

Outcomes: SAMHSA's Four Core Measures
Making Sobriety Attractive (MSA)
a SAMHSA Drug Free Communities (DFC) Program
To Reduce/Prevent Underage Use of Alcohol and Other Drugs (AOD)

Supported by the Kent County Prevention Coalition (KCPC)

Implemented by ALERT Labs at

One Alternative and Two Traditional High Schools

- **ALT HS with One Year of MSA Prevention,**
- **#2 HS with Two Years of MSA Prevention,**
- **#1 HS with Three Years of MSA Prevention**

Comparing Pre-Test Baselines (2006/07) to
Results of Most Recent Post-Tests (2009)

December 11, 2009

It is the contention of those who have worked on and with the Kent County Drug Free Communities (DFC) project over the past four years, ALERT Labs Consulting and its many collaborators, that **the best use of prevention funds is to conduct AOD programming directly targeting teenagers in their schools and families.**

Many kinds of indirect programming have been tried, here and elsewhere – such as Town Halls and Media events, Responsible Beverage Service Training in bars and taverns, Increased Law Enforcement re. sales to underage youth. None of these, however, have proven to be effective in achieving the goal that the Kent County Prevention Coalition (KCPC) has designated as *number one, that is the reduction and prevention of Youth Alcohol Use and Binge Drinking*. Success on Goal#1 enables progress on other goals of the KCPC, such as preventing Youth Use of Marijuana and Adult Heavy Drinking. As a result of preventing alcohol use by teens, it is possible to also prevent the use of other drugs, especially cigarettes, marijuana and other illicit drugs. Youth prevention also reduces the continuation of generations of heavy drinking and addicted college students and adults, all of which disorders start in adolescence.*

*The only other prevention strategies proven to be effective are policy changes, especially increasing taxes on alcohol. Alcohol taxes in Michigan have not increased in more than 40 years, unlike taxes on every other category of commodities.

SAMHSA's Drug Free Communities (DFC) grants are intended to fund projects to reduce underage use of alcohol, marijuana, tobacco and other drugs and to expand collaboration in prevention programs within the community:

Goal #1: to reduce substance [use] among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance [use] and promoting the factors that minimize the risk of substance [use].

Goal #2: to 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.

SAMHSA **requires** that all DFC funded projects not only address these two goals, but that grantees annually collect data and report outcomes for their projects that address at least the following "**Four Core Measures:**"

1. **Age of Onset:** increase the average age that respondents report first trying alcohol, tobacco, or marijuana.
2. **Past 30 Day Use** – reduce the percentage of respondents who report using alcohol, tobacco, or marijuana at least once in the past 30 days.
3. **Perception of Risk** – increase the percentage of respondents who report that regular use of alcohol, tobacco, or marijuana has *moderate risk or great risk*.
4. **Perception of Parental Disapproval** – increase the percentage of respondents who report their parents feel **regular use** (having one or two drinks nearly every day) *of alcohol is wrong or very wrong*; the percentage of respondents who report their parents feel ANY use of cigarettes or marijuana is wrong or very wrong.

Years 1 - 5 of the DFC Grant have been used to support the "Making Sobriety Attractive" (MSA) Project. The first four years of this project have proved once again that the *Environmental Social Norms Focused Approach* to prevention in educational settings, as implemented by ALERT Labs, is exceptionally effective. (The Approach was recognized by the U.S. Department of Education as a "Model Program" in 2004, after 5 years of effective ALERT Labs programming at Grand Valley State University.)

NOTE: the *Environmental Social Norms-Focused Approach* is based on the demonstrated fact that teenagers drink or use other drugs BECAUSE they believe, they *MISPERCEIVE*, that the vast majority of their peers drink and use other drugs. Through research into high school and college students' misperceptions and their actual AOD use, Preventionists can identify and reveal to the students the nature and degree of their misperception, e.g., high school students may perceive that 98% of their peers drink alcohol, but the actual fact may be that 70% of their peers do NOT drink alcohol. We have proven that students tend to "drink up to" their misperceptions, reporting that there is strong "peer pressure" to drink alcohol, when in fact this "pressure" is simply coming from their misperception of the true norms. By presenting evidence that unmask what we call "Phantom Peer Pressure, we are able to correct the students' misperceptions and relieve their feeling of pressure to drink. Relief manifests itself in a gradual reduction of the percent of students who choose to drink. Thus, the actual percent of students abstaining will

increase, e.g., the abstinence figures will grow from around 60% to 75% or more, and the amounts of alcohol that students drink will decrease along with the actual numbers of students who drink.

The first four years of the MSA program have proved that **it is possible to reduce underage drinking:**

Combining all schools at which the MSA program was implemented: In 2007 students reported drinking an average of **1.95 drinks per occasion** of drinking; in 2009, they reported **1.67 drinks per occasion**. **This is a drop of 14.6% in alcohol use and is statistically significant.**

Reducing teen drinking leads to reduced use of other drugs. MSA research has shown that 98% of marijuana users also drink alcohol. National research shows that the best predictor of whether or not a young person will use marijuana is use of cigarettes or alcohol. Ultimately, reducing and preventing underage drinking will lead to fewer debilitating and costly health problems, especially those that result from heavy drinking/ drugging and from addiction.

Note: Addiction is a genetically transmitted brain disease that is most often activated during adolescence (www.nida.nih.gov). (The predisposition to addiction is inherited through genetics, and the activation of the predisposition occurs when the individual first uses alcohol or other drugs, including addictive medicines and drugs with alcohol in them. Most often adolescents activate their predisposition to addiction with no knowledge of their inherited susceptibility, they are simply “experimenting” as many teens do. Thus adolescents are mostly ignorant of the predictable consequences; they do not “drink themselves” into addiction but instead *fall victim to addiction*) through initially innocent experimentation common to teenagers. Most do not even realize they are addicted until sometime in their 30’s, giving rise to the common phrase used to describe the lives of alcoholics and other addicts who suffer “a lost decade” or more before they first have an opportunity to “recover,” that is to have their disease put into remission and live a reasonably normal life.

Those of us who have witnessed the effects of direct prevention believe that it is the only approach developed to date that can and will make a long term difference. Preventing teen drinking and drugging not only eliminates immediate consequences, such as driving, or riding with a driver, under the influence, sexual assault, etc. but can also prevent the longer terms health and academic consequences, and the likelihood of a lifetime of social and mental problems resulting in what is often referred to as a “spiritually bankrupt existence.”

The following report demonstrates through the results of data collected on the **Core Measures** the effectiveness of environmental social norms-based prevention targeted directly to teens

CORE 1: Average age of onset **(Increase the age at which youth first begin using AOD)**

Summary: Outcomes for age of onset range from

Alcohol = -4% to 1.4%

Marijuana = -1.4% to -1.2%

Tobacco to -1.4% to 2.3%

Highlighted numbers are statistically significant.

NOTE: The “Summary” reports on the range of outcomes for each of the Core Measures, from lowest to highest among the three schools that have had at least one year of MSA programming, e.g., -4% means that the age of onset has decreased (new users have started at a younger age); 1.4% means that the age of onset has increased (new users have started at an older age, which is the desirable outcome) .

Comment: Little change in the age at which students begin to use Alcohol and Other Drugs (AOD) can be expected given that the MSA Program targets teens. Thus any increase in age is a positive outcome; even maintaining the current age is a success as *age of onset has been dropping nationally and is now at age 12, though Kent County schools evaluated have an onset age of around 14*. Research shows that change is unlikely to appear until after at least two years of any prevention program targeting high school students, however the Making Sobriety Attractive (MSA) has had surprising successes after even one year.

Statistical analysis provided by Donald (Tex) Bryant of Bryant Healthcare Services.

DETAILS:

ALT HS: One Year of MSA Prevention

<u>Substance</u>	<u>Pre-test Age- 2006</u>	<u>Post-test Age— 2008</u>	<u>Percent Change</u>
Alcohol	14.2	14.4	1.4%
Marijuana	14.0	13.8	-1.4%
Tobacco	13.8	13.6	-1.4%

Positive figures are desirable.

#2 HS: Two Years of MSA Prevention

<u>Substance</u>	<u>Pre-test Age- 2007</u>	<u>Post-test Age— 2009</u>	<u>Percent Change</u>
Alcohol	14.2	13.6	-4.0%
Marijuana	14.4	14.2	-1.2%
Tobacco	14.1	13.8	-2.3%

There is a **statistically significant change** in the age of onset of alcohol, marijuana and tobacco (figures in yellow highlight are significant).

#1 HS: Three Years of MSA Prevention

<u>Substance</u>	<u>Pre-test Age-2006</u>	<u>Post-test Age—2008</u>	<u>Percent Change</u>
Alcohol	14.4	14.3	-0.5%
Marijuana	14.5	14.6	0.4%
Tobacco	14.0	14.6	3.6%

Core 2: Reduce Past 30 day Use (# of occasions and # of drinks); Objective is Change of 3% or More

Summary: Reductions in Number of Occasions of AOD Use

Alcohol = -7% to **-23%**

Marijuana = -7% to **-34%**

Tobacco = -5% to **-36.5%**

Other Drugs = **-37%** to **-56%**

Comment: Reduction in use of alcohol and other drugs is one of the two goals of DFC programs. Occasions of alcohol use have been reduced by the MSA Program by **about 20%**, and number of drinks per occasions have been reduced by **about 15%**.

This has led to similar reductions in use of the drugs that tend accompany (e.g., tobacco use) or follow alcohol use, e.g., marijuana. Overall, **marijuana use is down by about 12.5%**, though it **dropped by 18% at one school and 34% at another**.

DETAILS:

ALT HS Reduce Number of Occasions of Use: One Year of MSA Prevention

<u>Substance</u>	<u>2006 –Average Number of Use Occasions</u>	<u>2008—Average Number of Use Occasions</u>	<u>Percent Change</u>
Alcohol	2.8	2.3	-17.9%
Marijuana	2.8	2.6	-7.1%
Tobacco	4.3	3.1	-27.9%

Tobacco = 2% to 72%

-6% to -40%

*Other Drugs = -2% to 2%

-29% to 40%

These are very small numbers because 88% of ALT HS students and 97% do NOT use Other Drugs.

DETAILS:

Combining all schools: In 2007 students reported drinking an average of **1.95 drinks per occasion** of drinking; in 2009, **1.67 drinks per occasion**. **This is a drop of 14.6% in alcohol use and is statistically significant.**

ALT HS

In 2006 the average number of drinks per social drinking occasion for students who drink alcohol was **4.96 drinks**. In 2008, the average number was **4.47**.

HS #2

In 2007 the average number of drinks per social drinking occasion for students who drink alcohol was **4.19 drinks**. In 2009, the average number was **4.13**.

HS#1

In 2006 the average number of drinks per social drinking occasion for students who drink alcohol was **3.89 drinks**. In 2009, the average number was **3.91**.

**Changes in Abstinence and Heavy Drinking Per Occasion in Past 30 Days
Between Baseline 2006 and 2008:**

ALT HS Number of Drinks/Uses Per Occasion: One Year of MSA Prevention

	<u>Year</u>	<u>None</u>	<u>Percent Increase Abstinence</u>	<u>1 to 5 times</u>	<u>6 or more times</u>	<u>Percent Decrease 6 or more times</u>
Alcohol	2006	29.6%		44.5%	25.9%	
	2008	31%	5%	54.7%	14.3%	-45%
Marijuana	2006	37.0%		26.0%	37.0%	
	2008	47.6%	29%	16.7%	35.7%	-4%
Tobacco	2006	22.2%		14.8%	63%	
	2008	38.1%	72%	16.7%	45.2%	-28%
Other Drugs	2006	66.7%		33.3%	0%	
	2008	88.1%	32%	11.9%	0%	

Note exceptional increases in ABSTINENCE and decreases in Heavy Use (Bingeing)

**Changes in Abstinence and Heavy Drinking Per Occasion in Past 30 Days
Between Baseline 2007 and 2009**

#2 HS: Two Years of MSA Prevention

	<u>Year</u>	<u>None</u>	<u>%Incr ease</u> <u>Abstin</u> <u>ence</u>	<u>1 time</u>	<u>2 times</u>	<u>5 times</u>	<u>6 or more times</u>	<u>Percent Decrease 6 or more times</u>
Alcohol	2007	64.2%		10.7%	6.2%	1.7%	7.7%	
	2009	68.7%	-7%	7.2%	6.3%	2.2%	8.1%	-5%
Marijuana	2007	85.7%		3.7%	1.4%	1.1%	5.9%	
	2009	79.8%	7%	5.1%	3.2%	.8%	8.3%	41%
Tobacco	2007	76.9%		3.2%	2.0%	1.1%	14.1%	
	2009	75.2%	2%	4.9%	2.7%	.7%	13.3%	-6%
Other Drugs	2007	95.1%		2.1%	1.2%	0.1%	1.0%	
	2009	93.3%	2%	2.4%	1.2%	.2%	1.4%	40%

Note that Heavy drinkers and marijuana users tend over time to use more heavily. There is a statistical difference in the percent abstaining in the use of alcohol in 2007 versus 2009. Also in the percent abstaining in the use of marijuana in 2007 versus 2009.

**Changes in Abstinence and Heavy Drinking Per Occasion in Past 30 Days
Between Baseline 2006 to 2009**

#1 HS: Three Years of MSA Prevention

	<u>Year</u>	<u>None</u>	<u>Increase Abstinence</u>	<u>1 time</u>	<u>2 times</u>	<u>5 times</u>	<u>6 or more times</u>	
Alcohol	2006	65.0%		9.4%	7.9%	3.0%	7.7%	
	2009	71.6%	10%	7.8%	5.9%	1.0%	5.4%	-30%
Marijuana	2006	77.9%		7.0%	4.2%	1.5%	5.0%	
	2009	86.7%	11%	2.0%	1.0%	0.5%	6.4%	28%
Tobacco	2006	80.1%		4.2%	2.5%	1.2%	10.7%	
	2009	86.8%	8%	3.4%	1.5%	1.0%	6.4%	-40%
Other Drugs	2006	96.0%		1.7%	0.7%	0%	0.7%	
	2009	97.5%	2%	1.0%	1.0%	0.0%	0.5%	-29%

Note increases in ABSTENTION

CORE 3: Perception of Parental Disapproval

(How wrong do your parents feel it would be for you to use _____)

Objective is 3% or More Increase

Summary: Increase in

Perception of Parental Disapproval

Peer Disapproval*

Alcohol = -1.4% to 34.3%

12.2 to 116.9%

Marijuana = -1.4% to 19.3%

-6.5% to 13.3%

Tobacco = 8.1% to 117.4%

6.8% to 61.5%

*SAMHSA does not require measurement of Peer Disapproval, but we believe that it may have nearly as much impact as Parental Disapproval.

Comments

- Growing recognition of Disapproval of AOD Use by Peers indicates that the Social Norms Effects resulting from *correction of misperceptions*, as reported through Posters, fuels the growth in ABSTINENCE (see Core#2). Also, MSA research establishes that the Posters are “protective factors.”
- Note that in 2008, results revealed that 80% of students who believed that their parents Disapproved of underage drinking, did NOT drink.
- In 2009, results revealed that 90% of students who believed that their parents Disapproved of underage drinking, did NOT drink. **This is especially important because students who do not drink also do not use other drugs, e.g., marijuana, tobacco, etc.**
- Actual Parent Disapproval is so strong, ranging from 97% to 100%, that it is unlikely *that students will perceive much change over a year or two*. The only area in which they reported much change was in tobacco. Apparently some parents had become lax about warning their children against tobacco use.

DETAILS:

ALT HS Perception of Parental Disapproval: One Year of MSA Prevention

<u>Substance</u>	<u>2006 Percent Yes</u>	<u>2008 Percent Yes</u>	<u>% Change</u>
Alcohol	46.1	61.9	34.3%
Marijuana	53.9	64.3	19.3%
Tobacco	23.0	50	117.4%

Note: In this table a positive trend is desired.

There is a statistically significant change in the percent of tobacco. Other results are excellent as well, though low number of participants prevents statistical significance.

#2 HS Perception of Parental Disapproval: Two Years of MSA Prevention

<u>Substance</u>	<u>2007 Percent</u>	<u>2009 Percent</u>	<u>% Change</u>
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	<u>Wrong or Very Wrong</u>	<u>Wrong or Very Wrong</u>	
Alcohol	84.0%	82.8%	-1.4%
Marijuana	92.9%	91.6%	-1.4%
Tobacco	81.3%	87.9%	8.1%

Note: In this table a positive trend is desired.

There is a **strong statistical change** in the students' perception of parental disapproval of the use of tobacco from 2007 to 2009. The p-value of the statistical test is approximately 0.0%, which gives strong credence to the finding.

#1 HS Perception of Parental Disapproval: Three Years of MSA Prevention

<u>Substance</u>	<u>2006 Percent Yes</u>	<u>2008 Percent Yes</u>	<u>% Change</u>
Alcohol	84.0%	80.9%	-3.7%
Marijuana	92.9%	92.8%	-0.1%
Tobacco	81.3%	87.8%	8.0%

Note: a positive trend is desired.

ALT HS: One Year of MSA Prevention

<u>Perception of Peer (Friends') Disapproval of AOD Use</u>			
	2006	2008	Percent Change
Alcohol	7.7%	16.7%	116.9%
Marijuana	15.4%	14.2%	-7.8%
Tobacco	19.2%	31.0%	61.5%

#2 HS: Two Years of MSA Prevention

<u>Peer (Friends') Disapproval of Your Use of Alcohol and Other Drugs</u>			
	2007	2009	Percent Change
Alcohol	49.8%	55.9%	12.2%
Marijuana	69.7%	65.2%	-6.5%
Tobacco	60.4%	64.5%	6.8%

Note: Positive change in percents are good.

All changes are statistically significant. *Problematic change:* disapproval of marijuana use is decreasing could lead to increased use. However, results do not support that concern.

#1 HS: Three Years of MSA Prevention

Peer (Friends’) Disapproval of Your Use of Alcohol and Other Drugs			
	2006	2008	Percent Change
Alcohol	38.1%	45.2%	18.6%
Marijuana	52.0%	58.9%	13.3%
Tobacco	54.3%	67.2%	23.8%

Note: Positive change in percents are good.

There is a statistically significant change in perception of friends’ disapproval for alcohol and tobacco.

CORE 4: Perception of Harm

(How harmful to the health of someone your age is the regular use of ___ ?”
Objective is Change of 3% or More

Summary: Reductions in Perception of Harm re. AOD Use

Alcohol = -12.9% to 7.8%

Marijuana = -3.3 to -37.2%

Tobacco = -5.3% to -1.9%

Comments:

- MSA research does NOT support the relationship assumed between Perception of Harm and Use of the Drug: Use of AOD continues to decline as desired, in spite of generalized weakening in students’ perception of likely harm.
- Probably this is because *the effects of parental and peer disapproval are much stronger than the effects of perception of harm.* This is reasonable given teenagers well-known attraction to “risk,” and disdain for threats of negative consequences.

DETAILS:

ALT HS: One Year of MSA Prevention

<u>Substance</u>	<u>2006 “Is Harmful”</u>	<u>2008 “Is Harmful”</u>	<u>% Change</u>
Alcohol	80.8	88.1	7.8%
Marijuana	53.8	73.8	37.2%
Tobacco	88.5	83.8	-5.3%

Note: In this table a positive trend is desired.

There is a statistically significant change in the perception of harm from marijuana.

#2HS: Two Years of MSA Prevention

Substance	2007 “Is Harmful”	2009 “Is Harmful”	% Change
Alcohol	84.6%	73.7%	-12.9%
Marijuana	79.5%	77.0%	-3.1%
Tobacco	92.9%	91.1%	-1.9%

Note: In this table a positive trend is desired.

There is a statistically significant change in the perception of whether there is risk in the consumption of alcohol nearly every day. The p-value of the test is 0.00%, which is very strong in indicating a change. The percent change from 2007 to 2009 is larger than from 2007 to 2008. That is, the percentage perceiving risk has been shrinking. Posters for 2009-2010 will emphasize factors tending to increase risk perception, though the tie between perception and behavior is weak at best.

#1 HS

Substance	2006 “Is Harmful”	2008 “Is Harmful”	% Change
Alcohol	87.3%	85.9%	-1.6%
Marijuana	85.6%	82.8%	-3.3%
Tobacco	93.7%	91.7%	-2.1%

Other Aspects and Outcomes of the MSA Program

5. “Why do we care?” the MSA program’s **eight specific objectives*** have grown out of the 4 Core Measures and have nearly all been met or exceeded by the outcomes to date. The Reducing Consequences Objective, however, deserves special attention in relation to the Core Measures. It provides answers to the question: “Why do we need to reduce underage drinking in particular?”

MSA’s evidence establishes that **negative or violent Consequences which result from AOD use are prevented/reduced when underage use of AOD is prevented/reduced.** See Consequence Tables attached.

Note: The *Consequences Tables* clearly show that the more students drink, they more likely they are to Drive Under the Influence and/or to Ride with drivers who are Under the Influence (85% of heavy drinkers did so in the school where we measured this variable) and to suffer both violent and academic consequences.

6. MSA’s STARR Screening, Brief Intervention and Referral to Treatment (sbirt) Program

In addition to the target prevention activities that have led to the outcomes reported above, students who have been using AOD and have found themselves in trouble with the school disciplinary system and/or State laws are referred to a brief intervention program by school authorities (usually following legal referrals), by counselors, by parents, or by peers. Results to date indicate that MSA's adaptation of the SAMHSA Model Program, BASICS, is working even more effectively for high school students than it has for college students:

To date, more than 40 students have completed STARR, though not all have yet completed post-tests.

- **Of those tested who were referred primarily for alcohol or marijuana problems, 90% report no use as of three or more months after completing the fourth (final) session of STARR.**
- **Of those referred primarily for tobacco, 50% report no use as of three or more months after completing the fourth (final) session of STARR.**

Success has led to the decision to offer the STARR Intervention to all schools who wish to integrate it into their AOD Disciplinary Policy. The Intervention is comprised of four one-on-one sessions. The program will be free to the schools. Charges to individual students will be adjusted to ability to pay.

***MSA OUTCOME OBJECTIVES, 2005 – 2010**

Student AOD-related Behavior

1. Reduced Student Misperception of Norms Objective
2. Reduced Underage Drinking Objective
3. Increased Abstention Objective
4. Increased Perception of Risk Objective
5. Reduced Consequences Objective (**see attachments**)

Parents or Parents & Students Behavior

6. Reduced Adult Misperception of Norms Objective
7. Increased Parent/Student Talk Objective
8. Increased AOD-Related Parenting Objective (Modeling, Monitoring, and AOD Knowledge Base for Talk)

Attachments: *Consequence Tables, 2006-2009*

Highlights = Statistically Significant Results

Percent of all District #1 students who drank alcohol (in the past 30 days) and who suffered the named consequence in 2006 v. 2009, after 3 years of MSA prevention. Drinkers = 35% in 2006 & 29% in 2009.					Percent of Heavy Drinkers (had 4 or more drinks per occasion) who suffered the named consequence in 2009
Consequences	2006	2009	Percent Change	2009 Consequences for Heavy Drinkers	
Violent or Potentially violent consequences					
1. Driven a car under the influence	18.4%	11.3%	38.6%	42.5%	
2. Drove or rode with Driver Under Influence	NA	NA	NA	NA	
3. Got into a fight or argument	32.2%	17.7%	45.0%	30.0%	
4. Been punished by parent or guardian	29.6%	21.1%	28.7%	25.0%	
5. Had unwanted sex or sexual contact	19.0%	8.3%	56.3%	17.9%	
6. Been in trouble with the police	12.7%	3.6%	71.7%	15.0%	
Recognition of ACADEMIC consequences grows over time					
7. Turned in late papers, missed a test or failed to study	29.7%	33.2%	-11.8%	55.0%	
8. Had missed school	23.0%	25.4%	-9.4%	45.0%	
9. Performed poorly on a test or project	12.4%	26.7%	-115.3%	37.5%	

Percent of all District#2 students who drank alcohol in the past 30 days and who suffered the named consequence in 2007 v. 2009, after two years of MSA Prevention Programming.			Percent of <u>Heavy Drinkers</u> (had 4 or more drinks per occasion) who suffered the named consequence in 2009	
("Drinkers" = 36% of school population in 2007 and 30% of school population in 2009)				
Consequences	2007	2009	Percent Change	2009 Consequences for Heavy Drinkers
VIOLENT or Potentially violent consequences				
1. Drove or <u>rode with Driver Under Influence</u>	50.7%	48.5%	4.3%	85.1%
2. Drove a car under the influence	14.1%	8.8%	37.6%	26.1%
3. Been punished by parent or guardian	21.5%	18.9%	12.1%	39.2%
4. Got into a fight or argument	22.0%	13.4%	39.1%	32.2%
5. Had unwanted sex or sexual contact	NA	9.8%	NA	26.1%
6. Been in trouble with the police	8.4%	6.3%	25.0%	19.1%
Recognition of ACADEMIC consequences grows over time				
7. Had missed school	10.5%	22.5%	114.3%	48.7%
8. Turned in late papers, missed a test or failed to study	15.4%	20.9%	35.1%	42.7%
9. Performed poorly on a test or project	7.1%	16.8%	136.6%	29.6%

Highlights = Statistically Significant Results