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Does The Alcohol Behavior Of Charleston High School Students Vary According To Their Source Of Information On Alcohol?

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This research is a product of the graduate program in [Physical Education](#) at Eastern Illinois University. [Find out more](#) about the program.

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DOES THE ALCOHOL BEHAVIOR OF
CHARLESTON HIGH SCHOOL STUDENTS
VARY ACCORDING TO THEIR SOURCE OF
INFORMATION ON ALCOHOL?

RAWLINS

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Does the alcohol behavior of Charleston High School
students vary according to their source of information on alcohol?
(TITLE)

BY

Christy J. Rawlins

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

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IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

1995
YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
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ABSTRACT

Rawlins, Christy J. Does the alcohol behavior of Charleston High School students vary according to their source of information on alcohol?

The purpose of this study was to determine if parents or schools supply students with alcohol information, and if student alcohol behavior differs in accordance to their source.

Subjects studied were 221 students in grades 9-12 at Charleston High School (CHS) in Charleston, Illinois. Eighty-eight questionnaires were not used due to lack of information or because their source of information (SOI) was friends, media or other. One hundred and thirty-three participants reported their SOI as parent or school (56 and 77, respectively). SOI, as parents, revealed

students' alcohol behaviors as 27 abstainers, 10 light, six medium, and 13 heavy. SOI, as school, found 48 abstainers, nine light drinkers, two medium drinkers, and 18 heavy drinkers of alcohol.

The hypothesis was that there is no difference between student alcohol behavior and their SOI. Chi-Square analysis, a test of independence between two variables, was calculated to compare the four levels of alcohol behavior and two SOI. Chi-Square analysis found no difference in students' alcohol behavior in relation to their SOI at the .05 level of significance.

KEY WORDS: alcohol behavior; adolescent alcohol behavior; drug education in schools; alcohol/drug prevention; knowledge, attitudes, and behaviors of alcohol.

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Lastly, but certainly with emphasis, many thanks to my thesis committee members. Dr. Scott A.G.M. Crawford, Dr. Deborah Wolf and Ms. Joan Schmidt. In their own ways, each were a great motivator and positive influence throughout this project. I thank them for sharing their knowledge, time and professionalism.

I dedicate this thesis to my family and friends. For they have amazingly endured my time constraints and varying moods. Support from my family and friends allowed me to pursue and formulate this thesis in conjunction with receiving my master's degree.

My ability to push onward and upward is due, in part, to the loving memories I have of Grandma Rawlins, Grandpa Schlosser, and Zachary Allen Kane. You are loved, missed and an inspiration to my

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CHAPTER I

INTRODUCTION

Adolescent drinking is a reflection of parental or peer influence. This philosophy has been stated and results of various studies demonstrate such influences (Biddle, Bank & Marlin, 1980, p. 215). In 1964 G.L. Maddox wrote, "Adolescent attitudes toward, and use of, beverage alcohol are oriented toward, and to a large extent are imitation of, adult attitudes and behavior" (Biddle et al., 1980, p. 215). Many life areas offer parents the opportunity to teach their children as they have been taught (Milgram, 1982, p. 289). The concept of parents and students having parallel drinking patterns is apparent in this study and others. Parents seem to be an influence

in drinking behavior. This may be a basic issue that also has important and practical educational implications. Our social and school policies are likely to differ depending on whether one believes the parents or the schools have more influence on adolescent alcohol behaviors, attitudes and knowledge. Present studies imply that parents are the role model and source of alcohol knowledge. As a result, schools may alter their drug education programs. Future trends may show parents collaborating.

The adolescent populations studied may account for differences in school policies concerning alcohol education. Parent and school influences probably vary according to the subject's age, gender, social class and race. Internalized pressures from parents, peers or media may account for policy variations, too. These pressure sources assist in the development of norms for adolescent conduct.

If students are conforming to parental drinking patterns, with encouragement from their parents, one may wonder if alcohol knowledge, behavior and attitudes are reaching the students in school programs or not. If this study reveals that students with school as their source of information (SOI) have a lower number of drinkers and more non-drinkers, then one may deduct that more time, money and effort be put into school-based drug education programs.

SIGNIFICANCE

Alcohol is the number one drug problem among adolescents according to Forney and associates (1984, p. 347). "Alcohol is undoubtedly the most important abused drug in the nation today" (Heitzinger & Associates, 1992, p. 5). "Eighty percent of adolescents have had at least

one drink, 74% have had at least 2 or 3 drinks, and over 50% of all adolescents drink at least once a month" (Forney et al., 1984, p. 347-348). Some research reveals that adolescent alcohol behavior correlates with the alcohol behavior of the parent(s).

Uncertainty exists as to the effectiveness of implementing drug and alcohol education programs. To teach adolescents more effectively an increase in information about their SOI may need to be gathered. High school and college campuses offer a diverse view of alcohol behaviors. Why do some people choose to drink alcohol while others choose to abstain? Do people who decide to drink alcoholic beverages, become 'attached', and never consider life without it? During this period of use/abuse, do the drinkers ever consider the consequences of their actions?

Interests in answering these questions demand answers on very occasion when society is confronted by

a life unnecessarily taken, or altered, by a drunk driver. One person's choice to drink and drive can, and does, dramatically alter many lives. Another reason to search for answers to these questions is to increase knowledge on the topic, and offer support for an increase in education.

Finding whether alcohol behavior differs when SOI differs could assist in adapting existing school-based programs. As a result, the nation's number one drug problem can decrease in its severity and occurrence. In trying to justify the drug education budget, data was collected. The data would reveal whether or not adolescents who state parents as their SOI differ in their alcohol behavior from adolescents who state school as their SOI in Charleston High School (CHS).

Three hundred questionnaires were distributed at

CHS in Charleston, Illinois. Parents as SOI totaled 56. Seventy-seven subjects stated school as their SOI. When parents were the SOI there were 27 abstainers. The contrast group, for this study, was SOI as school. In that group there were 48 abstainers. There were almost twice as many abstainers when school was the SOI. Heavy drinking accounted for the opposite end of the drinking category. A slight margin of difference was found between the differing SOI groups. Heavy drinkers with parents as SOI were 13. Whereas, the same drinking level, with school as SOI, totaled 18.

These results may offer a level of validity and acceptance of school-based alcohol education programs. Assessing and evaluating the positives in school programs, and sharing that with communities, may establish the public relations necessary to make a difference. Some school districts are under budget restraints and are looking to cut some programs. These

results can assure administrators that drug education should continue to be offered and is valuable to the future of our young people.

STATEMENT OF THE PROBLEM

The purpose of this study was to determine if students, who obtain their alcohol information from school, differ in their drug related behaviors from students who obtain their alcohol information from parents.

RESEARCH QUESTION

Do students, who obtain their alcohol information from school, differ in their drug related behaviors

from students who obtain their alcohol information from their parents?

LIMITATIONS

- 1. Subjects' honesty in revealing alcohol behavior.**
- 2. Results only apply to adolescents in grades 9-12.**
- 3. Results are only indicative of alcohol behavior in schools with a 9-12 enrollment similar to CHS (929).**
- 4. Findings apply to Illinois adolescents in communities comparable in size to Charleston (20,400).**
- 5. Majority of the subjects were white.**
- 6. Results pertain to students under 18 years old.**

DEFINITIONS

(provided by Forney et al., 1984, Drinking Categories)

Small amount: 1 or 2 beers, or 1 glass of wine, or shot of whiskey, or less.

Medium amount: 2-4 beers, or 2-3 glasses of wine, or 2-3 shots of whiskey.

Large amount: 5-6 beers, or 1 bottle of wine, or 1 pint of whiskey or more.

Light drinker: One who is under 18 years and drinks once or twice a year at most and drinks small or medium amounts per typical drinking occasion.

Medium/Frequent drinker: One who is under 18 years and drinks at least once or twice a year in large amounts

per typical drinking occasion or drinks once or twice a month and drinks small amounts per typical drinking occasion.

Heavy drinker: One who is under 18 years and drinks once or twice a month in medium or large amounts per typical drinking occasion, drinks three or four times a month in small, medium, or large amounts per typical drinking occasion, or drinks once or twice a week in small, medium, or large amounts per typical drinking occasion, or drinks everyday in small, medium, or large amounts per typical drinking occasion.

CHAPTER II

LITERATURE REVIEW

By collecting and reading studies pertaining to adolescents and alcohol, questions concerning some key issues may finally be answered. Are children of parents who drink more likely to drink? Are school programs giving students adequate information and aiding them in their ability to say "NO!" to alcohol? Or do the schools assist students in knowing "when to say when?"

The influence of parents and schools is revealed in the literature. Some researchers deal with implications of school programs and/or how drinking patterns may be affected by parental drinking behaviors.

How do parenting behaviors relate to alcohol use among adolescents? Theorists have suggested that adolescent alcohol consumption is a result of the parents' alcohol behavior. Early research shows that parents have a definite influence on the alcohol consumption behavior of their children, whereas other research implies the influence is yet to be determined. Studies present differing conclusions concerning the relative impact parents, peers, or education have on adolescent alcohol behavior (Biddle et al., 1980, p. 215). Grube (1993) states that parents strongly influence drinking attitudes and behaviors of adolescents. Forney et al. (1984) agree:

Family relationships appear to be a strong factor in whether an adolescent abstains, drinks to moderation, or becomes a problem drinker. Children from broken homes

**appear to have higher rates of
problem drinking (p. 348).**

**And "parental and peer pressure can take two forms:
the setting of normative standards and the modeling of
behavior" (Biddle et al., 1980, p. 217).**

**A study by Thorolfur Thorlindsson and Runar
Dilhjalmsjon (1991) revealed that parents do influence
alcohol use (p. 413). Knowing that "teenagers often see
their parents react to stress by drinking, is providing an
example for them" ("Confronting teenage alcoholism",
USA Today, March 1994, p. 8). This supports an attempt to
increase implementation of alternate roles of alcohol
behavior. Allowing students the opportunity to formulate
a list of non-alcoholic ways to enjoy their nights or
weekends may prove beneficial. Increasing students'
knowledge in health and physical education curricula may
help students choose not to drink.**

Other sources of parents 'negative' influence are supported by the following studies. Grace M. Barnes and Michael P. Farrell said "an increase in father coercive control, as reported by the adolescent, is associated with increased levels of regular drinking" (1992, p. 769). Barnes and Farrell also found that "over and above the main effects, adolescents with a family history of alcohol abuse and high peer orientation have an added risk of developing regular drinking patterns" (1992, p. 774). A 1988 study by Marston, Jacobs, Singer, Widaman and Little indicates 25.4% of the 'users' had a parallel drinking problem to their parents, when one or both parents had a problem with alcohol (p. 596). In support of this statistic Thorlindsson and Vilhjalmsson found "parents' attitudes toward drug use and parental smoking and drinking habits correlate with the use of tobacco and alcohol among adolescents" (1991, p. 401). According to Forney and associates "parental drinking behavior correlates

highly with students' drinking patterns" (1984, p. 348).

When adolescents value peer opinions for important life decisions and values, as opposed to their parents, they are at high risk for alcohol abuse. Finding other negative influences may relieve parents of some pressure or responsibility. These alternative opinions show parental influence in a more positive light. Shifting of the blame may occur, yet the overall problem is still in existence. High parental support and monitoring are key socialization factors in the prevention of adolescent alcohol prevention (Barnes & Farrell, 1992, p. 773). These factors make decreasing adolescent alcohol behaviors more helpful. Research results indicate "parents who do not abuse drugs or alcohol themselves provide young people with the best armor against substance abuse" (Elkind, 1991, p. 122). Perhaps curricula should include this positive role model during the unit on alcohol education/prevention.

Marston and co-researchers found that in relation to alcohol abuse "13.3% of 'nonusers' admitted that one parent has this problem and none reported that both parents did" (1988, p. 596).

According to the National Institute on Drug Abuse: research has demonstrated the need for greater preventive and therapeutic efforts with ... youths. Without intervention, the coping strategies and other disorders developed in response to parental alcohol use will persist into adulthood, with additional negative consequences (Brinson, 1991, p. 877).

Fejer and Smart did a study that suggested a variety of implications for drug education programs (1973, p. 387). If a program is designed to enhance a students' knowledge on drugs, the program also has the

opportunity to change their attitudes and drug usage level.

Support for continued study is made evident by Buscemi (1985). He said, "probably the single most important lesson to be learned from nearly two decades of drug abuse education programs is that substance abuse is an extremely complex, multidimensional problem. There are no simple answers or solutions" (Buscemi, 1985, p. 11). The need to recognize that casting blame, especially on schools, is of no benefit to the fight against alcohol. "Since educators cannot solve the problem alone; parent support of and involvement in preventive efforts can be critical to a successful program" (Buscemi, 1985, p. 13).

Goals of school-based alcohol education programs "is to develop health habits in children that will motivate them to stay healthy later in life" (Buscemi, 1985, p. 12). These programs are being implemented to try and reduce

the onset and degree of alcohol use. "The prevention of alcohol use through school-based programs has great promise" (Hansen, 1993, p. 60). Hansen supports this promise in a study that looks at efficacy of school-based alcohol education programs. Here 14 of the 35 studies revealed decreases in alcohol consumption levels in the adolescents enrolled in these programs. Elkind's article on 14 to 18 year-olds reported "about 4% of our high school seniors use alcohol daily, while 92% have tried it" (1991, p. 122). If research reveals that parents or schools have more influence on adolescent drinking, then schools can begin to adjust curriculum policies and areas of concentration.

A major concern for schools is money.

Implementing the programs is neither cheap or easy. To initiate "Here's Looking At You, Two" (HLAY, II) for 11 schools in Oregon cost \$48,692. Figures calculated, in the article, revealed that over a period of 3.2 weeks the

teachers were paid \$45 per hour. A 6.8 week project of HLAY, II cost a district \$30,149. Four schools in another district implemented the "Starting Early Program" for \$2,381.37 in a three week teaching average (Statistics from Tricker & Davis, 1988, p. 182). Final cost analysis and teacher perceptions of drug education programs in schools, resulted in the conclusion that "all teachers were impressed with the excellent quality of the curriculum and teaching materials and teachers wanted to continue to teach the curriculum" (Tricker & Davis, 1988, p. 183).

"The likelihood that a youngster will not take a drink of beer, wine, or hard liquor before he or she reaches the teens, is fairly slim" (Nazario, 1988, p. 5). With this in mind, school-based curriculum on alcohol and drugs seemingly may start at a deficit. By the time students experience the curriculum they may have already experienced drugs and alcohol. Thus, the formation of

their attitudes and behavior is established with limited knowledge on the subject. This may suggest that school-based programs be implemented earlier.

Nazario also found in his 1988 study that "those who abuse alcohol often get their start during the teen years, the problem neither originates within nor is limited to teens" (p. 5). Forney and associates believe that "children begin the process of formulating attitudes toward the use of alcohol as a result of their interaction with the home, church, and community" (Forney et al., 1984, p. 348). Home, church, community, school, friends and parents can now be listed as factors that schools combat when trying to offer facts on drug and alcohol use. Increasing knowledge and altering attitudes are the focus for drug education programs.

Formulators of education programs believe it is imperative to investigate schools' educational outcomes on the students use or nonuse of drugs and alcohol.

Schools are trying to influence and modify risk factors of alcohol and drug abuse that may have been a part of the student for years.

There is significant evidence that alcohol is the first drug used by most youth and that it is alcohol use that leads to subsequent use of other drugs ... as a result of these findings, drug abuse prevention programs target alcohol in addition to other drugs (Hansen, 1993, p. 55).

Additional statistics, that may be seen as staggering and thus lead people to believe drug education programs in schools are necessary, are listed here. "A recent national survey of high school seniors pointed out that over 65% had used alcohol over the previous 30-day period, while 5% admitted to drinking daily" (Nazario, 1988, p. 5). Nazario's 1988 study also found "of all teens

who start drinking, one in ten of them become alcoholics later in life, if they are not already" (p. 5). Michael Klitzner, Kathryn Stewart and Deborah Fisher said:

... of Americans 12-18 years old (1) between 50 and 80% have experimented with alcohol; (2) by high school graduation, the percentage of students who have used alcohol at least once approaches 90%; (3) about one-half of those surveyed had at least one drink in the past year; and (4) about one-third are heavy, episodic drinkers (1993, p. 13).

The same study found "strong evidence that alcohol problems are transmitted from one generation to the next" (Klitzner et al., 1993, p. 15). These statistics support implementation of drug education programs and the necessity of keeping them intact and operational for

students now, and in the future. The challenge of educating adolescents about alcohol is unquestionably an ongoing effort.

CHAPTER III

PROCEDURES

The purpose of this study was to determine if parents or schools supply students with alcohol information and if student alcohol behavior differs in accordance to their source of information (SOI). Procedures which were followed during the investigation are outlined.

SUBJECTS

Data was gathered in October 1994 from 221 students in grades 9-12 of Charleston High School in

Charleston, Illinois. The return rate was 74%. Ages ranged from 13-18. Three hundred questionnaires were sent with hope of attaining 75 students from each grade level. This would make a near equal distribution in age categories and offer results more pertinent to the 9-12 spectrum. Charleston High School had 271 freshmen, 227 sophomores, 194 juniors, 203 seniors, 22 special education students and 12 deaf education students for a 1994-95 enrollment of 929. There were 478 females and 451 males in the school. The sample was composed of 36% freshmen; 28% sophomores; 15% juniors; 20% seniors and 1% did not report their year in school. The sample was 94% white: males made up 52% of the subjects. Students volunteered their time during study hall.

INSTRUMENTATION

Demographic Items. Page one of the questionnaire included student instructions and demographic data. Demographic items included grade, gender, race, age, religion, where the student lived (town or rural), who the student lived with, years of schooling for mother and father, and the students SOI. These items were utilized in describing variables to compare drinking behaviors and label the student in the appropriate Drinking Category (Appendix). To reiterate. A light drinker is one who is under 18 years old, and drinks a maximum of once or twice a year, and when partaking does so in small or medium amounts. A medium/frequent drinker is also under 18, and drinks at least once or twice a year in large amounts per drinking occasion, or drinks small amounts once or twice a month. The heavy drinker is one who is under 18, and drinks once or twice a month in

medium or large amounts, or drinks three or four times a month in small, medium or large amounts. The heavy drinker is also one who drinks once or twice a week, or even everyday, at any of the three consumption levels.

Questionnaire. The 19-item questionnaire was used by this researcher courtesy of Mary Ann Forney and associates in 1991 and again in 1994. Nineteen items allowed a self report of the subjects drinking behavior. Key questions were: how frequently do you drink at the present time? and how much do you usually drink on each occasion? These two questions, as well as the students' age, made it possible to place the subjects in one of the four drinking pattern categories (abstainers, light drinkers, frequent/medium drinkers, and heavy drinkers) in accordance to Forney's validated Drinking Categories (Appendix).

COLLECTION OF THE DATA

On September 22, 1994 Jeannie Walters, Charleston High School Assistant Superintendent, previewed and copied the two-page questionnaire. After attaining the signature of a notary public, permission to conduct research in Charleston High was granted. Mrs. Walters contacted Principal Dean Tucker to present my name as an approved researcher.

Dr. Scott Crawford was consulted and previewed the questionnaire before 300 copies were made. Three hundred questionnaires were given to Mr. Tucker on October 4, 1994. Consent forms were provided, but were waived by Mr. Tucker.

Directions for administering the questionnaire were attached to each pack of 100 questionnaires. There was no time limit for completion and students were instructed to eliminate their names on the questionnaire device so

as to maintain their anonymity.

Study hall supervisors gave each subject a questionnaire consisting of (a) instruction sheet for students, which included demographic data items below, and (b) the 19-item behavior instrument (by Forney et al., 1990, Appendix). Each test was estimated to take fifteen minutes to complete. The completed questionnaires were placed in unmarked folders with the study hall supervisor. All questionnaires were returned to Mr. Tucker.

On October 12, 1994, the investigator picked up all the materials. Mr. Tucker was given a "thank you" note addressed to CHS students and staff at this time. Questionnaires were sorted according to SOI and then labeled as non, light, medium/frequent, or heavy drinker.

Dr. Phyllis Croisant was consulted on October 13, 1994. Dr. Croisant offered instructions on calculating expected frequencies and performing a Chi-Square

Analysis. Dr. Croisant reviewed the figures in Table 1 on November 1, 1994.

TREATMENT OF THE DATA

A frequency graph (Table 1, p. 31) of observed frequencies was constructed using responses to drinking behavior on the questionnaire. Questionnaire items four and five and demographic item four were used along with Forney's Drinking Category (Appendix) to label each students' alcohol behavior. Expected frequencies were calculated in accordance to notations for expected frequencies of a two-variable table. This also made it possible to test the null hypothesis that there is no relationship between students alcohol behavior and their SOI. Table 2 was formulated to better report the findings of the Chi-Square Analysis.

Table 1. Comparison of student alcohol consumption levels and their source of information.

Students Alcohol Consumption Level					
Students Source of Information	Abstainer	Light	Medium	Heavy	Total
Parents	48% 27 (31.5)	18% 10 (8.0)	11% 6 (3.3)	23% 13 (13.0)	42% 56
School	62% 48 (43.5)	12% 9 (11.0)	3% 2 (4.7)	23% 18 (18.0)	58% 77
Total	56% 75	14% 19	7% 8	23% 31	133

Note: Expected Frequency is in Parentheses

TABLE 2. Chi-Square Analysis Data**Degrees of Freedom = 3****Total Chi-Square = 5.732****Critical Value = 7.815** **$P < .05$**

CHAPTER IV

RESULTS

The purpose of this investigation was to determine if CHS students, who obtain their alcohol information from school, differ in their drug related behaviors from students who obtain their alcohol information from their parents. This section represents results and discussion of the research question. Demographic and questionnaire variables utilized in the Chi-Square Analysis, will be presented, as well.

Questionnaires were completed by 221 subjects. Seventy-four percent of the questionnaires were answered. Those stating their source of information (SOI) as school or parents totaled 133 (60% of the

questionnaires returned). They were 52 freshmen, 35 sophomores, 18 juniors and 28 seniors. Parents as SOI accounted for 56 of the returns and there were 77 SOI's as school. The remaining 88 were an alternate SOI, or were discarded, due to lack of proper completion.

RESEARCH QUESTION

Does alcohol behavior of Charleston High School students vary according to their SOI on alcohol?

The respondents did not vary in their alcohol behavior in relation to their alcohol SOI. Table 1 presented the Chi-Square Contingency table with observed and expected frequencies. Table 1 also unveiled category totals and percentages.

Differing sources showed fluctuation between the four levels of alcohol behavior. There were three times

more students who stated parents as their SOI and frequently drank than students who drank frequently with school as their SOI (6:2). Sixty-four percent of the abstainers listed school as their SOI. The total number of those surveyed falling into the light, medium/frequent, and heavy drinker categories, whether their SOI was parents or school, was 29.

Near equality in three of the four drinking levels puts focus on the number of abstainers. Abstaining subjects, with school as their SOI, accounted for 48 of the 75 questionnaires. This figure seems to support school-based education programs and, hopefully, gives merit for maintaining or increasing the programs. Yet, with these differences found, the lack of significance may be accountable by the low number of subjects falling into the quadrants.

Results of this comparison were based on information from the demographic data sheet and the

alcohol behavior questionnaire. Question number 11 on the demographic data sheet stated the primary source of the subjects' alcohol information, and questions four and five on the alcohol behavior questionnaire told of the subjects' current frequency of alcohol use. With this information, the investigator could then place the student's answers onto the drinking categories chart (Appendix). These items made it possible to conduct the Chi-Square comparison. Results of this comparison were based on the three degrees of freedom, a total Chi-Square of 5.732, with a critical value of 7.815 and the p-value was .05 (Table 2, p. 32). Based on these figures, the results indicate acceptance of the hypothesis that there is no difference in students' alcohol behavior in relation to whether their SOI was the school or their parents. The implications of these findings will be discussed in detail in the next section.

CHAPTER V

CONCLUSIONS AND IMPLICATIONS

This chapter contains a review of, and the implications for, the data collected during this investigation. It includes findings, implications, suggestions for further research, and conclusions.

FINDINGS

Results of the data analysis indicate that students do not differ in alcohol behaviors in relation to whether their source was the school or their parents. Students in this study, with parents as their SOI (56), showed a good

degree of similarity between drinkers and abstainers (29 and 27 respectively). Students who say they receive their alcohol information from school (77), were nearly three times more likely to be an abstainer or light drinker in comparison to medium and heavy drinkers (57:20). Fifty-eight percent of those studied said their SOI was school. This finding helps confirm that school programs are worth the time and money.

Research indicates that "adolescent drinking is a reflection of parental ... influence" (Biddle et al., 1990, p. 215). A comparable number of students did choose their parents as their SOI. Subjects in this investigation seemingly support both sides of the issue presented in the literature review.

IMPLICATIONS

Many implications can be drawn from the results of this study. Students are still being influenced by their parents' alcohol behaviors. Data collected showed that a nearly even distribution of students are listening and learning from school programs and parents (77 and 56 respectively). This portion of their education is aiding in their decision-making skills, when confronted with the various issues pertaining to alcohol. In either case, school programs need to continue focusing on drug education and be sure to reveal, or support, facts about alcohol and other drugs. Throughout the review of literature no article appeared reporting school-based programs as being detrimental to a student's education or life.

Admittedly, some students will choose to ignore the information, from either source. If a few students

benefit from the programs, then the time, effort, and investment seem to be worthwhile. Though the efforts seem great, programs should continue and expand. If a drug education program at school spares one person the horror resulting from a fatality due to a drunk driver, then drug education programs in schools deserve a round of applause. Judy Craig has indicated her strong support for various drug education programs. She is an active member of Charleston's chapter of Mother's Against Drunk Driving (MADD). Her support originated as a result of a 1985 alcohol related accident that claimed the life of her brother. She admits "that if I can save just one person from going through the hell my family has - it would be worth it. That is why I'm on the Victim Impact Panel" (Hargis, 1994, C1).

Parents fear that their own alcohol problem will be exposed by school drug programs. Emotional overtones exist for all controversial topics. Alcohol is not an

exception. Deep anxiety, or even fear, surfaces when alcohol becomes a school topic. Parents who suffer(ed) from alcohol addiction can feel threatened by classroom instruction on the sensitive topic. Parents are, at times, secretive or feel guilty about their behavior. They may also fear that their child(ren) will want to discuss their school subjects, or will suspect that their parent(s) have, or have had, a problem with alcohol.

The old adage that if children are not told about alcohol, they will not become users; may still exist. School-based programs do not promote or teach students to use alcohol. Research may demonstrate that the more information students have on alcohol, the less likely they are to experiment. Generally, people agree that adolescents need a source of alcohol information, other than their peers, to ensure the assimilation of accurate information. In most cases, knowledge is better than ignorance.

Unrealistic expectations for solutions have been placed upon schools. There may be expectations that, if a topic is a personal behavior, then the problematic behavior will be "cured", or alleviated, once a course is completed. Schools are expected to show proof that this is the case. English courses continue to be taught every year despite the falling literacy rate in the United States. Voter registrations have decreased for 25 years, yet no civic courses are dropped from curriculums (Pollock & Middleton, 1994, p. 152).

On the reverse of this "programs are great" idea, is the belief that schools, and other programs, are only teaching adolescents how to drink in moderation. The knowledge offered is enticing more people to drink. Students are able to conceal alcohol consumption now because they know the facts. Education equips adolescents with facts, figures and charts to "beat" the system.

Illinois recognizes this loop hole. To down-play this activity the zero tolerance law was implemented. This law makes people under 21 face the "use it and lose it" system. Anyone under 21 caught driving with alcohol in their system will lose their driving privilege. Zero tolerance was adopted on January 1, 1995. There are significant numbers of people, under the age of 21, who are not quickly understanding the consequences of their actions. This is evident when viewing the fact that zero tolerance legislation has revoked 793 driver's privileges as of April 21, 1995 (Hosick, 1995, p. 4).

Opponents to the zero tolerance law, lose ground when they say it is detrimental to those who are caught. Tim Tritsch, of the Charleston Alcohol Task Force, says the law is educational and non-punitive in nature. The zero tolerance law breakers will not be criminals like those cited for DUI.

SUGGESTIONS FOR FURTHER RESEARCH

This comparative study was performed to determine if students who obtain their alcohol information from school differ in their alcohol related behaviors from students who receive alcohol information from their parents. An evident weakness in this investigation is the relatively small number of subjects. Restrictions to the findings, implications and results are placed upon researchers when a small number of subjects are investigated. Another investigation of the CHS students that doubles the number of questionnaires distributed is suggested. This increase should allow an increase in the number of parent and school SOI's.

A test of students' alcohol behavior, before taking a health education course, and after passing the course, may assist in revealing the values and benefits of the curriculum. A teacher may also study the effects of

parents as guest speakers. The combined effort of the two sources of information, and their ability, or inability, to decrease students' level of alcohol use, or abuse, would be revealing.

A follow-up study can add the redesigned Charleston Alcohol Task Force's education and awareness programs into the list of SOI's. This task force was a potent voice when raising the bar-entry age to 21 was an issue in Charleston. The 1995 goals included, creating alternatives to alcohol for high school students, and to moving past the city liquor ordinances and developing prevention programs (Spencer, 1994, p. 3A).

Another researcher may benefit now that the month of April has been declared Alcohol Awareness Month in Illinois. A newly formed effort urges peers and adult role models to "Start to Stop Underage Drinking." The Illinois Department of Alcoholism and Substance Abuse (DASA) knows alcohol is a "gateway" drug. Young teens drinking

leads to future drug problems. DASA also reports that studies find children under the age of 14 turn to parents or guardians for information first. Thus, there is the emphasis on parental involvement and responsible adults as positive influences.

It may be beneficial for another potential researcher to correspond with the University of Illinois. A survey of middle school students was conducted and results showed that children with regular adult supervision were "four times less likely to get drunk, compared to unsupervised peers" ("Alcohol is 'gateway' drug for teens", Times Courier, April 6, 1995, C1).

Columbia University found alcohol to be a "gateway" drug. Alcohol users between 12 and 17 years old are "50 times more likely to use cocaine than are non-drinkers" ("Alcohol is 'gateway' drug for teens", Times Courier, April 6, 1995, C1). National and state "statistics indicate the need to focus on prevention of alcohol use ... and involve

adults" ("Alcohol is 'gateway' drug for teens", Times Courier, April 6, 1995, C1). Current program topics are family communication, esteem-building and leadership skills. It promises to be enlightening if one were to conduct a comparative study on the programs for children, teens and adults. Such studies could research whether or not program objectives were met.

CONCLUSIONS

This researcher strongly suggests further study in the area of adolescents' alcohol behavior, the knowledge they receive, and where this knowledge originates. Research speaks about the lack of conclusive findings in the area of alcohol behavior. Literature generally paints a disappointing picture of the effectiveness of alcohol education, but continued efforts are being made to

produce comprehensive conclusions. Rating the effectiveness of school programs, not just health education and alcohol education, is a contemporary social issue. Schools are working to educate our citizens of tomorrow efficiently. Let us hope cut-backs do not negatively influence the progress made in alcohol and drug education.

Given the rather curious nature of young people and the apparent importance of fitting in, adolescents are faced with a variety of alcohol use patterns. Adolescents might be trying to decide whose lead they should follow. Choices include their mother, father, other family members, or friends. This researcher offers future researchers the idea of examining more closely age, gender, where the subject gets alcohol, where they took their first drink and alcohol behavior of a subjects' friends. These items may relate to the use or nonuse of alcohol. Additionally, it would reveal various influences

that may have compelled an adolescent to become an alcohol user or nonuser.

The results of this study indicate that there was no difference in students' alcohol behavior in relation to their SOI being school or parents. Yet, uncertainty remains for this researcher. It is known that youth are susceptible to alcohol and other drug use. Research also tells us that drug use is decreased by school-based alcohol education. Promising strategies to combat the number one drug problem of today's youth are: teach reform/cooperative learning, implement a school alcohol and other drug policy, utilize educational planning and advocate to enhance school bonding (Prevention Works, 1995, p. 10-11).

Another solution is to identify exactly how alcohol may be causing problems. This should be followed up by persuading people that any drug use by school-aged people is not acceptable. Finally, the at-risk group needs

to be shown why they should care. Although problems caused by drugs extends into every corner of communities, it is critical that efforts to prevent drug use be centered in schools. Children spend much of their time at school, and for students with difficult home environments, school can be a safe haven and a place to develop caring relationships with responsible adults. Schools are major influences in helping young people develop standards of right and wrong.

To date, 39 states require substance abuse education and 32 states provide minimum curricula standards. Research shows, however, that education alone is insufficient (Profiles of Successful Drug Prevention Programs 1988-89, May 1990, p.1). The most effective drug prevention efforts enlist the contributions of parents, students and communities collaborating with schools. Comprehensive, coordinated approaches in drug education should be installed in every school district.

REFERENCES

- Alcohol is "gateway" drug for teens. (1995, April 6). Times Courier, pp. C1.
- Barnes, G.M., & Farrell, M.P. (1982, November). Parental support and control as predictors of adolescent, delinquency and related problem behaviors. Journal of Marriage and the Family, 54, 763-776.
- Biddle, B.J., Bank, B.J., & Marlin, M.M. (1980). Social determinants of adolescent drinking. Journal of Studies on Alcohol, 41, 215-239.
- Brinson, J.A. (1991, Winter). A comparison of the family environments of black male and female adolescent alcohol users. Adolescence, 26, 877-884.
- Buscemi, M. (1985, October). What schools are doing to prevent alcohol and drug abuse. The School Administrator, 42, 11-14.
- Confronting teenage alcoholism. (1994, March). USA Today, 122, n. 2586, 8-9.
- Elkind, D. (1991, January). Teens and alcohol. Parents, 66, 122.
- Fejer, D., & Smart, R.G. (1973, Winter). The knowledge about drugs, attitudes towards them and drug use rates of high school students. Journal of Drug Education, 3, 377-388.

Forney, M., Forney, P.D., Davis, H., Van Hoose, J., Cafferty, T., & Allen, H. (1984). A discriminant analysis of adolescent problem drinking. Journal of Drug Education, 14, 347-355.

Grube, J.W. (1993). Alcohol portrayals and alcohol advertising on television. Alcohol, Health and Research World, 17, 61-66.

Hansen, W.B. (1993). School-based alcohol prevention programs. Alcohol, Health and Research World, 17, 54-60.

Hargis, S. (1994, November 10). MADD strikes out. Mid-Illinois Newspaper, pp. C1.

Heitzinger & Associates. (1992). Alcohol/Drug - Health/Wellness Education and Counseling Training Manual, pp. 5.

Hosick, D. (1995, April 21). Zero tolerance not equitable for all ages. The Daily Eastern News, pp. 4A.

Klitzner, M., Stewart, K., & Fisher, D. (1993). Reducing underage drinking and its consequences. Alcohol, Health and Research World, 17, 12-18.

Marston, A.R., Jacobs, D.F., Singer, R.D., Widaman, K.F., & Little, T.D. (1988, Fall). Adolescent who apparently are invulnerable to drug, alcohol and nicotine use. Adolescence, 23, 593-598.

Milgram, G.G. (1982). Youthful drinking: past and present. Journal of Drug Education, 12, 289.

- Nazario, T.A. (1988, Spring). What teenagers, parents and kids should know about drinking and drugs. Update on Law-Related Education, 5-7.
- Pollock, M.B. & Middleton, K. (1994). School health instruction (3rd ed.), Mosby - Year Book, Inc.
- Prevention Works. (1995). Center for substance abuse prevention (CSAP), pp. 10-11.
- Profiles of successful drug prevention programs 1988-89. (1990, May). U.S. Department of Education, pp. 1.
- Spencer, T. (1994, December 8). A new awareness. The Daily Eastern News, pp. 3A.
- Thorlindsson, T., & Dilhjalmsjon, R. (1991, Summer). Factors related to cigarette smoking and alcohol use among adolescents. Adolescence, 26, 399-417.
- Tricker, R., & Davis, L.E. (1988, May). Implementing drug education in schools. Journal of School Health, 58, 181-185.

APPENDIX

DATA GATHERING INFORMATION

FREQUENCY TABLES

FIGURES

Appendix A: Drinking Categories

Frequency	Amount	Under 18 Years			Over 18 Years			Parent		
		Light	Medium	Heavy	Light	Medium	Heavy	Light	Medium	Heavy
		Drinker	Drinker	Drinker	Drinker	Drinker	Drinker	Drinker	Drinker	Drinker
Once or Twice	1-2 Beers <u>or</u> 1 Glass of Wine <u>or</u> 1 Shot of Whiskey	X			X			X		
Once or Twice	2-4 Beers <u>or</u> 2-3 Glasses of Wine <u>or</u> 2-3 Shots of Whiskey	X			X			X		
Once or Twice	5-8 Beers <u>or</u> 1 Bottle of Wine <u>or</u> 1 Pint of Whiskey		X		X			X		
Once or Twice	1-2 Beers <u>or</u> 1 Glass of Wine <u>or</u> 1 Shot of Whiskey		X		X			X		
Once or Twice	2-4 Beers <u>or</u> 2-3 Glasses of Wine <u>or</u> 2-3 Shots of Whiskey			X		X		X		
Once or Twice	5-8 Beers <u>or</u> 1 Bottle of Wine <u>or</u> 1 Pint of Whiskey			X		X			X	
Three or Four Times	1-2 Beers <u>or</u> 1 Glass of Wine <u>or</u> 1 Shot of Whiskey			X		X		X		
Three or Four Times	2-4 Beers <u>or</u> 2-3 Glasses of Wine <u>or</u> 2-3 Shots of Whiskey			X		X			X	
Three or Four Times	5-8 Beers <u>or</u> 1 Bottle of Wine <u>or</u> 1 Shot of Whiskey			X			X		X	
Once or Twice	1-2 Beers <u>or</u> 1 Glass of Wine <u>or</u> 1 Shot of Whiskey			X		X			X	
Once or Twice	2-4 Beers <u>or</u> 2-3 Glasses of Wine <u>or</u> 2-3 Shots of Whiskey			X		X			X	
Once or Twice	5-8 Beers <u>or</u> 1 Bottle of Wine <u>or</u> 1 Pint of Whiskey			X			X			X
Everyday	1-2 Beers <u>or</u> 1 Glass of Wine <u>or</u> 1 Shot of Whiskey			X			X		X	
Everyday	2-4 Beers <u>or</u> 2-3 Glasses of Wine <u>or</u> 2-3 Shots of Whiskey			X			X			X
Everyday	5-8 Beers <u>or</u> 1 Bottle of Wine <u>or</u> 1 Pint of Whiskey			X			X			X

Dear friend,

56

I am conducting a study of 9-12 graders in Charleston, Illinois as part of my Research Methods graduate course and **I need your help**. I am interested in looking at your behavior as well as that of you parents and peers on your use or nonuse of alcohol. The effect that parents, peers, or any other relation has on your source of information about alcohol is of great importance to my study. I am also looking at the effects grade, sex, and family composition have on one's behavior in accordance with alcohol. I will be making comparisons from the data received from you and others according to these variables. Complete honesty and devotion by you is as necessary as your **not** putting your name on any other sheet after this. I will demonstrate complete confidentiality. You reserve the right not to complete the questionnaire. This study is very important and I ask you to take this time seriously.

In all, I am asking three things of you, if you choose to participate in this study. The first is approximately 15 minutes of your time to complete the demographic data sheet and questionnaire as completely and honestly as possible and return that sheet to me. The second request is to ensure confidentiality and reminding you to refrain from signing your name to the demographic data sheet and/or questionnaire. Lastly, please read the questions carefully and answer all of them. There is no time limit.

Thank you for your time, cooperation, and honesty. Without your help my project would not be possible.

Sincerely,



Christy Rawlins

CONSENT FORM

I, the undersigned, have read the above and agree to answer the demographic data and questionnaire honestly and completely.

your signature

date

* REMEMBER: This consent form is the **only** place you are to sign. This page is separate from the other to make it impossible for me to match you with the information provided on the demographic data sheet and questionnaire.

This demographic data and questionnaire sheet is part of a survey of 9-12 graders in Charleston, Illinois to determine their behavior toward the use or nonuse of alcohol. This survey is intended for general information only and not for the purpose of identifying individual answers.

Your answers are confidential. They are for research purposes only. To help ensure privacy, **DO NOT** sign your name on the demographic data sheet or questionnaire.

Read each question carefully and select one answer from the list of possible choices for each question. Please make sure that you have answered **EVERY** question, no matter how hard you find it to make a decision. Please do not discuss the questions or answers while you are completing this survey.

DEMOGRAPHIC DATA

Directions: Put the number in the blank which best describes you and your family.

- | | | |
|--|--|---|
| <p>_____ 1. GRADE</p> <ul style="list-style-type: none"> 1. 9 - 2. 10 3. 11 4. 12 | <p>_____ 2. SEX</p> <ul style="list-style-type: none"> 1. Female 2. Male | <p>_____ 3. RACE</p> <ul style="list-style-type: none"> 1. White 2. Black 3. Oriental 4. Hispanic |
| <p>_____ 4. AGE</p> <ul style="list-style-type: none"> 1. Under 13 2. 13-14 3. 15-16 4. 17-18 5. Over 18 | <p>_____ 5. Do you live in</p> <ul style="list-style-type: none"> 1. town 2. a rural area | |
| <p>_____ 6. RELIGION</p> <ul style="list-style-type: none"> 1. Protestant (such as Baptist, Methodist, Lutheran, etc. please write in) _____ 2. Catholic 3. Jewish 4. Other (please write in) _____ | <p>_____ 7. Are you living with</p> <ul style="list-style-type: none"> 1. Both natural parents 2. Mother and stepfather 3. Father and stepmother 4. Grandparents 5. Mother only 6. Father only 7. Other (please write in) _____ | |
| <p>_____ 8. How many years of schooling did your FATHER have? (Stepfather, etc.)</p> <ul style="list-style-type: none"> 1. 0-5 years 2. 6-8 years 3. Part high school 4. Completed high school 5. Some college or training beyond high school 6. Completed college 7. Graduate work 8. I do not know | <p>_____ 9. How many years of schooling did your MOTHER have? (Stepmother, etc.)</p> <ul style="list-style-type: none"> 1. 0-5 years 2. 6-8 years 3. Part high school 4. Completed high school 5. Some college or training beyond high school 6. Completed college 7. Graduate work 8. I do not know | |
| <p>_____ 10. Is your Mother (Stepmother, etc.)</p> <ul style="list-style-type: none"> 1. Now working full time for income 2. Working part time 3. Not working for income, a housewife | <p>_____ 11. Where did you receive most of your information about alcohol?</p> <ul style="list-style-type: none"> 1. Parents 2. Friends 3. School 4. Media/Other (list) _____ | |

Directions: Put the number in the blank which best describes your behavior.

1. Have you ever drunk alcoholic beverages?
(This includes beer, wine, champagne)
 1. No
 2. Yes

2. How old were you when you had your first drink of alcohol?
 1. I have never had a drink
 2. Under 11
 3. 11-12
 4. 13-14
 5. 15-16
 6. Over 16

3. Where did you take your first drink?
 1. I don't drink
 2. In my own home
 3. Friend's home
 4. At a restaurant, bar, club, etc.
 5. Automobile
 6. Other (please write in)

4. How frequently do you drink at the present time?
 1. I don't drink
 2. Once or twice a year
 3. Once or twice a month
 4. Three or four times a month
 5. Once or twice a week
 6. Everyday

5. How much do you usually drink on each occasion?
 1. I don't drink
 2. 1 or 2 beers or 1 glass of wine or 1 shot of whiskey
 3. 2-4 beers or 2-3 glasses of wine or 2-3 shots of whiskey
 4. 5-6 beers or 1 bottle of wine or 1 pint of whiskey

6. With whom do you usually drink?
 1. I don't drink
 2. Parents or adult relatives
 3. Friends or relatives, same age
 4. Older friends
 5. Alone
 6. Other (please write in)

7. How often does your father drink?
 1. Never
 2. Once or twice a year
 3. Once or twice a month
 4. Three or four times a month
 5. Once or twice a week
 6. Everyday
 7. No father in the home

8. How much does your father drink on each occasion?
 1. He doesn't drink
 2. 1 or 2 beers or 1 glass of wine or 1 shot of whiskey
 3. 2-4 beers or 2-3 glasses of wine or 2-3 shots of whiskey
 4. 5-6 beers or 1 bottle of wine or 1 pint of whiskey
 5. No father in the home

9. How many of your friends drink?
 1. None
 2. A few
 3. More than half
 4. Practically all

10. How often does your mother drink?
 1. Never
 2. Once or twice a year
 3. Once or twice a month
 4. Three or four times a month
 5. Once or twice a week
 6. Everyday
 7. No mother in the home

11. How much does your mother drink on each occasion?
 1. She doesn't drink
 2. 1-2 beers or 1 glass of wine or 1 shot of whiskey
 3. 2-4 beers or 2-3 glasses of wine or 2-3 shots of whiskey
 4. 5-6 beers or 1 bottle of wine or 1 pint of whiskey

12. Where do you most often get your alcoholic beverages?
 1. I don't drink
 2. Parents or relatives
 3. Friends
 4. Store

13. Which alcoholic beverage do you drink most often?
 1. Don't drink
 2. Beer and/or ale
 3. Wine, including champagne
 4. Liquor (such as vodka, gin, rum, whiskey)

14. How often does your best friend drink?
 1. Never
 2. Once or twice a year
 3. Once or twice a month
 4. Three or four times a month
 5. Once or twice a week
 6. Everyday

15. How much does your best friend drink on each occasion?
 1. He/she doesn't drink
 2. 1 or 2 beers or 1 glass of wine or 1 shot of whiskey
 3. 2-4 beers or 2-3 glasses of wine or 2-3 shots of whiskey
 4. 5-6 beers or 1 bottle of wine or 1 pint of whiskey

16. How does your drinking compare with the kids you hang around with?
 1. They drink more than I do
 2. They drink about the same amount as I do
 3. They drink less than I do

17. Do other kids put pressure on you to drink?
 1. Often
 2. Sometimes
 3. Never

18. Do you put pressure on other kids to drink?
 1. Often
 2. Sometimes
 3. Never

19. If it were very important to you to drink, because of your crowd, but it was very important to your parents that you do not drink what do you think you would do?
 1. Stay in my crowd, drink, and tell my parents
 2. Stay in my crowd, drink, but not tell my parents
 3. Stay in my crowd, but refuse to drink
 4. Get out of my crowd

FREQUENCY TABLES**X1: S01**

ELEMENT:	COUNT:	PERCENT:
Parent	56	42.1%
School	77	57.9%

X2: STUDENT BEHAVIOR

ELEMENT:	COUNT:	PERCENT:
Non/Abstainer	75	56.39%
Light	19	14.29%
Medium/Frequent	8	6.02%
Heavy	31	23.30%
Totals	133	100%

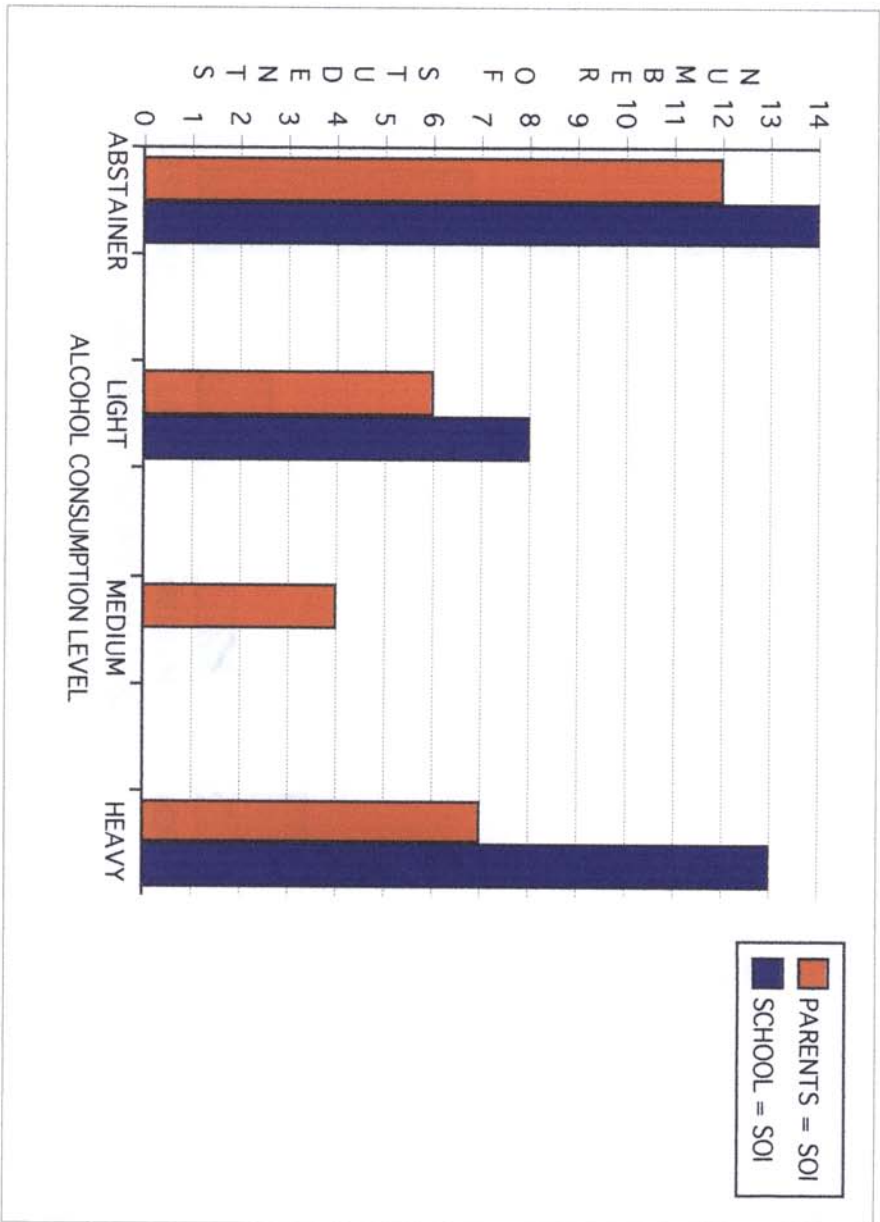


Figure 1. Number of males in each alcohol consumption level according to SOI as parents or school.

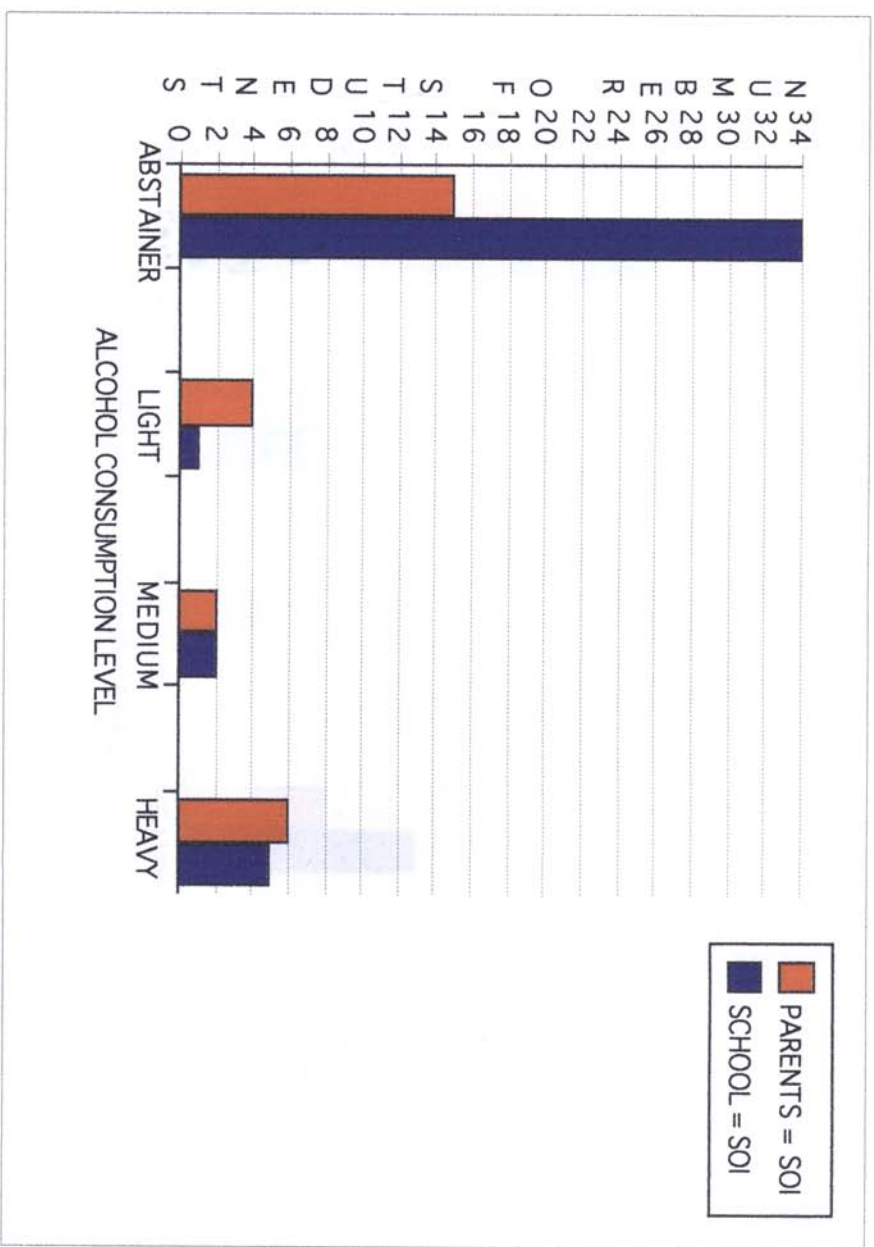


Figure 2. Number of females in each alcohol consumption level according to SOI as parents or school.

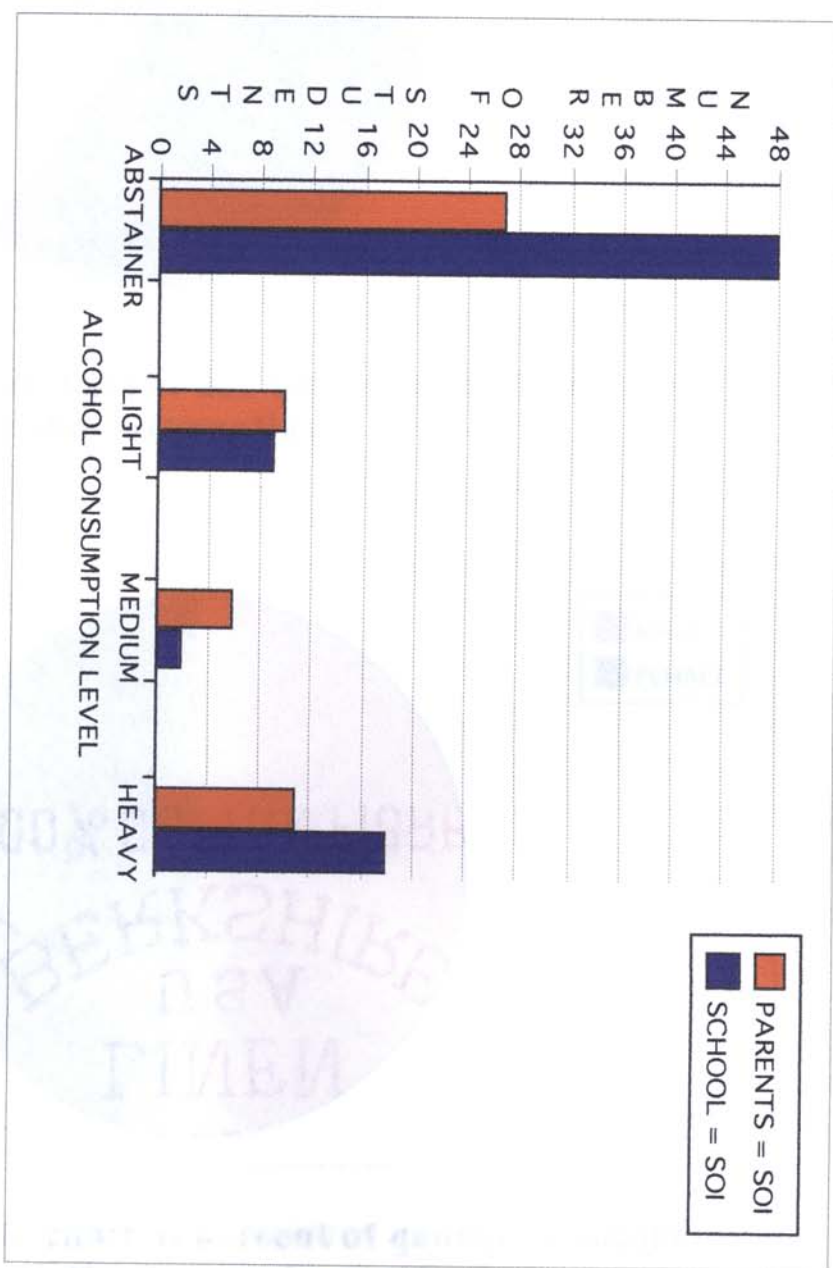


Figure 3. Total number of students in each alcohol consumption level according to SOI as parents or school.

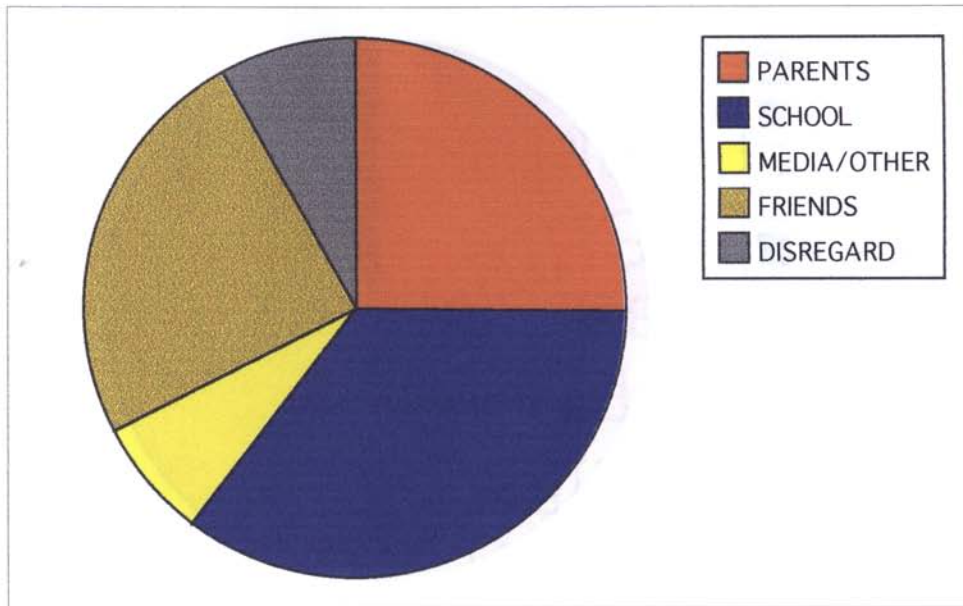


Figure 4. Pie chart of 221 subjects and their source of alcohol information.

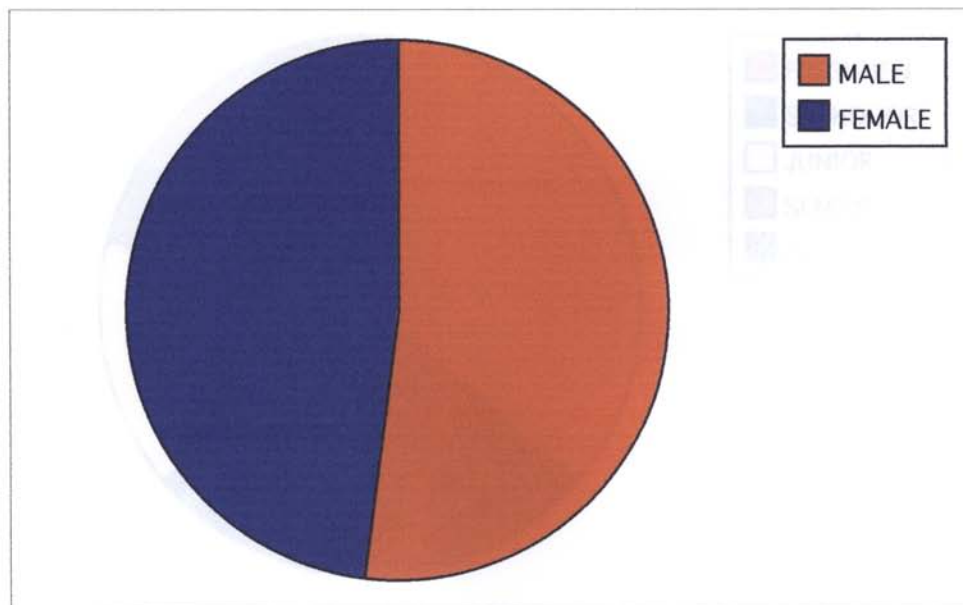


Figure 5. Pie chart of percent of gender of subjects with SOI as parents or school.

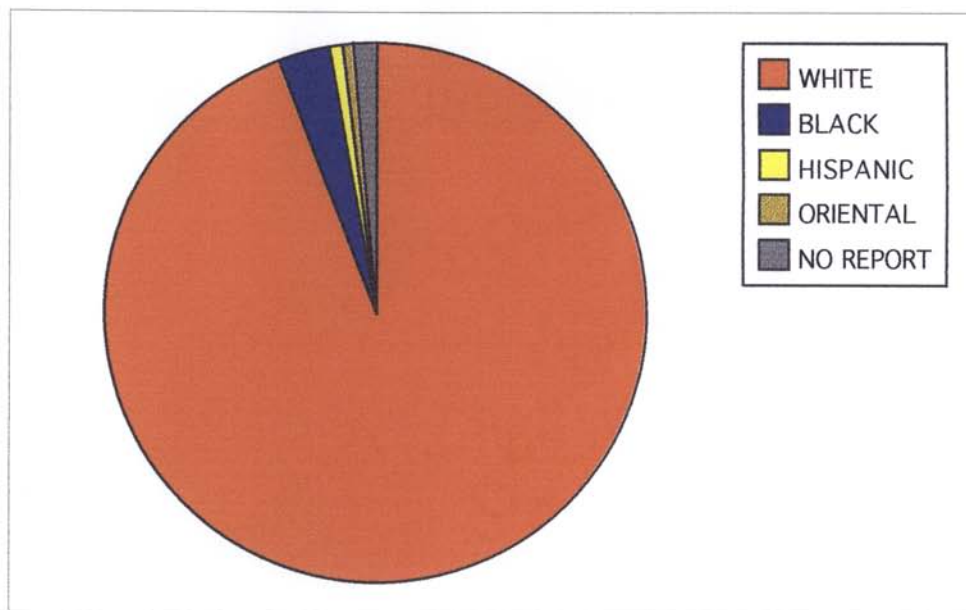


Figure 6. Pie chart of the race of 221 subjects.

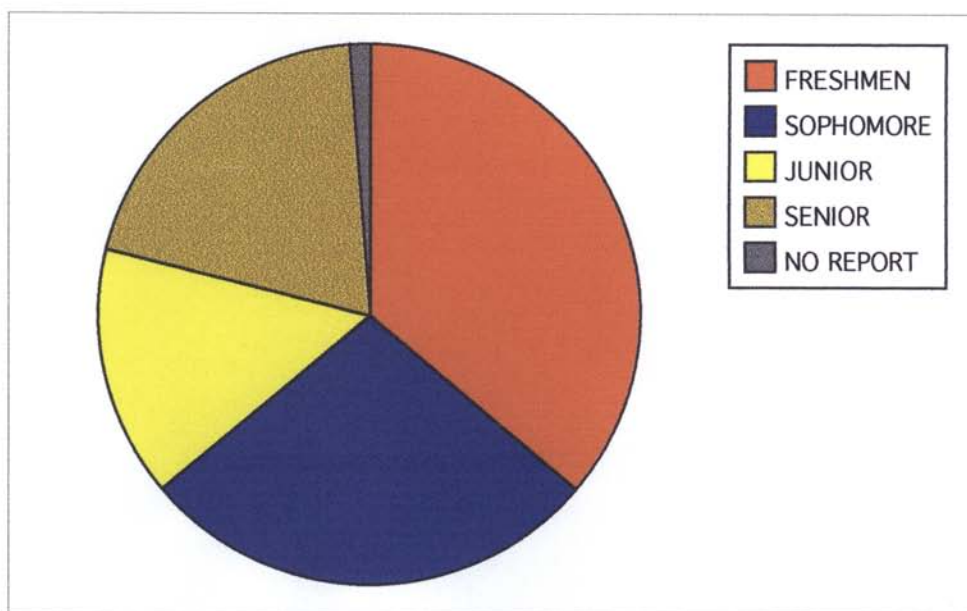


Figure 7. Pie chart of the percent of years in school of the 221 subjects.