from past years. We will be paying particular attention to

process review of the program's success with this new minority population as part of not only continuing to reduce AOD use in District #1 but as part of our growing expertise in prevention for urban and minority school systems.

8. Training or Technical Assistance Acquired. Two MSA members are attending programs at CADCA this coming week, February 9 – 13, 2009, and presenting a competitively selected Workshop on title: "It's Not the Drinking, It's the Consequences: Combining social Norms and Brief Intervention to Reduce Underage Drinking and its Consequences," scheduled for Thursday, February 12 at 4:00.

II. Organizational Structure Changes

WORK PLAN FOR THE COMING YEAR (September 30, 2008-September 29, 2009) Logic Model in Attachments.

A. Goal 1: Reducing Substance Use

1. Strategies and Activities.

Strategies that have been developed to increase abstention from alcohol and other drugs (AOD) by young people, and ultimately by adults, include the following:

a. Correct Misperceptions of Social Norms by both young people and adults:

- i. **conduct research on AOD use patterns** among young people and, ultimately, among adults, in order to reveal the existence of, and nature of, misperceptions about social norms and to establish a baseline for measuring change through prevention programming,
- ii. **inform young people and adult influencers** (parents, teachers, school administrators and the general public) that underage drinking (especially binge drinking), and smoking of marijuana and tobacco is more harmful than they know -- by **reporting consequences** experienced by local students,
- iii. **identify actual (as opposed to perceived) social norms** favoring abstention by young people who are below age 21 and norms for peer disapproval of AOD use,
- iv. **identify parenting norms** favoring child monitoring, adult modeling, and mutual alcohol education via parent-child communication,
- v. **report social norms** to young people between the ages of 14 and 20 and to adult influencers through a mass and interpersonal communication and social norms campaign,
- vi. **report parenting norms** to young people and adults through the communication and social norms campaign via mailings and Web site,
- vii. **enhance informed communication** between students and parents and other adult influencers resulting in increase in reported AOD communication and in influencers' knowledge base re:

- a. supporting abstinence,
- b. emphasizing the need to delay age of onset,
- c. enhancing perception of risk or harm,
- d. enhancing perception of disapproval by adults.

b. Promote Effective Prevention

- i. **motivate heavy users** to be screened and to undergo brief intervention (require for those with behavioral problems who are found to be abusing or addicted to AOD),
- ii. **provide evidence-based selected prevention** (through BASICS re. motivational interviews) for all school policy violators who use alcohol, tobacco, marijuana, or other drugs, and to students who are at risk because of their membership in activities such as athletics and student organizations.

c. Provide evidence-based indicated prevention through evidence-based brief intervention through the STARR Program, using BASICS with policy violators and heavy users of AOD.

2. Outcomes/3. Measuring Progress. See data presentation above. Will continue annual surveys of students and biennial surveys of parents with on-going data analysis and monthly Site Team meetings.

4. Responsibility. The Project evaluator will continue to report data from the surveys and make meaningful comparisons, draw correlations, etc. The Project Coordinator will make sure that the data are presented in a reader-friendly manner through as many media as possible to reach the target audiences. The Project Director will assure that information reaches extended audiences through web video and audio casts of material from previous project Town Halls, broadcasts on WGUV of MSA activities, Community Briefings, and other public activities of the Coalition. Thus outcomes can be repackaged and will reinforce data reports, as will brochures, Web site programs, etc. STARR counselors will share relevant report information to students through BASICS motivational interviewing sessions with students and, if appropriate, with parents and school staff.

5. Resources. MSA Project Staff, Coalition Members, Coalition Collaborators. Also, the MSA project is negotiating with three local agencies that have specialization in adolescent prevention and treatment in order to institutionalize and extend the scope of the STARR intervention program at low or no cost for families in Kent County. Also, the Coalition sponsors “Community Standards for Alcohol Use,” a proposal for adoption by schools, families, churches, organizations. The MSA project has supported and will continue to support efforts to gain widespread adoption.

B. Goal 2: Increasing Collaboration

Establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

Coalition Goal 5 from the Coalition Strategic Plan is consistent with DFC Goal 1: *by 2011 Kent County will have a united effort across the community, school, family and peer domain that works towards a shared vision and is lead by a coalition of agencies, organizations and collaborative that works together towards substance abuse prevention.*

The Coalition has achieved its three outcome objectives relevant to Coalition Goal #5/MSA Project Goal 2, but the Membership Committee will continue to recruit new members who have special expertise and/or interest in the six goals of the Coalition – some of whom may choose to contribute directly to the MSA project:

5a. Outcome statement: by 2007, develop new relationships with other like-minded individuals/agencies.

5b. Outcome statement: by 2007, the leadership scan is completed to help determine a level of awareness/participation/involvement among targeted community members

5c. Outcome statement: by 2007, the resource scans are completed by appropriate agencies and help to expand our resource assessment and influence annual implementation.

- 1. Strategies and Activities.** The Coalition Membership Committee is charged with adding groups, agencies, and individuals as appropriate for cultural diversity and areas of expertise or interest identified in the Strategic Plan. The Coalition Epidemiology Committee is also continuing to collect data about both teen and adults use of substances and data about advertising and availability of alcohol in certain sectors of Kent County.

Monthly meetings of the Coalition and each committee feature presentations from members and non-members, and monthly meetings of the Site Team, serve as the primary means of learning about others who may want to be, or should be invited to become, involved. The community social norms campaign directed at parents and other influencers attracts additional collaborators, as do the MSA staff applications for matching funds and for assistance in advocating for moderation in adult alcohol use and abstinence for teens.

- 2. Outcomes.** We have developed new collaborations with the Grand Rapids Community Media Center, the Grand Rapids African American Health Institute, and additional high schools with which we hope to work in Year 5. These relationships will help us to hone our messages and activities for minorities and to reach them and parent groups more effectively through media for social networking.

3. **Measuring Progress.** The Strategic Plan details categories of membership important to achieving prevention goals and outcomes to be achieved in the implementation and action plans. For instance, “By 2011, Youth use of alcohol is reduced, binge drinking is reduced, and average age of first incidence of alcohol use is increased.” In addition, the Membership Committee Action Plan specifies, “The membership committee presents a plan for implementation that disseminates to selected populations (e.g., parents, media, schools/colleges and universities, school boards, ISD, faith-based groups, and parent groups) information about the issues of binge drinking.” In addition, the SAMHSA Core Measures and progress toward the MSA project objectives will tell us that we are making appropriate progress.
4. **Responsibility.** The Membership, Resource, and Data (Epidemiology) Committees report progress to the identified populations. MSA staff carry out the activities from the Strategic Plan and report progress to the Coalition and the schools.
5. **Resources.** Coalition committees, schools staff and students, Network 180 coordinating committee for State funding, MSA Site Team.

III. BUDGET NARRATIVE

A. Personnel Total

FEDERAL REQUEST

Executive Director, Nancy L. Harper, Ph.D. (45 weeks @ \$100 * 5 hours), 50%	\$11,250
Co-Director & Project Coordinator, (48 weeks @ \$37* 33hrs), 72%	\$42,374
Shannon Welsh, M.Ed.	
Co-Director & Project Evaluator, (48 wks @ \$47/hr *20 hrs), 50%	\$24,288
Donald Bryant, M.Ed., M.S.	
Theatre Program Facilitator, Carla Jackson, B.A. (\$20/hr * 15hrs for 36 weeks)	\$1,490
STARR Program Facilitator, Geoff Stevens, LMSW (\$30/hr * 4hrs	\$4,800
* 40 students over 32 weeks)	

JUSTIFICATION: The Executive Director provides direct oversight of the grant, including personnel management, community relations and evaluation. The Co-Director & Project Evaluator coordinates, collects and analyzes data, in addition to serving on Coalition committees. The Co-Director & Project Coordinator oversees project implementation, planning, scheduling, printing of materials, and fiscal management. Theatre facilitator advises, trains and coordinates presentations for student acting troupe. STARR facilitator provides brief intervention sessions to identified students of project schools.

NON-Federal Match, In-kind salaries and fringes

Position, Name,	Annual Salary,	Level of Effort	Cost
Kent County SA Coalition Members (monthly meetings plus donated time):			
Nancy L. Harper, Ph.D. (48 weeks @ \$100 * 10 hours), 50%			\$33,750
Shannon Welsh, M.Ed. (48 weeks @ \$37* 30hrs), 28%			\$14,759

Donald Bryant, M.Ed., M.S. (48 wks@\$46/hr *20 hrs), 50%	\$22,080
Geoff Stevens, MSW, (\$2,000 ea for 10 Site Team meetings @ \$200.00 per meeting plus telephone/email consultation as required)	\$6,000
Carla Jackson, (\$2,000 ea for 10 Site Team meetings @ \$200.00 per meeting plus telephone/email consultation as required)	\$6,000
Ross Buitendorp, Network 180, CMH/SA Coordinating Committee	\$ 4,000

Site Team Coalition & Community Members:

3 High School Principals(\$2,000 ea for10 Site Team meetings @ \$200.00 per meeting plus telephone/email consultation as required)	\$ 6,000
6 Parents Representatives (\$2,000 ea for10 Site Team meetings @ \$200.00 per meeting plus telephone/email consultation as required)	\$ 12,000
8 -9 HS Staff, e.g., Teachers & HS Counselors (\$500 ea for10 Site Team meetings @ \$50 per meeting)	\$ 4,000
Ed Paul, ret., Varnum, Rittering...Law Offices (\$600 for ea of 10 Site Team meetings)	\$ 6,000
Keven Rose, Director, GR African American Health Institute (\$400 for ea of 10 Site Team meetings)	\$ 4,000
Mark Witte, Network 180, CMH/SA Coordinating Committee (\$400 for ea of 10 Site Team meetings)	\$ 4,000

JUSTIFICATION: Project Director, Coordinator and Evaluator are all contributing portions of their time to the MSA Project. Site Team members will meet monthly to consult on the progress of the project. Representatives of the school provide guidance on procedures and policies. Coalition members provide advice, guidance, and volunteer effort to support activities through monthly meetings. Ed Paul provides direction in terms of legal issues. Keven Rose provides expertise on cultural issues re. minorities. Mark Witte represents Kent County re. substance prevention and treatment.

FEDERAL REQUEST (see Section A Column 1, line 6a of form SF424A)	\$ 84,202
NON-FEDERAL MATCH (see Section A column 1 line 6a of form SF424)	\$ 122,589

B. Fringe Benefits – None

C. Travel – no travel funds are requested other than for that required by this application.

FEDERAL REQUEST

2 Staff to DFC grantee meeting, Washington, D.C.	\$ 4,700
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JUSTIFICATION: The grant requires travel of at least two members to attend grantee meeting in Washington. Request is for travel expenses for two of the following: Executive Director, Co-Project Director & Coordinator, Co-Project Director & Evaluator, and Coalition or High School Co-Chair of the Site Team.

FEDERAL REQUEST (see Section B Column 1, line 6c of form SF424A)	\$ 4,700
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NON-FEDERAL MATCH (see Section B column 2 line 6c of form SF424A) \$ 0

D. Equipment – None

E. Supplies

Paper, printer cartridges, etc. for Project Staff	\$ 200
Postcards (\$240 * 2 mailings) and postage (\$293) for Parent Survey Reminders	\$ 480
Incentives for Parents to complete survey (\$79 * 2)	\$ 158
Posters for Year 5	\$4,075
KHHS (\$141.51 per set *9 sets) = \$1,273.59	
CPHS (\$141.51 per set * 9 sets) = 1,273.59	
NKHS (\$28.30 per set * 9 sets) = \$254.70	
New school (\$141.51 per set *9 sets) = \$1,273.59	
Brochures for parents and community	\$ 900
Copies of surveys for ~4,000 students	\$1,637

JUSTIFICATION: Supplies needed for staff management, development, and implementation. Postcards and postage for mailing reminders to parents increases the rate of return on the Parent Survey. Incentives for parents who complete the survey further increase the rate of return.

FEDERAL REQUEST \$ 7,450
NON-FEDERAL MATCH \$ 0

- F. Contractual – none**
- G. Construction – none**
- H. Other – none**

Indirect Cost Rate - Specific Amount Agreed Upon w/ SAMHSA = \$3,648

FEDERAL REQUEST (see Section B column 1 line 6j of form SF424A) \$3,648
 Fixed indirect cost for this project

NON-FEDERAL MATCH see Section B column 2 line 6j of form SF424A) \$3,648
 Half of fixed indirect cost for this project.

The indirect costs rate was approved by the Dept. of Health and Human Services in 2005. A copy of the fully executed, negotiated, indirect cost agreement is attached.

BUDGET SUMMARY

Category	Federal Request	Non-Federal Match	Total
Personnel	\$ 84,202	\$ 122,589	\$206,791
Fringe	\$ 0	\$ 0	\$ 0
Travel	\$ 4,700	\$ 0	\$ 4,700
Equipment	\$ 0	\$ 0	\$0

Supplies	\$ 7,450	\$ 0	\$ 7,450
Contractual	\$ 0	\$ 0	\$ 0
Other	\$ 0	\$ 0	\$ 0
Total Direct Costs*	\$96,352	\$122,589	\$218,941
Indirect Costs	\$ 3,648	\$ 3,648	\$ 7,296
Total Project Costs	\$100,000	\$126,237	\$226,237

ATTACHMENTS
WORK PLAN for Year 5 of the MSA Project

Strategy	Activity	Outcome*	Responsibility	Resource
Determine community and youth norms <i>KH</i> = Kenowa Hills High School <i>NH</i> = New High School	<u>Parent Survey</u> KH: post-test NH: pre-test <u>Student Survey</u> KH: post-test NH: pre-test	Accurate picture of parent & student norms and perceptions re: AOD use Survey to Measure success of project Objectives and SAMHSA's Core Measures	SITE Team Project Staff	Web survey Paper survey
Identify student disciplinary problems w/ AOD	STARR brief intervention program	At-risk students receive free counseling and referrals when necessary	STARR Director High School Staff	STARR posters and referral cards
Partner w/ Local Agency for Intervention and referral re. STARR	Identify potential collaborators from <i>community, school, family and peer domain</i>	Students able to find treatment and schools receive feedback from treatment center	Project Staff Treatment Agencies	Member networks Network 180
Establish and Strengthen collaborations	Continue work with Community Media Center to put our materials online	Materials have greater reach and lower production costs	Project Staff	Community Media Center
Continue Coalition Leadership Scan and Resource Scan	Locate leaders of prevention services and associated data	Expand our resource assessment and influence annual implementation.	Membership of Coalition	Resource Cmte Epidemiological Cmte
Reduce 30-day AOD use by youth	Social Norms media campaign Student theatre group Begin efforts with new school	Student misperceptions re: AOD use corrected	Project staff create posters Students put up posters	Student volunteer network

Increase communication between parents and youth	Web site w/ new interactive materials Publicize parent survey data	Increased # of Parents report talking to child Increased # of students report that this talk isn't a lecture	Project staff Students High school staff Parents	Student Theatre Group School specific brochures High school newsletters
Increased substance-free activities	AOD-free activities after sporting events	Increased student abstinence	SITE Team Parents HS admin	SAMHSA + Alternate grant funding
Increase matching funds for grant	Apply for MI Prevention Network Grant	Student theatre group is funded	Theatre director Parents Students High school staff	MI prevention network association

Biographical Sketch

Outreach Theatre Director

1. Name: Carla A. Jackson, B.A.

Nine years secondary public school teaching experience. Focus on Theatre Arts and Peer Education.

2. Education:

Southwestern University, Georgetown, Texas, Teaching Certification (Theatre Arts and English) 1989

Olivet College, Olivet, Michigan, Bachelor's Degree, (Music and Theatre) 1982

Grand Rapids Community College, Grand Rapids, Michigan, Associate's Degree, (Music) 1979

3. Professional Experience:

Georgetown Independent School District, Georgetown, Texas: 2000-2001: Safe Schools and Healthy Students Initiative Grant - Peer Educator (Mentor & Listening)

Georgetown Independent School District, Georgetown, Texas: 1999 Language Arts Instructor

Georgetown Independent School District, Georgetown, Texas: 1989-1996 – Theatre Arts, Speech, Radio, Television, Film Instructor

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 #2 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 9th – 12th 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 DISTRICT #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.¹⁹

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.²⁰ For

¹⁹ 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).

²⁰ 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.)

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
- o **28.2% thought 31-50% of the students had**
- o 28.2% thought 51-75% of the students had
- o 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 th graders 84%	4%
10 th graders 75%	4%
11 th graders 53%	3%
12 th graders 32%	3%

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.

We know from other research that the students' self report is the most accurate figure. Both students and parents **seriously underestimate the rate of abstention**. 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 abstention 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).

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.²¹)

Modeling Moderation and Restraint

- 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.
- 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

²¹ **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.

- 74.5% of DISTRICT #1 parents believe that underage drinking leads to permanent damage to the memory.

[The U.S. Department of Health 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.]²²

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.²³

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- ²²Alcohol 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).

²³ 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

- 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%]).
- 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 CPHS-NKHS DISTRICT #1 parents are reasonably well informed about alcohol and its consequences. On the T/F questions²⁴ at the end of the survey, the majority knew that:

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.

²⁴ 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.

- 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 peers²⁵ as well as about national research on underage drinking. See the attached 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 6th, 8th, 10th, and 12th 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 12th grade.
 - In DISTRICT #1, 68% of 12th 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 12th 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=22.3%).**

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.,²⁶ 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.

Issues of concern among DISTRICT#1 students

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.

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 2008 Enrollment) Answered “Yes” to Two or More Questions revealing that they need STARR for Professional Assessment and Intervention, possibly Treatment;
- 26 students (6.8% of 2008 School Enrollment) Answered “Yes” to Three or More Questions indicating that they need Immediate STARR 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 [phone number] or by going through the School's Counseling Office and through their parents. Students

²⁶ 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.

can also do their own additional screening by going to www.alcoholscreening.org for a confidential measure of their need for intervention or treatment.

STARR sessions are offered at the schools in order to make it easier for students. Also, it allows the Facilitator to become visible and thus less “foreign” to students in general and enables him to get to know school staff, all of whom are encouraged to do referrals. Furthermore, the visibility of the STARR Program in general helps to reduce stigma on getting counseling, seeking help for AOD problems, etc. We hope to make it clear to all that AOD problems are not rare among teenagers and that getting help is a reasonable thing to do. We encourage those students who feel comfortable with revealing their problems (since most other s know it anyway) to talk about their sessions and refer friends to the Facilitator.

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.

**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
3 questions	5% probable AOD Use Disorders, professional assessment recommended
4 questions	1% probable AOD Use Disorders, professional assessment recommended

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 CRAFFT with reported Consequences

Kent County HS PRSP Survey, 2007	Number of CAGE questions with answers of Yes	
	0 or 1	2 or more
Missed school	31.0%	58.0%
Have turned in late papers, missed tests or failed to study	28.7%	56.5%
Got into an argument or fight	16.2%	44.9%
Performed poorly on a test	24.2%	36.2%
Been punished by a parent or guardian	22.1%	34.8%
Drove a car while under the influence	8.3%	26.1%
Got in trouble with the police	4.6%	21.7%
Had unwanted sex or sexual contact	5.9%	29.0%

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.**

end