

YOUTH PERCEPTIONS OF UNDERAGE DRINKING IN ALACHUA COUNTY

By

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To my wonderful family members who have always modeled and encouraged open-mindedness, honesty, and hard work

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As more “grassroots” approaches to health research are introduced to combat local social problems, simultaneously there echoes a call to examine their potential contributions to social change. This study builds on previous work, in which coalition members of a local prevention organization, Partners in Prevention of Substance Abuse (PIPSA), were interviewed regarding their conceptions of underage drinking. With an emerging emphasis on prevention efforts becoming more localized and intimate, it has become increasingly important to extend collaboration efforts to include clients’ perspectives in program design. In this vein, this qualitative study broadens prior work by including focus groups with local youth in hopes of gaining insight into their conceptions of underage drinking, their awareness of local underage drinking, and potential strategies for future prevention activities. Discourse between coalition members and local youth were then compared to highlight potential program limitations in reaching their target population. Some qualitatively different themes were found between coalition members and local youth. Also, coalition members and local youth were in agreement that underage drinking is a local issue. Youth participants offered a

variety of potential prevention strategies to target local youth. Additionally, they advocated for youth-designed additions to PIPSA to increase program effectiveness.

## CHAPTER 1 INTRODUCTION

### **Study Purpose**

With more “grassroots” approaches to health research like community coalitions being introduced to combat local social problems, simultaneously there echoes a call to examine their potential contributions to social change (National Community Anti-Drug Coalition Institute 2009). Partners in Prevention of Substance Abuse (PIPSA), in its eleventh year serving Alachua County, Florida, aims to reduce substance use locally. Virtually unfunded in previous years, it has recently undergone many program revisions. Of particular relevance to my study, PIPSA has declared underage drinking a primary concern to the coalition and has recently received non-profit status, enabling it to access funding through the state. With a new national emphasis on local community-based coalitions dealing with local substance problems continued funding is likely for PIPSA, considering its proposed collaborative community-based approach. This funding works to ensure PIPSA’s future presence in Alachua County and its possible impact on community members. Considering its primary concern of underage drinking, Alachua County’s youth population is sure to be impacted in some manner.

Despite recent developments in medical sociology and medical anthropology, the general literature on drug treatment, which practitioners rely heavily on, is void of an examination of the power relations and ideologies underlying treatment approaches (Hunt and Barker 1999). These power dynamics may be even more dramatic between youth populations and practitioners. Misrecognition of power dynamics could possibly result not only in ineffective program implementation but inappropriate programming, ultimately leading to a reinforcement of common stereotypes of the substance user.

With an emerging emphasis on prevention efforts becoming more localized and intimate, likewise it has become increasingly important to extend collaboration efforts to include not only a variety of professional disciplines but clients' perspectives in program design as well. Although Partners in Prevention of Substance Abuse (PIPSA) does not directly impact local youth, future initiatives are expected to. A qualitative study yielding the descriptive needs and conceptions of the youth populations in relation to underage drinking would be beneficial not only to the coalition specifically but the field of prevention in general. The shortage of qualitative projects like this, both nationally and in Alachua County, indicates the possibility of inaccurate portrayals of underage drinking and the discourse surrounding it. The relevant social scientific literatures I will draw upon are presented in a following section.

This study builds on qualitative work conducted for my master's thesis in 2006, in which I conducted focus groups with PIPSA coalition members (Dever 2006). The purposes were to understand PIPSA's "theory of change" regarding its newly declared focus on underage drinking, offer a formative evaluation of the program, and provide suggestions as to the necessary steps it should take to structure the program in a way that could be evaluative in the future.

This qualitative study compares the discourse of a local prevention coalition to local youth surrounding the issue of underage drinking. For this study, focus groups were conducted with local youth selected from public schools. Additionally a sample of students was selected from a local alternative school setting to serve as a comparison group. All focus group participants were administered a survey, which asked basic demographic characteristics of the participants and possible use patterns considered

relevant to the study. There were three versions of the survey in an effort to ask age-appropriate questions for each of the three levels of school in this study.

The ways prevention organizations impact their community members may depend on visibility issues, reluctance of community members to use services because of distrust, or an imposition of hegemonic definitions of “problem” and “solution” regarding substance use -which may be ignored as irrelevant or meaningless to the recipient community (Mumby 1997; Gramsci 1971). The former is what this study hopes to investigate in more detail, since PIPSA coalition members’ perspectives and the perspectives of the recipient community may be antagonistic, working in opposition to each other.

Drawing on this study’s youth focus groups and my prior work with PIPSA coalition members (2006), I generated a grounded theory to address three research questions:

1. How is underage drinking defined by both coalition members and local youth?
2. What extent do coalition members and the local youth feel there is an underage drinking problem for Alachua County?
3. Regardless of whether it is a problem or not, what are possible solutions for reducing underage drinking among youth in Alachua County?

Since many evaluations generally focus on the process and impact of the program as defined by its program planners, the valuable insight and perhaps differing conceptions of the recipient community is oftentimes neglected (Hunt and Barker 1999). This study aims to gather local youth perceptions, to hear their definitions of “underage drinking,” “problem,” and “solution” to compare it to prior work highlighting local prevention approaches of PIPSA. Limited work has tried to bridge this gap. This qualitative study not only emphasizes the importance of including clients’ perspectives in shaping the prevention programs but challenges future coalitions across the country

to broaden their coalitions to include interpretations from all populations of the community, particularly their potential target populations. Their treatment success may actually depend on this. Finally, this research makes contributions to the literature in the fields of sociology, health, and community development and encourages future research to critically examine health care implementation in forthcoming community coalitions throughout the United States.

### **Study Background and Significance**

Substance use is commonly conceptualized as solely an individual problem. In reality it stems from larger community issues and should be handled in a more comprehensive community-based approach. The National Survey on Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), states: of the 21.1 million people who needed but did not receive treatment in 2004, an estimated 1.2 million reported that they felt they needed treatment for their alcohol or drug use problem. Of the 1.2 million persons who felt they needed treatment, 441,000 (35.8%) reported that they made an effort but were unable to get treated (Substance Abuse and Mental Health Services Administration 2005:7).

These numbers indicate a need for substance abuse programs to consistently be available and successfully create an awareness of their services, so individuals are able to seek help for problems that may affect their quality of life. It is important to note these numbers are conservative considering there are those who do not seek treatment services but might be willing to go if they were aware of the services. Awareness though is not the only reason community members may not seek treatment. Some cite the reluctance to use services on the basis of a distrust for the medical system and all the inherent bias it may project (Braithwaite and Taylor 1992; Aguirre-Molina, Molina, and

Zambrana 2001; LaVeist 2002). Others may feel the imposition of hegemonic definitions of “problem” and “solution,” –leading them to regard services as irrelevant or meaningless (Mumby 1997). Still others such as underage drinkers that illegally use represent a population where even more obstacles influence whether treatment is sought and used. Using a qualitative approach, this study highlights the possible disjuncture between the designers of prevention efforts and those in need of its services, in this case underage youth.

In light of prior research, this study explores the national health strategy that aims to take prevention efforts to a more local level to reduce substance abuse. This strategy has a goal of implementing a substance abuse coalition in every county tailored specifically to its community members. Community Anti-Drug Coalitions of America (CADCA) defines a coalition as a formal arrangement for collaboration among groups or sectors of a community in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community (National Community Anti-Drug Coalition Institute 2006).

The Partners in Prevention of Substance Abuse (PIPSA) program is a community-based coalition serving the residents of Alachua County, Florida. At the time of the study, it was the only drug coalition in Alachua County, Florida with a primary focus on underage drinking. Considering the county contains a previously ranked “top-ten party school” (University of Florida), it arguably has a challenge fighting the normative culture of the town (The Princeton Review 2003). PIPSA is comprised of seventy coalition members, representing nine sectors in the Alachua County community: Youth Services, School Board, Law Enforcement, Business and Media, Federal State and Local

Agencies, Civic and Volunteer Agencies, Religious Groups, Healthcare, and Parents and Community. The members meet to discuss substance use issues specific to Alachua County and organize efforts of prevention, volunteering services individually and from their respective agencies.

PIPSA was first established in 1999 by founding partners Corner Drug Store, Inc., UF Center for Cooperative Learning and Department of Psychiatry, and the School Board of Alachua County. Originally, it received funding through an Office of Juvenile Justice and Delinquency Prevention (OJJDP) Drug Free Communities Grant, which was part of a five-year state project that aimed to create a coalition in every county by the year 2004 that dealt with local problems specific to that community. The grant was matched dollar for dollar by the Ounce of Prevention Fund of Florida. As a result of Florida's declared success, nation-wide community coalitions are becoming increasingly popular in handling social problems at the local level, for a more considerate and appropriate approach. Because of the gaining popularity of coalition-based interventions, now is an ideal time to critically examine how they are organized and offer suggestions in hopes of bridging the ever-increasing divide between academic literature and public policy (National Community Anti-Drug Coalition Institute 2006).

In recent years, the PIPSA coalition has declared underage drinking a primary concern for Alachua County, partly due to the local prevalence and partly due to the severity of the issue. In terms of severity, research suggests that children and youth are thought to be more vulnerable to problems associated with alcohol and drug abuse than any other group in society (Hawkins, Catalano, and Miller 1992). As for prevalence of local underage drinking, research prior to this study being conducted showed that a

higher percentage of youth aged 12 to 20 used alcohol (29% nationally) than used tobacco (24%) or illicit drugs (14%); making underage drinking a leading public health problem in the United States (Department of Children and Families 2003). While initially developing this study, the most current data available was the 2004 Florida Youth Substance Abuse Survey (FYSAS), since Alachua County opted not to participate in the 2006 FYSAS. According to this research, the number of youth in Alachua County who are engaging in alcohol use was even higher (32.7%) than the national (29%) or state average (30.8 %) (Department of Children and Families 2003). At that time, research and treatment of youth alcohol problems was not only thought to improve the quality of life on an individual level, but was aimed at improving the overall productivity and health of the Alachua County community. More recent data has suggested these rates have declined slightly, but the alarmingly high patterns of underage drinking still persist. FYSAS data is gathered yearly, with county breakdowns available every two years. Data from the 2008 FYSAS, show alcohol as remaining the most commonly used drug among Alachua county students, with 49.8% reporting lifetime use and 27.7% reporting past-30-day use. Unlike previous years, these numbers fall slightly below the Florida average, with 53.2% reporting lifetime use and 29.8% reporting past-30-day use (Department of Children and Families 2008).

Prior gender trends persist in Alachua county, with females reporting higher rates of lifetime usage (51.0% vs. 48.6%) but similar rates of past-30-day usage (27.7% vs. 27.1%) than males. Also, age patterns persist, with older students (ages 15-17) reporting higher lifetime usage rates (61.9% vs. 31.8) than their younger (ages 10-14) counterparts and higher past-30-day use rates (35.4% vs. 13.1%). Although lifetime use

rates and past-30-day use rates have continued to drop slightly since 2004, these high rates of underage drinking still persist and mirror state and national averages (Department of Children and Families 2008).

Alachua County includes the cities of Alachua, Archer, Gainesville, Hawthorne, High Springs, La Crosse, Melrose, Micanopy, Newberry, Waldo and significant non-urban areas. The total estimated population in 2004 was 223,090, with 20.2% making up the under 18 population (Department of Children and Families 2003). This is of course excluding the large numbers of transitory UF students not registered as Alachua County residents but who are commonly between the ages 18-22 and unwittingly contribute to its culture. Considering the underage drinking level is twenty-one, PIPSA's target population is a slightly larger percentage than 20.2% (Department of Children and Families 2003). With PIPSA's primary target in mind, this means it hopes to reach slightly more than 20 out of every one hundred Alachua county residents in order to intervene or prevent their use of alcohol.

Although insight from youth should be seen as credible and worthy as any other knowledge presented, historically, youth have been unfairly treated as lacking the mental capacity to make informed decisions (Arnett 2007; Znet 1992). If prevention efforts are to target youth, youth opinion should be given consideration. Conceptual differences may exist between adult-designed prevention efforts and the local youth they hope to serve. This qualitative study examines the potential disjuncture between these two populations to offer program suggestions to PIPSA and to the field of prevention in general.

## CHAPTER 2 LITERATURE REVIEW

### **Summary**

This section draws on literature not only from medical sociology but from other disciplines that contribute to understanding the complex nature of the social problem, underage drinking. This study can help inform adolescent development literature by evidencing how youth can contribute to their community by offering program improvement suggestions to local program efforts. It also addresses the effectiveness of community-based coalitions in dealing with underage drinking and their strengths and weaknesses suggested by current studies. This is done to consider whether the coalition, even at its most refined state, should be used in dealing with the social issue of underage drinking, and in what ways might be more effective. PIPSA is presented as an ideal local example for analyzing these literatures because of its initiative in adopting this national strategy. Finally, the theoretical framework of the PIPSA coalition is presented, as expressed by archival data and conversations with coalition members. Literature addressing this theoretical background of the PIPSA coalition is essential in understanding its approach to Alachua County youth.

### **Social Issue of Substance Abuse**

Substances may be defined as any drug used to alter a person's mood or perception (Department of Education and Children's Services 2003). Substances, such as alcohol, tobacco, and drugs, satisfy an inner need for experiencing other modes of consciousness. Research has shown that, initially, substance abuse is most often a sign of deeper emotional troubles or concerns within the individual. Kornblum (1998) lists some major reasons people use substances: to ease pain, relax tension, lose weight,

and fight depression. Youth may drink for these reasons as well as others considering their unique social circumstances during this period in their life course. The following sections will present in more detail the influences youth may be experiencing.

For many, this emotionally-charged need to escape from reality, whether it is due to professional, familial, or social pressures, manifests itself in the use of substances. After continued use the individual may develop a physical dependence on the substance, and begin to participate in alcohol abuse, which may be defined in its most basic description as a pattern of problem drinking that results in health consequences, social problems, or both (Medical Network Incorporated 2006). Both alcohol use and abuse in underage drinking populations is the primary concern of the coalition, since youth may not fully understand the difference at these ages. With both physical and emotional dependence on a substance the individual may, at the very least, lose their ability to self-regulate emotions and actions. Depending on the age of initiation, substance abuse may also disrupt normal developmental processes, jeopardizing cognitive ability and physical maturation.

In addition, it is also linked to anti-social behavior. Research has shown that substance abuse has strong associations with crime, illness, and interpersonal violence (Kornblum 1998). For these reasons, coalitions of community members find it necessary to safeguard certain populations in order to prevent these life-altering consequences of alcohol use and abuse, particularly youth populations who may not recognize the future implications for their actions.

It is important to note, early socialization may guard against desires to alter a person's conscious state. Every community has basic values and norms expressed to

its members in forms of media, school, and parental guidance, with social expectations implicitly and explicitly made to the individual. Social support guarding against substance use and abuse can be education of its dangers, encouragement and acknowledgment of participation in non-substance related activities, and social service organizations helping individuals to deal with issues leading to emotional problems – such as family, marriage, or financial counseling. According to Vega and Murphy (1990:152), “interventions that are community-sensitive are supposed to be liberating. Clients are supposed to be given a modicum of control over their lives, as a result of having the ability to regulate every aspect of their treatment.” Community members need to actively construct considerate prevention efforts that aim to address local issues. Vega and Murphy (1990:145) suggest “the maintenance of health, in short, should not be left to chance by any society that wants to improve the productivity of all its members.”

### **Alcohol as a Substance**

In the United States, the past decade has seen somewhat of an expansion of focus regarding substance abuse, with licit drugs now being targeted as harmful to the physical body. Tobacco companies have publicly admitted the health hazards relating to nicotine and have begun to pay reparations, funding the American Legacy Foundation’s “Truth” campaign and Philip Morris’ “Think. Don’t Smoke” campaign (Farrelly, Heaton, Davis, Messeri, Hersey, and Haviland 2002). Even though alcohol has had similar discoveries relating to addiction and harm to the physical body, society has not dealt with it in a reciprocal fashion.

Arguably, alcohol warnings may be too soft considering the cultural backdrop of our society, which works to normalize drinking on a consistent basis. Many coalitions

across America are declaring the importance of considering the deleterious effects of attracting underage drinkers to a lifestyle of addiction. Young people are exposed to a steady stream of images and lyrics presenting alcohol use in an attractive light. A recent study shows a strong connection between alcohol advertising and underage drinking (Simon 2008). If messages are inconsistent across informational sources (i.e. media, peers, parents), the social support deterring alcohol use begins to become fragmented and unclear to the child.

As noted previously, underage drinking is a problem at the national, state and local community, evidencing a need for prevention efforts at all levels. Alcohol remains the most commonly used drug among America's youth (Johnson 2008). Recently, the Surgeon General called on Americans to act on underage drinking and conduct more research on adolescent alcohol use to reduce this social problem (Nation's Health 2007). Research continues to look at various factors relating to underage drinking and preventative approaches that would be successful if implemented. Since the prevalence of local underage drinking is of major concern, this study takes a focus on trying to examine what prevention efforts might be more successful in Alachua County. Furthermore, this research can work to inform prevention efforts targeting youth in general.

### **Unique Life Course Stage of Adolescent**

First and foremost, we must recognize the intricacy of the adolescent's world. The adolescent is bombarded with a multitude of influences during this developmental stage of their life course. In order to better understand the complexity of their decision-making processes, we must first understand the influences they are presented with during this time period. The following are factors directly or indirectly involved in risk behavior in

adolescents. It is important to note that the individual influences (i.e., biological/physiological & psychosocial changes; gender; race/ethnicity) and socialization influences (i.e., family; friends; school; US culture; local environment; media), presented separately, are constantly overlapping within the individual and work to inform each other. While youth are influenced by socialization agents, they make choices and respond to their environment in different ways depending on their individual characteristics (Arnett 2007).

### **Individual Influences on Adolescent Risk Behavior**

Puberty presents a major source of transformation in the adolescent's life. Hormonal changes lead to changes in physical functioning and to the development of primary and secondary sex characteristics in the adolescent (Arnett 2007). These biological and physiological changes have a dramatic impact on the adolescent.

In addition to drastic physical changes that adolescents go through during puberty, they are bombarded with a variety of psychosocial changes as well. Bonnie and O'Connell (2004:72) consider the rite of passage that adolescents face:

During adolescence, individuals are going through rapid physical, social, and cognitive changes. These enormous changes to body, friendship and thinking about the world are juxtaposed against changing expectations for behavior and increases in need and opportunities for autonomy.

One of the most widely recognized psychological changes involves the transformation from concrete to more abstract thinking during adolescence. The onset of what is called "formal operational thought" which takes the adolescent from thinking about the more "concrete and sensible here-and-now to thinking about the world of possibilities" (Gullotta and Adams 2005). During this time, adolescents are thought to develop a broader, less immediate view of life. Adolescents are said to move from a point of

dependency (on adults) to a more autonomous sense of self and their moral beliefs are said to become more abstract and complex than during pre-adolescence. During this stage of their life course, gender-related socialization pressures intensify and gender roles become more concrete and defined in the adolescent (Arnett 2007). Arnett (2007) argues that self-conceptions tend to become more abstract in adolescence, which results in the adolescent's capacity to distinguish between an actual self and a feared self. Also, self-esteem tends to decline in early adolescence due to concerns of physical appearance and peer acceptance. Studies also indicate that the hormonal changes of puberty make some contribution to increased emotionality in early adolescence (Susman and Rogol 2004).

Arnett (2007) highlights some additional individual characteristics that are particularly important to consider when considering why adolescents engage in risky behaviors. These include gender, race/ethnicity, and temperament characteristics. Past alcohol research looking at gender differences has shown that males tend to report engaging in heavy drinking at a higher rate than females (SAMHSA 2010). When considering differences in body composition and alcohol metabolism, with women, on average, weighing less and processing alcohol slower, girls may feel the same effects as boys – even if they are consuming less. Also, some current research shows this gender gap closing at certain age groups. In younger teen years, more girls reported drinking than boys, while during middle teen years they tended to drink at roughly the same rate and it wasn't until older teen years (18-20) where boys tended to outpace girls significantly (SAMHSA 2010). Much like the patterns of alcohol usage relating to gender, ethnic differences are diminishing in groups with historically low drinking rates

who are moving toward the higher rates of non-Hispanic white males. Among persons aged 12 to 20, one third (32.6%) of whites are current users compared with 27.2% of American Indians or Alaska Natives, 25.7% of Hispanics, 24.3% of Native Hawaiians or Other Pacific Islanders, 18.8% of blacks, and 17.1% of Asians (SAMHSA 2010).

Research shows that adolescents, regardless of race, ethnicity, or gender, have a common interest in alcohol.

Adolescents are capable of critical thinking during this life stage, but have been found to allow psychosocial factors such as emotions of the moment influence their decisions (Arnett 2007). An adolescent's temperament is an important individual factor involved in risk behavior. Aggressiveness, sensation-seeking, and low-impulse control have all been found to be consistently associated with adolescent risk behavior.

### **Socialization Influences on Adolescent Risk Behavior**

During adolescence, there is typically an increase in time spent with peers and decreased time spent with parents (Arnett 2007). This unmonitored time parents allow their children, reinforces societal beliefs suggesting that adolescence is a time to practice adult roles (Arnett 2007).

Historically, alcohol use has been an important symbol of adult status. Some research shows that even telling underage drinkers that they will not have access to alcohol only increases their motivation to drink (Peele 2007). This is due in large part to the social significance of drinking in our culture and the right to drink as reserved solely for those in adulthood. Over time, the legal drinking age has been adjusted to reflect the perceived age of an adult. Following Prohibition, the legal drinking age was twenty-one. In 1971, the voting age was lowered to 18 to match the military draft age, encouraging some states to lower the drinking age as well. Alcohol-related problems stirred a push

for federal regulation to increase the drinking age. By 1988, the majority of the states had re-raised the legal drinking age to twenty-one, which is where it has stayed for over 20 years.

This current law suggests that society agrees that even older teens lack judgment when it comes to the use of alcohol. More specifically, they lack judgment between substance use and abuse, and should therefore delay experimenting with this substance until they are mature enough to handle its consequences. Research agrees with this notion. Bonnie and O'Connell (2004:40) state:

Individuals who begin drinking before the age of 15 are more likely to have substance abuse problems in their lifetimes, to engage in risky sexual behavior, and to suffer other negative consequences in comparison with those who begin drinking at a later age.

More recent research suggests 15 remains an important age for lifetime alcohol risk (SAMHSA 2010). Statistics show that large numbers of teens are consistently choosing to drink. Since the early 1990's, past 30-day prevalence rates have hovered around the 50% mark, with adolescent social pressures probably contributing greatly to the steadiness of these rates (Regents of the University of Michigan 2006).

Some notable differences in patterns of usage do remain though. Nationally, youth appear to be drinking at an earlier age. Bonnie and O'Connell (2004:38) explain:

The average age of first alcohol use has generally decreased since 1965, indicating youth are starting to drink at a younger age. NHSDA data indicate that the average age of self-reported first use of alcohol among individuals of all ages reporting any alcohol use decreased from 17.6 years to 15.9 years between 1965 and 1999.

Not only are youth drinking at an earlier age, but they are drinking in heavier doses than previous years. Simon (2008) notes that underage drinkers tend to drink more heavily, inconsistently, and are more vulnerable to adverse effects of alcohol than adults.

Pointing to the sociality of substance use, research during the past 30 years supports the view that delinquency, alcohol, tobacco, and other drug use, school achievement, and other important outcomes in adolescence are associated with “risk” and “protective factors” in the student’s community, school and family environments, as well as with characteristics of the individual (Hawkins et al. 1992). In fact, these risk and protective factors have been shown to be more important in understanding these behaviors than ethnicity, income or family structure (Blum, Beuhring, Shew, Bearing, Sieving, and Resnick 2000). There is a substantial amount of research showing that adolescents’ exposure to a greater number of risk factors is associated with more drug use and delinquency (Catalano and Hawkins 1996). For example, authoritarian or disengaged parenting styles, decreased monitoring, positive parental attitudes towards drinking, and a disorganized family structure have all been found to be associated with higher rates of drinking (Arnett 2007). There is also evidence that exposure to a number of protective factors is associated with lower prevalence of these problem behaviors (Newcomb and Felix –Ortiz 1992; Newcomb 1995; Pollard, Hawkins, and Arthur 1999).

Environmental influence is an important source of socialization on the adolescent. There are many locations in which youth may have ease of access in getting alcohol. Youth may access alcohol throughout their neighborhood, depending on community acceptance. Wagenaar and Wolfson (1994:39) further note:

Methods used to purchase alcohol reported by underage students include using false identification, buying from stores that are known for selling to underage youth, and seeking young clerks. The extant literature shows that most persons under the age of 21 are able to obtain alcohol, suggesting that this law is not rigorously enforced.

A recent survey conducted by SAMSHA indicates that 40% of underage alcohol drinkers obtain alcohol from adults (SAMHSA 2010). A community may be considered a “dry” or “wet” drinking environment, as suggested by Bonnie and O’Connell (2004:79):

A wet community environment is one in which drinking is prevalent and common, public opinion is generally tolerant or positive, and alcohol is readily available both commercially and at private social occasions and is advertised as available. A dry community would be one in which drinking at social occasions is not the norm and is generally frowned on, and alcohol outlets are relatively scarce.

The drinking environment is important to consider when noting the prevalence of underage drinking. It suggests important issues surrounding underage drinking, such as accessibility and availability. Florida plays host to two of the top party schools in the nation, Florida State University and the University of Florida. Specifically, Alachua County is home to the University of Florida, a consistent national contender in football and basketball - a school with much to celebrate.

With the density of bars and the consistent marketing and advertising of alcohol, its wet environment works to further normalize alcohol use. Therefore, Alachua County is a ripe environment for underage drinking to occur. Bonnie and O’Connell (2004:81) note:

Research suggests that a ‘wetter’ environment may provide adolescents with more social occasions to drink, more positive attitudes about drinking, more advertising and outlets, and more lenient regulations concerning the sale and consumption of alcohol. In short, such environments have an enabling effect on underage drinking.

Environmental influences and how they relate to social and cognitive influences should therefore be addressed. Alachua County middle and high school students may be more at-risk for underage drinking, as they attempt to emulate the college students and “model up” to their behavior in a search for individual autonomy.

Research also shows that underage person who lived in counties in nonmetropolitan areas were slightly more likely than those who lived in counties in metropolitan areas to engage in binge drinking (20.8% vs. 18.8%) and heavy drinking (6.9% vs. 6%) (SAMHSA 2010). For this reason, research may benefit from separating out rural and urban areas to examine potential differences.

### **Reasons for Drinking in Adolescence**

Although factors that may directly influence “adolescents’ amenability to treatment, such as pubertal status, psychological development, social relationships and developmental transitions, have yet to be adequately investigated in alcohol research” (Wagner 2009: 67), any knowledge gained from studies directly examining these interactions should help in the design of more effective prevention efforts with more long-term effect. Additionally, since major developmental transitions can permanently alter one’s ongoing trajectory of health and well-being, short-term and long-term reasons for adolescent substance use should be further examined. This study provides an opportunity to add to these literature gaps.

Some studies have shown how this unique stage in the life course may play a role in reasons for youth participating in risky behavior like underage drinking. Some of the major reasons that have been found for youth drinking include the following: experimental, social, medication, and addiction. As mentioned earlier, research has found that adolescence is a time to practice adult roles (i.e., experiment with alcohol) and during this stage of the life course this is the first time where adolescents are beginning to increase the time spent with peers. This increased desire for experimentation and increased sociality with peers offers opportunity for risky behaviors. Furthermore, Arnett (1992) explains that sensation-seeking and ego-

centrism in adolescence are prominent factors for reckless behavior during this life stage. Additionally, drinking may serve as a source of medication or way for youth to cope with adolescent stress unique to this life stage. Arnold (1990) highlights some *physical* (i.e. anatomic & physiological changes), *psychological* (shift from dependency to autonomy; development of formal operational thinking – broader less immediate view of life), and *sociological* stressors (new relationships; development of morality) experienced by the adolescent. He notes youth who have not developed successful coping skills, may suffer stress-related disorders such as depression, eating disorders, and substance abuse and these are often related to the societal pressures placed on the adolescent (Arnold 1990). Therefore, substance use in adolescence may be an attempt for youth to manage and perhaps control their daily stresses. Alarming, research also indicates that these disorders may persist and follow youth into adulthood. One study found that adolescents with anxiety disorders are at an increased risk of subsequent anxiety, depression, illicit drug dependence, and educational underachievement as young adults (Woodward & Ferguson 2001). Finally, addiction may be an important reason behind youth continuing to drink during adolescence and into adulthood (Dawson 2000; Bonnie & O'Connell 2004; SAMHSA 2010).

More studies using life course concepts that highlight adolescent development are needed to determine how developmental stages, individual characteristics, and various contextual influences (i.e., peers, family, school, social influences, environment, and media) and their interactions influence alcohol use behavior and treatment outcomes/success.

## **Consequences of Underage Drinking**

The deleterious effects of underage drinking have been partially noted previously, but should be addressed in greater detail. There are both short-term and long-term consequences to underage drinking. Alcohol impairs an individual's decision-making capacity which could possibly result in accident, death, injury, illness, or arrest. When judgment is impaired, the individual is less likely to guard against impulses, which could lead to vandalism, assault, risky sexual behavior, or drunk driving. Also, adolescents, with less experience behind the wheel, pose a higher risk when drinking and driving. The crash risk associated with driving after drinking is higher for youths than for adults at all blood alcohol content (BAC) levels (Hingson and Kenkel 2004). Poor decision-making, as a result of one drinking occasion, could lead to a life-altering consequence. Wagenaar and Wolfson (1994:37) explain "other leading causes of death and long-term disability for youth, such as suicide, homicide, assault, drowning, and recreational injury, involve alcohol in substantial proportion."

Accumulated effects of chronic drinking could lead to long-term social consequences, such as a breakdown in family relationships or poor school performance (Brown and Tapert 2004). Long term health consequences from underage drinking could result as well. Recent research suggests that adolescent drinking can inflict permanent damage on the developing brain (Brown and Tapert 2004), foreshadowing problems with memory and reaction time. Other health problems are related to underage drinking as well. Bonnie and O'Connell (2004:64) note:

Heavy drinking during adolescence, especially if this behavior is continued in adulthood, places a person at risk of such health problems as pancreatitis, hepatitis, liver cirrhosis, hypertension, and anemia. Recent research suggests that drinking during puberty may have deleterious effects on bone density development for young women, failing to develop maximal

bone density during adolescence puts them at risk later in life for osteoporosis.

Addiction may play a serious part in these long-term health problems surfacing. Research finds that early initiation of alcohol use has been associated frequently with later alcohol-related problems (Sartor, Lynsky, Heath, Jacob, and True 2007). Using data from the National Longitudinal Alcohol Epidemiological Survey (NLAES), Dawson found that 15.7% of participants who first drank before age 15 later made criteria for alcohol dependence versus only 7.2% who started at age 21 or older (Dawson 2000). Other research has found similar patterns using this same data. The odds of developing alcohol dependence decreased by 5% for every year that initiation of alcohol use was delayed at baseline and by 9% per year at the 5-year follow-up (Grant, Stinson, and Harford 2001).

### **Community-Based Coalitions**

Previous national strategies for decreasing substance use in youth populations have not been exceptionally successful. For example, Gwaltney (2005:8) explains “despite ‘truth’ campaigns, Surgeon General warnings, multiple treatments, and other important advances, too many adolescents still start smoking annually and relapse is still the norm following a quit attempt.” One-shot educational approaches like the American Legacy Foundation’s “Truth” campaign or Philip Morris’s “Think. Don’t Smoke” campaign, or extended programs like the D.A.R.E. program have been suggested to be ineffective. Gardner (2003) pulled together a literature review on the D.A.R.E. program, in which they cited six long-term evaluations done during the 1990’s that found no significant difference between students who received the D.A.R.E. program and those who did not. More recent research continues to find similar results in the ineffectiveness

of the D.A.R.E. program (West and O'Neal 2004), noting that many of those involved in the D.A.R.E. program still report using alcohol during and after the program.

Community-based approaches involving parents, communications media, and the community in promoting norms against use seem to be more effective (Hawkins et al. 1992). Wolfsberg (2007) argues that a more ecological approach needs to be taken in reducing underage drinking. Programs that teach young people skills for resisting influences to use alcohol help them develop strong norms against use (Hawkins et al. 1992). Current research suggests that changing the adolescent normative conception of alcohol usage may result in a decrease in underage drinking. Particularly, helping adolescents develop "healthier" normative beliefs about underage drinking has proven effective (Schinke, Cole, and Lin 2009).

A major goal for community-based efforts is sustainability. Hawkins et al. (1992:7) propose "students need to be provided with consistent, extended drug education programs." One-shot approaches, such as those that attempt to influence behavior only after one session or educational activity, seem to be ineffective at making any long-term behavior changes among adolescents. In sum, community-based efforts need to involve all members of the community that contribute to promoting social norms, need to work to change the normative conception surrounding alcohol usage, and need to be sustainable in hopes of having any long-term effect.

### **Effectiveness of Community-Based Coalitions**

Solutions to youth problem behaviors are too complex to be dealt with by any one single organization (Wolfsberg 2007; Albee 1983). Therefore, community-based coalitions involving varied agencies and organizations throughout the community are necessary in dealing with the issues more comprehensively. Community coalitions have

broad goals of changing the infrastructure to the social issue being addressed (CADCA 2010) – such as reshaping the physical, social, economic, and legal environment affecting alcoholism. Also, they attempt to generate public awareness, knowledge and concern for the issue to ensure long-term efforts.

Community-based coalitions have been effective in dealing with substance abuse issues, more specifically, alcohol-related problems (Waganaar 1999). Pentz, Dwyer, MacKinnon, Flay, Hansen, Wang, and Johnson (1989) further note that comprehensive community collaborations have proven to be an effective method for preventing such youth problems as alcohol and drug abuse. In more specific ways, a community-based coalition can contribute to reductions in underage drinking. Bonnie and O’Connell (2004:217) suggest:

It can help to create the political will and organizational support for developing and implementing proven strategies for decreasing underage drinking (such as minimum age drinking laws, zero tolerance laws, and measures to reduce physical availability and outlet concentration). It can help change the normative climate surrounding the acceptability of underage drinking, and create greater awareness of, and publicity about, enforcement activities, such as random breath testing and sting operations. It also helps to establish the idea that alcohol and other drugs are a community problem that local people can solve, thereby increasing the likelihood that people will support and sustain efforts they help create.

Even though community-based coalitions clearly have credibility in addressing substance abuse issues like underage drinking, research does suggest that certain strategies are more effective than others. The following sections highlight these issues.

### **Strengths of Community-Based Coalitions**

Community-based coalitions are vehicles for creating cohesion among its members. Through open dialogue, community members are able to set acceptable standards of its people, and work to encourage the rehabilitation of those who need it

most, in order to ensure the health of its citizenry. Bogenschneider (1996:132) states “consistent with the notion that development occurs in context, consensus seems to be emerging that the most appropriate place for solving problems is where they occur – in communities.” Lerner and Miller (1992) suggest the increase in local collaborative efforts has led some to call the 1990’s the ‘decade of community coalitions for children.’

Some research shows that local residents are capable of bringing about change in areas important to them (McKnight and Kretzman 1992). A more localized approach makes the strategy more personal and allows it to take a shape that is more tailored to the problems present in the community it hopes to address (Wolfsberg 2007; Waganaar 1999). The effort needs to be community-wide to make a lasting impact on its residents. Research shows, “that even when school programs change behavior, this success is short-lived in the absence of community norms that support the program goals” (Bogenschneider 1996:133).

### **Weaknesses of Community-Based Coalitions**

There are many challenges in collaborative efforts like community coalitions (Altman 1995; Anderson, Herriot, and Hodgkinson 2001; Broner, Franczak, Dye, and McAllister 2001; Jensen, Hoagwood, and Trickett 1999; Jordan 2000; Levin 1999; Mullen 2002; Myers-Walls 2000; Rawson and Branch 2002; Shapiro and Rinaldi 2001; Silverman 2000; Spear and Rawson 2002; Telleen and Scott 2001). For example, there are a variety of disciplines simultaneously used throughout PIPSA meetings and efforts. Coordinating these may present challenges.

These and other power dynamics may further complicate prevention efforts. Research notes that not all populations or sectors of society are targeted for treatment, suggesting that some populations or sectors of society are unfairly targeted (Hunt &

Barker 1999). Hunt and Barker (1999) further note “the identification of particular groups who require treatment, especially subordinate groups or groups with little political power, is dependent more on general societal attitudes towards them than on intrinsic properties of such groups.” A critical analysis of this process is necessary, in an attempt for prevention efforts to move away from unfair targeting practices, which ultimately only work to label deviants.

Some research suggests that interventions may be considered synonymous with social control (Dever and Arxer 2006). Vega and Murphy (1990:149) state:

Clearly incarceration is a means of social control, but interventions, particularly those that are truly community-based, do not perform this function. In fact, just the opposite is supposed to occur. Simply put, through interventions social conditions are supposed to be changed, so that persons can lead productive lives. Rather than controlling individuals, the intention should be to provide new opportunities.

Since substance abuse has such strong associations with crime, it is important to realize the goal should be to rehabilitate and not force individuals to conform in order to create any long-lasting, meaningful change to social conditions. According to Vega and Murphy (1990:149):

Nonetheless, someone who needs help has come to be equated with a deviant or a threat to order. So even when rehabilitation is undertaken, as opposed to overt social control, the usual expectation is conformity in the guise of “adequate social functioning.” Order is simply reified. On the other hand, order is defied by *real* intervention, for providing assistance is intended to help persons to develop, and development is often idiosyncratic and can proceed in any number of directions.

In sum, unless changes are made in conceptualizing illness, and community members are integral to this process, even community-based interventions may merely serve to encourage conformity in those identified as deviant members of society (Vega and Murphy 1990:152; Dever and Arxer 2006).

## **Suggested Strategies Employing Community-Based Coalitions**

Research has suggested many successful strategies in employing community-based coalitions. Hingson and Howard (2002) suggest that if community coalitions are to be successful, they must employ a variety of techniques such as educational programs, community organization, environmental policy changes, use of media, and law enforcement practices that correspond to the policies in place. It is in the combination of the strategies that success is gained. As discussed, there is no one way to reduce underage drinking. Successful community-based groups should include various techniques from a variety of sources in the community. Key leaders across various sectors within the community are important to include. Some may not be able to participate regularly, but just by their affiliation they give the coalition credence because of their credibility and status within the community.

Also, it is important for communities to collaborate with neighboring colleges and universities, such as in Gainesville where a college may affect drinking behavior. Bonnie and O'Connell (2004:226) note:

Effective restrictions on underage access to alcohol in a community may be severely undermined by the ease of alcohol in the campus living communities. The reverse is also true: even a substantial campus-based alcohol prevention strategy cannot succeed if it is surrounded by a community with easy access to alcohol.

These college-community partnerships may save time and money by developing joint grant proposals, giving further credence to the initiative by showing its overlapping support by both the college and community. It is for these reasons collaboration with neighboring institutions is strongly suggested. Research shows that consistency of policy between campus and community contributes to success. There has also been

success in employing media to target underage drinking. Bonnie and O'Connell (2004:217) note:

Case studies have documented how communities have organized and used the news media to support changes in alcohol availability, reductions in outdoor advertising of alcohol, increased compliance checks on retailers regarding service and sales of alcohol to minors, keg registration laws [...]

The media can be a vehicle for getting important details out regarding upcoming activities. In addition, they may broadcast or recap important efforts by community-based coalitions, like town hall meetings.

School-based initiatives have had a long history in targeting underage drinking. Efforts within the school setting offer the benefits of reaching a wide (and captive) audience since most youth (especially elementary and middle-school-aged children) are enrolled in school. Also, school-based initiatives allow programs to be disseminated at specific developmental intervals. Some would argue this is essential considering the life-course perspective (Steinberg 1991). Since youth are reporting initial drinking between the ages 12 to 14, programs need to begin reaching them prior to this age. Dryfoos (1990) suggests intervention needs to be early, and continuous for it to facilitate long-term change. Bonnie and O'Connell (2004:193) note what has been found to not work in school-based initiatives:

Many early drug education curricula that relied on factual information about alcohol and other drugs, including information on the negative consequences of use, or fear arousal were based on the theory that adolescents who used alcohol and drugs had insufficient knowledge about the consequences of use and that increased information would make them more likely to decide not to use drugs.

These programs have not been shown to affect behavior, for cognitive reasons previously mentioned for adolescents beginning to use initially. Programs that take a critical look at the cultural messages the media is sending and the targeting tactics used

to capitalize, monetarily, on a wider audience may even work. Regardless of the content, it has been suggested that “educational programs demonstrated to reduce alcohol use and abuse have all been highly interactive (Bonnie and O’Connell 2004:197).” Empowerment theory offers that youth should be involved in the decision-making process in order to get them invested (Lofquist 1983).

Federal and state governments may also be instrumental in decreasing underage drinking. Community-based coalitions may suggest they do a variety of tasks to improve the well-being of the people they serve. The federal government oversees three national surveys, reporting the prevalence of underage drinking: the National Survey on Drug Use and Health (NSDUH), Youth Risk Behavior Survey (YRBS), and Monitoring the Future (MTF). Overall, trends seem generally consistent across surveys. Unfortunately, the federal government does not report regularly on activities across the various agencies that fund targeted underage drinking activities. Nor do they provide consensus on the evaluation of those activities. Better reporting efforts from government agencies, especially discrepancies between agencies, would provide a clearer picture of what the underage drinking scene is like. With this knowledge, programs can more effectively plan strategies.

Coalitions should be tailored to fit the needs of its people. Within a community coalition, a broad range of organizations may be acceptable, or a focused selection may work best together, depending on the needs of the community. For example, it may be counterproductive to have members who have vested interests in alcohol production or sales, since they may be given the power to veto alternative intervention strategies that might affect their business productivity. Although it has been encouraged that it is the

employer's duty to the community to provide work-place alcohol prevention programs to warn against the dangers and repercussions it might have on job productivity and possibly job security, some employers may not invest in this. These "work-based interventions may serve to reach a population of young people who are not exposed to school-based interventions (Bonnie and O'Connell 2004:210)." The employer knows, "a full-or part-time job provides discretionary money that young people may choose to spend on alcohol" (Bonnie and O'Connell 2004:210). The business segment of a community has many resources and should be considered when developing community coalitions.

Attention to irresponsible sale, promotion, and marketing of alcohol are essential to eliminating the culture of underage drinking, in addition to controlling the alcohol availability to youth. Decreasing the number of bars may lessen market competition, resulting in fewer alcohol specials trying to attract underage drinkers to their establishment over another. Also, the use of media or marketing can help in prevention efforts (Kottler and Lee 2008). The University of Florida's Student Health Care Center was nationally recognized by the U.S. Department of Education for teaming up with the Regional Transit System (RTS) in a campaign to discourage alcohol abuse among UF students by using advertisements on the sides of buses. In a Gatorwell Health Promotion Services advertisement, the message was broadcast that according to students, "drunk does not equal sexy" (FADAA 2010). One ad read "Sketchy drunk guys...Making girls feel uncomfortable since 1853. Warning: Avoid guys who drink too much." Another ad read "The girl you were talking to left with the sober guy. Drinking too much makes you less desirable" (FADAA 2010).

There appears to be a connection between outlet density and underage drinking. Research suggests that alcohol outlet density may play a role in the initiation of underage drinking during early teenage years, especially when youth have limited mobility (Meng-Jinn, Grube, and Gruenewald 2010). Although, low alcohol density in a location may not decrease the risk of underage drinking, since youth who reside in areas with low alcohol outlet density may overcome geographic constraints through social networks that increase their mobility and the ability to seek alcohol and drinking opportunities beyond the local community (Meng-Jinn, Grube, and Gruenewald 2010). Recent research suggests that other community-level characteristics, such as disorganization, are important to consider while devising prevention efforts. One study found that purchase attempts by underage youth were easier in more “disorganized” communities, marked by a high degree of residential mobility and housing density (Reboussin, Preisser, Son, and Wolfson 2010).

Although not much research has been conducted with faith-based approaches, “family involvement in faith-based institutions, religiosity, and spirituality have all been shown to reduce the risk for adolescent substance use” (Bonnie and O’Connell 2004:196). Some research has found religiousness and spirituality to be protective factors for underage drinking amongst college students (Brown, Salsman, Brechting, and Carlson 2007). Also, parents in and of themselves, have shown to be a positive source of socialization outside of faith-based contexts (Catalano and Hawkins 1996).

Strategies employing healthcare staff and facilities are suggested to be successful as well. Healthcare staff may come across to adolescents as impartial, possibly allowing them to hear the dangers of alcohol use and abuse in a more sincere manner. As noted

by Bonnie and O'Connell (2004:209), "emerging research suggests that physician rates of screening adolescents for alcohol use can be improved (from an average of 59 percent to 76 percent) by training physicians on knowledge, attitudes, and skills that are necessary to create behavior change." Considering prior health research suggesting a distrust of medical practitioners, this is another area of community-based initiatives that demands more attention (Braithwaite & Taylor 2001). Research notes that prevention efforts utilizing public health impact-oriented models that are longitudinal, replicable, and provide evidence of alcohol-specific outcomes are needed (Spath, Greenberg, and Turrisi 2009).

Some research related to perceived law enforcement also suggests that strict enforcement alone does not significantly reduce underage drinking. It is a combination of community influences that are most appropriate for decreasing underage drinking. A study found that the combination of individually focused prevention programs and local enforcement of underage drinking laws may have the greatest impact on underage drinking (Lipperman-Kreda, Paschall, and Grube 2009). Furthermore, Spoth, Greenberg, and Turrisi (2009) looked at the effectiveness of prevention efforts and found support for "multi-domain" interventions that focused on two or more different domains (i.e., the individual, family, school, worksite, or community/environmental) of a youth's life simultaneously. In sum, it appears that all nine of the sectors within PIPSA have the potential of offering the coalition help in reducing underage drinking in Alachua County if employed effectively. Also, since employing strategies that have been proven ineffective could lead to an exhaustion of resources and wasted time, without any real

social change, scientifically-based strategies are strongly recommended when implementing alcohol prevention programs.

Finally, a community-based coalition that has a focus on youth should also work to consider youth perspective and collaborate with local youth. Schubert (2007) recognizes the importance of showing a “willingness to walk alongside a young person by listening to them, rather than a desire to lead the way” as most adults attempt to do. Youth empowerment, an emerging field, typically studies socially marginalized youth and their potential for positive youth development (Russell, Muraco, Subramaniam, and Laub 2009). Although few studies have captured what “empowerment” means to young people in diverse contexts, early research suggests the potential for involving them in social problems. As primary stakeholders in the prevention process, their attitudes and perspective are vital to the design and implementation of prevention efforts.

### **PIPSA’s Theoretical Framework of Substance Use**

#### **Criminological Theory**

Within the field of criminology there are many theories and conceptions of crime.

Cullen and Agnew (2003:1) suggest:

Like much social behavior, crime is multifaceted and potentially shaped by a range of factors that operate inside and outside individuals, that exist on the macro and the micro level, and that have effects across various points in the life cycle.

Even within learning theory, the theory employed by PIPSA, there are many theorists with varying viewpoints. However, the underlying beliefs among the theorists are similar in a few important respects. Behavior is learned through interaction with other social actors, and more importantly, crime is learned in the same way. Cullen and Agnew (2003:6) explain “crime is learned through associations with criminal definitions. These

definitions might be generally approving of criminal conduct or neutralizations that justify crime only under certain circumstances.” Thus, interacting with individuals who participate in crime may encourage a person to conduct criminal behavior, since their social interactions are reinforcing this behavior.

Particularly relevant to PIPSA’s program is Catalano and Hawkins’ “Communities That Care” strategy. It is a community-based strategy to create long-term support for behavior change. Hawkins et al. (1992:19) explain:

Involving the whole community facilitates widespread communication to achieve consistent norms about drug use and the need for prevention, as well as knowledge about risk and protective factors. A community-wide approach can also promote the development of strong bonds to family, school, and the community itself among young people. Because community approaches are likely to involve a wide spectrum of individuals, groups, and organizations, they create a broad base of support for behavior change.

Unhealthy behaviors like underage alcohol use are looked at as unacceptable among a wider audience, guarding against the behavior. Akers (1990:660) states, “the full behavioral formula in social learning theory includes both positive and negative punishment and positive and negative reinforcement.” Catalano and Hawkins’ “risk” and “protective factors” rely on this basic premise.

In theory, the support from those involved in the behavior change process leads to long-term change. Hawkins et al. (1992:19) state “programs and strategies gradually become integrated into the regular services and activities of local organizations and institutions.” With this in mind, the importance of a thoughtful strategy, tailored to the specific community it hopes to address, should be emphasized. Catalano and Hawkins advocate for every community to develop their own programs and strategies that are relevant to the community it hopes to reach. Also, “the community mobilizations strategy

of “Communities That Care” is not meant to be a rigid approach” (Hawkins et al. 1992:19). As expressed by the authors, the design allows for flexibility.

### **Life-Course Perspective**

Jary and Jary (1991:277) explain “life-course is the process of personal change from infancy through to old age and death, brought about as a result of the interaction between biographical events and society events.” Its focus is on socio-historical processes contributing to human action at various points over the life-course. Sampson and Laub (1993:9) suggest “individual lives are studied through time, with particular attention devoted to aging, cohort effects, historical context, and the social influence of age-graded transitions.” Sampson and Laub (1993:8) further note:

The long-term view embodied by the life-course focus on trajectories implies a strong connection between childhood events and experiences in adulthood. However, the simultaneous shorter-term view also implies that transitions or turning points can modify life trajectories – they can redirect paths.

Although this view is not accepted by all life-course theorists, this offers incredible hope to community-based approaches as they attempt to prevent initial users and “redirect” current substance abusers. Programs will be most effective if they are sensitive to the developmental needs and capabilities of particular age populations.

Life-course criminologists study crime over the life span (Benson 2002). As previously mentioned, people are thought to be influenced differently by events at different stages in the life-course. More importantly, what may be an effective intervention for someone at one point may not be at another point in their lives. Community-based programs that attempt to incorporate the life-course perspective should be sensitive to these considerations.

Cullen and Agnew (2003) explain how life-course criminologists generally speak in terms of three stages of development: childhood, adolescence, and adulthood. The goal is to understand the stability and changes in criminal behavior through time and over different stages of development. Cullen and Agnew (2003:7) state “crime causation is a developmental process that starts before birth and continues throughout the life course. Individual factors interact with social factors to determine the onset, length, and end of criminal careers.” Life-course proponents agree childhood is a time when criminal behavior begins, but they argue over why continuity or change in behavior varies over the life-course, creating either “life-course persistent offenders” or “adolescent limited offenders” (Cullen and Agnew 2003). While some researchers believe criminal behavior is predetermined, others believe it is context-dependent (Benson 2002) and potentially renegotiated at unique moments or stages of development.

Life-course research suggests that if crime prevention is the goal, intervention should start early and focus on fostering social bonds between children and their families. Since late adolescents/early adults are more willing to seek conventional behavior, timing is crucial in knowing what strategies to employ when targeting this group. Within each developmental stage, priority must be given to building and strengthening positive social bonds between the appropriate community members.

Each developmental stage requires unique support systems that may be useful only during that stage. For example, adolescent substance use may function, at least in part, to accomplish age-normative developmental tasks such as identity exploration and peer-bonding. To the extent that substance use during adolescence moves beyond experimental use and becomes more of a strategy of coping, long-term negative

consequences would be expected – particularly if it is the dominant strategy of coping (Schulenberg, Maggs, and O’Malley 2003).

### **Summary of Prior Research with PIPSA**

Focus groups were completed between April and May 2006. Out of the 70 active PIPSA coalition members, nineteen individuals participated in a total of eight separate occupational sector focus groups. Table 2-1 details the composition of focus groups in which coalition members were participants.

Some overlapping themes emerged between sectors of coalition member focus groups. Coalition members seemed to agree that a potential source of alcohol is the home. Most tended to emphasize family-based prevention efforts as being useful for future efforts. They further noted that more longitudinal prevention efforts would be beneficial (ex., an entire cohort in a 12-year program rather than a 5-year program which is currently done). Additionally, it was noted by coalition members that prevention programs need to be more interactive for local youth, as opposed to more educational lecture-type activities. They explained that educational activities alone are not effective, since there was a general sense that underage drinkers were already knowledgeable of substances and their effects. Coalition members tended to agree that more interactive approaches like mock car crashes and beer-goggle activities as being effective strategies to prevent youth from underage drinking. PIPSA coalition members tended to be in agreement that drinking was a learned behavior – drawing heavily on social learning theory throughout focus group discussions by commenting on “risk” and “protective factors” in the community. They made suggestions such as “giv[ing] rewards for those not using” and the “need to develop skills” in adolescents. Also, they noted how prevention efforts need to work towards changing “social norms” and providing

“substitute activities for sensation-seeking adolescents.” On a more practical note, coalition members were quick to separate adults and children when discussing them. They emphasized reasons for why youth drink as opposed to why people drink, distinguishing between adults and youth. Also, coalition members tended to cite peer pressure as a major reason for underage drinking, thus highlighting a tension with youth making autonomous decisions. Coalition members were quick to emphasize consequences and strict enforcement (i.e., curfew, year-round schooling) as strategies for decreasing local underage drinking. Additionally, coalition members were observed to speak matter-of-factly and in a calm fashion about underage drinking. They talked about focusing on substance use to decrease future incarceration rates and to decrease health costs. Finally, coalition members explained how youth were extremely talkative about drinking and how they were oftentimes observed to be “blatant” and “proud” of it, implying youth’s conscious disregard for current drinking laws.

Table 2-1. Coalition Member Focus Group Characteristics

Focus group by sector	Total Members from sector	Total Members in FG	Members from sector	Members outside sector	Organizations represented	Date	Length (minutes)
Law Enforcement	7	4	2	2	Gainesville Police Dept. Alachua Sherriff's Office Corner Drug Store, Inc.	04/19/06	45
Youth Services	19	4	3	1	Corner Drug Store, Inc. Alachua Sherriff's Office	04/24/06	50
Schools	11	7	2	5	Corner Drug Store, Inc. UF Student Health Care Center Parent School Board of Alachua UF College Advocacy Initiative	05/02/06	75
Family/Community	3	4	1	3	Parent Corner Drug Store, Inc.	05/02/06	45
Religious	2	5	2	3	Act of Faith Production Mt. Pleasant United Methodist Church Meridian Behavioral Health Care Corned Drug Store, Inc.	05/03/06	50
Healthcare	2	4	2	2	University of Florida UF/Area Health Education Center Corner Drug Store, Inc.	05/11/06	60
Business/Media	5	4	1	3	Gainesville Hospitality Group Corner Drug Store, Inc.	05/25/06	35
Federal/State/Local Agency	16	2	2	0	Department of Children & Families	05/25/06	70
Civic/Volunteers	5	0	0	0	None	05/25/06	0
Totals	70	35	15	19			

## CHAPTER 3 STUDY DESIGN

### **Study Overview**

This study built on qualitative work conducted with PIPSA coalition members in April 2006 (see Table 2-1 for detailed focus group characteristics). It combined data collection from two distinct groups: semi-structured focus groups with *coalition members* and semi-structured focus groups with *local youth*. The purpose of combining these data collection periods was to examine discourse from PIPSA members and a sample of their potential target population – local youth. The goal was to highlight any disjuncture in conceptions of underage drinking (including definitions, perceived prevalence and salience, and solutions) between coalition members and local youth.

To strengthen my study's design I "triangulated" the data I gathered. To eliminate bias and increase the researcher's "truthfulness" of a proposition about some social phenomenon, Denzin (1978) argues for qualitative researchers to use triangulation. Triangulation is defined to be "a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories of a study" (Creswell and Miller 2000: 126). Triangulation was particularly beneficial to my study as I aimed to contrast hypothetical client and service provider perspectives. Therefore, relying on multiple sources of data was essential at drawing out these differences and simultaneously increasing study validity. Denzin (1978) notes that there are four basic types of triangulation: *data triangulation* -the use of a variety of data sources in a study (interviewing people in different status positions or with different points of view); *investigator triangulation* – the use of several different evaluators or social scientists; *theory triangulation*- the use of multiple perspectives to interpret a

single set of data; and *methodological triangulation* – the use of multiple methods to study a single problem or program (such as focus groups, interviews, observations, surveys, participant observations, and organizational documents). In an effort to triangulate the data in this study, I used data triangulation and drew from three sources with possible varying perspectives: coalition members, local youth, and a comparison of group of alternatively-schooled youth.

Major epistemological concerns I recognize are the tensions between my research goals and assumptions of this study and those needs of PIPSA. I not only conducted research with particular objectives (i.e., guiding focus groups, interpreting results), but I served as an agent of PIPSA (i.e., volunteering, helped draft organization’s logic model, regular access to PIPSA leaders). A fundamental question was how I could assess power arrangements if I was once within its power structure. Central to reflexivity is being aware of this relationship and the impact of my obligation to PIPSA. I recognize that I aim to draw out perceptions of local youth (i.e., potentially critiquing prevention programs like PIPSA) as well as encourage the PIPSA program (i.e., to develop a youth advisory council, and provide them with local youth perspectives). I would argue this to be a major strength to my study, since I was not fully invested in only one interest (mine or PIPSA’s). These tensions allowed for me to be more reflexively aware of all objectives involved in the study. From a social constructivist standpoint, it is a major strength to recognize and reflect on problems of “authenticity of data” (Berger and Luckmann 1966; Turnbull 2002; Tulloch 1976).

The purpose of qualitative research is to discover concepts and relationships in raw data that preplanned quantitative analysis might not allow for, and organize them

into a theoretical explanatory scheme that offers new insight into the area under study. It not only allows for, but stresses, the socially constructed nature of reality. Strauss and Corbin (1998) suggest that “qualitative research be used in research that attempts to understand the meaning or nature of experience of persons with problems such as chronic illness, addiction, divorce [...] to get out into the field and find out what people are doing and thinking.” The purpose of these focus groups was to get inside the minds of local youth to understand more clearly how they envisioned underage drinking and local prevention efforts used to counter this social problem. Specifically, this study hopes to compare definitions and standpoints of “underage drinking,” “problem,” and “solution” from prior work with coalition members and Alachua county youth.

### **Focus Group Rationale**

Youth focus groups were conducted between September, 2007 (public school focus groups) and November, 2008 (alternative school focus groups). Unique to this study was the employment of focus groups as a way to facilitate “contextual analysis” (Lane 1962). Lane (1962) suggests:

An opinion, belief, or attitude is best understood in the context of other opinions, beliefs, and attitudes, for they illuminate its meaning, mark its boundaries, modify and qualify its force. Even more important, by grouping opinions the observer often can discover latent ideological themes; he can see the structure of thought: premise, inference, application.

These focus groups offered respondents a chance to qualify, clarify, and build upon each other’s responses, thus providing more thoughtful and in-depth information (Stewart and Samdasani 1990). I aimed to explore and explain these varying patterns of beliefs found in the focus groups, which in and of themselves were thought to be valuable. In sum, these focus groups offered an in-depth understanding from local youth perspectives.

Focus groups are frequently conducted with “purposeful” samples in which the participants are recruited from a limited number of sources and are usually homogenous in nature (Morgan 1997; Glaser and Strauss 1967; Patton 1987). The power of purposeful sampling lies in selecting information-rich cases for study in depth (Patton 1987). A theoretical sampling was taken of local youth. This will be discussed in more detail in the following sections.

Morgan (1997) generally recommends conducting focus groups with six to ten participants per group, while Krueger (1988) suggests seven to ten participants is sufficient. Krueger (1988) further notes that “mini focus groups” may be done with four to six participants, affording each of them more opportunity for sharing ideas, but this may limit the diversity of perceptions. To achieve these numbers Morgan (1997) suggests over-sampling by 20 percent. Also, the need for over-sampling varies with the study design. Morgan (1997) notes that participation depends a great deal on whether participants are being paid, where the focus groups are held, and what ties the participants have with one another. A comprehensive study is typically composed of three to five focus groups in hopes of reaching “saturation” of the data (Morgan 1997; Zeller 1993; Calder 1977; Glaser and Strauss 1967). In all, nine youth focus groups were conducted for this qualitative study (7 public schools; 2 alternative schools). Combined with my previous work, this study compared discourse of 17 focus groups.

As noted (Morgan 1997; Patton 1987; Krueger 1988), a guide with pre-planned probes was used for all focus group discussions and all focus group interviews were audio-taped. All information shared by respondents was held in strict confidence.

Following the data collection period, I transcribed and analyzed all focus group data according to the proposed strategy in the following section.

## **Sampling Design**

### **Local Youth Sampling**

Theoretical categories for local youth were distinguished prior to recruitment. These categories were determined according to current adolescent research, so the recruitment of local youth would be more comprehensive. According to the United Nations and the World Bank, youth are between the ages 15 to 24 (The World Bank 2007). It is important to note that the social, political, and legal contexts of “youth” vary by culture. Since this study aimed to address underage drinking, a legal construct discussed earlier, the legal context took precedent in defining the term. Although, this was not intentionally done to dismiss other equally important contexts that youth vary by.

According to prevention literature, prevention programs should be in place prior to the age of initiation (Bonnie and O’Connell 2004; Dryfoos 1990). As mentioned in the literature review, the average age American youth begin to experiment with drinking is 12.5 years and drinking experimentation continues past age 20. Reflecting PIPSA’s prevention approach, focus groups of local youth should include members younger than 12.5, and reflecting PIPSA’s intervention approach, focus groups should include members older than 12.5. In sum, this study’s theoretical youth population included those aged 10 to 20 years old to get a wide range of experience and understand the target population PIPSA hopes to reach with its combined prevention and intervention approach. Considering current developmental literature proposing cognitive differences according to age, it is probable that there is a noticeable difference between a ten year

old and a twenty year old youth (Arnett 2007). Therefore, separate focus groups were conducted with each conceptually different age group. It was proposed that each of the three school groups is conceptually different according to their age range and each have varying social contexts that should be considered: upper elementary (aged 10-11); middle school (12-14); and high school (15-20).

To narrow the scope of my study further, I chose to exclude private and charter schools and to specifically focus on public schools for five important reasons: (1) according to the School Board of Alachua County (2006) a large percentage of students in Alachua County are currently attending public schools (~28,000); (2) public schools tend to be more heterogeneous – with students most likely offering a diversity of views and experiences in Alachua County; (3) public schools are most likely the site of prevention programs like PIPSA; (4) Lewis, Dodd and Tippens (1992) suggest substance abuse is uniformly and consistently higher among public school adolescents; (5), PIPSA works closely with these public schools and can facilitate access, which is crucial in being approved for studying youth populations. In addition, the University of Florida population will be excluded. This could create a limitation of risking theoretical completeness but UF students are a transient group of students that may be very different than the registered Alachua County youth.

In all, six Alachua County public schools were selected to take part in this study. One urban school was selected for all three age groups: upper elementary (Lawton Chiles), middle school (Ft. Clarke) and high school (Eastside). Also, one rural school was selected for all three age groups: upper elementary (Chester Shell), middle school

(Oak View), and high school (Santa Fe). These schools were picked for their diversity in race and socioeconomic status and ease of access.

In consultation with school guidance counselors, a sample of Alachua County public school students were recruited from these schools to participate in stage two focus groups. A major goal in selecting students was to have the composition of each focus group be similar to the schools' overall demographics (i.e., age, sex, race, and socioeconomic status). This was done to keep the focus group as representative of the school as possible. A short survey was administered prior to focus groups to document participants' demographic characteristics and their general alcohol use patterns. It is important to note that not all of these students may be at risk for using alcohol but all contribute in some way to shaping the community's conceptions of underage drinking. Therefore, it is important to speak to a range of Alachua County youth to understand the intricacies of underage drinking and youth's varying conceptions.

Twenty students from each age group (two groups of ten) were recruited – thus, totaling 60 possible participants. As Morgan (1997) suggests, inviting ten students (over-sampling by 20 percent) should yield focus group participation of at least eight, well within the acceptable range of six to ten. Also, encouraging participation for these focus groups is the idea that students are expected to be in school and are therefore a “captive audience.” Help from school guidance counselors in recruiting only further encouraged participation and the legitimacy of the study. In terms of study breadth, conducting six focus groups fell within the acceptable range for a comprehensive study (Morgan 1997; Zeller 1993; Calder 1977; Glaser and Strauss 1967).

In sum, six focus groups, two per age group, were held during the fall semester of 2007 to investigate youth conceptions of underage drinking. Additionally, two focus groups with a local alternative school setting (Horizon Middle, Horizon High School) were conducted in December 2008, to serve as a comparison group of students who took a less traditional route than public schools – the population of interest in this study.

Table 3-1 highlights demographics of the public school youth who participated in focus groups. As previously mentioned, a concerted effort was made by the researcher and those in the schools coordinating focus group selections to have focus group participants from each school closely resemble that particular school's demographic population.

Overall, focus group compositions mirrored demographics for the schools selected. The Chester Shell focus group was similar to Chester Shell Elementary in terms of racial composition and reduced lunch status. The only major difference was in terms of gender. My focus group included 62.5% females and 37.5% males and, in actuality, Chester Shell Elementary has the reverse gender trend with 62.9% males and 37.1% females. As for Lawton Chiles, the majority of my focus group participants were white and not receiving reduced-lunch, similar to their school demographics. It would have been ideal to have slightly more females (1-2) for this focus group but the gender trend remained consistent with the school demographics. The Oak View focus group was similar to its school's demographics in terms of race and reduced lunch status. The focus group included slightly fewer females (1) than was ideal, reversing the gender trend that was anticipated. Due to unforeseen events (i.e., student absences, and student expulsion), some of the male students that were originally selected to be part of

the first Ft. Clarke focus group were unable to participate. This first focus group included all females. Although this group was similar to the school's demographics in terms of racial composition and reduced lunch status, the focus group was redone since gender differences were not able to be examined. The second Ft. Clarke focus group was very similar to the school's demographics, with the exception of having slightly more students on reduced lunch than the school average. Also, there were slightly more males (1) participating in this focus group than was ideal. At the high school level, students selected for the Eastside focus group mirrored the school's demographics, with the majority of them self-identifying as Black and the majority of them not receiving reduced lunch. It would have been ideal to have slightly more males (1) for this focus group but the gender trend remained consistent with the school demographics. The Santa Fe focus group was very similar to its school's demographics in all aspects, with the exception of blacks being slightly underrepresented. Although, it is important to note, that close to 20% self-identified with "other."

Table 3-2 highlights the focus group compositions of the two alternative school focus groups that were completed in December, 2009. There were 18 total alternative school participants, extending my study's student population to 79 (61+18=79). Focus group participants were very similar to their Horizon Alternative School counterparts. Horizon serves grades 6-12 and is not broken out by middle and high school demographics. Similar to school demographics, the majority of the focus group participants were black and on reduced lunch. There was a mix of gender in both focus groups, with slightly more males than females – also mirroring the school's composition.

## **Local Youth Survey and Focus Group Procedure**

A survey was administered to all focus group participants to better understand their demographic characteristics (i.e., school, age, gender, race, G.P.A., family-structure – who regularly lives with them) and basic use patterns (i.e., lifetime usage, age of initiation, and past-30-day usage) prior to their focus group participation. Survey questions were adapted for each age group (See Appendix A). In addition to youth being asked to report their demographic information and general use patterns, they were asked if they had ever been in trouble for drinking, either at home, in school, or by law enforcement. They were also asked their perception of how often alcohol was used in the home and they felt it was only for adults over age 21. Finally, youth were asked to comment on their accessibility to alcohol in their home and whether alcohol was locked away or openly available to them. The rationale for the survey was two-fold. It was aimed to gain demographic information regarding the study participants that could be later matched to school demographics. Also, the survey allowed focus group participants a chance to comment on their alcohol use patterns without the scrutiny or influence of peers. This study recognizes that some youth may not feel comfortable disclosing this information amongst peers. The survey allowed for this information to be gathered from youth where this may be relevant.

Focus groups were conducted to gather more general perception data that youth may feel more comfortable revealing in a group setting. I drew from questions found in Appendix B to begin focus group dialogue, with more detailed probes asked to guide discussion. Overall, these questions allowed local youth an opportunity to express their conceptions of underage drinking and how they related to Alachua County. Also, the probes used varied according to the age group being interviewed and depending on the

discussion within the focus group. Throughout focus groups, youth were asked to comment on their conceptions of underage drinking (i.e., definition of, local prevalence, reasons behind youth drinking), perceived risk, availability, peer influence, family influence (i.e., use and acceptance at home), and community influence (i.e., community perception, local prevention efforts).

### **Overlapping Study Design**

In comparing prior work (Dever 2006) to this study's design, both coalition members and local youth were asked about their conceptions of underage drinking and if they felt it was a problem in Alachua County. If they cited it as a problem, follow-up questions were asked regarding possible solutions for reducing underage drinking in Alachua County. This study aimed to emphasize the importance of including clients' perspectives in shaping prevention programs. In the hopes of including youth perceptions of underage drinking in the PIPSA coalition, these focus group questions aimed to distinguish between coalition members' perspective and local youth perspective. This study provides the coalition with an example of conceptions of PIPSA's primary recipient community, youth. The goal was to give credence to local youth perspectives and compare and contrast adult and youth perspectives on underage drinking.

Drawing on prior work (PIPSA coalition members) and this study's focus groups (local youth), I generated a grounded theory to address three research questions:

1. How is underage drinking defined by both coalition members and local youth?
2. What extent do coalition members and the local youth feel there is an underage drinking problem for Alachua County?
3. Regardless of whether it is a problem or not, what are possible solutions for reducing underage drinking among youth in Alachua County?

Prevention efforts may be challenging on many levels for the PIPSA coalition. Since coalition members are coming from many sectors of the community, they may have differing conceptions of underage drinking and therefore, differing strategies to decrease the local prevalence of it. Not only may collaboration be difficult between coalition members and the youth advisory committee, but between coalition members and their respective agencies as well. This study investigates these possible disconnects between PIPSA coalition members and between coalition members and local youth, in an attempt to reduce future program implementation problems.

### **Limitations of Study Design**

Only emergent patterns and themes, or those that were addressed in the focus groups, were discussed. Patterns that may seem more relevant but do not appear in the data were not emphasized in this study. While Krueger (1988) maintains focus groups are generally thought to have high face validity, researchers should be cautioned as to the results having predictive validity. Readers who insist on the importance of a study having predictive validity and generalizability may have difficulty seeing the inherent value in the data gathered with this approach. Also, self-report data from adolescents is oftentimes viewed as questionable concerning self-reported risky behaviors.

Adolescents may purposively under-report or over-report some health-risk behaviors because they believe engaging in these behaviors is socially undesirable or desirable (Brenner, Billy, and Grady 2003). This can be seen as a potential study limitation.

Although, by the tone of the focus groups youth seemed to be credible and authentic in their comments.

## **Analytical Techniques**

Focus group data were analyzed according to grounded theory strategies in order for the principal investigator to generate a grounded theory to address the following three research questions:

1. How is underage drinking defined by both coalition members and local youth?
2. What extent do coalition members and local youth feel there is an underage drinking problem for youth in Alachua County?
3. What are possible solutions for reducing the underage drinking among youth in Alachua County?

### **Grounded Theory: Background Considerations**

Barney Glaser and Anselm Strauss (1967) originally introduced this methodology as an alternative strategy to more traditional approaches which relied heavily on hypothesis testing and more quantitative forms of analysis.

Strauss and Corbin (1998) stress that theory should inform the coding process, and the previous literature of the social phenomena should not be ignored. Since PIPSA had declared the life course perspective as its theoretical underpinnings, it seemed more appropriate and informative to primarily use theories relevant to this type of literature to guide analysis. This highlights Strauss and Corbin's (1998) priority of including the literature of the phenomena under study and referring back to it throughout the analysis process. Strauss and Corbin (1998) do not offer a rigid structure with verification and validation of theory at the core of the research. They allow for the opportunity of relevant literature to provide for a deeper understanding of the important issues the phenomena may be related to, and offer important linkages experts in the field have suggested exist.

## **Application of Strauss and Corbin's Grounded Theory**

While this study was not a formal exercise in grounded theory, it followed the grounded theory method in some important respect (Glaser and Strauss 1967). The goal was neither to test logically deduced hypotheses nor to provide statistical verification. This qualitative study highlighted the problem behavior of underage drinking in Alachua County, as defined by coalition members and local youth. Elements of Strauss and Corbin's (1998) grounded theory were utilized to analyze these data and create an explanatory scheme of their conceptions.

Because this study employed a grounded theory method, data analyses were conducted simultaneously with data collection, with coding following individual focus groups. The constant comparative method was used for data analysis which allowed for comparing incidents and their categories (Strauss and Corbin 1998). This allowed for any changes in coding to be made throughout the data collection periods, as new information presented itself.

The coding process involved three stages: open coding, axial coding and selective coding. The goal of open coding was to capture emergent categories and organize substantive themes found in the focus groups. The point at this stage was to distinguish between the possible themes considering the possible relevance to theoretical frameworks. Axial coding occurred simultaneously with open coding and helped to refine categories, revealing how they were associated with sub-categories. The various dimensions and properties of a category were explored and detailed in this stage. The analytic tool such as the flip-flop technique was used to further refine categories. In the flip-flop technique, I focused on opposites and extremes to understand connections

between different ways of looking at the same topic. Selective coding was used to identify core themes regarding local youth perceptions of underage drinking. Upon completion of all focus groups and all three stages of coding, themes emerged that guided the principal investigator in developing a theoretical framework of local youth perception, based on the raw data (recorded words of local youth). This data was then compared to coalition member discussions to critique the theoretical framework of the PIPSA coalition as described in earlier research conducted with them (Dever 2006).

### **Study Design Strengths**

The method employed was a major strength to this study. Arguably the most important aspect of the nature of focus groups is that they make it possible for the researcher to observe the interactive processes occurring within the group of participants (Morgan 1997). In addition to producing large amounts of information during a relatively short period of time (compared to individual interviewing), focus groups produce concentrated amounts of information on the topic of interest to the researcher in highly focused groups. As discussed previously, the researcher as an outsider has the ability to appear less knowledgeable about the subject and is forgiven for probes intended for clarification purposes. This flexibility in the focus group allows for unanticipated topics to be explored more fully that might not have been addressed using other research techniques. Since it is unreasonable to get all local youth to meet at one locale to productively discuss these issues in such a focused manner, focus groups provided a technique that was not only efficient, but productive as well – including many viewpoints in a relatively short period of time. Unlike self-administered surveys and telephone interviews, focus groups allowed the researcher to note the degree of irregular participation from certain participants as well as nonverbal cues, body

language and patterns of turn taking, which provided valuable insight into the content and style of responses the participants offered. Rather than testing hypotheses, focus groups offered the participants, those closest to the issue, to tell the researcher what the important aspects were. It was a way to allow for marginalized perspectives to be heard without forcing the researcher's agenda upon the participants and possibly affecting social policy in the process. This was relevant when encouraging local youth to speak. Finally, this study's methodology allowed for the opportunity to study youth in focus groups in an attempt to examine the social psychological processes within a social setting in which peer influence might be important.

Also, this study aimed to take a client-centered approach toward critiquing prevention efforts. Specifically, it gathered local youth conceptions of underage drinking to offer the PIPSA coalition feedback related to program improvement from a population that is representative of the program's target population. It emphasized that people, in this case local youth, can and do think about their actions rather than respond mechanically to stimuli.

Although this study's main focus was on public school students because of PIPSA's target population, it included 2 comparison focus groups done with an alternative school population. This was an addition which only further strengthened this study. Also, this study used data triangulation as a validity procedure to examine convergence among multiple and different sources (i.e., coalition members, local youth – public schooled and alternatively-schooled) of information to form themes.

In terms of study implications, this case study emphasizes the importance in taking a step backward prior to evaluating a program. Many evaluations generally focus on the

process and impact of the program as defined by its program planners. This neglects the valuable insight and perhaps differing conceptions of the recipient community. More research done in this vein can highlight more micro interactions that go unnoticed during typical evaluations.

Table 3-1. Public School Youth Focus Group Demographics

Demographics	Race/Ethnicity % (count)				Reduced Lunch		Gender			
	White	Black	Hispanic	Other	Yes	No	Male	Female		
Alachua County School Population & Focus Group (FG)	49.3	36.7	5.6	8.3	44.3	55.7	51.3	48.7		
Elementary									Total = 61	
<i>Chester Shell</i> SCH	50.6	43.7	1.6	4.1	86.9	13.1	62.9	37.1		
	FG	50 (4)	37.5 (3)	0 (0)	12.5 (1)	87.5 (7)	12.5 (1)	37.5 (3)	62.5 (5)	FG Total = 8
<i>Lawton Chiles</i> SCH	54.8	24.5	5.5	15.1	30.7	69.3	52.7	47.3		
	FG	37.5 (3)	25 (2)	12.5 (1)	25 (2)	37.5 (3)	62.5 (5)	62.5 (5)	37.5 (3)	FG Total = 8
Middle School										
<i>Oak View</i> SCH	65.2	23.9	6	5	50.1	49.9	48.8	51.2		
	FG	50 (5)	30 (3)	20 (2)	0 (0)	50 (5)	50 (5)	60 (6)	40 (4)	FG Total =10
<i>Ft. Clarke</i> SCH	52.7	32.2	7.2	8	37.3	62.7	49.5	50.5		
	FG 1	42.9 (3)	42.9 (3)	14.2 (1)	0 (0)	42.9 (3)	57.1 (4)	0 (0)	100 (7)	FG Total = 7
	F G 2	57.1 (4)	28.6 (2)	14.3 (1)	0 (0)	28.6 (2)	71.4 (5)	57.1 (4)	42.9 (3)	FG Total = 7
High School										
<i>Eastside</i> SCH	26.7	60.3	2.7	10.3	41.3	58.7	46.4	53.6		
	FG	18.2 (2)	72.7 (8)	0 (0)	9.1 (1)	45.5 (5)	54.5 (6)	36.4 (4)	63.6 (7)	FG Total=11
<i>Santa Fe</i> SCH	73.9	17.9	4.9	3.2	25.7	74.3	51	49		
	FG	70 (7)	0 (0)	10 (1)	20 (2)	20 (2)	80 (8)	50 (5)	50 (5)	FG Total=10

Note: "SCH" column lists school demographics

Table 3-2. Alternative Youth Focus Group Demographics

Demographics		Race/Ethnicity % (count)				Reduced Lunch		Gender		Participation
		White	Black	Hispanic	Other	Yes	No	Male	Female	
Horizon Alternative Focus Group Composition	SCH	0%	89%	0%	2%	72%	7%	65%	35%	Total = 18
Middle School <i>Horizon</i> <i>Middle</i> High School	FG	12.5 (1)	62.5 (5)	0 (0)	25 (2)	87.5 (7)	12.5 (1)	50 (4)	50 (4)	FG Total=8
<i>Horizon High</i>	FG	20 (2)	62 (6)	0 (0)	20 (2)	80 (8)	20 (2)	70 (7)	30 (3)	FG Total=10

Note: Horizon Alternative School Demographics (grades 6-12)

## CHAPTER 4 RESULTS

### **Quantitative Survey Results**

Sixty-one local youth participated in the public school focus groups. An additional 18 participated in the alternative school focus groups. Below is a breakdown of demographic characteristics of focus group participants that were gathered via surveys. As intended, demographics of the focus groups tended to mirror the school in which they were selected from. Guidance counselors confirmed that there was intentionally a mix of students (i.e., based on race, gender, grades, and behavior) in each focus group, with drinkers and at-risk students purposely invited as well. At times, I worked with guidance counselors on multiple occasions via phone and e-mail to select participants that would be appropriate (i.e., in terms of demographics, behavior) for the study. All focus groups were within a range of 7-10 participants with seven out of nine public school focus groups having between 8-10 participants. Both alternative school focus groups were between 8 -10 participants as well.

Table 4-1 highlights a sample of the survey data provided by focus group participants. Participants were asked to report their demographic information (i.e., race, gender, age, and school), their average school grades, drinking patterns (i.e., personal experience with alcohol, frequency of usage, disciplinary action due to alcohol), and general household characteristics (i.e., family composition, family alcohol usage at home – accessibility, and family acceptance of underage drinking).

Table 4-1 shows there were 27 males and 34 females who participated in the public school focus groups. The majority of the focus group participants were white and not currently receiving reduced lunch. About 37% of the focus group respondents were

between the ages of 9-11, while 27% were between 12-14, and 34% were 15 or older (18-19). There was clear variation in average grades reported by students, particularly at the higher grade levels. This is most likely due to the increasing challenge of curriculum at the middle and high school levels. Out of the 61 focus group participants, 26 reported that they have had a drink of alcohol in their life while 35 reported to have never drunk. Older students were more likely than younger students to report having ever drunk. Out of the 26 respondents, 7 reported drinking in the past month. Of those that reported drinking, most had their drink prior to age 12. That is, 54% of my sample reported the initiation of drinking between the ages of <8-11, while 20% reported drinking between ages 12-14 and 23% reported drinking between ages 15-18. Out of the 26 who had reported having ever drunk alcohol, only 5 had reported being “in trouble” at home. None had reported ever being in trouble at school or by the police. In this case also, older students (3 – high school) were more likely to report having been in trouble than younger respondents (1-elementary; 1-middle).

In linking this study’s data to current literature, some interesting findings are noted. Table 4-1 shows that 43% (26 out of 61) of my sample had used alcohol at least once in their lifetime (slightly lower than the 2008 local average: 49.8%), while 11.5% had used it within the past 30 days (much lower than the 2008 local average of 27.7%). Since my sample included younger populations (less than 9 years old) than the national survey typically included, this finding is understandable. FYSAS typically uses grades 6-12, with students aged 10-17. A better past-30-day estimate would require a larger national survey since this seems to be ultra-sensitive to having older students in the sample. The age of initiation for my sample was 11.3 years old, slightly lower than the

national average at the time of the study, which was 12.5 years old (Department of Children and Families 2003).

Table 4-2 showcases characteristics (i.e., demographics and household characteristics) of public school focus group participants by drinkers and non-drinkers. A mix of students comprised the drinking category. There was an equal mix of students receiving free/reduced lunch and not receiving it who self-reported as drinkers. Drinkers in this sample tended to be a mix of students receiving high grades, average grades, and low grades alike. Drinkers also came from each age category and school level. More females than males reported ever having drunk alcohol. Also, females were more likely than males to report drinking in the past month (6 out of 7). In terms of race, whites were more likely to be drinkers from my sample. Furthermore, students from rural schools were more likely to report being drinkers.

Students were also asked questions regarding household characteristics to examine what characteristics were associated with underage drinking. For example, do students from more disorganized households tend to report having experimented with alcohol? As shown in table 4-2, students whose families tend to serve alcohol at family celebrations were more likely to be drinkers. The majority of my sample perceived their family to believe alcohol was only for adults over age 21. Although, a larger portion of drinkers as compared to non-drinkers felt this was not the case. In addition, students from my sample who reported drinking tended to come from homes where alcohol was not locked up. The opposite was true for non-drinkers in my sample. More often than not, students coming from non-nuclear families tended to report drinking as opposed to standard nuclear families. Non-nuclear families were defined as households with a

variety of family members present and/or a lack of mother/stepmother as well as a father/stepfather.

As shown in table 4-3, alternative school youth were asked the same survey questions. In total, 11 males and 7 females participated in the alternative school focus groups. The majority of these participants were black and were currently receiving reduced lunch. Since Horizon Alternative School only serves 6-12<sup>th</sup> grade, the age range was smaller than my public school sample. Students ranged in age from 13-18. Although there were no self-reported straight-A students in either the middle or high school focus group, there was good variation in average grades for my sample with some reporting average grades and others reporting below average grades.

Out of the 18 focus group participants, 11 (61%) reported that they have had a drink of alcohol in their life while 7 reported to have never drunk. High school students were slightly more likely than middle school students to report having ever drunk. Out of the 11 respondents, 2 reported drinking in the past month. Alternatively schooled youth had a slightly higher average age of initiation (11.6 vs. 11.3 years) than their public school counterparts. The average age of initiation for my alternative middle school sample was 10.3 years, while my alternative high school sample was 13.0 years. Fifty percent (4 out of 8 students) of my alternative middle school sample reported using alcohol in their lives, while 70% (7 out of 10 students) of my alternative high school sample reported ever using alcohol. Twenty-five percent (2 out of 8) of my alternative middle school sample reported past-30-day use, while 60% (6 out of 10) of my alternative high school sample reported past-30-day use – with one student reporting

drinking more than 7 days in the past 30 days. While considering these findings, it is important to note the small sample of my alternative school population.

Out of the 11 participants who had reported having ever drank alcohol, 6 (55%) had reported being “in trouble.” This a greater percentage than public school students reported. Moreover, alternative focus group participants reported getting into trouble not only at home (3), but also at school (2), and by the police (1).

Table 4-4 showcases characteristics (i.e., demographics and household characteristics) of alternative school focus group participants by drinkers and non-drinkers. A mix of alternative students comprised the drinking category. There was an equal mix of students receiving free/reduced lunch and not receiving it who self-reported as drinkers. Drinkers in this sample tended to be a mix of students receiving high grades, average grades, and low grades alike. Although, overall, alternative student grades tended to be lower than their public school counterparts in this sample. Drinkers also came from each age category and school level. More males than females reported ever having drank alcohol. Also, alternative students were more likely than their public school counterparts to report drinking in the past month – girls and boys alike (11 out of 18 – 61% vs. 26 out of 61- 42%). In terms of race, consistent with research, whites were more likely to report drinking (2 out of 3 – 66%).

As shown in table 4-4, students whose families tend to serve alcohol at family celebrations were more likely to be drinkers. The majority of my sample (drinkers and non-drinkers) perceived their family to believe alcohol was only for adults over age 21. In addition, students from my sample who reported drinking were slightly more likely to come from homes where alcohol was not locked up. Although for a large portion (5) of

drinkers, alcohol was not reported to be kept in the home and students tended to report this question to be not applicable. More often than not, students reporting drinking came from non-nuclear families (6 out of 11 – 54% vs. 5 out of 11- 45%). Although a large portion of non-drinkers came from non-nuclear families as well (5 out of 7 – 71%).

In general, my alternative school sample was slightly more experienced in most categories of drinking than their public school counterparts (i.e., higher lifetime usage; higher past-30-day usage; more experience being in trouble with police and school). The only exception was this sample had a higher age of initiation. Of note, focus group discussions and individual conceptions of drinking did not seem to vary dramatically between these two groups. Across age categories, students who reported that their families tended to serve alcohol at family celebrations were more likely to report drinking. Also, the majority of my sample perceived alcohol to be for adults only, but students reporting drinking were less likely to say it was for adults when compared to non-drinkers in my sample. Although a large portion of students felt this question was not applicable (since alcohol was not kept in their home), students who reported drinking tended to come from homes where alcohol was not locked up. Additionally, students reporting drinking came from non-nuclear families, whereas non-drinkers tended to come from standard nuclear families.

### **Qualitative Focus Group Results**

The results section will be presented as follows. Public school focus groups were first compared within grade levels. Any differences between rural and urban focus groups were noted. Additionally, they were compared and contrasted across grade levels to see if there were any major conceptual differences. This data was then compared to alternative focus groups and the same-gender focus group to highlight

major differences. Finally, all school focus groups were compared to coalition member focus groups. Throughout the following sections “R” will denote when the focus group respondent is speaking, while “I” will be used when the interviewer is probing or asking the question.

### **Public School Focus Group: Elementary**

**Conceptions of drinking/underage drinking.** Although some elementary focus group participants suggested “underage drinking” to involve “anyone who’s allergic to alcohol,” and “criminals,” most were aware of the terms to refer to “teenagers,” “anyone under 21,” “us,” who might be drinking alcohol. Some students even made an extra effort to illustrate their understanding of the topic by describing strategies people use to outsmart breathalyzer machines, such as “people sucking on pennies for five minutes, or chewing gum.” Others commented on the need to re-adjust the drinking age, with some wanting it lowered to 19, and some arguing for it to be raised to 25. Many students commented on the dangers of drinking too young:

[Adjustment of Drinking Age]

R: 16-year olds might take advantage of drinking and might drink until they die.

R: Younger people couldn’t handle as much as adults do, and that’s one reason why little kids shouldn’t drink.

R: ‘cause their bodies are uhm, they’re not as...like...strong as adults and they can’t take it.

R: If somebody is drinking and they are not very...like...structured and they could probably...are like crazy and cannot handle drinking they should probably not do it at all...it’s not right because they could hurt themselves.

In a resistant tone, one respondent pointed out the strength of some youth to be responsible for their actions even in the face of poor mentors: “Just because like the younger kids see like older people doing it, it doesn’t mean you’re going to, that uhm,

that they have to do it.” This comment came from a respondent who later disclosed being emotionally affected by a substance-abusing relative who s/he no longer has contact with. Highlighting his/her resiliency, s/he further noted how this has positively shaped his/her opinions on the use of substances.

Overall, respondents were quick to answer and very willing to discuss, oftentimes coming up with topics on their own:

[Additional Discussion]

R: I want to ask a good question... who made up alcohol and why did they sell it?

R: I know, I know, on discovery health channel I've seen that.

R: And like why do they sell drugs if they're not good for us?

R: (multiple voices)

R: That's a good question.

R: Yeah, I know.

R: Yeah, but still why would they sell beer?

R: (another person chiming in) When they know it hurts us.

R: I know how they make it, too.

R: I know how they make it. Some guys like in the 1800's from like England or something...they make beer out of...

Respondents appeared very supportive of each other listening to each peer as he or she spoke and responding to their ideas in a respectful manner. Because of the sensitive material and the shame or embarrassment of some of the topics, students made it a point to openly discuss their trust in their peers that their information would be kept confidential:

[Confidentiality]

R: I think that everyone in here right now shouldn't go back and tell anyone what anybody said...I've had some friends go and tell people what I said and it turned out...

R: Keep it shut.

R: You don't say mine!

Many respondents in the focus group suggested extreme disapproval of drinking at any age. They suggested it to be bad for anyone. There were multiple mentions that even adults shouldn't drink. During the focus group, when they were asked to speak specifically about underage drinking, they tended to broaden the discussion to keep it about drinking in general, bringing in personal examples of how it affects adults as well.

**Perceived risk of drinking.** Respondents were asked to describe the risks involved with drinking. They emphasized a range of alcohol-related issues concerning physical, emotional, academic, and relational strain witnessed in family and friends, on television, or in local news stories. Respondents even suggested there to be some gender differences in risks related to drinking. It was explained that physical harm that people could incur from drinking included being assaulted, passing out, having black eyes, feeling or getting sick, losing memory, developing cancer (in yourself or your baby), liver or vision problems, and even dying –due to a car accident, heart attack or stroke.

[Physical Risks]

R: I think drinking is bad...like girls like 18...they might get too too drunk when they're going out somewhere and then they might just start walking anywhere or just lay down on the street or something and you don't know when someone could do something to you.

R: Like before gator games they were all drunk and they all passed out before the game even started (laughing)

R: I watch College Hill and they just had these people from the club and uhm...then their buddy had to carry them out the car and then he laid by the toilet...he had to lay by the toilet.

R: Some people could overdose themselves...they could easily have a stroke or heart attack or they could die.

Respondents also noted some emotional risks related to drinking that people may experience. These risks ranged from depression to committing suicide.

[Emotional Risks]

R: You could get yourself to hate yourself.

R: If you start drinking and you're just a very nice person it might get you really, you know, sad and mean, and you might turn into a bad criminal.

R: A lot of people commit suicide.

Furthermore, respondents acknowledged some academic risks involved with drinking. It was suggested that alcohol could "ruin your dreams," making some students be sent to alternative schooling or preventing some people from getting a job into adulthood.

[Academic Risks]

R: You would never get to do your work at school.

R: I think you would not get the regular grades you get like if you get good grades because you'll be falling asleep and saying stuff to the teacher so you wouldn't be able to get your work done because you're probably in the office or something for saying something that you usually don't say because you drank.

R: And your behavior thing that's supposed to be all S's...it would turn to N's and stuff.

R: It would turn to U's or F's.

Some respondents commented on some relational problems related to drinking. One respondent mentioned that those drinking might do things by accident, like spill their drinks on your food. Also, it was suggested that those drinking might not be able to

communicate well, they might act “stupid” or “crazy” or even go so far as yell or start fights with those around them.

[Relational Problems]

R: If they are over the grill cooking when they drink it might spill on the food and they might eat it and then you'll taste it.

R: Grown-ups might drink...drink too much and start yelling at their kids for no reason...they get crazy.

R: Sometimes when people get drunk they sorta like...get in fights with people.

**Reasons for drinking.** Respondents were encouraged to explain why people drink, particularly those underage. They suggested a variety of reasons for drinking, and sometimes offered multiple reasons at once. Students were open and supportive while hearing their peers' opinions, suggesting they recognized multiple reasons behind people drinking. While many reasons were offered, the most commonly cited in the focus groups was addiction, whether this was suggested to be due to someone tricking you into trying alcohol or someone not explaining the risks involved.

[Addiction]

R: ...people might not tell you the right things when you're growing and so you might get into alcohol and become addicted to it

R: 'cause sometimes if you, uhm, drink and then you get more you keep on wanting more and then you keep on getting more and then you get drunk. It's not...it's because it's really addicting.

The second most addressed issue was peer pressure.

[Peer Pressure]

R: ...hanging out with a lot of people that drink and they give you one.

R: I think the reason why they do it is because maybe they want to be in this group and try to impress them and they told them to uhm drink or you're not going to be able to anymore...they really want to be in that group and they do it

When asked if peer pressure was the only reason kids drink, one respondent mentioned that “this could be ONE (with emphasis) of the reasons.” This comment highlights recognition that there are various factors at play when considering why people drink. Respondents also suggested kids drink because they see drinking modeled for them, so they do this either to mimic this behavior because it is familiar to them or to feel older.

(Modeling Up)

R: Some parents if they have kids they shouldn't really drink too much in front of them because that might be a bad influence.

R: ...and they might end up drinking a lot because of them.

R: They just do it because they see someone in their family or someone out on the street or on t.v., a lot of kids learn stuff from t.v., like drinking they learn.

R: 'cause you think you're all grown up and you get a car and your driver's license and so you think you've grown up, so you can drink.

Respondents listed a few other reasons why people drink. They include family problems, depression, good taste, and genetics.

(Family Problems)

R: I think they start drinking like when something's going on in their family.

I: Like what?

R: Like somebody beating them and treating them wrong...they getting hurt bad by them, they're upset about it and stuff and they're starting to take it out on themselves.

(Depression)

R: They feel depressed...if they do that they'll start feeling better.

(Genetic Predisposition toward Drinking)

R: ...my mom says it's 100% sure that I'm probably going to do it because all our family does, but I don't want to.

Since all reasons for drinking offered by respondents seemed to paint alcohol in a negative light, they were asked if drinking was “ever a good thing.” No one cited alcohol as celebratory nor did they suggest it was a good thing for any reason. One even

commented on what makes him/her not drink is witnessing his/her father drink excessively.

R: Everyday he'll drink about six or seven beers and he'll be throwing back sitting in the office.

I: How does this affect you?

R: It makes me not drink. It makes me upset 'cause he's killing himself.

Some words or phrases used to describe the appearance of a typical underage drinker were the following: "black eyes," "hair dyed," and "really gross." Words that were used to describe the typical drinker's behavior included: "always fighting," "suspended from school," "angry," "grumpy," and "depressed." Respondents offered opposing comments regarding the typical drinker's social status, with some describing them as "thinking they were cool," while others mentioning they "might not have a lot of friends." When asked to describe those not drinking, respondents offered up the following: "goody goody," "those who listen to their parents," and "someone with a lot of confidence in themself." Only one respondent offered evidence to the contrary, noting how s/he knows of a "gifted" student who has skipped multiple grades and also drinks. Focus group respondents were challenged to name logos from popular drinking paraphernalia that they may see often. Although some cited smoking companies and some referred to certain types of liquor (i.e., "brandy," and "whiskey") while trying to name brands, many were quite capable of naming companies that market to teens and young adults. More importantly, they suggested that it is common to see teens displaying this merchandise. Also, respondents pointed out that boys drink more often and consume more than girls, and are more addicted to it.

[Frequency]

R: I think boys drink it more because girls are...most girls are more prissy and they just can't take the taste.

R: 'cause it's kind of like in their nature...it's just...it's like habit, you see boys doing it.

[Consumption]

R: I think the reason why boys probably drink more than girls is because girls...they can't really take it like boys...like two cups probably or a bottle, but boys I've seen a lot of boys in Hawthorne like they're drinking...like keep drinking it and drinking it...like no one stops.

[Addiction]

R: Boys are more addicted to it than girls.

Some respondents emphasized particular reasons why there may be a gender difference related to drinking.

R: Girls can have babies and they don't want to hurt their life by...if they uhm...if they pregnant and they don't want to drink and hurt their baby.

**Availability of alcohol.** Although some explained that they would not get alcohol at all, the majority of respondents noted the availability of alcohol to underage drinkers and the ease of access through family, friends, or strangers. Many respondents described getting it in the home as the easiest way to get alcohol or going to a friend's home:

[Home Access]

R: Your parents could keep it in like a cabinet or a refrigerator or something.

R: Maybe you could go to your friend's house because their mother's good friends and they go to work and they think you're old enough to like, you know, to stay home by yourself and then she'll show you everything where their parents keep the alcohol and then you can just use it while they're gone."

R: I know a boy he used to go to my old school, he's in 4<sup>th</sup> grade and his parents, excuse me, his like adopted parents...so, he's like going through a lot and I came to school one time and he was...I heard he was asking kids do you want to come to my house today 'cause my parents are not home

and I know where they hide the alcohol and stuff and he was just in 4<sup>th</sup> grade.

R: It might be a little easy if you're like at home because some people like parents they have like mini bars at their house with wine setting out and like little wine glasses and beer.

R: Because if you're like at home and it's in the refrigerator and your parents are sleeping you could just easily sneak in and get one and they would never know.

Some of the stories even seemed unlikely to be hypothetical examples:

[Accessibility Stories]

R: Maybe you have a cousin that always wanted you to drink and she's old enough to buy it and maybe you would ask her...you want to try it out..this kind... and she can buy it for you and she'll drink too.

R: Uhm, you can get it from uhm like...it's a man selling on the side of the road. I saw it...that last week, uhm, me and my cousin...me, my cousin, and my brother we were walking across 301 and we were uhm over by that...over by H's and we walked behind there and some man was sitting down there selling beer.

A few respondents talked about unrealistic situations, most likely because they did not have any experience in obtaining alcohol for themselves. One even talked about a situation s/he had seen on television.

[Accessibility Stories]

R: I was going to say I think easily people can get it...there's this guy that was 25 and there was this girl that was 16 and they had a kid and she hated having a kid 'cause she was so young and she put uhm beer in his bottle.

R: We're tiny so we can just like sneak thru gas stations and like steal some alcohol or something and like walk out.

R: Because all these like drug dealers are around these like basketball courts and like baseball fields and they're like...they can usually get like vodka or something.

R: I watched this one show where these two girls...and they were supposed to be at this one girls' house studying and instead uhm they show uhm the girl that's at the house...she shows her friend where the beer is...and her friend gets really drunk and sick.

Very few noted problems with getting alcohol. One suggested the expense of it, while a handful described scenarios of having to deal with campus police or cameras in liquor stores to prevent stealing or underage purchases.

**Community as risk and protective factor.** When asked if there was a local problem with underage drinking, many responded yes. Only one student suggested Alachua did not have a drinking issue and he described it as “calm” and “peaceful.” Some were aware of local news and cited this to make the case for a drinking problem in Alachua. Although respondents were encouraged to keep their comments to underage drinking, they often included cases of adult drinking.

[Local News]

R: This guy killed a police officer because he was drinking.

R: There are lots of really bad car crashes lately and stuff like that.

Others talked in detail about personal family stories to highlight the drinking problem in Alachua County.

[Family Stories]

R: When one of my friends made a play date, uhm, I went over to her house and uhm she...she found the key to her case to her dad's case of liquor and crap and uhm she...she got I think, what was it, like brandy or something like that. She got brandy and like she started drinking it and I told her to stop and like she got really sick and she died a couple years ago from drinking like that stuff.

R: My step-daddy drinks...he's in jail right now for doing stuff and being abusive...I have to stay with my grandparents 'cause he's getting out of control and so my grandparents...just 'cause he could hurt me and kill me.

R: My daddy was drinking one time and driving and lost his license for life.

Some respondents linked the drinking problem to other counties as well, citing stories of friends' experiences.

[Widespread Issue of Alcohol]

R: Uhm my friend (from Flagler county) called me last night and she told

me...she said uhm...her daddy...she had to go to foster care 'cause her daddy was drinking and her daddy was drinking and her daddy blamed it on her...she's got to stay with her attorney.

**Potential prevention strategies.** Respondents were then asked to brainstorm possible solutions to this local problem. Many expressed interest in holding groups very much like the focus group in which they could come together and talk regularly.

[Prevention Suggestions]

R: I would really love if we had, even though this might not work and everybody might not come, but if we had a big place where it could be underage drinkers or you shouldn't like drink, like we are now.

R: Put at least signs up, like, you know, so everybody could see "don't drink" or it would be a party of no drinking or something like that. That would be good for "H" because they love parties.

Others mentioned more drastic measures to curtail local drinking, like writing the president a letter or calling the "police to ask them to take all the drugs away and beer stores." Additional suggestions included the following:

[Prevention Suggestions]

R: I think they should make ABC uhm alcohol into like that...a toy store or something instead of alcohol.

R: Cut all the beer off...

R: Have a M-B-W-P...a momma-butt-whooping-program....it's a free program!

R: Cashiers at the store...they could ask if they're buying for themselves or kids.

R: Yeah, but they will lie.

R: What I think is if someone...I think it should be people who have a driver's license...this is how the police have like almost everybody's drivers license...people that have like kids in their families, I think the people that...people at the store should see their driver's license pop up on the computer...is like who's...who lives with them and see who has children.

Respondents emphasized the power of youth in helping out with decreasing underage drinking in Alachua County, based on their knowledge, experience, and ability to relate to their peers.

[Power of Youth]

R: I think it can just be us trying to make it instead...we don't have to get grown-ups. And maybe like some grown-ups like our age they don't understand so it'd be best for the community...any age should have different people speaking out...what age...like people our age we can talk to them because we know like what kinds of words to use...

R: We...I don't think...we went through it, we went through having our moms and dads or families drink...we know how it is.

More importantly, they suggested that they don't need to wait to get older to work on this problem, as illustrated by the following comment.

[Power of Youth]

R: I was going to say uhm when we get...when all of us get older that we need to do something about it...like don't need to just sit around and do what they're doing.

R: Yes.

R: We do not need to wait.

Respondents were then asked who in the community they would refer a friend to if they needed help with a drinking problem. Doctors and police were among the last people who they would refer their friends to seek help from. Many suggested family and friends were best to help them deal with this issue. Some even mentioned examples in their own life. For example, one respondent explained how s/he is "trying to get my daddy to stop doing drugs and drinking." Another respondent creatively mentioned advising their friend to go to a hypnotist in order for them to deal with their addiction.

Although optimistic in earlier comments throughout the focus group, respondents seemed pessimistic when asked what prevention programs might work with youth.

[Youth Prevention Suggestions]

R: I think no one will listen...because we're younger and they just don't care...they don't understand that it will hurt them, like we understand.

R: We know a lot of people that go through it, so we understand.

In making reference to the group as "we" it appeared that respondents were bonding over these conversations and thinking of each other as having similar opinions and experiences. One suggestion respondents did make in improving prevention programs was to have them as early as pre-kindergarten or kindergarten. It was suggested that they do not get to participate in these programs early enough for them to have an impact. Finally, respondents suggested what is currently being done at their schools, having middle-schoolers pair up with younger students, works well to get kids talking. Or, having students teach people who are their own age might be more successful.

Public School Focus Group: Middle School

**Conceptions of drinking/underage drinking.** Most middle school respondents described underage drinking as anyone under 21 "drinking alcohol like wine or beer." Furthermore, one student pointed out the distinction between the legal drinking age in the U.S. as compared to other countries.

R: ...in some places uh 18 is the drinking limit and people under that is underage drinking but here it's 21 and people under 21 it's underage drinking.

Middle school respondents were more open to drinking than their elementary counterparts. For them, it depended on the occasion and circumstances. For example, with parent approval underage drinking was acceptable to some respondents.

[Parent Approval]

R: Well, it depends on what happens. Like my mom would give my sister alcohol because she likes it. She wants her to know that it tastes bad so she doesn't start drinking a lot. So, she's trying to get her out of the habit of drinking. So, it's like when she grows up she...and starts drinking she

doesn't drink very much and doesn't become an alcoholic. So, she makes it so she doesn't like it at all at a young age. So, and like she gave it to me and I just like set it out 'cause it's like disgusting to me.

R: I think it's like a lifestyle choice for your parents to decide uhm exactly what age they feel comfortable to uhm consume different amounts of alcohol and which exact alcohols to have, you know, and if they're not there then uhm people that are underage should really be drinking it because they've been taught from their parents about their consumption level, so it's just better if the person in charge of them is monitoring them if they're consuming it at all underage.

For others, acceptability of it depended on the reason behind underage drinking.

Reasons such as using alcohol as a stress reliever, to celebrate, as a health benefit, or on occasion were generally more accepted. Using alcohol too frequently, at school, or acting out because of drinking were cited to be inappropriate uses for respondents.

[Stress Relief]

R: My thing on it is some people do it like as a stress relief and then there's other people that do it because they think it's cool and you know, oh he's doing it I want to do it too. And it's just like if you're going to do it don't do it because someone else is and like have a real reason for doing it. You can drink but don't do it regularly or be in control.

[Celebration]

R: ...like at a wedding it's ok, I guess, but if you're at a party or something...like when you don't have your parents there and kids like drink beer.

[Frequency]

R: ...as long as you don't drink every day.

[Behavior]

R: ...don't be stupid because some people they don't know how to act when they get drunk sometimes...they try to show off like...

R: ...depends on what country you drink in; it matters what kind you drink.; and the fashion you're drinking it. I mean, if you're drinking at school, I mean come on, you're going to be a bum on the street when you grow up but if you have it like once in awhile it's fine.

R: Like something religious...

R: In some countries they actually have like a kid, like in some ceremonies they actually have the kids like drink alcohol drink when they're maybe like 10 or 11.

R: ...but if like they're like sneaking into cars and drinking it, I don't think that's good.

[Health Benefits]

R: ...like some people think that wine is actually good for your arteries and stuff.

Only one respondent fully disapproved of underage drinking, citing health risks associated with drinking at a young age.

[Health Risks]

R: I think it's bad because scientists have proven that the reason you uhm you have to be over 21 to drink it is because uhm your liver is not fully developed and if you drink alcohol it messes with your liver.

**Perceived risk of drinking.** Respondents talked about a variety of risks as a consequence of drinking. They tended to focus on the physical or health-related problems related to drinking. While some respondents mentioned extremes like death, many focused on more short-term conditions such as hangovers and feeling "tired all the time" or "slow[ing] down" from drinking.

[Physical Risks]

R: ...like later on in life they can get sick from it and die.

R: I think it's bad because scientists have proven that the reason you uhm you have to be over 21 to drink it is because uhm your liver is not fully developed and if you drink alcohol it messes with your liver.

R: ...if they drink pretty moderately it could kill them.

R: ...like their energy levels would be crazy, you know. For example, as we were saying if they're playing sports, they might not be up to it because they are just too exhausted and they don't have the energy to, you know, go play football or run.

R: ...we already know it's addictive.

A few respondents even talked about some health benefits of drinking.

[Health Benefits]

R: ...it kills the worms in your stomach.

R: Well, I think that if someone does drink, it depends on their health. Because like some people think that wine is actually good for your arteries and stuff.

Furthermore, respondents pointed out some academic and social risks related to underage drinking. They felt that it would be difficult to drink while still maintaining good grades and extracurricular involvements. Additionally, respondents thought that drinkers typically exhibited a negative attitude or a bad mood while drinking.

[Academic Risks]

R: I thought that like if you're drinking regularly like you weren't really good in uhm like academic stuff...like if your...I thought your grades would probably go down or something.

R: ...like when the teacher tells them to do something they'd be like I don't want to do it.

R: They can't play sports, or focus in school.

[Social Risks]

R: Their attitude...

R: Cranky...bad mood.

R: ...one of my friend's uncle is drinking and he like flicks off everybody like every five seconds (lots of laughter) and starts cursing you out for no apparent reason...while he's drinking...it's like ok, that's awkward.

As evidenced by the following comments, these academic risks were challenged by others in the focus groups.

[Academic Risks Challenged]

R: Well, that's not really true 'cause I know someone that does that but he just, he can play every sport, probably best and he'd be fine.

R: I think they could (drink) 'cause like you're not drinking at school and then it will kind of wear off by the next day.

**Reasons for Drinking.** The top three reasons middle school respondents listed for underage drinking included seeing role models drink, peer pressure, and stress.

Many respondents commented on the stress in their lives as being a major reason behind underage drinking. Of the respondents who talked about stress as the reason for drinking, many indicated this was due to family problems in the home. One respondent talked about how s/he felt stress because of her/his race and more importantly, the compounding historical discrimination her/his race has experienced. Drinking was even likened to physical “cutting” of one’s body, another common phenomena prevalent among adolescents.

[Stress]

R: And they be like stressed. Maybe they see adults drinking like ‘cause they are stressed or something, so they think it’s ok if you can do it or something.

R: ...they do it because like they said (pointing to others) they’re stressed out.

R: ...’cause we got all this stress...mostly black men...I ain’t even going, I’m going to say it though, we ain’t...we ain’t going to make it...we almost extinct...we ain’t making it.

R: When you get high and drunk you’re like...you go to a different world...you just, you know... away from reality.

[Stress at Home}

R: ...school, parents, life, grades, family, if their parents don’t pay attention to them, their family life at home, ...[making mistakes while playing sports and dealing with peer ridicule or disappointment].

R: Some...like in my experience...uhm I have a lot of crap going on in my life and I find that that’s why uh kids do it, as like a release or whatever uhm, after like stressful events and stuff like that. And uh it’s just it’s just like a relief for me just like for emotion kids like how they cut themselves, I mean it’s just like that, it’s just a way to release...

R: ...people with like family problems, people that are stressed out a lot, and they just need a way to get stuff off their chest

R: I’ll tell you right now, confession on tape...sometimes I do get high but that’s only because the stress at home.

R: ...if you were raised with like a really good life and you got it pretty good you wouldn't drink that much. You wouldn't get into it much. But if your parents were divorced or something and, I don't know...

A handful of respondents talked about how they see alcohol commonly used by adults and it is modeled as a "cool" behavior, particularly on television.

[Role Models]

R: I don't understand the problem because like uhm it's the grown-ups fault because they introduced it to us. The world is at fault...so, we should sue it.

R: Yeah, like surroundings, or being on television or sometimes you'll hear adults say oh god, I need a drink...you know you kind of think well, if that's ok then I guess it's ok for me.

R: ...to look cool...like the commercials are like making it look all cool...they're like chilling on the beach and stuff.

R: ...the way people do it is because they be showing it in videos and stuff because they're like I think that's funny and we liked it.

Within focus group discussions, there were mixed opinions regarding peer pressure.

The few that did suggest it was a relevant reason for underage drinking, suggested that the way peer pressure is presented in the media is not accurate. One respondent went a step further to note that when peer pressure is not noticeably present in the interaction, this may make it even more enticing to drink.

[Peer Pressure]

R: ...one cause of underage drinking is like the people who are around them, like their surroundings.

R: But that's not, usually, that's not really how it is. It's not like what is on t.v. Like, ahhh it won't hurt you just one won't hurt you. It's not like that at all. The fact that they don't peer pressure you makes you want...like for you to do it even more.

R: ...'cause that was like just one it won't hurt you. And they're going to be like ahhh (shy motion). Where it's going to be like just take this...here you go (casually offering a drink)...they're not going to be like it's wonderful

R: ...it's like they do it to impress their friends

R: ...just 'cause their friends are doing it.

Respondents suggested a few other reasons for underage drinking, which included rebellion, curiosity and celebration. One respondent suggested underage drinkers first try it out of curiosity and then continue to try it until they learn to like it, possibly to meet certain social expectations of young adulthood.

[Rebellion]

R: I think because people make it to be like you cannot do that, kids want to go and they do it anyways. It gives them more motive in a way.

[Curiosity]

R: 'Cause they don't know what it's like. And then they get into the habit of like well, I think it might not be good but I'd like to keep doing it and maybe I'll like it more.

[Celebration]

R: ...but some kids, they, I think most people tend to like drinking and stuff when their grades are good...like it's celebrating maybe. They're like, I'm doing so good let's go out and drink.

R: ...yeah, most of the time it's not depressing.

Unique to middle school focus groups, one respondent expressed doubt in alcohol addiction. S/he felt certain that people had the power to stop drinking if they wished, unlike the addiction of nicotine in cigarettes which s/he further explained as being harder to stop. Additionally, one middle schooler bragged about drinking, in an effort to denote status among peers. After being challenged by a peer about drinking at such a young age s/he backtracked slightly.

[Addiction]

R: ...saying you're addicted to something...I think it is just like a mindset. You can stop if you want to.

[Drinking as Status]

R: I started when I was like 5.

R: You still drink?

R: I ain't drunk in like, last time I drunk was uh, I ain't.

In addition to providing reasons for underage drinking, middle school respondents were asked to describe the typical youth who drinks. They commented on a range of topics including behavior, demographics, and physical characteristics of how they conceptualized the typical drinker. Most respondents suggested that race was not a factor in underage drinking, with the exception of one respondent from the rural focus group who commented that “those white boys be drinking a lot.” Some respondents commented on the age of initiation for underage drinking. It seemed to be a consensus that although some start earlier, underage drinking is more likely to start in middle school. Although some youth reported drinking at earlier ages on their surveys, youth confirmed that, on average, they tend to start drinking around 11 years old (public school youth – 11.3; alternative school youth – 11.6). Middle school respondents also explained that people most likely to be drinking are those who “mostly don’t want to listen to anyone but themselves” or those who “don’t really care.”

R: ...it usually starts in middle school like 13.

R: ...yeah, I’ve never heard of a 5<sup>th</sup> grader drinking alcohol.

R: ...Well, I knew a couple that started at like 10.

R: ...like fourth or fifth grade in like the school bathrooms.

The majority of comments respondents made revolved around the physical appearance of the underage drinker. During the urban focus group, students even offered to draw a picture of the underage drinker on the dry erase board that depicted the comments of their peers. Many of their comments centered around the drinker’s eyes: “baggy eyes,” “bloodshot eyes,” “shady eyes,” and “dark circles under their eyes.” Additional remarks described the drinker as being less than hygienic, with a worn appearance.

R: ...rough hair, stinky, baggy clothes....

R: I don't know if this is true but don't they tend to break out...like their face?

R: ...they look 40 but they might be like 12.

R: ...14 going on 40 (laughs).

R: ...they just ugly...they don't care about it...they be like they don't take a shower and stuff.

R: ...when a kid's drinking they look like an adult using, what's that, meth...methoid, or whatever it's called that drug thing, methoid thing.

Their description concluded by commenting on the gender of the typical underage drinker. Boys and girls seemed to disagree about whether boys and girls have similar levels of stress in their lives. Boys seemed to think they had more stress while girls were quick to point out that they have stress too. Also, boys and girls commented that girls cope with this stress differently, by drinking not as often as boys, but to the point of getting "drunk." It was unclear whether girls were commented to be binge drinking more often when they do drink or if they were "more affected" by the alcohol they drank for more physiological reasons.

R: I actually uhm saw this in the newspaper that boys are more likely to drink most often but girls when they do drink they usually drink more...they go crazy when they drink.

R:...boys do it because they got a lot of stress.

R: ...girls get mad when their toenails don't get painted.

R: Girls get stressed.

R: ...guys get stressed like really often...

R: But they don't get as stressed as much as girls do and girls get really really stressed and hold it in and finally they let it out and I think that's why girls drink so much when they do drink.

**Availability of alcohol.** The majority of students noted the availability of alcohol and the ease of access from a variety of sources. Some even commented on the taste

of alcohol, suggesting their experience with obtaining it. In both the rural and urban middle school focus groups, there was debate on whether it was easier to get alcohol “in the country” or “downtown.” Interestingly, when speaking generally, rural students tended to emphasize the ease of access in more urban areas, while urban students tended to emphasize the ease of access in more rural areas. But, when these two groups talked specifically about where alcohol was available to them, they cited similar sources, like home, friends and local stores.

Many respondents suggested that the greatest opportunity to get alcohol would be from home, whether it came by stealing, being offered it by parents, or being provided it by other relatives (i.e., brothers, cousins, uncles, parents). Also, they would have the same access by going into a friends’ home.

[Home Access]

R: Family members, cousins...

R: You can go steal it from your house.

R: As soon as I get home.

R: My parents just keep it in the fridge, but uhm I wouldn’t get it but like a lot of parents probably do that ‘cause they don’t think my son is going to go in there. They trust him so they just leave it unlocked in the uhm refrigerator...

R: Some kids are allowed to drink...Now depending really on how liberal your parents are it depends sometimes on how easy it is for you to get alcohol outside of school like at home, you know? Like I...he was saying, my parents they have a cabinet designated for it and when like my sister and I would babysit for some people and when they come they put a lock on it but when it’s just us at home they don’t because there’s a trust level, you know? So, it just depends on what they think about it.

R: If their parents have alcohol in the house or something.

Also, some respondents commented on having access to older friends who would make alcohol readily available.

R: Some had older friends with fake id's (16 yr olds)

R: It depends on who your friends are. It could be easy or it can be hard,

R: Unless you have a friend who has another friend who's like 18 and can get alcohol from his friends who are 21 maybe then that might be pretty easy.

R: And some fifth graders like they have like mature friends like in 6<sup>th</sup> and 7<sup>th</sup> grade...they tend to get it from them.

Other respondents talked about alcohol even being available to them through liquor stores or strangers at liquor stores, either through fake identification cards or because they would sell to underage people. Judging by the inaccuracies in the details of some stories, it was likely that some students were not speaking from personal experience but hypothetically speaking, as in the comment about an "8-pack for \$1.50."

[Liquor Store Access]

R: ...you could use a fake id.

R: Like there are stores in Gainesville that sell underage to people.

R: There's a, near my house, like a mile away, like probably like a couple of miles from my house there's a gas station that sells Bud Lite for like a \$1.50, like 6-packs, I mean like 8-packs for \$1.50.

R: I've seen people uh pay the homeless people about 20 bucks to go get them like a 12-pack and they keep the change and that's how they get it...or like split it with them.

Although the majority of students commented on obtaining and drinking alcohol outside of school, a handful noted how this had been done also at school.

[Alcohol Usage at School]

R: I think it might have happened once before like a couple years ago. There were these kids who had uhm water bottles with no labels or anything and they won't let you have them out of class and since liquor is kind of clear sometimes they had that and it looked like water and they were just drinking it.

R: Yeah, that happened at my old school. A kid brought like one of those bike water bottles and he had beer in it. And he told the teacher it wasn't and so she took it from him and showed like the police officer and he knew

what it was.; At my old school, they had uhm...they had, I think it was coke and rum, they were just drinking that during lunch, in the lunch room.

R: I've only experienced it once here. Uhm, we had a peer mediation about it...and uh, she...the person didn't get caught until finally a friend told the deputies, so sometimes it just depends on how discrete you are about it.

Overall, few, if any, argued that alcohol was not readily available to them. From a youth perspective, alcohol was easily accessible in Alachua County.

**Community as risk and protective factor.** Respondents seemed to agree that there was a drinking problem in Alachua County, as well as other problems (i.e., marijuana). One respondent noted that most people are quiet about their drinking, so many more than those who are visibly drinking are actually doing so.

[Hidden Drinking]

R: I think a lot more people, young people drink than we notice they just keep it on a down-low they don't like be like oh yeah I drink or something like that and uhm and there's actually a lot more people than like we would think there would be but they just don't say anything, they don't...they're not extremely proud of it.

Others cited specific reasons to back up their opinion about the drinking problem in Alachua County.

[Evidence of Local Drinking]

R: Well, for people who are driving, like 16 year olds and 18 year olds uhm that are driving, they might be underage drinking like that and then uhm getting in accidents because there have been a lot of accidents going on.

R: I hear a lot because my mom works at the ER and she comes home...a lot of car wrecks that involve deaths like in terms of drinking...and then I have a friend who he can't run anymore and he was underage drinking and his car was like totaled.

R: ...I actually know that kids are doing it because my sister she's 18 and so she goes to high school parties and one of the ones she went to they had alcohol and people were drinking and stuff.

Although many respondents recognized there is a local problem with drinking, some felt that there was constant policing of local youth. These respondents spoke of feeling

threatened by cops living nearby, fearful they were being watched even in their neighbor's off hours.

Middle school respondents had plenty to say regarding prevention programs, particularly those that are not successful and the possible reasons for this. They were in consensus that scare tactics did not seem to have a long-lasting affect on them.

R: (scare tactics – pictures) That didn't convince me at all. It seemed so set up. It had a picture of like a toe about to fall off 'cause he smoked. I was like laughing at it.

R: I still think it's temporary if like for example, challenge day here...challenge day had a really great affect on people for like a couple weeks...

Additionally, if prevention programs are supposed to be taken seriously teachers need to lead by example. This excerpt includes a comment where a student seemed frustrated that they were expected to participate in something that adults were not willing to take seriously.

[Adult Examples]

R: They need to work on their drug awareness program because right now they stink.

R: ...the same thing every year

R: The teachers don't even take it seriously.

Middle school respondents were initially pessimistic when asked what prevention programs might work for youth their age. They suggested that only through personal experience would youth truly understand the dangers of drinking.

[Personal Experience of Drinking Dangers]

R: I think you could have 100 people tell you like drinking is bad for you, or drugs are bad for you, but if you're not convinced yourself then it really doesn't matter what anyone else says. It's what you think and you won't take it seriously.

R: It seems to be people that take it more seriously are not...people that have had it like in their family, you know. Like someone sees her get in an accident or, you know, die you know or stuff like that. They seem to take it more seriously because they know the severe consequences you know.

**Potential prevention strategies.** When probed more about the possibility of successful prevention programs, respondents offered a variety of suggestions. For example, showcasing role models (either local or national) who have quit drinking might bring better awareness to youth.

[Role Models]

R: ...have commercials or quotes of people that have done it [stopped drinking] and like where they are now.

More importantly, they suggested having youth- designed programs and activities to make them more relevant. In the following excerpt, it is noted how adults don't design prevention activities in realistic ways and the scenarios could benefit by having youth design them in more updated ways.

[Argument for Youth-Designed Activities]

R: ...like if they added more activities to it [Mendez] like you getting up and do something...I think it's very important 'cause youth have, even though I think adults think that youth have pretty much the same opinion about everything and they're all pretty much the same, but really they have very different opinions.

R: Very, very different.

R: The youth could do it [design the programs] like certain adults that make some of these programs don't like, they don't know what it's like really and they don't like know what we're going through, they just...

R: They're always non-drinkers, non-drug-abusers.

R: Yeah, so they've never done it before. They don't know what it's like. So, they just make up like really random stuff and then on the Mendez program they make plays so like I'd be Billy, and it's like hey Billy, hi Sally, I smoke.

R: No one does that.

R: I think even if they did it when they were younger, they couldn't really compare because of the different time periods. They couldn't really compare how it was, or how it's like, because it's a lot different.

Another suggestion included offering alternatives to drinking as a stress reliever, since many respondents cite stress as a major reason why youth drink.

[Alternative Stress Relieving Activities]

R: They don't know any other way to relieve stress as they do with drinking. So, I think like if you would want to uh make the underage drinking population go down uhm it would be like having classes of giving them different options of getting rid of their stress besides drinking. I mean there's tons of other stuff out there...

Finally, a less welcomed prevention strategy was to decrease the legal drinking age.

[Lower Drinking Age]

R: This is going to sound really weird, but I bet you the underage drinking problem would cut in half...it would rise first but then it would drop because if they uhm got rid of the law that you had to be older than 21 to drink I bet you it would rise for like the first few months and then it would drop significantly.

Many respondents argued that this would not do what was intended and that there would be even more drinking and drinking-related problems.

**Seek Help.** Respondents were slow to respond when asked whom they would seek help if they themselves had a drinking problem or if they needed to refer a friend. A handful cited peers as the best to speak with. The majority explained why they wouldn't feel safe going to adults like doctors, nurses, law enforcement, or counselors to seek help.

[Doctors/Nurses]

R: They would tell parents.

[Adults]

R: ...wouldn't tell any adult...they would take it too seriously.

[Law Enforcement]

R: It depends 'cause a lot of the cops like have racism, so like us some

cops they like give you uhm examples where to go to like when they give you a card that says services, they might just give you a warning.

R: Police don't do nothing. They really don't like us. Police they be racist a lot. Ooh, just because...just because he's black he's doing something wrong and they check him...

[Counselors]

R: They are required to report you.

R: That's why I want to trust Miss "N"...I want to trust her, but I just can't.

There were mixed reactions about going to faith-based members for help. Some respondents were more trusting than others to seek out their help if having a drinking problem.

[Trust of Faith-based Members]

R: They'd be supportive.

R: People from the church would be great.

[Distrust of Faith-based Members]

R: I wouldn't because I like I think it would hurt the way they look at you. 'Cause they might look at you differently.

R: They talk Jesus to you...but it's certain things that a social group has to do like black people...we got to do stuff to make our stuff happen. Like, since we do our stuff like rob and kill people, we do this for a reason...the church is trying to make stuff better and help out everything but we still got to continue to do this 'cause this is the way that...it just got to go like that...it's got to go like that.

Middle school respondents were very talkative and interested in the discussion of the focus group. In addition to the topics we were scheduled to discuss, respondents offered some insight into other questions or concerns people their age were considering. It was quite apparent that participants enjoyed the opportunity to discuss and even offered up additional topics to discuss amongst their peers. The following are examples of these additional topics raised, which included technical "Drinking Under the Influence" questions to broader issues concerning racial targeting:

[Additional Topics]

R: Like if you know how there's really no drinking and driving is that even if you have a beer can or like a bottle of beer in a little cup holder? Would that be like, just because you have that would you get arrested or is it if you're drunk?

Note: Respondents listened to my response suggesting they weren't sure either.

R: So, why do they sell it in stores? Why do they sell it in Publix, why do they sell it in Walgreens, why do they sell it in like gas stations?

R: The people who sell beer and stuff they already know where to sell it at. They don't really be selling it at places by these rich areas, you see these...it's in the places where most of the black people are at. They already know black people drink more than any other...they sell it right there in the projects. Chevron, that ain't in no rich neighborhood.

### **Public School Focus Group: High School**

**Conceptions of drinking/underage drinking.** Although most high school respondents said underage drinking relates to those under the age of 21, some noted that it was anyone under the age of 18 and cited reasons for this response.

[Under 21]

R: You're not legally able to drink until you're 21.

R: I say 21 just 'cause you can go and buy...go to the store and buy drinks and that's like taught by the government.

[Under 18]

R: It's somebody under the age of 18 drinking cause if you're grown up you're going to do what you do...you don't have parents to tell you what you're going to do.

R: I think 18 and under because if you can go into the army and kill people but you can't have a beer afterwards...you could feel low but after drinking you're not going to feel anything.

There were others who recognized the legal drinking age was 21, but argued for it to be changed to 18 because that's when you are an adult (i.e., "you're old enough to vote, or if you can enroll in the army, enlist in the military or if you're old enough to drive"). Other respondents thought age shouldn't be the defining factor for drinking.

[Maturity]

R: ...if you still live with your momma...and she's taking care of you, you are not grown.

R: My mom brought me up and uhm it's a maturity level. You have to be a certain maturity level to drink. It doesn't matter the age, is what she told me.

Still, others suggested that people are going to drink regardless of legal drinking age and many respondents noted how they knew many people who were drinking underage.

Although one high school respondent noted that no one should drink because "nothing good comes from it," other respondents did not take such an extreme stance on drinking. Rural and urban high school respondents were in agreement that some people can handle their alcohol and others cannot. They offered acceptance to those who did not "act stupid" and to those who "knew their limit" regardless of age.

[Acceptance: Aware of Drinking Limit]

R: Ok if you know your limit.

R: Even though we're young and we're minors and stuff, there are some people that can handle their liquor if they've been drinking for a while, just like there are some adults that can handle their liquor and there are some adults that can't. So, if you know your limit is one beer and you go and drink three, four, five, well, then you know something's wrong.

[Acceptance: Controlled Behavior]

R: I think it's ok if you don't take it to the extreme...if you're stupid and you're like drinking and you have nobody around to make sure you're ok.

R: If you're going to do stupid stuff when you're drinking then you shouldn't drink. If you're responsible about it then I don't know...

**Perceived risk of drinking.** High school respondents were less descriptive than elementary and middle school respondents regarding the perceived risk of drinking. They suggested that it may affect some people, but not all. They emphasized physical, mental, and emotional risks associated with drinking. The most extreme of these were physical risks drinkers could incur by consuming alcohol resulting in a range of

situations including: liver damage, yellow skin, beer belly, physical assault, and even death.

[Physical Assault]

R: It was this lady talking to my mom and she like she went to a club, she went to The Venue or something, and she said, she was so drunk or something, and she said some man put her in the car and he was feeling on her and she felt violated [...] she was so drunk that she was in situations she don't even remember what happened.

R: I remember we were, well I was in 9<sup>th</sup> grade, we had a friend where she had come back from those college parties "like I woke up and I was missing articles of clothing and I didn't know what happened. All I knew were certain parts of my clothes were gone." She was in 9<sup>th</sup> grade with all of us and she come back like, "oh, my weekend was just crazy" and I'm like [respondent made a disapproving face].

I: Do you think she was kind of bragging or she was embarrassed?

R: I think it was a little bit of both 'cause how could anybody in their right mind say that and not feel like they have been violated and they don't even know what happened to you or who did, if anything, to you.

[Death]

R: I knew someone that died from drinking.

[Liver Damage]

R: It like ruins your liver and stuff and I don't want my liver going bad.

As for mental or emotional risks associated with drinking, they noted that people may become "lazy," "short-tempered," lack judgment" (i.e., "run through the streets naked"), and "can't concentrate." Also, respondents noted fluctuations in mood as a risk of drinking: "they get mean and then sad and start crying." These changes in mental and emotional states could also affect the academic life of the drinker. There was debate on whether these students who were regularly drinking were coming to school consistently. It was later suggested that overachievers were regular drinkers as well.

[Academic Risks of Drinking]

R: It could affect their grades because instead of doing their homework and studying and stuff they're out drinking.

R: They come to school to eat (laughs).

R: They come to school drunk though.

R: They don't come to class.

R: ...they copy.

Other risks that respondents addressed as being associated with drinking were a build-up of tolerance to alcohol and the cost to maintain a drinking habit.

**Reasons for drinking.** High school respondents listed a variety of reasons why people drink, particularly those underage. Their reasons ranged from less serious ones such as “being thirsty” or “liking the taste” to more serious ones such as addiction. Some participants even cited positive reasons for socially drinking, such as having fun with friends. Another commented that “people think everything’s more fun when you’re drunk.”

Participants also made more serious observations regarding the reasons behind why people drink. On the more negative side, the four major reasons respondents cited are individual stress, peer pressure, self-doubt, and addiction. Respondents noted individuals going through a lot of stress, from too much pressure on themselves, a need to escape their current reality and feel different, or feeling that they have no future. Drinking was suggested to be a way these individuals cope with their stress-related feelings.

[Stress]

R: It's probably from stress, probably that you [IB students] need to prove to yourself that you're not a dork....

R: [to feel different] to get drunk.

R: [fear of no future] they just drink 'cause they don't have no life ahead of them, well at least that's the way they see it anyway; drink their problems away.

R: ...because they can't deal with what they're going through.

Other respondents commented on the self-doubt individuals sometimes feel that may lead them to drink. They are suggested to do this because they may be shy, unable to fit in with others (i.e., dance), and also because they will then later have an excuse for anything they did while they had been drinking.

[Self-Doubt]

R: Some people can't have...be themselves without...some kids feel they can't have fun or can't be themselves without drinking (agreement from others – heads nods). They feel like they are a different person.

R: ...because some people are shy.

R: They just can't dance on the floor, you know, and all that kind of stuff without being drunk or high or something.

R: If you're drunk you have an excuse for everything stupid you do.

Many participants offered a comment regarding peer pressure. Some suggested that this was a major reason why people drink.

[Peer Pressure as Main Influence for Drinking]

R: Sometimes they see their friends doing it and so they want to do it too.

R: It's something that's true, because I know I've been in situations where he's like...where one of my friends pressures me to do something but I was like no it ain't going to work like that...and I ended up doing it anyway.

R: Yeah, but there is peer pressure...it's not as common as it was like 5 years ago.

R: [they drink] because they want to be cool.

Many were quick to point out that although peer pressure may exist on some level, it does not exist in the way it is commonly portrayed. It was suggested that there are also other factors at play simultaneously influencing people to drink.

[Peer Pressure as one Reason for Drinking]

R: It happens but it's not the big thing.

R: I don't think it's the only thing.

R: I don't think that's the only reason because you have peer pressure in all aspects of your life...not just drinking.

Also, there were some who even challenged peer pressure as something that exists at all. One respondent noted that it was an individual choice of people and they drink because they want to, without regard to outside pressures.

[Peer Pressure]

R: People do it because they want to do it.

R: I don't believe in peer pressure.

R: Usually when you're hanging out with someone who's drinking and they offer you a beer and you say no, they're like oh well more for me, you know?

Respondents also commented on how underage people could be addicted. They mentioned some early signs of this addiction may include drinking on a regular basis and not caring about getting into trouble.

[Addiction]

I: (probe) Are people your age addicted?

R: Yes (multiple voices).

R: They want to do it entirely too much, like on a regular basis.

R: When no matter where you are they're drinking for fun.

R: You can't go a weekend without getting drunk.

R: You don't even care if you're in trouble.

Finally, rebellion was another reason why people drink, particularly those underage. It was noted that young people may be drawn to illegal activities. Additionally, children may rebel against overly strict parents by drinking.

[Rebellion]

R: If it's not illegal then people don't want to do it then.

R: ...'cause they're not supposed to do it.

R: ...or their parents are really strict and they're rebelling by drinking.

In addition to being asked reasons behind drinking, respondents were asked to give a description of the typical drinker. The majority of respondents seemed to agree that they knew a lot of people who drink and there is no one description of the typical drinker. The following are just a few examples of this type of comment. One student did note that drinking may be dependent on "your situation," as opposed to any social type.

[Typical Drinker]

R: ...a lot of people...I know lots of people.

R: You can't describe it because everybody...I shouldn't say everybody...

R: I know a lot of people that do it all the time...usually by the time they come to school it's fine.

R: I don't really think what race, or what social type...I think it's your situation.

After the discussion continued for some time, a few respondents made observations of those who may drink more often. Many respondents, of different races, focused on "rich white kids" as the ones who are drinking because they have more access to it.

[Rich Kids]

R: Rich kids are drinking.

R: ...'cause I think some people think it's just like the black ghetto kids that they say with the dreads and all that. But, I think...I think it's more rich white people drinking than it is the so-called...

R: Yeah, a lot of rich white kids drink.

R: ...'cause they can afford all the drinks.

R: Yeah, like I know some kids that'll scrap up for two weeks and then they can get a bottle of something (multiple laughs)...and when they get it they want to show it off to you like it's a thousand dollars or something.

R: It's not just rich kids...but people that have parents that entertain.

R: ...one student from Buccholz...her...their mom was like bartending at a party we went to.

A few high school respondents noted how other populations of students may be drinking more than others. It was noted that International Baccalaureate (I.B.) students are regularly drinking, even though they are stereotyped as overachievers who don't typically have fun like other students. Additionally, there was debate whether drinking was more prevalent in rural or urban schools. Those from rural areas noted some reasons why they may be more associated with drinking.

[I.B. Students]

R: In the I.B. program, you would think kids would be...you would think someone would be smart, but the majority of people in the I.B. program get drunk so often that you would think that they are so educated in all this stuff, they know so much information about every effect of alcohol and yet they're the ones drinking...

[Rural vs. Urban]

R: I don't know because like I heard what all you said and since we're away from everything like we have more like...more space

R: Rednecks...in this school everybody does.

R: Rednecks are much more vocal about it...

There was a strong Students Against Drunk Driving (SADD) chapter at one of the high schools where focus groups were conducted. At this particular school, students emphasized that SADD members would be a group who is especially not likely to drink. They noted that if you're an officer in SADD, you are required to sign a contract that you will not drink. Respondents mentioned that there are approximately 20 officers and 300 other students on campus affiliated with the organization. It was also noted that students mostly join because they "like getting out of class."

**Availability of alcohol.** High school respondents mentioned a variety of sources from which they could get alcohol. The most common sources included older friends

and family. In the rural focus group, participants were particularly excited when talking about “mud bogs” and the easy access there. Focus group participants were observed to laugh and speak out abruptly when this topic arose to provide me with details on this activity.

[Older Friends]

R: If you're hanging out with older people....

R: Friends over 21.

R: At a party.

R: A lot of us go to mud bogs.

R: It's [alcohol] everywhere.

R: It's like this big mud thing that we drive trucks in and we go in circles and play around in mud.

Respondents elaborated on why it may be acceptable to drink at home. Their comments ranged from parents having complete acceptance of their child drinking to parents allowing them to drink at home in an attempt to control where and when they drink.

[Parents – Complete Acceptance]

R: If you get them a refill they don't care.

[Parents – Don't Care]

R: Some parents don't give a crap.

[Parents – Controlling the Situation]

R: ...some people's parents let them drink right in front of them instead of doing it somewhere they might get drunk.

R: ...they'd rather you drink in the house with them than go out sneaking drinking and try to get back home and get in a wreck.

R: 'cause some families talk about drinking, and they like, well I know you're going to drink anyway....

R: Some parents let you drink right there...as long as it's kept in the house.

Other respondents noted that they will avoid dealing with their children drinking because they don't want to view them negatively.

[Parents – Denial]

R: I think they're accepting of it, but they say you know instead of stressing themselves out, you know, I'm not going to help you but I'm not going to stop you.

R: They just don't want to view...they don't want to think of their kids as someone who's disobeying the law so if they just pretend that it's not happening then they don't think it's bad.

Finally, one respondent noted how easy it was to steal alcohol from the home without their parents ever knowing.

[Home – Stealing]

R: Stealing from older people, stealing from parents, anything.

Less common sources to get alcohol from included strangers. One respondent mentioned that you can go into stores "these days" and have strangers purchase alcohol for you if you ask them. This comment was challenged by another who explained that it depends on who works at the store you're trying to buy from.

[Strangers]

R: These days you can tell people go in the store with you and they're going to get it.

R: That's true.

R: Well, it depends on who in the store works there.

**Community as risk and protective factor.** Although high school respondents commented on drinking being a national problem, they also cited signs they have seen locally to suggest it is prevalent in Alachua County. Many felt the University's presence had a lot to do with the culture of drinking expanding outward to the local underage population. One student pointed out a mixed message s/he was receiving at school. S/he mentioned how students aren't allowed to wear anything with alcohol logos,

although “they have billboards a quarter mile down the street” from school with beer on them advertising to college students. Respondents highlighted the images they have of UF students out partying downtown or tailgating. Some noted seeing these images on the news, while others noted they had first-hand experience in seeing UF students drinking/drunken downtown. Some confessed to sneaking into clubs themselves and attending college parties. One respondent noted how s/he regretted this decision later.

[College Student Images]

R: ...‘cause you have college students who drink and they’re underage but they just celebrating with everybody else and get drunk, and they drink they are on the sidewalk and can’t move (multiple laughs) walking backwards (multiple laughs).

[Clubs/Parties]

R: A lot of students sneak into clubs.

I: (probe) Are kids your age going to college parties?

R: Yes.

R: That’s all the time.

R: UF and Santa Fe [Community College].

R: All types of parties...it’s scary...the whole environment, the atmosphere, what’s taking place...it’s like you know you can tell when you’re trying to grow up too fast, ‘cause that was my first college party and that’s my last college party.

Respondents emphasized the lack of enforcement contributing to the underage drinking problem.

[Lack of Law Enforcement]

R: ...the law enforcement is not strict here either. They think they are enforcing it but they have no idea.

R: ...‘cause it’s police who slip...

R: ....that’s what I’m saying, it’s the police.

Respondents also emphasized other locations that drinking was occurring. The rural and urban focus groups highlighted different drinking spots. The rural focus group noted that drinking was happening in places like “the springs,” “rum island,” and “mud bogs,” while the urban focus group initially focused on drinking in downtown or the University area. Interestingly, when probed, both groups of students started to elaborate on their conceptions of drinking in rural versus urban areas. Rural students seemed to emphasize it being more common in more urban areas, while urban students talked about how easy it was to do in more rural areas.

[Urban High School Focus Group]

R: I think [it's worse] in the country.

R: You know you can easily turn something as simple as cranberry juice into an alcoholic drink.

R: If you let it sit in the sun long enough it becomes alcohol.

R: Like in Fort Wide, Lake City, they have stills and stuff, you know how some people bootleg and stuff.

[Rural High School Focus Group]

R: Maybe High Springs and Gainesville. See, we don't really know what's going on in Gainesville.

R: It's probably less here because we are a real conservative town as opposed to the larger cities; like if there was a problem we could see a newspaper ad or whatever. We probably hear it, I think once in a while like a teen gets drunk at the bar or in Gainesville.

One unexpected development throughout the focus groups was the students' emphasis on marijuana. Many respondents commented on the prevalence of this substance in both the rural and urban focus groups. Particularly in the focus group, respondents mentioned that it was a bigger problem than underage drinking.

[Prevalence of Marijuana]

R: ...more into weed and stuff.

R: Reefer.

R: Mari-ju-ana (laughs).

R: Mary-jane.

I: (probe) Have there been a lot of incidents?

R: Everyday.

R: People smoke it during lunch.

R: Before school, at lunch, after school.

R: I know this girl she smokes every day before she comes to school.

R: I had two girls smoking outside my art class the other day when I was outside sketching...there were two girls hiding behind a trailer though smoking during school.

R: They smoke in the bathrooms; they have the dogs that come and sniff classrooms randomly...but that's like once a year.

R: They honestly be in the wrong classrooms too.

R: You don't have to throw it away because they don't smell the dang people...the dog smells the backpacks.

R: I've never really seen too much drinking at Eastside.

R: I've seen pot brownies though (laughs).

R: It's more people that smoke weed around here.

**Potential prevention strategies.** High school focus group participants were somewhat pessimistic when asked to brainstorm successful prevention programs. Some even went so far as to say that something needed to happen to them personally before underage drinkers would stop.

[Need Personal Experience]

R: Something's gotta happen to them for them to say oh well maybe I do need to stop.

R: ...just talking to people and giving them the same boring lecture and stuff that's not going to cut it.

R: It has to be a personal experience.

Respondents mentioned that the programs they've personally had to go through didn't really work, were unrealistic, and repetitive. SADD officers noted that they've "tried everything [i.e., PowerPoint presentations, candy, programs linking elementary and middle schoolers to high schoolers] but students just don't care." Respondents tended to laugh when talking about programs they've had to go through year after year. They even recommended just varying the programs up from year to year to break the monotony might work better.

Although some noted that "people are going to drink no matter what," when challenged, respondents offered up some interesting suggestions for prevention program improvements. They noted how a good role model might influence someone not to drink. Respondents explained how a recent death at their high school impacted students.

[Influential Role Model]

R: I think it affected some people last year when Dante died.

R: He helped a lot of people. He went through school talking about it. Yeah, he threw a party, he had threw a party and he had a yeah, he stopped the party or whatever and he gave us a talk about 20 minutes, yeah about drunk driving. And he was like... 'cause I used to sneak and drive but I don't do that no more.

R: Scary, ain't it? 'cause you know what could happen.

R: It is scary...he was just saying like, if you ever like feel like that...

R: ...to call.

R: ...that your last hope is to do this or do that and you're behind the wheel, he gave us his number and stuff like that. It was...it was nice.

Also, participants debated the usefulness of elaborate scare tactics. They noted how mock car crashes, and visual images might influence underage drinkers to stop. They

further explained that those students that it would impact most wouldn't be drinking anyway.

[Scare Tactics]

R: I think they should have people come to the school and show you like dead bodies and stuff.

R: I think people around here need prime examples.

R: When I had my driver's test, they, I went to this lady and she would like take your driver test and they showed you like all these side effects of drunk driving and stuff and it like scared me so much. I think that would just scare people. And I think that's what you need to do.

R: If they can see it... instead of people always talking to them; I think at this point everyone knows what happens when you get drunk...

R: Like if somebody sees it, and you get like a first person perspective from it it would be different than, you know, "don't drink and drive" (in a mocking voice).

R: But some people never learn.

R: You could do mock car crashes ...but the ones that know better are the same ones that are drinking.

R: I've seen some activities where they completely generate what you'd look like if you like start drinking at a younger age, like high school level, if you keep drinking throughout your life what it could do to your looks and that could change a lot of people's minds.

R: Yeah, you could make a website of this.

Respondents explained how discussion groups, much like the focus groups, could also benefit underage drinkers. They emphasized that these need to be lead by former drinkers to be realistic, and the presence of non-drinkers is critical to openness and trust within the focus group.

[Discussion Groups]

R: A focus club...like something like this where like if you have problems or something and you don't want anybody to know but like it could be like a group thing in every grade.

R: Not like AA where it's kind of weird...

R: I would feel that they were judging me [if including non-drinkers in discussion].

R: Yeah, so I mean if you ain't never drunk or been through what I've been through I don't want to talk to you. You don't know what you're talking about, you ain't never been here, ya know?

Other suggestions from respondents included decreasing the alcohol content in alcohol, giving economic details of the cost of drinking, and mocking the act of drinking through commercials – like those used to educate about the dangers of smoking.

[Decrease Alcohol Content]

R: You could do like different things like how maybe cigarettes or whatever, how they have like less nicotine and stuff like that but also like the drink instead of putting a certain percent of alcohol, just lower the percentage of alcohol.

[Provide Economic Details of Drinking]

R: If someone smokes like 3 packs a week or something they wind up spending over a thousand dollars.

**Seek help.** Finally, high school respondents were asked who they would seek help from if they or their friend were dealing with a drinking problem. The majority of respondents said family or close friends. Only one respondent commented that the “friend may just encourage you.” Siblings were the first choice of many respondents, but some even suggested seeking help from their parents.

[Seek Help From Family]

R: Sometimes you have people telling you things you already know, like you know, you're going to...but sometime you need to hear it from somebody else that you know cares about you in that kind of way then it might make you change your mind.

R: ...to tell you the truth, he'd [father] push you to where you're not going to do it no more and you're going to be straight.

Many noted the reservations in going to seek help from other adults who most likely will make things more difficult for them. It was noted that parents will judge you and treat you differently instead of trying to help you through a drinking problem.

[Reservations with Parents]

R: They'll judge you.

R: I wouldn't do my parents, because once you tell them they'll like act all soft and stuff but then after a while like say you get on his nerves he's going to bring it up.

Respondents felt that church members might not be accepting of someone having a drinking problem either.

[Reservations with Church Members]

R: They're going to cast judgment.

R: It depends on if it's a big church or a small church.

R: They might not accept it but they'll help you through it to like stop it.

Some respondents commented on the potential for doctors, guidance counselors, and police to report your drinking problem to your parents, if you had sought them out for help. Additionally, some thought police might specifically target them for future citations if they knew they had a drinking problem.

[Reservations with Doctors/Nurses]

R: They're going to call your momma.

R: They'd tell on you though. I don't like doctors.

R: ...'cause like I went to somebody to talk to and like, they were like we're not going to tell your mom anything. I promise and then like on the ride home my mom and she was like, so... she told her like half the stuff that I said. I was like, great!

[Reservations with Guidance Counselors]

R: Guidance counselor.

R: But teachers are supposed to report anything wrong...like anything illegal. Like if you said, and you were just sitting there and you said you had a problem with drugs...she has to report that...so, it's like some things you might not want to say.

[Reservations with Police]

R: They actually like go to your house and like talk.

R: They'd just keep an eye on you and bust you for doing something you shouldn't.

R: Then you'd just get in trouble for doing it rather than getting help with it.

Table 4-1. Public School Youth Survey Data (counts).

		Elementary		Middle			High		
		Chester Shell	Lawton Chiles	Oak View	Ft. Clarke 1	Ft. Clarke 2	East side	Santa Fe	TTL
GENDER	Male	3	5	6		4	4	5	27
	Female	5	3	4	7	3	7	5	34
RACE	White	4	3	5	3	4	2	7	28
	Black	3	2	3	3	2	8		21
	Hispanic		1	2	1	1		1	6
	Other	1	2				1	2	6
REDUCED LUNCH	Yes	7	3	5	3	2	5	2	27
	No	1	5	5	4	5	6	8	34
AGE	≤ 9	1	2			1			4
	10	3	5			3			11
	11	4	1	1		2			8
	12			4	2	1			7
	13			1	5				6
	14			4					4
	15						5	5	10
	16						3	1	4
	17						2	2	4
≥ 18						1	2	3	
AVG. GRADES									
Elementary School									
	Satisfactory	7	7						
	Unsatisfactory								
	Both Satisfactory. & Unsatisfactory.	1	1						
Middle School									
	A's			1	1	1			
	A's & B's			3	2	3			
	B's								
	B's & C's			6	2	3			
	C's								
	C's & D's				2				
	D's								
	D's & F's								
	F's								
High School									
	3.5-4.0						3	1	
	3.0-3.49						4	1	
	2.5-2.99						2	6	
	2.0-2.49						2	2	
	<2.0								
EVER DRANK	Yes	2		5	2	2	7	8	26
	Never	6	8	5	5	5	4	2	35
	Past mth			1		1	2	3	7

Table 4-1. Continued

		Elementary		Middle		High		TTL	
		Chester Shell	Lawton Chiles	Oak View	Ft. Clarke 1	Ft. Clarke 2	East side		Santa Fe
AGE OF 1ST DRINK	≤ 8	2		1	1			1	5
	9							1	1
	10			1	1	1	2		5
	11			1		1		1	3
	12							1	1
	13			1				2	3
	14						1		1
	15						1		1
	16						2	2	4
	17						1		1
	≥ 18								0
	No Answer			1					1
TROUBLE	Total	1		1				3	5
	at home	1		1				3	5
	at school								
	by police								

Table 4-2. Characteristics of Public School Focus Group Participants (counts).

DEMOGRAPHICS		DRINKERS (26 total)	NON- DRINKERS (35 total)
Gender	Male	10	17
	Female	16	18
Race	White	15	13
	Black	8	13
	Hispanic	2	4
	Other	1	5
Rural vs. Urban	Rural	15	13
	Urban	11	22
<b>HOUSEHOLD CHARACTERISTICS</b>			
Alcohol Home	Always	4	2
	Sometimes	13	4
	Rarely	5	6
	Never	4	20
	NA		3
Adults Only	Yes	18	31
	No	8	3
	NA		1
Locked	Locked	3	13
	Unlocked	18	11
	NA	5	11
<b>FAMILY STRUCTURE</b>			
FAMILY STRUCTURE	Nuclear	12	21
	Non-nuclear	14	14

Table 4-3. Alternative School Youth Survey Data (counts).

		Middle School	High School	
		Horizon Middle	Horizon High	Total
GENDER	Male	4	7	11
	Female	4	3	7
RACE	White	1	2	3
	Black	5	6	11
	Hispanic	0	0	0
	Other	2	2	4
REDUCED LUNCH	Yes	7	8	15
	No	1	2	3
AGE	≤ 9			
	10			
	11			
	12			
	13	2		2
	14	6		6
	15		4	4
	16		2	2
	17		3	3
	≥ 18		1	1
<u>AVG. GRADES</u>				
Middle School	A's			
	A's & B's	2		2
	B's			
	B's & C's	2		2
	C's			
	C's & D's	4		4
	D's			
	D's & F's			
High School	3.5-4.0			
	3.0-3.49		2	2
	2.5-2.99		4	4
	2.0-2.49		3	3
	<2.0		1	1

Table 4-3. Continued

		Middle School	High School	
		Horizon Middle	Horizon High	Total
EVER DRANK	Yes	4	7	11
	Never	4	3	7
	Past mth?	2	6	8
AGE OF 1 <sup>ST</sup> DRINK				3
	≤ 8	2	1	
	9			
	10		1	1
	11			
	12	1	1	2
	13	1		1
	14		1	1
	15		2	2
	16			
	17		1	1
	≥ 18			
	No answer			
TROUBLE	Total	2	4	6
	at home	1	2	3
	at school	1	1	2
	by police		1	1

Table 4-4. Characteristics of Alternative School Focus Group Participants (counts).

DEMOGRAPHICS		DRINKERS (11)	NON- DRINKERS (7)
Gender	Male	7	4
	Female	4	3
Race	White	2	1
	Black	6	5
	Hispanic	0	0
	Other	3	1
<b>HOUSEHOLD CHARACTERISTICS</b>			
Alcohol Home	Always	3	0
	Sometimes	3	2
	Rarely	2	1
	Never	3	4
	NA	0	0
Adults Only	Yes	8	4
	No	2	3
	NA	1	0
Locked	Locked	3	3
	Unlocked	3	1
	NA	5	3
FAMILY STRUCTURE	Nuclear	5	2
	Non-nuclear	6	5

## CHAPTER 5 CONCLUSION

### Summary

#### Major findings between youth focus groups

Overall, self-reported underage drinkers came from each age category, school level, lunch status, race and gender. In general, my alternative school sample was slightly more experienced in all categories of drinking than their public school counterparts (i.e., higher lifetime usage; higher past-30-day usage; & more experience being in trouble with police and school). Although of note focus group discussions and individual conceptions of drinking did not seem to vary dramatically between these two groups. Across age categories, youth who reported that their families tended to serve alcohol at family celebrations were more likely to report drinking. Also, the majority of my sample perceived alcohol to be for adults only, but youth reporting drinking were less likely to say it was for adults when compared to non-drinkers in my sample. Although a large portion of youth felt this question was not applicable (since alcohol was not kept in their home), youth who reported drinking tended to come from homes where alcohol was not locked up. Additionally, students reporting drinking came from homes with non-nuclear families, whereas non-drinkers tended to come from homes with standard nuclear families.

In elementary focus groups, urban youth tended to speak more of recent news about alcohol-related incidents (i.e., car crashes). Rural focus group participants tended to talk more about their families and alcohol problems, clearly experiencing stresses from this at home. Elementary youth were noted to make longer comments that were substantially unique in topic from each other. They tended to be more descriptive than

participants from older age groups, oftentimes commenting on the rationale behind why people are drinking. They cited reasons such as peer pressure, addiction and family and individual stress leading youth to drink. Elementary youth were extremely supportive of each other throughout the focus group discussion and seemed to bond over being against drinking at any age. Elementary youth were less forgiving of those drinking, most often commenting on alcohol abuse of adults they know well. This aversion to drinkers was noted by the researcher, and it was apparent that they were not describing themselves as those drinking.

Middle school participants were more approving of drinking than elementary participants, but less approving than their high school counterparts. They suggested that it was “ok” in certain situations. Middle school participants seemed more knowledgeable of brand names than elementary participants, but less knowledgeable when compared to high schoolers. They also highlighted peer pressure and stress as major reasons behind youth drinking. At this age level, drinking was likened to the relief felt when physically “cutting” one’s body. Middle school youth also noted seeing role models drink as a reason why youth drink.

High school participants used shorter, less descriptive comments. They were more concise in their comments and less willing to challenge their peers by stating a completely different stance than another. This may suggest peer influence is more at play during this age group. It appeared that high school focus group participants were less willing to elaborate on their opinions, perhaps because of their uneasiness in sharing with their peers or perhaps they are still trying to understand their feelings related to these topics. More joking occurred in high school focus groups when talking

about drinking. This may be evidence of uneasiness with the topic or just the opposite, comfort with the topic because of its prevalence in their age group. More research is needed to tease this concept out. In high school focus groups, drinking was not as serious a topic as it was in younger age groups. Also, high schoolers were quicker to point out certain social types drinking more than others (i.e., urban focus group said rich, white kids were drinkers; rural focus group said rural populations tend to drink more). Although there was little consensus when it came to narrowing down one population that drinks, with students broadening the conversation again to the varied demographics of underage drinkers. High school youth noted medical (stress), social (peer pressure; self doubt) and addiction-related reasons for youth drinking. They explained that alcohol is used as a stress reliever to “drink problems away” or because an individual can’t “deal with what they they’re going through.”

There were noted similarities across grade levels. All focus group participants were extremely supportive of their peers in both verbal agreement and observed facial responses. Another major finding that was echoed across grade levels was an extreme distrust of adults, particularly involving disclosure of underage drinking. This distrust of adults did not vary across adult roles. For example, when probed if they trusted nurses more than teachers or police more than their pastor, youth consistently reported that they were not comfortable disclosing drinking behavior to any adult unless they wanted to be helped. Most focus group participants tended to conceptualize adult drinking and underage drinking as very similar, even citing similar reasons for drinking between populations. Focus group participants of each school level commented on the inadequacies of current prevention programs. For example, many highlighted the

strength of group discussion formats like the focus group that could be helpful in fostering dialogue about these social issues. It was clear that focus group participants did not approve of current prevention efforts and each grade level suggested they would be willing and, more importantly, more capable of designing efforts themselves – or at the very least, in consultation with prevention designers. Focus group participants across grade levels were fully capable of communicating their thoughts on drinking and were observed to appear happy that someone offered them the opportunity to speak about a topic oftentimes thought of as taboo.

One thing that came up in many of the focus groups that was unanticipated was the possibility of youth recently relocating to Alachua County. Some focus group participants had varying conceptions of neighborhood or community, since they had moved from another town. This actually allowed them to make comparisons between their old town and their new town. Also, across grade levels there was a high level of interest in participating in PIPSA's future youth advisory council. Youth were appreciative of the opportunity to discuss topics like underage drinking. Some said comments like "thank you for coming and doing this for us" or "can we stay here a little longer?" Finally, many focus group participants suggested drinking was an "individual choice," perhaps misrecognizing the power of social relations on their own behaviors. Theories within Sociology may lend themselves well to prevention programs. Local youth may benefit from understanding how people are individually choosing to drink and therefore have individual agency, but they are also being socialized to drink or not drink in ways they may not recognize – depending on their protective (i.e., family and school

ties) and risk (i.e., UF culture, peer and family ties, media) factors they've been exposed to.

In sum, there appeared to be some age-graded similarities and differences in the public school youth focus groups. Elementary youth provided more descriptive and unique comments when compared to middle and high school youth. Conformity in expression tended to converge more at the middle and then high school levels respectively. While all focus group participants were outwardly supportive of each other, high school youth tended to give cues that they did not completely agree with one another (i.e., head-shaking, eye rolls). Although when probed high school youth usually did not provide a counterpoint, this level of disagreement was not found to a large extent in elementary and middle school focus groups. Elementary youth presented themselves as less experienced than both their middle and high school counterparts, while high school youth tended to appear more knowledgeable than middle school youth when referencing alcohol name brands, use patterns, and access to alcohol. Levels of approval in underage drinking tended to increase with each level of education, with high school youth tending to be the most approving of alcohol usage in underage populations. High school youth joked more regarding the topic than their elementary and middle school peers. Overall, there were more similarities than differences between the age-graded focus groups. Youth from each of the age levels seemed to highlight similar reasons for underage drinking, which were also found in the literature. They tended to emphasize experimental, social (peer pressure), medical (stress), and addiction-related reasons for drinking during this life stage. Youth also offered similar

suggestions on potential prevention efforts (i.e., interactive, youth-designed, family-based efforts) that might be more successful.

Alternative school focus group discussions were not extremely different than their public school counterparts. Much like their peers, they knew examples of students who drank and students who did not drink. They were not overly supportive of underage or adult drinking, and some even suggested banning it all together – although this was quickly met with disagreement from peers. Alternative focus group participants didn't seem any more likely than their public school peers to confess their usage (as if to brag about their behavior) nor were they less open regarding their behavior. Additionally, they were just as hopeful as their public school peers in decreasing underage drinking, highlighting their willingness to help to improve prevention efforts if given the chance. Like their public school peers, they were not trusting of adults like nurses, doctors, or parents. Unique from their public school peers, they noted how adults in the past have taken their comments related to drinking very seriously and have acted on them (i.e., placed them in counseling).

Some notable differences in alternative focus group discussions was an emphasis on personal experience in being counseled. While these participants had years of experience getting counseling for substance use issues, they spoke of the negative experiences in substance abuse counseling and prevention efforts they had to go through in very much the same way as their public school peers. For example, both populations noted issues related to counseling and prevention efforts, even though public school peers may not have even had this personal experience to comment from. If alternative school participants' comments were extremely different their public school

peers, than we could assume this was due to their experiences with counseling, but since their comments were very similar this assumption cannot be made. Additionally, their suggestions for improvement centered around peer counseling and an aversion to current educational programs, similar to public school participants. Behaviorally speaking, alternative school participants tended to have more side conversations, laughed more about the topic, and were observed to make more outbursts in reaction to others' comments.

The same-gender (female) middle school focus group did not differ from the other middle school focus groups, with the exception of study participants in same-gender focus groups citing only females in their examples. Interestingly, all situations the focus group participants described involved females. Since this research did not intend to be gender-specific, this focus group is limiting in scope for the purposes of this study. Although, this would be interesting to explore in more detail for future studies with both boy and girl same-gender focus groups. Participants in this focus group talked about similar topics and offered similar prevention suggestions than their mixed-gender middle school counterparts. Additionally, participants in the same-gender focus group were equally supportive of each other as compared to the other mixed-gender focus groups.

### **Major findings between PIPSA coalition focus groups and youth focus groups**

There were some notable similarities and differences found between PIPSA coalition member focus groups and local public school focus groups. These will be discussed in the following section. A major similarity between coalition member discussions and student discussions was an agreement that underage drinking is an issue in Alachua County. Also, both populations seemed to agree that a potential source of alcohol is the home. Coalition members suggested this to be the case and

youth confirmed this was commonly occurring. In this vein, family-based prevention efforts were noted to be valuable by coalition members and local youth. Different than coalition members, local youth emphasized drinking problems of family members as an additional reason to incorporate them into the prevention/intervention of drinking in the home. Coalition members neglected this connection while discussing family-based efforts. Youth also suggested that prevention efforts need to start earlier than is currently being done and they would be willing to participate in lengthy prevention activities if varied up year to year. PIPSA coalition members echoed this and suggested that more longitudinal prevention efforts would be beneficial (ex., an entire cohort in a 12-year program rather than a 5-year program which is currently done). Additionally, it was noted by coalition members that prevention programs need to be more interactive for local youth, as opposed to more educational lecture-type activities. They further explained that educational activities alone are not effective, since there was a general sense that underage drinkers were already knowledgeable of substances and their effects. This was a major point of agreement within youth focus groups, with one student saying “kids get bored hearing the same thing every year.” While coalition members cited more interactive approaches like mock car crashes and beer-goggle activities as being more effective, local youth commented that although they liked these activities they weren’t effective in making youth drink any less.

Just as there were similarities between coalition member focus groups and local youth focus groups, there were some notable theoretical and practical differences between the two populations. On a theoretical note, PIPSA coalition members tended to be in agreement that drinking was a learned behavior – drawing heavily on social

learning theory throughout focus group discussions, while many local public school students talked about people drinking as an “individual choice.” It was observed that many youth did not recognize social learning theory or the principles behind it. This could work to the advantage of PIPSA if they were to highlight the varied social influences youth manage as they are progressing through this developmental stage. Since it is generally understood that both conforming AND deviant substance use are explained sociologically as products of the general social structure and culture and the more immediate groups and social situations with which individuals are confronted (Akers 1992). This perception could work to empower youth. If students are thinking of their behavior as so individualistic, they may fail to recognize the reasons behind their behavior, and thus, feel less in control of their own social circumstances. Perhaps more individualistic thinking is characteristic of this developmental stage, and prevention efforts could use this knowledge to strategize how to work within or even against this mindset.

On a more practical level, coalition members talked differently than local youth in a few important respects. These are important to highlight if PIPSA-designed prevention efforts are to recognize local youth perspective. Coalition members were quick to separate adults and children when discussing them. They emphasized reasons for why youth drink as opposed to why people drink, citing peer pressure as a major reason, neglecting youth agency. This was done in an attempt to better target them. Unlike coalition members, youth tended to collapse them in during their discussions and emphasized that they drank for many of the same reasons as adults – including individual and family stress.

Another difference between these populations was in how underage drinkers should be dealt with. Coalition members tended to emphasize consequences and strict enforcement more than local youth (i.e., curfew, year-round schooling). Local youth did not think extreme measures like this would be effective in getting youth to abstain from drinking. Additionally, coalition members were observed to appear less emotional when talking about drinking when compared to local youth and spoke in a calmer fashion as compared to youth. Youth appeared more animated and passionate about their comments (i.e., some youth raised their voices at times to make their points). Coalition members talked about focusing on substance use to decrease future incarceration rates and to decrease health costs, while local youth sometimes told emotional stories about family members and their substance abuse issues. PIPSA could perhaps better incorporate youth emotion into their prevention efforts, having them speak of personal experiences. Finally, coalition members explained how youth were extremely talkative about drinking and how they were oftentimes observed to be “blatant” and “proud” of it. In focus groups, local youth were observed to be very different than how coalition members described them. Youth talked about drinking in very negative ways at times. Also, when disclosing personal drinking patterns, youth were not observed to be particularly boastful, but were observed to speak very matter-of-factly. Additionally, there is local research to back up this finding. Data from the 2008 FYSAS suggest that relatively few students reported that they would be seen as “cool” by their peers if they drank alcohol regularly (12.4%).

## **Discussion**

This qualitative study examined local youth perceptions of underage drinking. It compared the discourse of PIPSA coalition members (the program designers) and local

youth (potential program recipients). Additionally, it took a closer look at the conceptions of local youth regarding the issue of underage drinking – a sensitive topic combined with a somewhat rare population to qualitatively study. Although there were similarities between PIPSA coalition members, there were some notable differences found as well. These are important to address if PIPSA-designed prevention efforts are to recognize local youth perspective in their program design. Coalition members and local youth were in agreement about the prevalence of underage drinking, but offered different prevention strategies. It would be beneficial to the PIPSA coalition and prevention efforts, in general, to address these specific considerations offered by local youth. Youth were observed to be particularly excited to share their conceptions on underage drinking. Including them regularly in PIPSA discussions in the form of a youth advisory council would also be beneficial to the coalition. Additionally, PIPSA should brainstorm ways for adult professionals (i.e., doctors, police, guidance counselors) could be more approachable to foster a more community-wide approach, since these are typically found to be more effective at reinforcing efforts. Finally, prevention efforts that include blanket admonitions that youth shouldn't drink should be reassessed in light of youth perception that drinking plays a complex role in managing emerging adulthood, identity work, and stress management in adolescence. During adolescence substance use may function, at least in part, to accomplish age-normative developmental tasks – identity exploration and peer-bonding. If this is the dominant coping strategy for an adolescent's stress, additional coping strategies need to be presented and fostered to them in order for them to successfully negotiate future developmental transitions and for alcohol dependence to be limited to adolescence.

## **Study Strengths & Weaknesses**

A major strength of this study is the theoretical perspective it employs. This study assumes that society, reality, and the self are constructed through interaction (relying on language and communication). This study aimed to uncover the ways in which youth and coalition members actively participate in the creation of their perceived social reality. Their interactions (or lack thereof) were thought to be inherently dynamic and interpretive and the focus was on how participants created, enacted, and changed meanings and actions throughout focus groups (Charmaz 2006). This study emphasizes that people, in this case local youth, can and do think about their actions rather than respond mechanically to stimuli. Furthermore, there was evidence that their conceptions were less static as originally presumed by coalition members and their behavior was suggested to vary depending on the context (i.e., being in a family with a substance abuser may lead to more negative perceptions of drinking) they were suggested to be in. This research not only recognizes the unique perspectives underage drinkers use in structuring their behavior, but it stresses the complexity of the world of underage drinkers and the many social influences they manage daily. Another strength to this study was the opportunity to study youth in focus groups in an attempt to examine the social psychological processes within a social setting in which peer influence might be important. Focus groups allowed youth to explain the negotiations that are at play when they are considering drinking. Furthermore, it gave them the opportunity to reflect on the variability in human behavior and hear how others think through their actions. Although this study's main focus was on public school students because of PIPSA's target population, it included 2 comparison focus groups done with an alternative school population. Finally, this study used data triangulation as a validity

procedure to examine convergence among multiple and very different sources (i.e., coalition members, local youth – public schooled and alternatively-schooled) of information to form themes.

A limitation of this study was the small sample of students that were included. It was necessary to limit the scope of this study in order to examine local youth conceptions. Another limitation is that this study only takes a snapshot view, whereas more longitudinal research that follows students over time to see how their conceptions change from year to year might be better suited in examining the social processes that take place as youth come in contact with various social phenomena (i.e., people, prevention programs) throughout their adolescence. Additionally, since this study built on previous work conducted in 2005, questions asked of coalition members were drafted much earlier than student questions. These questions may have been better aligned if this research was conducted simultaneously. Another limitation of this study is how local youth were selected. There may have been some selection bias, in which guidance counselors selected students who would be most cooperative within the focus group. This could have been a limiting effect in terms of the type of student that I was able to include in this study. It is recognized that other students not included in my sample may have dramatically different perspectives on underage drinking. Additionally, other research may find that public school students differ dramatically from those no longer in the school system or those in more alternative settings. Therefore, this study is not generalizable to all local youth or even all public school youth. Finally, self-report data from adolescents is oftentimes viewed as questionable concerning self-reported risky behaviors. Adolescents may purposively under-report or over-report some health-

risk behaviors because they believe engaging in these behaviors is socially undesirable or desirable (Brener, Billy, and Grady 2003). This can be seen as a potential study limitation. Although, by the tone of the focus groups youth seemed to be credible and authentic in their comments.

### **Prevention Implications for Coalitions**

This qualitative study provides some important prevention implications for coalitions involved in prevention efforts generally, and PIPSA specifically. These relate to the social distance between adults and youth, the impact of adolescent stress and the value of youth perspective.

The social distance between adults and youth was expressed to be significant. Prevention programs, in and of themselves, may have unintended consequences of creating distance between adults and youth. In this case, youth might be willing to use prevention efforts more regularly but may feel they can't go because of adult distrust. Prevention programs may be improved if they utilize college students or younger mentors to facilitate programming to youth. Furthermore, college students or younger mentors who have had experience may even be seen as more credible by youth. Any strategies to combat the distance of adults and youth would be beneficial to prevention efforts.

Secondly, youth tend to view substance use as a stress reliever. If alternatives to drinking were available from prevention programs youth may be less likely to engage in drinking. Prevention efforts might benefit from proactively showcasing alternatives of stress relief to youth. Thirdly, youth are knowledgeable of the major tenets behind social learning theory. Although social learning terms were not technically used, it was evident in many of the youth comments that they understood how social contexts can influence

a person to drink or not drink. Many youth spoke of their family backgrounds leading them to make choices. Some spoke of having the option to drink (i.e., availability in the home), while others commented on what encouraged them not to drink (i.e., witnessing an alcoholic family member). Prevention efforts could utilize this conceptual model to more clearly illustrate to youth all the factors that go into an individual choosing to drink.

Finally, a major study implication of this research is the value of youth perspective (or client perspective) in prevention programs. It was evident in these focus groups that youth can voice why programs don't work if you only take the time to ask them. Insight from youth (clients) can lead to program improvements that might better reach the intended target population.

### **Future Research**

In terms of study implications, this case study emphasizes the importance in taking a step backward prior to evaluating a program. Many evaluations generally focus on the process and impact of the program as defined by its program planners. This neglects the valuable insight and perhaps differing conceptions of the recipient community. More research done in this vein can highlight more micro interactions that go unnoticed during typical evaluations.

Theoretically, Sociologists could study and critique best practices of incorporating social learning theory into prevention efforts to highlight what methods youth are more willing to respond to. Methodologically speaking, it may be important to explore some same-gender focus groups since there is evidence that girls provide examples of girls when asked in isolation from boys. In much the same way, race-specific focus groups might hone in on more nuances of how students are conceptualizing underage drinking and how it may relate to race. Additionally, future research may benefit from mixing

grade levels to see if there are any differences in how students talk about underage drinking when they are around their older and younger peers. Future work should encourage students to draft prevention programs and to brainstorm best practices in curtailing underage drinking and examine how these efforts may be more or less effective than adult-designed prevention efforts.

APPENDIX A  
STUDENT SURVEYS

**Pre-Survey – Elementary Version**

**Directions: Choose a fictitious name that you will identify yourself by in the upcoming focus group. Please do not pick a name that is associated in any way with your own name. Record this fictitious name in the space below.**

1. Fictitious name \_\_\_\_\_

**Directions: Please check the box next to your answers to the following questions**

2. [SCHOOL] What school do you attend?

Lawton Chiles

Chester Shell

3. [AGE] Which category below best represents your age?

9 or younger

10

11

12 or older

4. [GENDER] Which category best represents your gender?

Male

Female

Other

5. [RACE] Choose the category that best describes you?

American Indian/Alaskan Native

Asian/Pacific Islander

Biracial/Multiracial

Black/African American

Hispanic/Latino

White/European

6. [AVERAGE GRADE] What grades do you usually get?

A's

Some A's and some B's

B's

C's

D's

7. [PARENTAL INVOLVEMENT] Who do you live with most of the time?

Mother and father

Mother and stepfather

Father and stepmother

- †Mother only
- †Father only
- Other \_\_\_\_\_

8. [PERSONAL EXPERIENCE] Have you ever drank alcohol?

- †Yes
- †No

Directions: If you answered YES to the previous question, please answer 8a-8f. If you answered NO, please skip to question 9

8a. At what age did you have your first drink?

- †8 or younger
- †9
- †10
- †11
- †12

8b. Please approximate how often you normally drink alcoholic beverages.

- †Once a month
- †Once a week
- †2-3 times a week
- †Every day

8c. How many times have you drank alcohol during the past 30 days?

- †One to two times
- †Three to four times
- †Five to six times
- †More than seven times

8d. Have you ever been disciplined *at home* for using alcohol?

- †No, never
- †Yes, in the last 12 months
- †Yes, but not in the last 12 months

8e. Have you ever been disciplined *at school* for using alcohol?

- †No, never
- †Yes, in the last 12 months
- †Yes, but not in the last 12 months

8f. Have you ever been disciplined *by police* for using alcohol?

- †No, never
- †Yes, in the last 12 months
- †Yes, but not in the last 12 months

9. [YOUTH ADVISORY COMMITTEE] Would you be interested in participating in a youth advisory committee for a local drug-prevention program, Partners in Prevention of Substance Abuse (PIPSA)?

- Yes
- No
- Maybe

### Pre-Survey – Middle School Version

**Directions: Choose a fictitious name that you will identify yourself by in the upcoming focus group. Please do not pick a name that is associated in any way with your own name. Record this fictitious name in the space below.**

1. Fictitious name \_\_\_\_\_

**Directions: Please check the box next to your answers to the following questions**

2. [School] What school do you attend?

- Ft. Clarke
- Oak View

3. [Age] Which category below best represents your age?

- 11 or younger
- 12
- 13
- 14 or older

4. [GENDER] Which category best represents your gender?

- Male
- Female
- Other

5. [RACE] Choose the category that best describes you?

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Biracial/Multiracial
- Black/African American
- Hispanic/Latino
- White/European

6. [AVERAGE GRADE] What grades do you usually get?

- A's
- Some A's and some B's
- B's
- C's
- D's

7. [PARENTAL INVOLVEMENT] Who do you live with most of the time?

- Mother and father
- Mother and stepfather
- Father and stepmother
- Mother only
- Father only
- Other \_\_\_\_\_

8. [PERSONAL EXPERIENCE] Have you ever drank alcohol?

- Yes
- No

Directions: If you answered YES to the previous question, please answer 8a-8f.  
If you answered NO, please skip to question 9

8a. At what age did you have your first drink?

- 8 or younger
- 9
- 10
- 11
- 12
- 13
- 14

8b. Please approximate how often you normally drink alcoholic beverages.

- Once a month
- Once a week
- 2-3 times a week
- Every day

8c. How many times have you drank alcohol during the past 30 days?

- One to two times
- Three to four times
- Five to six times
- More than seven times

8d. Have you ever been disciplined *at home* for using alcohol?

- No, never
- Yes, in the last 12 months
- Yes, but not in the last 12 months

8e. Have you ever been disciplined *at school* for using alcohol?

- No, never
- Yes, in the last 12 months
- Yes, but not in the last 12 months

8f. Have you ever been disciplined *by police* for using alcohol?

No, never

Yes, in the last 12 months

Yes, but not in the last 12 months

9. [YOUTH ADVISORY COMMITTEE] Would you be interested in participating in a youth advisory committee for a local drug-prevention program, Partners in Prevention of Substance Abuse (PIPSA)?

Yes

No

Maybe

### Pre-Survey – High School Version

**Directions: Choose a fictitious name that you will identify yourself by in the upcoming focus group. Please do not pick a name that is associated in any way with your own name. Record this fictitious name in the space below.**

1. [FICTITIOUS NAME] \_\_\_\_\_

**Directions: Please check the box next to your answers to the following questions**

2. [SCHOOL] What school do you attend?

Eastside

Santa Fe

3. [AGE] What category best represents your age?

15 or younger

16

17

18 or older

4. [GENDER] Which category best represents your gender?

Male

Female

Other

5. [RACE] Choose the category that best describes you?

American Indian/Alaskan Native

Asian/Pacific Islander

Biracial/Multiracial

Black/African American

Hispanic/Latino

White/European

6. [GRADE POINT AVERAGE] What is your grade point average?

- 3.5 – 4.0
- 3.0-3.49
- 2.5-2.99
- 2.0-2.49
- below 2.0

7. [PARENTAL INVOLVEMENT] Who do you live with most of the time?

- Mother and father
- Mother and stepfather
- Father and stepmother
- Mother only
- Father only
- Other \_\_\_\_\_

8. [PERSONAL EXPERIENCE] Have you ever drank alcohol?

- Yes
- No

Directions: If you answered YES to the previous question, please answer 8a-8f. If you answered NO, please skip to question 9

8a. At what age did you have your first drink?

- |                                       |                             |                             |
|---------------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 8 or younger | <input type="checkbox"/> 13 | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 9            | <input type="checkbox"/> 14 | <input type="checkbox"/> 19 |
| <input type="checkbox"/> 10           | <input type="checkbox"/> 15 | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 11           | <input type="checkbox"/> 16 |                             |
| <input type="checkbox"/> 12           | <input type="checkbox"/> 17 |                             |

8b. Please approximate how often you normally drink alcoholic beverages.

- Once a month
- Once a week
- 2-3 times a week
- Every day

8c. How many times have you drank alcohol during the past 30 days?

- One to two times
- Three to four times
- Five to six times
- More than seven times

8d. Have you ever been disciplined *at home* for using alcohol?

- No, never
- Yes, in the last 12 months
- Yes, but not in the last 12 months

8e. Have you ever been disciplined *at school* for using alcohol?

- No, never
- Yes, in the last 12 months
- Yes, but not in the last 12 months

8f. Have you ever been disciplined *by police* for using alcohol?

- No, never
- Yes, in the last 12 months
- Yes, but not in the last 12 months

9. [YOUTH ADVISORY COMMITTEE] Would you be interested in participating in a youth advisory committee for a local drug-prevention program, Partners in Prevention of Substance Abuse (PIPSA)?

- Yes
- No
- Maybe

## APPENDIX B STUDENT FOCUS GROUP GUIDE

### Introduction

[My name is Kelly Dever and I'm a graduate student in the Department of Sociology at the University of Florida. I would like to speak with you about your general thoughts and concerns regarding the community coalition Partners in Prevention of Substance Abuse (PIPSA). You have the right to not answer any question and to end the interview at any time.]

### I. CONCEPTIONS OF UNDERAGE DRINKING

1. What is underage drinking?
  - When is underage drinking a problem?
    - Is any underage drinking ok?
    - Can you think of a friend who drinks and it is a problem for them?  
How does this effect them (doesn't go to school, bad appearance, etc)?
    - Can you think of a friend who drinks alcohol but it is not a problem for them?  
How does this not affect them (good grades, plays sports, looks good)?
2. Is there an underage drinking problem in Alachua County?
  - If so, what are possible solutions for reducing underage drinking in Alachua County?
3. Why do youth drink?
  - Is it because of stress, to act older, fear, anxiety, to look cool, peer/friend pressure?

### II. PERCEIVED RISK

4. Do you think youth risk harming themselves if they use alcohol?
  - If so, what type of harm is this (physical, emotional, academic, relational)?

### III. DISAPPROVAL

5. Do you disapprove of your peers drinking alcohol?
  - Why or why not?

### IV. AVAILABILITY

6. How difficult do you think it would be for you to get alcohol, if you wanted some?
  - Where could you easily get alcohol?
7. Where is alcohol kept in your home?

- Is it in a locked refrigerator/cabinet or closet?
- Is it in an unlocked refrigerator/cabinet or close?
- Is it in an open bar or serving table?

#### **V. PEER INFLUENCE**

8. Do you feel your peers influence you or your friends to use alcohol?
9. Do your friends wear clothes or possess toys that have logos, emblems or advertisements for alcohol products or companies that sell alcoholic beverages?
  - If so, what brands?
10. Out of your peers, what type of youth is more likely to drink?
  - Who is less likely to drink?

#### **VI. FAMILY INFLUENCE**

11. Overall, how is the use of alcohol treated at your house?
  - Do they sometimes serve alcohol at family celebrations?
  - Is alcohol only for adults over age 21?
  - Is alcohol for everyone to enjoy?

#### **VII. COMMUNITY INFLUENCE**

12. What is the community's attitude towards underage drinking?
  - Is the community accepting of it?
    - Why do you feel that way?
13. Who in the community should be involved in educating youth about alcohol use (schools, family, law enforcement – police or judges, health care professionals – like nurses or doctors, faith-based organizations – like churches)?
14. If you had an alcohol problem, where would you most likely go for help (school, family, faith-based organization, public health department, substance use treatment center, take care of it yourself, police)?
15. What sort of programs would work best with youth populations (educational, peer counseling, college mentoring)?

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## BIOGRAPHICAL SKETCH

Kelly Ann Dever is a 6<sup>th</sup> year graduate student in the department of Sociology and Criminology & Law at the University of Florida. Her work focuses on program development and evaluation research that address public health and community-based approaches to the prevention of health problems, particularly substance abuse issues. Prior to graduate school, she worked at a social science research company, Westat, as an interviewer. Her research there included studies contracted by the Centers for Disease Control, the National Institutes of Health, the Centers for Medicare and Medicaid Services, the Roswell Park Cancer Institute, the United States Environmental Protection Agency, the United States Department of Education, and the Treasury Department. She received her Bachelor of Arts degree at Stetson University in 2002 from the department of Sociology and Anthropology. During her studies there, she worked for Stetson's Institute for Social Research (SISR), conducting telephone interviews for various research projects. While working on her dissertation, Kelly worked as a research analyst for the Center for Research and Evaluation (CRE) at the Charlotte-Mecklenburg public school district. She completed two large-scale program evaluations of local education programs. These included a qualitative and quantitative analysis of the Bill and Melinda Gates Small Schools Initiative as implemented by Charlotte-Mecklenburg Schools (CMS), as well as a qualitative evaluation of Teach for America program within CMS. Kelly had also gained valuable teaching experience throughout her graduate career and hopes to pursue teaching in the University setting.